RIVERSIDE UNIVERSITY HEALTH SYSTEM
BEHAVIORAL HEALTH

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
COUNTY IMPLEMENTATION PLAN

SECTION HEADING **PAGE NUMBER**

Introduction

Riverside University Health System-Behavioral Health (RUHS-BH) has developed an exceptional reputation for providing services with the latest innovations in clinical practices. Services are primarily targeted toward individuals who are Medi-Cal eligible, as well as those eligible for other specialized State programs. We have a dedicated professional staff of approximately 1,800 employees consisting of Psychiatrists, Clinicians, Certified Substance Abuse Counselors, Peer Specialists, and paraprofessionals who serve over 60,000 consumers annually.

The RUHS-BH Substance Use Program provides accessible, high quality substance abuse treatment for all ages through a wide range of countywide clinics and contract providers. The Substance Use Program currently offers various modalities and methods of treating and preventing substance abuse within Riverside County. Substance Use programs include: prevention services, residential treatment and detoxification services, the Substance Use Treatment Team (START) program, MOMS Perinatal Program, County operated Drug Court, Mental Health Court, Veterans Court and Drinking Driver Screening Program. All of these services aid RUHS-BH in providing high quality services to the residents of Riverside County.

Department Mission

The Riverside University Health System-Behavioral Health (RUHS-BH) exists to provide effective, efficient, and culturally sensitive community-based services to severely mentally disabled adults and older adults, children at risk of mental disability, substance abusers, and individuals on conservatorship that enable them to achieve and maintain their optimal level of healthy personal and social functioning.

Director’s Vision

We create a welcoming front door to a healing world.

Part I
Plan Questions

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

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

   - ☒ County Behavioral Health agency
   - ☒ County substance use disorder agency
   - ☒ Providers of drug treatment services in the community
   - ☒ Representatives of drug treatment associations in the community
   - ☒ Physical Health Care Providers
   - ☒ Federally Qualified Health Centers (FQHCs)
   - ☒ Clients/Client Advocate Groups
   - ☒ County Executive Office
   - ☒ County Public Health
   - ☒ County Social Services
   - ☒ Law Enforcement
   - ☒ Court
   - ☒ Probation Department
   - ☒ Education
   - ☐ Other (specify)

2. How was community input collected?

   - ☒ Community meetings
   - ☒ County advisory groups
   - ☐ Focus groups
   - ☐ Other method(s) (explain briefly): _____

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

   - ☒ Monthly: Behavioral Health Commission
   - ☒ Bi-monthly
   - ☒ Quarterly: Contract Provider Meeting.
   - ☒ Other: Stakeholder meetings with county as needed during planning phase.

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

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

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

   REQUIRED:

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

   How will these required services be provided?

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

   OPTIONAL:

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

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

   ☒ Yes (required): SU CARES Toll-Free Number: (800) 499-3008.
   ☐ No. Plan to establish by: _____

Review Note: If the county is establishing a number, please note the date it will be established and operational.

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

   ☒ Yes (required)
   ☐ No

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

   ☒ Yes (required)
   ☐ No

9. Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated in the EQRO protocol:

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

   ☒ Yes (required)
   ☐ No

PART II
PLAN DESCRIPTION (Narrative)

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

Collaboration:

Collaboration with public entities, community partners, and stakeholders focusing on identification of obstacles to access of care within Riverside County consists of participation in various established committees, and newly formed committees, focused on integration and a higher quality of care for individuals and families. RUHS-BH utilized these committees and teams as a source of collaboration in development of this plan, and will continue to use them as a source for future involvement. The committees and teams include the following:

- **The Behavioral Health Commission** (BHC) and **Behavioral Health Commission Sub-committees** meet once a month to discuss specific populations and treatment needs for each. The BHC is a newly formed commission stemming from the Riverside County Board of Supervisors' directive to merge the mental health and substance abuse advisory boards to ensure and promote integration between the two entities and service providers.

  a) The Substance Use Program Administrator and supervisory designees participate in all committee meetings and discuss treatment integration, continuum of care, quality of care, public requests, and client accessibility to needed services. Each sub-committee meets to discuss these topics, and conducts random site reviews throughout the County, reporting back to the main BHC monthly. A Behavioral Health Commissioner is elected to participate on each sub-committee by the Commission as a whole along with public and professional designees and volunteers.

  b) BHC Sub-committees consist of:
     - Children's Committee
     - Adult System of Care Committee
     - Criminal Justice Committee
     - Housing Committee
     - Older Adult Committee
     - Veterans Committee
     - Substance Abuse Committee

- **Interdisciplinary Care Team** (ICT): Meetings focus on integration, cross referral, access to treatment, and case conferencing with physical care plans (IEHP and Molina) where consumers are shared between mental health, substance use, and primary care.

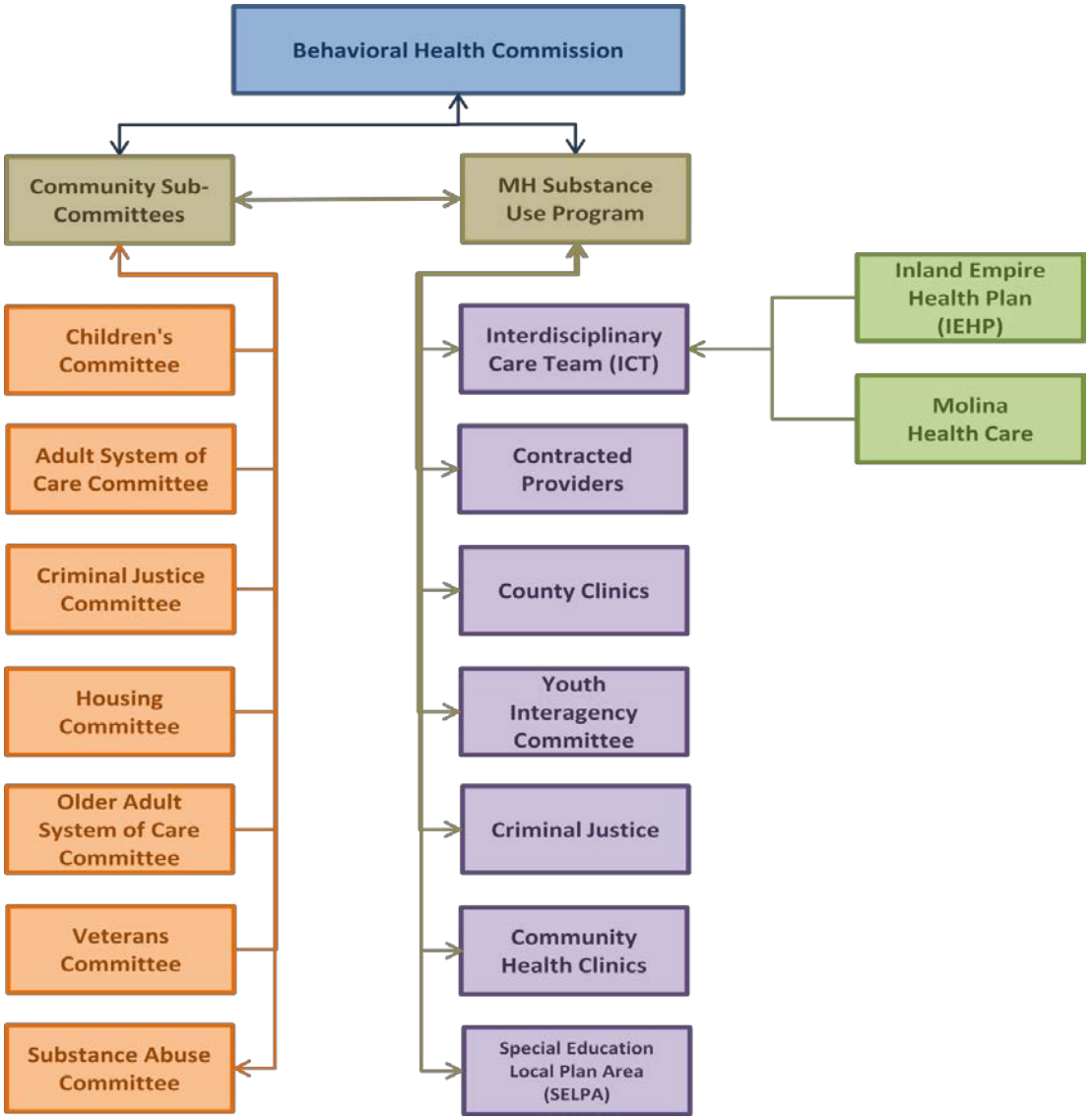
- **Youth Interagency Committee Meeting**: Committee meetings focus on needs of youth. Partnering agencies consist of Mid-Mangers and Administrators for the Mental Health, Substance Use, Juvenile Probation, Riverside County Office of Education, and Public Defenders Office. The committee meets bi-monthly.

- **Contract Provider and Community Stakeholder Meeting**: Meetings take place quarterly (at a minimum), and are hosted by RUHS-BH Substance Use Administration, Fiscal, and Contract staff. Contractors and stakeholders are updated with current requirements, DHCS announcements, and integration projects, such as the Waiver.

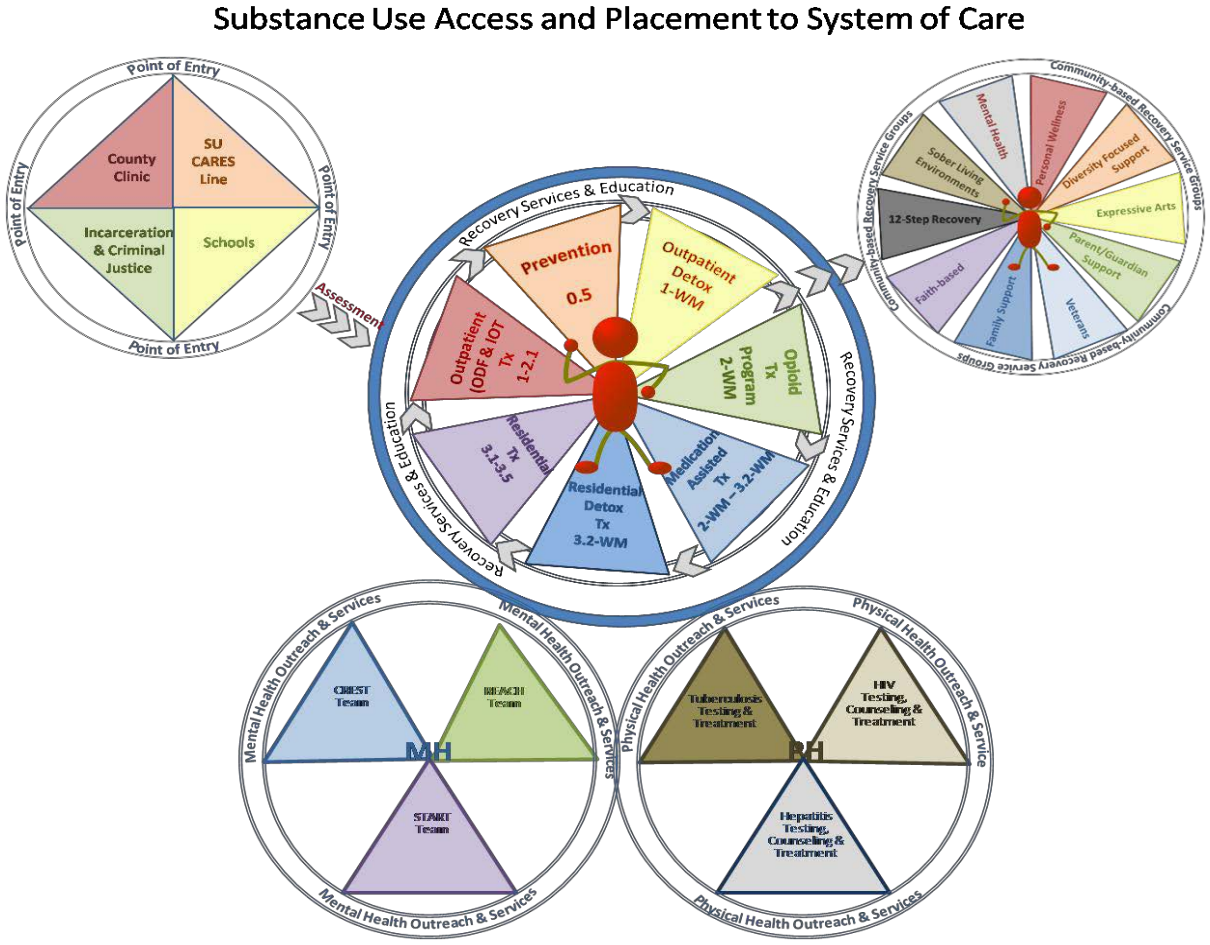
- **DMC ODS Waiver Strategic Partner Committee Meeting**: RUHS-BH Substance Use Program (SUP) is committed to developing an integrated and fluid system of care so that its consumers have access to substance use and prevention, mental health, and public health services. SUP is currently drafting its intentions in the Drug Medi-Cal Organized Delivery System County Implementation Plan. This plan identifies the ideal foundation SUP aspires to in servicing its consumers. In order to implement this plan, SUP will invite its county partners, contracted providers, and other private industry contacts to collaborate in developing a system of integrated care for substance using consumers.
    - Strategic Partner Committees will be formed in order to consider the following:
        - Develop a framework for treatment and model the ideal;
        - Identify barriers to service and recommend solutions;
        - Identify Case Management resources;
        - Model process for accepting and transitioning client to both a more intensive or less intensive modality of care;
        - Determine the factors of failure outcomes and make recommendations about how to improve; and
        - Identify the resources needed to improve outcomes.
    - Each committee will be chaired by a RUHS-BH Substance Use Contract Monitor or RUHS-BH Supervisor. Four committees will be structured based on the following categories: 1) Residential Services; 2) Adolescent Services; 3) Outpatient Services, and 4) MAT/NTP Services. All committee meetings will commence the first week of November 2015, with expectations of the participants as follows:
        - Time requirement commitment is 60-90 minutes every two weeks until all framework components are met, executed, and tried, successfully. Meetings may be more frequent with each stakeholder group as integration execution requires.

- Problem solving and deliverables will be expected from participants.
- Recommended participants are those individuals who can consistently make the time commitment, understand treatment and county administrative processes, and who have access or ability to remove barriers and engage other stakeholders.
- Members from these committees will be responsible to hold consumer focus groups to identify consumer need and barriers and report back to their designated committee. The results of these focus groups will be conducted quarterly to assess Waiver implementation progress from the consumer's point of view and summary reports will be given to the BHC.

RUHS-BH Collaboration for Integration and Client Access



2. **Client Flow.** Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care. Also describe if there will be timelines established for the movement between one level of care to another.



When consumers walk in to RUHS-BH clinics for an evaluation, they receive a complete ASAM based screening. Once the predetermination of the ASAM level of care is made, the consumer is scheduled with a clinic for a complete assessment to determine diagnosis and medical necessity. The assessment for RUHS-BH clinics is usually completed the same day for outpatient, within 48 hours for Intensive Outpatient, and within 1 to 7 days for contracted providers dependent on modality. This timing is also dependent on what provider the consumer chooses to enroll in based on the ASAM level of care needed. We are working diligently with providers to make the appointment happen as quickly as possible, and the Care Coordination Team will follow up and guide the consumer to assist in engagement and ease of access.

Placement

a) **County Toll-Free Informational Phone Line**: Substance Use Administration will maintain an information phone line during regular business hours for all community substance use, abuse, and prevention needs. If a consumer is seeking services, they will be immediately transferred to the SU CARES screening counselors, or directed to the nearest RUHS-BH Clinic of their choice.
b) **Client point of entry**: Consumer can utilize the Substance Use County Community Access, Referral, Evaluation and Support (SU CARES) toll-free phone number to receive a phone screening. Alternatively, the consumer can appear in person at one of nine RUHS-BH Clinics for a screening or if an adolescent, a school site and if a drug court client, a court facility.
c) County SU CARES Assessment Center, County Clinics, School Site or Court Facility: A Certified Substance Use Counselor, or Licensed Clinician, will be available to screen, enter client information into EHR system, and place the client in an appropriate ASAM level of care, including pre-treatment education classes and individual prevention services. The County SU Cares line staff are physically located inside the Riverside Substance Use Program at our Behavioral Health Rustin Campus. The process for walk-in screenings and call-in screenings is identical. When a consumer calls the line they will receive a complete ASAM based screening. Once the predetermination of the ASAM level of care is made the consumer is scheduled with a clinic or Provider for a complete assessment to determine diagnosis and medical necessity. The ASAM screening and predetermination of level of care is entered into the electronic health record at that time, and the consumer is linked to an appointment before the call is terminated.
d) Complete screening, diagnosis, and ASAM Level of Care: Once a predetermination of placement is conducted, and the consumer is placed in the appropriate treatment modality, the RUHS-BH Clinic or Provider must then complete a full assessment. This assessment will include a face to face appointment within the time-frame required by Title 22 with a Medical Director, Licensed Physician, or Licensed Practitioner of the Healing Arts to determine diagnosis and assess if ASAM level of placement was appropriate. If the ASAM level is determined to be different by the Medical Director, Licensed Physician, or Licensed Practitioner of the Healing Arts, the consumer will be, case managed to a higher or lower level of care.

Assessment

In most instances, all referrals for substance use treatment will be handled by the Substance Use County Community Access, Referral Evaluation and Support (SU CARES) line staff, or RUHS-BH staff, at a regionally located clinic. Exceptions to this would be screenings for adolescents done at school sites and dependency drug court consumers at court locations. RUHS-BH staff will perform the ASAM placement criteria, and refer the consumer to the appropriate level of care. Once referred to a contracted provider or County clinic the ASAM level of care, medical necessity, and

diagnosis must be completed by an LPHA or Medical Director. If at that time the ASAM predetermination level and the ASAM level assessed by LPHA or Medical Director do not match, Care Coordination staff and clinic staff will work on case management of the consumer to the appropriate level where the process will repeat. Below is an outline of the process.

Step 1a:

- SU CARES line staff receives a call on toll-free line from a consumer requesting Substance Use Treatment Services.
- Screening Access Point #1:A brief phone screening is initiated to rule out any imminent crisis. If immediate crisis is not presented, SU CARES Line staff will complete substance use screening tools for a predetermination of medical necessity. If medical necessity signs and symptoms appear to be present, the SU CARES line staff will complete the initial ASAM placement screening, and directly refer client to a RUHS-BH clinic or provider in the appropriate ASAM level of care. All SU CARES and Care Coordination Team screening staff will be AOD Counselors. Both of these teams will also have direct access to the Clinical Team, which will consist of LPHA's and Medical Doctors specializing in ASAM.
- Screening Access Point #2: The consumer is interviewed at an RUHS-BH clinic by a certified counselor to complete a substance use screening for predetermination of medical necessity. If medical necessity signs and symptoms are present, the counselor will complete the initial ASAM placement screening and schedule the consumer up with the next available intake assessment appointment or directly refer client to a contract provider in the appropriate modality.
- Once a predetermination of placement is conducted and consumer is placed in a treatment modality, the RUHS-BH Clinic or Provider must then complete a full assessment. This assessment will include a face-to-face appointment within the time-frame as outlined by Title 22 with a Medical Director, Licensed Physician, or Licensed Practitioner of the Healing Arts to determine diagnosis and assess if ASAM level of placement was appropriate. If the ASAM level is determined to be different by the Medical Director, Licensed Physician, or Licensed Practitioner of the Healing Arts, the consumer will be case managed to a higher or lower level of care.
- RUHS-BH will ensure this process through its admission authorization process and its quarterly Quality Improvement Monitoring.

RUHS-BH along with provider stakeholders have designed and are implementing two types of screening tools for use County wide, one set for adults and one for adolescents. The first is an ASAM placement and screening tool for adults, and the second is a complete ASAM based screening tool that we plan to use to replace the ASI and Teen ASI. The adolescent screening tool has been rolled out as of June 2016 and the adult screening tool is being tested by select county personnel for roll-out in July 2016. Please reference Supplemental Appendix S1 for draft adult and adolescent screening tools. We approached this task, recognizing that designing these tools and subsequent trainings pursuant to ASAM Criteria and the six dimensions should not

only be implemented at intake and screening, but throughout the treatment episode to ensure a systemic change in treatment planning, reassessment, and discharge planning.

Step 1b:

When the SU CARES Line program receives an electronic referral from a Health Care Provider for Substance Use Treatment, the following process is followed:

- SU CARES line staff forwards the referral directly to the Substance Use Administration office by secured electronic email.
- The consumer is interviewed at a RUHS-BH clinic or by phone by a certified counselor, who will complete a Substance Use screening for determination of medical necessity. If medical necessity signs and symptoms appear to be present, the counselor will complete the initial ASAM placement screening tool, and schedule the consumer for the next available intake assessment appointment, or directly refer client to a contract provider in the appropriate modality.

Step 2 and Follow Up:

- All electronic referrals will be entered into the RUHS-BH database tracking system, to document the date and time the referral was sent by email to the Substance Use Administration Program.
- A monthly log of all calls and electronic referrals received by the SU CARES Line unit is sent to the Substance Use Treatment Program. This log enables the Case Managers at the Substance Use Treatment Program to follow-up on clients who fail to contact a provider to initiate treatment.
- All consumer screenings and placements will be documented in the RUHS-BH EHR, along with a completed referral form to enable tracking and a continuum of care. This will also allow RUHS-BH to monitor the time to service continuum.
- All after hours calls rollover to a toll-free line. This line is staffed with individuals who are prepared to assist the consumer population with Crisis Intervention Services. The after hours staff are equipped with cell phones to take the calls from the SU CARES line and have laptops to access the County's EHR system and screening tools.

Step 3

- A complete intake assessment appointment will be set for the consumer during the screening call or walk-in at all RUHS-BH clinics.
- When the consumer is placed into a contracted provider the provider must:
    1) Complete a pre-admission request that is sent to Substance Use Administration for billing approval and admission confirmation by a certified substance use supervisor.

2) Substance Use Administration will verify the admission meets medical necessity and verify that the screening, ASAM, and referral form was completed in the EHR by RUHS-BH staff.

- RUHS-BH will ensure this process is followed through its admission authorization process and its quarterly contract monitoring and case management staff.

- **Specific Notation to CMS and DHCS:** RUHS BH will continually monitor the screening, placement and treatment approval process, if outpatient providers need more freedom to complete outpatient screenings for access we will adjust and train. We will continue to monitor these processes quarterly for the first year and adapt as needed to ensure consumer access. We are already making adjustments to this process for the following provider types: NTP Providers, Adolescents at School Sites, and Court Collaborative Providers. The one mandate across all providers and County Clinics is the mandated use of the ASAM Screening Tools RUHS-BH has modeled.

Services

Services are provided at RUHS-BH clinics and County contracted facilities offering a complete continuum of care. After the initial screening, the client enters a modality of treatment based on the ASAM Criteria placement screening tool. The initial screening includes American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC). Please see Supplemental Appendix S1 of the draft adult and adolescent tools being constructed by RUHS-BH and Providers in collaborative work groups. The Collaborative is also simultaneously working on an adolescent tool with the same components and usage with Adolescent ASAM Criteria.

The client moves through each phase of treatment until discharged, successfully or unsuccessfully. Contract language requires contract providers to make referrals to next level of care when appropriate using ASAM criteria. Contract language is being revised to dictate that the receiving provider work with the County Care Coordination Team to ensure client access, transfer to higher or lower levels of care, and any reassessment and treatment planning needs to ensure the consumer is moving through the continuum of care. The contract distinguishes that coordination between modalities needs to be coordinated with the client's County assigned case manager in an effort maximize care coordination throughout treatment. County case managers will serve as a consistent point of contact for their assigned clients throughout treatment. The following are details of the services provided:

- If a consumer does not meet medical necessity, they are referred to one of nine RUHS-BH clinic locations to receive individual prevention services.
- For those in custody, jail screenings are conducted prior to release for timely and fluid client placement.
- A Narcotic Treatment Program (NTP) is offered at three locations. Over the last two years RUHS-BH and DHCS have approved slot increases for the

three NTP sites. Currently all three sites are not at capacity, and provider feels all three sites could expand to serve more consumers on an average of 75 per clinic. The Riverside NTP provider feels they could expand by 150 slots and that would still be 250 under licensed capacity. There are also two private companies not currently contracted with RUHS that have indicated they will pursue DMC certification for NTP services and approach the County for contracting purposes. RUHS-BH will be using the selective contracting process for all providers desiring to come on board to provide services.

- Medication Assisted Treatment (MAT) is currently offered at two RUHS-BH Clinics and multiple contracted sites, with a Request for Proposal (RFP) pending to increase the number of providers and MAT services available to the community. RUHS-BH feels the expansion of MAT services is crucial, and is actively pursuing both contracted providers and private providers to enroll in DMC to offer these services. Currently the three NTP sites, six residential sites, one psychiatric hospital, one provider specializing in IOT and partial hospitalization, and two outpatient sites have indicated they are ready to provide these services as soon as we grant permission. This is also dependent on approval of DMC certification from DHCS for all residential providers, the specialized IOT/PH, and the psychiatric hospital mentioned above. All providers mentioned have indicated DMC applications have been sent to DHCS. RUHS-BH hopes more providers will want to participate after Waiver services are approved. NTP sites will offer Methadone, Buprenorphine, Naloxone, and Disulfiram. Other MAT service providers including clinics will offer Naltrexone (tablets or injection), Disulfiram (tablets), Acamprosate Calcium (tablets), Buprenorphine (tablets), and Vivitrol (injection).
- Detoxification in a residential setting is offered at seven locations to men and women.
- Residential services are offered at 17 locations to men and women. Perinatal residential services are offered at three locations.
- Intensive Outpatient Treatment is offered at nine locations, this includes gender specific treatment for women at eight locations, and adolescent treatment services at one location.
- Outpatient Drug Free is offered at 21 locations, seven of which are adolescent satellite sites.

Re-assessment and Transition Between Modalities

Consumers will be re-assessed using ASAM criteria as the consumer moves through each modality of care. Each case will be individualized based on the consumer's progress or lack of progress. Re-assessment can take place at any time, as deemed appropriate. At minimum, assessment and/or reassessment, using ASAM criteria will take place at the onset of each modality and every 90 days thereafter for outpatient, and every 30 days thereafter for residential, as well as at the conclusion of the modality to assess the next step in the continuum of treatment.

Consumers will be re-assessed using ASAM criteria as the consumer moves through the modality of care. Each case will be individualized based on the consumer's progress. Re-assessment can take place at any time, as deemed appropriate. At minimum assessment and/or reassessment using ASAM criteria will take place at the onset of each modality and every 90 days thereafter in conjunction with treatment planning, as well as at the conclusion of the modality to assess the next step in the continuum of treatment. Currently a paper mandated universal form has been developed and is being tested for functionality July 1, 2016 to track consumer movement. After which, it will be modled for the County electronic system by October 2016.

Currently, care transition support teams are being used for Mental Health Court and the County Substance Use Treatment Team (START) program. START works directly with individuals with co-occurring disorders who have become hospitalized, or hospitalization appears imminent, for psychiatric issues directly related, or exasperated, by dependency to chemicals including alcohol. The first Care Coordination Team consisting of one Supervisor, five Certified AOD Counselors, and Clerical support has been requested through our Human Resources Department and Executive Office, this request was initiated on February 1, 2016. There will be two subsequent teams built to provide service to all three regions of our County. In conjunction with these three teams, there will also be three clinical teams regionally. Please refer to the Care Coordination Teams and Clinical Team graphic located in Supplemental Appendix S2.
RUHS-BH Case Managers will work directly with providers and RUHS-BH clinics to assist in linkage between modalities. Forms will be made that will enable tracking of these modality movements and client needs. A paper referral and transition form has been created and is being tested July 1 for functionality. It will be modled and accessible in electronic format by October 2016. RUHS-BH currently provides case management to consumers that enter detoxification or residential care. All residential providers are contractually bound to contact RUHS-BH staff as consumer's complete residential care, to aid consumer in linkage to outpatient services. Currently RUHS-BH does not assist in linkage outside of this modality. Case managers will focus on collaborating with clients to: Establish accountability and consumer responsibility, help with transitions of care, create a proactive treatment plan with staff upon arrival at next modality, monitor and follow up as needed for consumer success and support of consumer's self-management goals.

Peer Support staff will be used in the recovery services modality. Peer support staff will not be used for reimbursable case management services per RUHS-BH conversations with DHCS. Transportation needs for case management are currently conducted by Community Service and Social Service Assistants. RUHS-BH is also proposing that each RUHS-BH Clinic employ one peer to help with these activities and linkage for all consumers at that clinic, regardless of level of care, however these services will not be billed as case management. This will be most useful for consumers that are completing detoxification and residential services, and linkage to an outpatient modality, if needed.

Consumers will move through levels of care as individual progress takes place. RUHS-BH will move towards individualized treatment and move away from dictated lengths of

stay. For example: courts and social services historically dictate completion of a determinate 16 weeks of outpatient. RUHS-BH desires to move to an individual prescription of treatment. There will be average lengths of stay, but we feel that having the ability to adjust treatment lengths based on the ASAM level of need, and individual consumer strengths and weaknesses, will enable an individualized approach for consumer success and long term recovery. The only exception to this will be the residential modality, as we will need to work within the mandated maximum stay as designated by DHCS. Case managers and counseling staff will be expected to work in collaboration with each other to increase accessibility to the next level of care and decrease the time to next service.

Transitions for high-utilizers or individuals at risk of unsuccessful transitions will be addressed in the following manner:

- Utilize high utilize report and have care coordinators reach out to consumers.
- Identify high utilizers within the managed care system and work with them in the monthly case management meetings.
- Care Coordinators are to keep consumers engaged, advocate on behalf of consumer, and provide linkages to levels of treatment and services. As a result, we will improve our outcomes for successful completion of treatment.

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

Consumers and community members will have access to the toll free SU CARES phone line, which will have phone trees in Spanish and English, and will be operated by bilingual personnel. The toll free number is offered to acquire general information about services, locations, and phone numbers to clinic locations. The SU CARES staff will answer the beneficiary access line 24/7. The on-call staff will be AOD counselors on rotation. Procedures will dictate response time and on-call duties. Safety and detoxification needs will be assessed immediately. Bilingual SU CARES staff will work on Saturdays and screenings may be conducted on the phone or in person at the assessment center. If after hours, on-call counseling personnel will provide a screening by phone and utilize a laptop to document the screening responses and referral. Additionally, three County clinics have been identified to open on Saturdays to provide screening and other services. Once the predetermination of the ASAM level of care is made the consumer is scheduled with a clinic for a complete assessment to determine diagnosis and medical necessity. For beneficiaries who are seeking treatment and would like to be screened by a clinician, the call will be directly transferred to the SU CARES Team clinicians as described above.

Currently, the SU CARES staff have direct linkage to bi-lingual AOD counselors between 8:00am and 5:30pm, Monday through Friday, at each of the nine County clinics, that will take over the screening of the consumer and complete the ASAM based assessment and predetermination of ASAM level needed. Bilingual SU CARES staff are currently being recruited with work weeks that include Saturdays.

Riverside County's only threshold language is Spanish. RUHS-BH employs various staff with bilingual Spanish skills to ensure that interpretation is not a treatment barrier in clinics. However, in instances where bilingual employees are unable to assist clients due to a language barrier, RUHS-BH has contracts with several interpretation companies to provide interpretation services, including American Sign Language. RUHS-BH also intends to assist clients by providing TTY services. The RUHS-BH Substance Use program utilizes two types of services for the hearing impaired; TTY at our county clinics and 711. The majority of hearing impaired consumers culturally prefer the 711 service which works similarly to TTY except no special machinery is required.

The Quality Improvement Committee will set standards, review, and monitor phone response and waiting times to ensure that the CARES Line is appropriately meeting the needs of the community.
RUHS-BH's CISCO phone system has the capability to capture data such as: number of calls received, hold waiting time, dropped calls, and length of call. Reports will be developed to monitor volume and customer service responses.

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

   Review Note: Include in each description the corresponding American Society of Addiction Medication (ASAM) level, including opioid treatment programs. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date.

RUHS-BH Treatment Services Narrative

RUHS-BH offers a full continuum of care. The appropriate level of care is initially determined by completion of the ASAM Criteria in conjunction with approved screening tools. After the initial assessment, admittance to, and transition from modalities is based on successful completion of and referral to another level of service, until successful or unsuccessful discharge. Evidence Based Practices (EBP) to be used are Screening, Brief Intervention, and Referral to Treatment (SBIRT); Individual Prevention Services (IPS); Cognitive Behavioral Therapy (CBT); Dialectical Behavior Therapy (DBT): Motivational Interviewing (MI); Motivational Enhancement Therapy (MET); Seeking Safety; Multi Dimensional Family Therapy (MDFT); Matrix Model for Adolescents, Adults, and Criminal Justice; Peer Support Services; Trauma Informed treatment; and Stages of Change.

RUHS-BH policy directs that treatment services are available to any Drug Medi-Cal recipient, regardless of county of residence. For Waiver services, if so desired, clients who are DMC eligible in another county but who have moved to Riverside, they will be assisted in obtaining DMC eligibility in Riverside County and screened and placed for services in the time-frames previously explained. However, if clients reside in an opt-out County, within a day, they will be case managed back to a treatment provider close to their residence, within their County of residence. RUHS-BH will establish primary contacts with other Counties to ensure a warm hand off is made within a day when out of county consumers are case managed back to the consumer's County of residence. These duties will be part of the SU CARES Team and Care Coordination Teams job requirements. All of the counties bordering Riverside County have indicated they will be opt-in counties. All RUHS-BH clinics and residential contactors will provide access to services that will also be available for uninsured consumers and each consumer will be given help and support in signing up for Medi-Cal coverage.

Service levels provided:

Early Intervention (Level 0.5)

A collaboration to provide Screening, Brief Intervention and Referral to Treatment (SBIRT) will be made for the adult and adolescent populations. This collaboration will be with the existing managed care plans through Memorandums of Understanding and Riverside County Office of Education.

Additionally, each RUHS-BH Substance Use Clinic has a Prevention Specialist assigned to facilitate this level of care.

- Screening and education are provided for at-risk individuals who do not meet medical necessity for SUD treatment. Services may include individual prevention services, recovery and education services, and DUI Programs.
- Programs at this level are designed to explore services and address problems or risk factors, related to the use of alcohol or other drugs and addictive behaviors, and to help recognize consequences of high-risk use and behaviors.
- School sites will be utilized to offer early intervention services to adolescents. RUHS-BH plans to collaborate with selected school districts around the County to provide early intervention prevention services, in the form of SBIRT, to high-risk individuals identified by the school district. Students are screened in a neutral setting, usually the district office, by Prevention Specialists from the nearest RUHS-BH operated Substance Use Clinic to determine if students could benefit from an educational intervention. Those that are deemed appropriate for this type of intervention are maintained in the prevention program. Those who present a need for a higher level of care are referred to CARES SU staff

EBP and Curriculum

- The RUHS-BH Individual Prevention Services (IPS) program is designed to work with the indicated prevention population, which consists of those individuals that have started experimenting with the use of alcohol and/or other drugs, and are beginning to experience some negative consequences, but are not yet at a level where they meet the diagnostic criteria for a substance use disorder. This program uses the Brief Risk Reduction Interview and Intervention Model (BRRIIM) as the foundation of the intervention. BRRIIM is a structured 90-minute motivational interview that focuses on identifying risk and protective factors in the individual and formulating a plan whereby the protective factors are capitalized on to mitigate the impact of the risk factors. This intervention engages both the consumer and their family in the initial session, and generates an individual prevention services agreement (PSA) that is used to assist the consumer in meeting their goals. The process uses the Center for Substance Use Prevention (CSAP) prevention strategies of Problem ID and Referral as well as Education.
- The Friday Night Live (FNL) program is a statewide youth development program that is currently active in 50 of the 58 counties in California. RUHS-BH has the largest FNL program in the state, with approximately 115 chapters located throughout the County in elementary, middle, and high schools, as well as in community-based, and faith based organizations. The work that Friday Night Live does with young people is based on the following standards of practice:
    - Providing youth with a safe environment
    - Providing youth the opportunity for developing meaningful relationships with adults and their peers
    - Providing youth with the opportunity for community engagement
    - Providing youth with the opportunity for skill development
    - Providing youth with the opportunity for leadership advocacy

Outpatient (Level 1)

RUHS-BH has 21 facilities located regionally throughout the county that provide this level of care to adults and youth.

- Programs at this level are designed to treat the individual's level of problem severity, assist in achieving permanent change in using behaviors, and improve mental functioning (conducted in 9 or fewer hours per week for adults and 6 or fewer hours per week for adolescents).
- Level 1 services are also offered at various school sites throughout the County for districts that have entered into a Beta Test or MOU with the County or its contractors to provide these services.
- It is imperative that programs address personal lifestyles, attitudes and behaviors that can impact or prevent accomplishing the goals of treatment.
- Level 1 may be the initial phase of treatment, a step down, or for the individual

who is not ready or willing to commit to a full recovery program (pre-contemplation).
- Level 1 is an excellent way to engage resistant individuals.

EBP and Curriculum

The following Evidenced Based Practices are currently used in all RUHS-BH clinics:

- Cognitive Behavioral Therapy;
- Motivational Interviewing;
- Stages of Change
- Seeking Safety
- Dialectical Behavioral Therapy (DBT)
- BRIIM

RUHS-BH is currently training line staff and 25 “Train the Trainers” for the following EBPs:

- Living in Balance
- A New Direction, A CBT Curriculum
- CBT for PTSD for Addiction Professionals
- Coping with Stress: Trauma for Youth
- The Matrix Model For Adults and Adolescents

These EBPs will be implemented in all the RUHS-BH clinics, Please refer to Suplemental Appendix S3 for RUHS-BH’s training plan with Hazelden Publishing.

Intensive Outpatient (Level 2.1)

This level of care is provided at nine locations for adults and adolescents.

- Provides weekly structured treatment for a minimum of nine 9 and maximum of 19 hours per week for adults, and a minimum of 6 and maximum of nineteen 19 hours per week for adolescents to treat multidimensional instability.
- Services will be provided at RUHS-BH clinics, contracted provider sites, satellite school sites, or school district offices, pursuant to needs of the specific school.
- Consists of counseling and education relating to substance-presented and mental health problems and/or disorders, and gender/age specific needs.
- Psychiatric and medical services are addressed through consultation and referral arrangements depending on the stability of the individual.

EBP and Curriculum

RUHS-BH is currently training clinic counselors in the following EBPs for Intensive Outpatient services:

- The Matrix Model Training: A treatment that is delivered in individual and group sessions that focuses on addressing important issues in the areas of initial stabilization, abstinence, maintenance, and relapse prevention during the recovery process.

- CBT for PTSD for Addiction Professionals: An approach for people with trauma-related psychological symptoms.

Residential Services (Level 3.1, 3.3, 3.5, 3.7, 4)

RUHS-BH has ten Contracted Providers with 17 locations throughout the county to provide levels 3.1and 3.5 for adults. The RUHS-BH is in the process of obtaining contracted providers for adolescents, and is encouraging providers to become ASAM designated for 3.3.

- Treatment services are provided in a 24-hour residential setting and are staffed 24-hours a day.
- An RFP is pending for adolescent residential programs.
- Individuals meeting this level of care have functional deficits; require safe and stable living environments to assist in developing their recovery skills.
- The daily regimen and structured activities are intended to restore cognitive functioning and build behavioral patterns.
- Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
- **LEVEL 3.7 and LEVEL 4**: These two levels are not currently contracted through RUHS-BH Substance Use Program. Any consumer with severe withdrawal is referred to a county hospital. RUHS-BH is currently working with an inpatient psychiatric hospital that is licensed with Public Health to provide these two levels.

Withdrawal Management (Dimension 1)

RUHS-BH currently offers one level of Withdrawal Management (Level 3.2-WM) at ten county contracted locations.

- **Level 3.2–WM:** Residential/Inpatient Withdrawal Management at DHCS Licensed Residential Facilities.

RUHS-BH will encourage our DMC Certified Outpatient Facilities to pursue AOD certification with a non-residential detoxification service authorization. We plan to add the following levels for withdrawal management within six months of implementation:

- **Level 1–WM:** Ambulatory Withdrawal Management without extended on-site monitoring at DHCS Certified Outpatient clinics. Pursuant to ASAM criteria,

RUHS-BH will work to provide Level 1-WM services that will offer the following:

- Medication or non-medication methods of withdrawal management.
- An addiction focused history obtained as part of initial assessment and reviewed by physician during admission process.
- A physical exam within a reasonable time frame as part of the initial assessment.
- Sufficient biopsychosocial screening assessment to determine level of care.
- An individualized treatment plan addressing dimensions 2 through 6.
- A daily assessment of progress (or less frequent based on severity of withdrawal).
- Transfer or discharge planning beginning at point of admission.
- Referral and linking arrangements for counseling, medical, psychiatric and continuing care

- **Level 2–WM:** Ambulatory Withdrawal Management with extended on-site monitoring at DHCS Certified Outpatient clinics. Pursuant to ASAM criteria, RUHS-BH will work to provide Level 2-WM services that offer the following:
  - Monitored on a daily basis, with access to physicians and nurses.
  - Medication or non-medication methods of withdrawal management.
  - An addiction focused history obtained as part of initial assessment and reviewed by physician during admission process.
  - A physical exam within a reasonable time frame as part of the initial assessment.
  - Sufficient biopsychosocial screening assessments to determine level of care.
  - An individualized treatment plan addressing dimensions 2 through 6,
  - Transfer or discharge planning.
  - Referral arrangements and serial medical assessments using measures of withdrawal.

RUHS-BH will secure the following two levels within twelve months of implementation:

- **Level 3.7–WM:** Medically Monitored Inpatient Withdrawal Management at Chemical Dependency Recovery Hospital or Free Standing psychiatric hospital licensed by the Department of Public Health. This level is not currently contracted through RUHS-BH Substance Use Program. Any consumer with severe withdrawal is referred to a county hospital. RUHS-BH is currently working with an inpatient psychiatric hospital that is licensed with Public Health to provide these two levels.

- **Level 4.0–WM:** Medically Managed Intensive Inpatient Withdrawal Management at Chemical Dependency Recovery Hospital or Free Standing psychiatric hospital licensed by the Department of Public Health. This level is not currently contracted through RUHS-BH Substance Use Program. Any consumer with severe withdrawal is referred to a county hospital. RUHS-BH is currently working with an inpatient psychiatric hospital that is licensed with Public Health to provide these two levels.

Narcotic Treatment Program (NTP)

This service level is provided at three regional locations throughout Riverside County.

- An opioid maintenance criterion is a two-year history of addiction, two treatment failures, and one year of episodic or continued use, pursuant to 9 CCR §10270(d).
- Treatment is prescribed in the context of psychosocial supports and interventions to manage patient's addiction.
- Involves the direct administration of medications on a routine basis without the prescribing of medications.
- Patients will receive a minimum of 50 minutes of counseling with a therapist each calendar month. Counseling and other services will be provided based on a needs assessment.
- NTP Programs will also be required to offer, and recorded proof of consumer understanding on choices of medications and treatment without medication, and prescribe Methadone, Buprenorphine, Naloxone, Naltrexone (oral and injected), and Disulfiram.

Recovery Services

Continuing care is the stage following discharge, when the client no longer requires services at the intensity required during primary treatment. Clients continue to reorient their behavior to the ongoing reality of a pro-social, sober lifestyle. Aftercare will occur in a variety of settings, such as periodic outpatient aftercare, relapse/recovery groups, 12-Step and self-help groups, as well as sober living housing. Whether individuals completed primary treatment in a residential or outpatient program, they will develop the skills to maintain sobriety and begin work on remediating various areas of their lives. Work is intrapersonal and interpersonal as well as environmental. Areas that relate to environmental issues, such as vocational rehabilitation, finding employment, and securing safe housing, fall within the purview of case management.

Linkages to these recovery services are provided in each RUHS-BH clinic by certified substance abuse counselors, licensed clinicians, and peer support specialists, as well as through contracted providers.

In addition to providing these recovery services in County clinics, RUHS-BH will offer an RFP for contracted standalone and Recovery Centers. Recovery Centers are outpatient certified DMC providers with a primary focus on recovery services and continuing care services. These types of clinics do not currently exist in Riverside County for our consumers, but RUHS-BH feels they would be a good pairing with our continuum. RUHS-BH estimates an RFP process for these services within the first 18 months of implementation. The idea for this piece came from collaborative meetings with our contract providers and stakeholders.

RUHS-BH is in the process of launching strategic partnership committees to develop a framework for recovery services and stand-alone sites. These committees have been tasked with exploring innovative solutions and resources consumers can access to manage their health, develop self-management skills and support systems, develop better life skills, access training and education, and maintain their recovery, so that they may fully integrate into society at a high functioning level. Some of the components of Recovery Services model include:

- Outpatient Counseling and Reassessment
  - Drop in assessment, individual, and group counseling will be available for consumers who feel triggered or may have relapsed.
  - Evidenced based curriculum will be used in a group format and individual. The topics will include building self-esteem, ambivalence or acceptance, process of change, spirituality, serenity, cognitive distortions, stress management, anger control plans, assertiveness, anger and the family, challenging relapse factors, warning signs and life and addiction.
- Recovery Monitoring
  - Coaching will be used to assist consumers who may feel they are in danger of relapsing or participating in destructive behaviors. Peer Specialists will follow up with consumer graduates regularly to offer re-lapse prevention support and encouragement.
  - Training and education for the individual and/or family on the effects of Drug and Alcohol use.
- Education & Job Skills
  - Assistance with developing education objectives and filling out forms will be provided.
  - Training on life and living skills including managing money, hygiene and self-care, refusal skills, looking for work, making decisions and values, and personal responsibility.
- Family Support
  - Assistance and education for clients and their families to understand triggers and cravings, stages of family recovery, coping with relapse, medical aspects of dependency and living with addiction.
  - Social activities focused on family cohesion and fun in sober and safe drug-free environments will be considered and planned for several times a year.
- Linkage to Support Groups
  - 12 Step Self Help
  - Faith Based Self Help
  - Rational Recovery
- Ancillary Services and Education Components
  - Domestic Violence
  - Grief and Loss
  - Parenting
  - Smoking Cessation
  - Nutrition, shopping and food preparation

All components of recovery services are available now in RUHS-BH clinics and provider

sites. Currently these services are not reimbursed.

The County launched Strategic Partnership Committees in December 2015. The committees consist of county partners, contracted providers, and other private industry contacts that collaborate to develop a system of integrated care for substance using consumers. The four committees are project management teams working on key objectives necessary to adhere to Waiver requirements. Eight key Waiver projects have been identified; inclusive is the Recovery Service Stand Alone site project. The framework for the Recovery Service Model will be developed, and scope of work written to issue an RFP prior to January 1, 2017.

Case Management

Case Management is a method to help clients achieve their goals throughout treatment. Case management will begin as soon as a consumer engages in the RUHS-BH screening process. Case Management Services will be provided to all consumers, with a strong emphasis on high utilizers to avoid hospitalization and higher medical costs. Consumers will be guided through the system of care, linkages will be made to ancillary services, and consumers will be guided in connecting the next needed ASAM level of care from detoxification through recovery services (aftercare).

Case Management will be utilized as a method to provide thorough discharge planning, implementing Aftercare Plans that include access to on-going Recovery Support Services, vocational rehabilitation, sober housing, access to childcare, and parenting services to enhance the capacity of each client to achieve long-term recovery. The emphasis of Case Management services is to: 1) target consumers who have had multiple treatment attempts; 2) to make sure the stages of their recovery are being managed at the appropriate level for that consumer; and 3) each consumer has a 'Risk and Protective Factors' assessment and an Aftercare Plan that addresses 'risks' and enhances 'protective' factors.

Each Case Manager will be trained to avail needed knowledge, skills, and attitudes, which prepare them to provide more treatment-specific services. Effective practice of case management includes the ability to establish rapport quickly, an awareness of how to maintain appropriate boundaries in the fluid case management relationship, and the willingness to be nonjudgmental towards clients.
Examples of case management competencies include:

- Ability to describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
- Recognize the importance of family, social networks, and community systems in treatment recovery process.
- Understand the variety of healthcare options available, and the importance of helping clients access those benefits.

- Understanding the diverse cultures and incorporating the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.

SU CARES, RUHS-BH Care Coordination Teams, and RUHS-BH Regional Clinical Teams will have a part in case management and care coordination from the County perspective, and movement through modalities by ASAM reassessment. These teams are RUHS-BH employees. Please refer to Supplemental Appendix S2 for an organizational chart outlining these teams. Providers and County clinic staff may also use case management services as adjunct services to outpatient and intensive outpatient to improve consumer's ability to navigate their active treatment episode.

The strategic partner committees will be challenged to think outside the box to determine barriers to service and successful recovery, as well as address each potential barrier with a plan to remove each. They will also consider, collaborate, and pool resources within the County to develop a network of ancillary providers willing to work with consumers to achieve their objectives. Assistance in meeting these objectives is provided by Licensed Practitioners of the Healing Arts, Certified Substance Use Counselors, Peer Support Specialists, and other service assistant employees of the RUHS-BH and Contracted Providers.

Linkage and support from assigned case management staff can include needs such as:

- Chemical Dependency and Rehabilitative Needs
- Medical
- Legal
- Social
- Education
- Employment
- Financial

Focus may also include:

- Client Advocacy with the following referring agencies:
  - County Courts
  - Department of Public Social Services
  - Probation Department
  - Client Employers
  - Parole

Note: Linkages to physical and mental health care, movement in between modalities of care, and other linkages and supports identified above, will require a referral form to be developed to adequately track the client in our electronic record, and help with the continuum of care. A sample of a referral form is attached hereto as Appendix B.

Case management services are already conducted by all RUHS-BH clinics, and the START Team, a specialized team dealing with Co-occurring clients, is associated with emergency hospitalization and a need for detoxification and /or residential. Please refer to Supplemental Appendix S2 for the organizational chart.

Physician Consultation

RUHS-BH Substance Use Program has four Addiction Medicine Specialist's, and a multitude of psychiatrists on staff that are available for consultation for Contracted Providers and RUHS-BH Staff on MAT services, general medication issues, and level of care recommendations. RUHS-BH Substance Use Program will follow treatment and placement guidelines of ASAM and use their textbook, *The ASAM Principles of Addiction Medicine*, *5th Edition* for reference.

Optional services that RUHS-BH will make available:

MAT and Recovery Residences are already being utilized for specific populations. MAT will be available within three months of implementation to the DMC consumers. RUHS-BH has been working with current contract providers, and potential providers, to be ready for rollout of this service. We currently have three providers prepared to have us monitor to their readiness and accept the protocols in place. Additional information regarding the optional services it outlined below.

Additional Medication Assisted Treatment

RUHS-BH Substance Use Program expects to expand Medication Assisted Treatment (MAT) will be available in three months of implementation. These services will be provided by Contracted Providers and select RUHS-BH clinics. RUHS-BH will follow the SAMHSA Guidelines for MAT services. The medications that could be added fall into two categories, medications for alcohol dependence and medications for opioid dependence.

1) Medications for Alcohol Dependence:
   a. Naltrexone which will be administered by tablets and injection.
   b. Disulfiram, which will be administered in tablet form.
   c. Acamprosate Calcium, which will be administered in tablet form.

2) Medications for Opioid Dependence:
   a. Buprenorphine, which will be administered in tablet form.
   b. Naltrexone, which will be administered in tablet form.
   c. Vivitrol®, which will be administered via injections.

The treatment process begins at admission, with a thorough assessment, using the ASAM criteria and Motivational Interviewing techniques to identify:

- Severity of dependence
- Any medical condition which has contributed to the dependence
- History of failed treatment attempts
- History of mental health issues

- Social roadblocks to treatment.

The key individuals involved with the consumer's MAT process are the Certified Counselor, Physician, and Clinical Care Coordinator. Their duties are outlined below:

- Certified Counselor: ASAM Assessment, physician health screening, treatment plan, treatment, administering drug tests, coordinating and consulting with physician and client progress, case management, and discharge to next level of care, as applicable;
- Physician: Treatment plan approvals, consultation, physician/client agreement, managing drug testing, prescribe MAT and adjunct prescriptions, and 90-day treatment review and adjustments.
- Clinical Care Coordinator: Coordinate all appointments, universal disclosure agreement; serve as a pharmacy liaison, primary care physician liaison, and client program compliance tracking.

MAT will be offered as a part of the continuum of care and as a choice of the consumer by collaborative discussion with primary physician or therapist. The exception is Methadone since federal guidelines inhibit the use without 2 prior failures.

Recovery Residences

Recovery residences and sober living homes are affordable, alcohol and drug free environments that provide a positive place for peer group recovery support. Sober housing promotes individual recovery by providing an environment that allows the residents to develop individual recovery programs and become self-supporting. Quality assurance is achieved and maintained through membership in a sober living coalition or network. These coalitions and networks proved self-governance and self-regulation through peer reviews and inspections. To further monitor these programs quarterly monitoring of premises and staff will be conducted starting in January 2016 and will be required to meet excellent standards in health, safety, and management guidelines.

RUHS-BH Substance Use currently contracts with eight (8) recovery residence providers for the AB109 Criminal Justice population, and provides this service to compliment the complete continuum of care while the consumer is active in Outpatient or Intensive Outpatient treatment. RUHS-BH would like to expand this service for the Criminal Justice population who otherwise would not meet the criteria for these services. The expanded services would ensure the support needed to secure recovery and lower recidivism rates by providing safe and sober housing for the first 90 days of active treatment in an outpatient or intensive outpatient program

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

Currently RUHS-BH is launching a complete integration of Mental Health services and Substance Use services in various ways. RUHS-BH is aggressively working on co-locating its own mental health and substance use clinics, and is in the planning stages of adding physical health services at these locations as well. We are working from the premise of a “one stop shop” approach in an effort to better serve our consumer’s needs, and improve the ease of access to health services. There are currently three locations already co-located in the cities of Temecula, Hemet, and Blythe. When AOD/DMC certifications are approved by DHCS, four more locations will be co-located in Riverside, Banning, Lake Elsinore, and Desert Hot Springs.

RUHS-BH currently has co-occurring groups and individual services in all mental health and substance use clinics. RUHS-BH has recently developed a referral and tracking process between the mental health, substance use clinics, and contracted substance use and mental health providers, to provide a seamless and warm hand off for consumers in need of ongoing, co-occurring services at multiple clinics at the same time.

Contracted providers are contractually required to accept direct referral consumers from RUHS-BH. RUHS-BH’s process includes a gateway to screening, referral, and treatment. Clinicians manage these referrals, and perform appropriate case management activities with the consumer. Coordination between contract providers and RUHS-BH clinicians are ongoing, as the consumer’s level of success in treatment is continually assessed. Transitioning from one modality to another is coordinated between provider, RUHS-BH, and consumer.

Access to mental and physical health is a contract requirement for providers. RUHS-BH Monitors conduct quarterly reviews and will verify treatment plan and notes for documentation of activities consistent with the treatment plan. Medical Director or LPHA identify needs and treating counselor and care coordinator both contribute to documentation of mental health coordination efforts.

RUHS-BH currently contracts with dual diagnosis detox/rehabilitation facilities to provide dually diagnosed consumers with treatment facilities, that provide a combined Mental Health and Substance Use Disorder treatment approach. These facilities offer detox services in a safe space for consumers. The RUHS-BH START Team, which is part of the RUHS-BH Care Coordination Team, works diligently with County operated medical and psychiatric facilities to provide referrals for dually diagnosed consumers to these contracted providers. START refers consumers from Riverside University Health System- Medical Center (RUHS-MC), consumers with documented mental health and substance use disorder history within the RUHS-BH system, and those consumers that have been deemed appropriate for this treatment by RUHS-BH clinical staff.

Two emergency units have also been added to assist in placing consumers who are in crisis.

1) **Community Response Evaluation and Support Team (CREST).** This program is a field-based team consisting of a Clinical Therapist, Behavioral Health Specialists, and Peer Support Specialist working collaboratively within the local Police and Sheriff Departments to decrease the need for inpatient hospitalizations as well as decreasing the amount of time that law enforcement personnel are dedicating to consumers in psychiatric crisis. The CREST Team is able to work with Consumers from all age groups. CREST operates seven days a week from 12:00 p.m. to 10:00p.m. CREST provides the following services:

   - Engagement with Consumers and their families in the community
   - Field based risk assessment.
   - Determination if lower level of care or community-based-supports can better meet the consumer's needs.
   - Link the consumer and their family to community based services in a timely manner.
   - Crisis Intervention services and support to individuals/families in psychiatric emergency.
   - Aid in development of a safety plan for the individual and their family or support system.
   - Short-term follow-up services to ensure linkage and engagement are successful.
   - Extensive knowledge of Riverside County community resources available to individuals & families.
   - The CREST Team will consult with the Law Enforcement Officers prior to making any critical clinical decisions / determinations.
   - The CREST Team has clearly defined roles that do not replace the functions of the Emergency Responders or Law Enforcement Personnel.
   - Serve as an information resource and consultant to Law Enforcement.

2) **Regional Emergency Assessment at Community Hospitals (REACH).** This program is a field based team consisting of a Clinical Therapist and Peer Support Specialist working collaboratively within community hospital emergency departments, to decrease the need for inpatient hospitalizations, as well as decreasing the amount of time that hospital medical staff is dedicating to patients in psychiatric crisis. The REACH Team is able to work with patients from all age groups. REACH operates seven days a week from 2:00 p.m. to midnight, providing the following services:

   - Engagement with Consumers and their families
   - Risk assessment
   - Determination if lower level of care or community-based-supports can

better meet the patient needs
- Crisis Intervention services and support to individuals/families in psychiatric emergency
- Release 5150 application if client no longer meets criteria and if proper linkage and resources are available to client – including community/family support
- Aids in development of safety plan for individual / family
- Short-term follow-up services to ensure linkage and engagement are successful
- Extensive knowledge of Riverside County community resources available to individuals & families
- The REACH Team will consult with Emergency Department Staff prior to making any critical clinical decisions / determinations
- The REACH Team has clearly defined roles that do not replace the functions of the Emergency Department Medical Staff or Social Workers.

REACH responds to emergency departments for consumers with behavioral health needs, which include substance use. The goal of RUHS-BH is to link consumers to community or county services, and avoid involuntary psychiatric hold or hospitalization. We often encounter consumers with alcohol and substance use conditions and link to appropriate SU CARES staff or County Substance Use and Prevention clinics for full assessment and other linkage.

CREST and REACH are operational seven days a week, except County Holidays. CREST and REACH are diversion teams, not typical crisis or PET teams. RUHS-BH has a Crisis Stabilization Unit (CSU) and Emergency Treatment Services (ETS) in Riverside, and Locked CSU in the Desert Region, that admits consumers in crisis. RUHS-BH County Clinics also accept crisis walk-in clients.

In addition to the above services, RUHS-BH utilizes **Riverside County Regional Medical Center Emergency Treatment Services (ETS)** Provides psychiatric emergency services 24 hours a day, 7 days a week for all ages, which includes evaluation, crisis intervention, and referrals for psychiatric hospitalization, as needed for adults, children, and adolescents. Consumers may be referred to the Inpatient Treatment Facility (ITF) or other private hospitals.

Additionally, Crisis Stabilization Unit provides psychiatric emergency assessment and crisis stabilization for up to 24 hours for all ages. **CSU may assist with medication if the client is Co-occurring;** TB tests, and psychiatric clearance. Currently only available in Riverside. CSU can provide two weeks to a month worth of medication.depending on the client's need.

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

RUHS-BH has partnered with managed care plans, IEHP and Molina, to assist in

integrated care of physical health, mental health, and substance use disorders. IEHP has trained their primary care physicians to utilize SBIRT in identifying members in need of substance use treatment for alcohol. Additionally, IEHP has developed a plan to identify their Medi-Cal members that can utilize RUHS-BH's substance abuse treatment services. Members who may benefit from RUHS-BH treatment services are first identified as those who report drug use inside the context of patient exams, and are then referred to treatment based on the following criteria: 1) Member's substance of choice; 2) How long the member has been using; 3) Last date of use; 4) Symptoms of withdrawals; and 5) Treatment request from the member. Care coordination between RUHS-BH and the managed health plans will consist of onsite case management with substance abuse primary provider and managed health plan staff. Onsite case management will be at the SUDS primary practitioners' location/site. Molina has also shared their identification and treatment referral plan for mental health needs, and RUHS-BH and Molina are awaiting a meeting to review the identification and treatment referral plan, care coordination, and case management activities. A meeting with IEHP and Molina occurred on March, 3, 2016. They both have agreed to a MOU which is being routed for signatures by all parties. RUHS-BH expects the MOU to be finalized by August 1, 2016.

Every consumer coming into treatment will sign a care coordination release of information (Universal Release for HIPAA and CFR 42 Part 2) to allow coordinating staff from each entity to aid the consumer in successful navigation of all facets of services of mental health, substance abuse, and physical health care needs. RUHS-BH will work collaboratively with the health care providers and metal health providers to obtain a client centered collaborative treatment plan and works towards the ability to share these treatment plans inside our perspective electronic health records. RUHS-BH MOU's with IEHP and Molina will be amended to reflect this vision and workflow pursuant to the standard terms and conditions.

RUHS-BH Substance Use and Mental Health Programs have initiated a new task force to develop an Interagency Integration of Care (IIOC) project. RUHS-BH joined with community clinics, as well as RUHS-Public Health specifically for this project. Using a standard performance improvement planning process, the integration team developed a model of full bi-directional integration of care to test and determine if this model may be expanded across the County to bring together mental health and public health primary care clinics. Doing so will improve coordination and integration of services for seriously mentally ill consumers.

The project plan calls for a substance abuse and mental health screening team to be fully integrated into the operations of a primary care clinic in Riverside. The mental health team consists of a psychiatrist, clinical therapists, substance abuse counselors, and peer support specialists. The other side of the plan is to integrate full primary care services into a large adult mental health clinic, utilizing a Family Practice Registered Nurse Practitioner.

The goals of the IIOC project are to improve access to primary care services for individuals with serious mental illness, substance abuse issues, improve clients'

general health and well-being, improve clients' ability to self-manage both their mental health and physical health issues, and to decrease negative outcomes and premature deaths, especially cardiovascular disease, which results from the lack of health care services in this population. Part of the goal is to link those clients of the mental health clinics, who have inadequate or no health care services, to a "Medical Home" for those who have significant medical/physical health issues. In the end, it is desired that many clients will be able to receive all of their services at one location, close to their homes, creating a "one-stop-shop" for all of their mental health and physical health needs.

- RUHS-BH joined CiMH sponsored Care Integration Collaborative (CIC) with several other counties. Through the CIC, our integration project has been strengthened. The Interagency Integration of Care project is designed as a pilot expanding the number of healthcare integration sites up to three behavioral health clinics. The intent is to continue expanding where possible, and building on what is learned at these sites. At these sites, service providers are working to identify strategies to screen, assess, and treat for co-occurring mental health, substance use, and physical healthcare needs. Specific new areas of focus through the CIC are:

    - Full Involvement or Substance Abuse services in the CIC
    - Electronic/Universal Consent and Release of Information
    - Electronic/Universal Referral Format and Process
    - Electronic/Integrated Medication Reconciliation
    - Internet Based Data Registry
    - Screening for Mental Health, Substance Abuse and Physical Health Care Needs in the Appropriate Settings
    - Electronic/Shared Care Plans
    - Role of Care Coordinators
    - Role of Peer Care Navigators
    - Warm Hand-off Communications
    - Development and Implementation of Life Style Centers.

In addition, RUHS-BH is planning to open a new location to expand the full bi-directional model of care integration starting in Lake Elsinore Substance Use Clinic as soon as it is certified by DHCS. RUHS-BH has specified that all new clinics, and clinic expansions, will include an exam room, and office space for PCPs to provide services on-site at these locations. This integration project will also be expanded to include all age ranges, not just adults. This will involve local Mental Health clinic services for children, adults, and older adults, including Substance Use Disorder Services, and services for local AB-109 clients.

RUHS-BH also went countywide with implementation of various tools that were developed to facilitate care integration in our Mental Health and Substance Use Disorder programs. All of these are fully incorporated into our Electronic Medical Record System. These tools include:

- Universal, electronic screening form and procedures to screen for physical

health care needs

- Universal, electronic Referral and Response form and procedures
- Universal, electronic Consent/Release of Information form and procedures that covers the release of specially Protected Health Information under HIPAA regulations including HIV, MH and SUD treatment information
- Routine Medication Reconciliation at each client visit with a psychiatrist.

In addition, RUHS-BH has opened a Health and Wellness Life Style Center in Riverside, for those clients who are participating in the Care Integration Project. The Center provides services through a qualified Health Educator that has been hired by RUHS-BH to provide diet and nutrition counseling, support for healthy living, and encouragement of clients to increase physical activity and exercise. Further expansions of the Care Integration Collaborative are planned across the County to expand this project to other locations, where the same bidirectional model of integrated services will be implemented.

RUHS-BH has also collaborated with RUHS Public Health HIV/AIDS clinics. We now have psychiatrist-only services fully integrated into the HIV/AIDS clinics in Indio, Riverside and Perris. The projects in Riverside and Lake Elsinore will also include providing services for local AB-109 clients.

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

    - Comprehensive substance use, physical, and mental health screening:
        - **RUHS-BH does not need assistance at this time.**
    - Beneficiary engagement and participation in an integrated care program as needed:
        - **Yes, RUHS-BH does require assistance to develop fluid collaboration with health plans**.
    - Shared development of care plans by the beneficiary, caregivers and all providers:
        - **RUHS-BH does not need assistance at this time.**
    - Collaborative treatment planning with managed care:
        - **RUHS-BH does not need assistance at this time.**
    - Care coordination and effective communication among providers:
        - **RUHS-BH does not need assistance at this time.**
    - Navigation support for patients and caregivers:
        - **RUHS-BH does not need assistance at this time.**
    - Facilitation and tracking of referrals between systems:
        - **RUHS-BH does not need assistance at this time.**

8. **Access.** Describe how the county will ensure access to all service modalities.

Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:

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

Access to Services

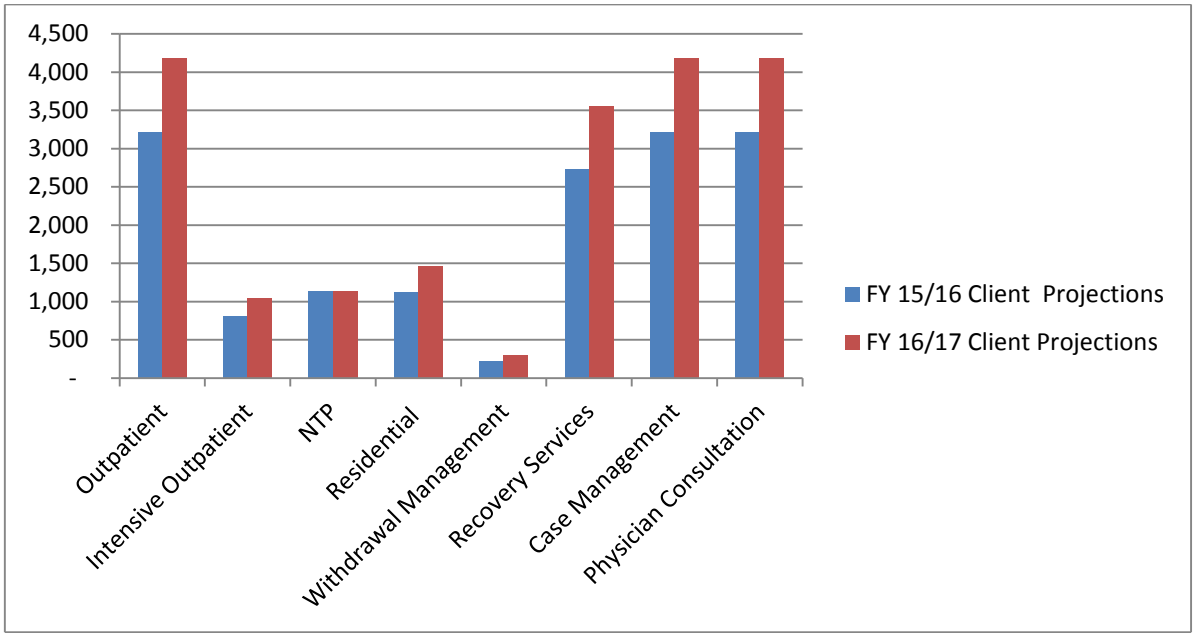
There are several routes for individuals seeking substance use services to access treatment. If in custody, jail screenings are conducted prior to release for timely and fluid client placement. Otherwise, clients can call the toll free number where a Certified Substance Use Counselor or Licensed Clinician at the CARES SU unit screens and refers to a clinic, or they can visit a RUHS-BH Clinic in person based on ASAM placement criteria. See the Substance Use Access and Placement to System of Care diagram, located on Page 10 of this plan for medical necessity determination and the referral process. Depending on the initial screening and level of care required, referrals would be made to one of seven outpatient RUHS-BH clinics, or one of 21 contracted agencies. Available agencies that provide Drug Medi-Cal outpatient services are not at capacity; therefore, RUHS-BH does not anticipate an inability to service an influx of clients.

Consumers may also enter the system of care through self-referral to contracted providers in outpatient settings for two populations; adolescents at school sites and drug court clients at court facilities. Individuals are given options about locations where they could receive services. A County case-manager is assigned to the individual and the Care Coordination Team collaborates with the individual through-out their continuum of care.

Additionally, recovery services will initially be available in RUHS-BH clinics and current providers desiring to add this to their outpatient programs. RUHS-BH will offer an RFP for contracted drop-in Recovery Centers for consumers who have completed their initial treatment program. Continuing care is the stage following discharge, when the client no longer requires services at the intensity required during primary treatment. Services will include but are not limited to drop-in outpatient counseling services, peer-to-peer services, life skill coaching and resource assistance, education and job coaching, relapse/recovery groups, 12-Step and self-help groups, as well as ancillary services. It is anticipated that with the implementation of the Waiver, recovery

services are expected to grow as much as 160%. Whether individuals completed primary treatment in a residential or outpatient program, RUHS-BH consumers will develop the skills to maintain sobriety and begin work on remediating various areas of their lives. Consumers will continue to reorient their behavior to the ongoing reality of a pro-social, sober lifestyle.

RUHS-BH has not experienced the full impact of Healthcare Reform. From 2013 to 2014 RUHS-BH experienced an approximate growth in DMC eligible beneficiaries of 30%. The largest growth was in the NTP modality, which saw a 73% increase in beneficiaries, and led to multiple requests for slot increases from NTP providers. In this same time, beneficiaries seeking the ODF modality grew by 27%. Based on RUHS-BH projections, it is anticipated that client utilization will increase between 17-30% across most modalities between FY 15/16 and 16/17. It is anticipated that with the implementation of the Waiver, Recovery Services are expected to grow as much as 160%, and RUHS-BH's plan to increase Case Management and Physician Consultation will increase benefits for consumers about 62% between the same two fiscal years. Projections were based on evaluation of client eligibility data, clinic service utilization data, and estimates based on new and pending DMC eligible modalities. The estimated utilization of services by DMC beneficiaries is 7,000 non-duplicated clients across treatment modalities. The graph below depicts the expected increase in client utilization in the next two fiscal years.



Provider fulfillment:

a) The number of outpatient clinics and contractors providing outpatient services (both ODF and IOT) is satisfactory. DMC providers are not at capacity.

b) Six active providers have expressed interest in pursuing a DMC certification. It is estimated RUHS-BH currently has approximately 65% of total needed bed slots available from these contract providers. At a minimum of twenty-six (26) additional beds will be required to support sufficiently this service. An RFP will be issued in the next six months to fulfill the need for residential, adolescent residential, perinatal residential and residential detox beds.
c) One active provider, and two outside organizations have expressed interest in pursuing a DMC certification for adolescent inpatient services.
d) MAT services are currently provided at one residential facility. Two additional providers have expressed interest in providing the service to fill the need. The estimated start date pending approved certification for MAT services is July 1, 2016. The County is aggressively seeking out current and new private providers to respond to an RFP for MAT services. In the interim, the County will modify contracts for current and interested contracted providers who become certified to offer services July 1st.

The availability of services was deemed satisfactory based on the gross overall population and three-year trends for evaluating future clients in treatment. The core population interested in County-run services may slightly grow, but the majority of growth in capacity is realized as a shift from services historically covered under SAPT Block Grant funding at RUHS-BH Clinics to DMC eligible services, and clients treated at RUHS-BH clinics and Contracted providers. Feedback from outpatient contracted providers indicates they are far from capacity levels. Additionally, there is an aggressive RUHS-BH planned expansion into areas where contracted providers are not located to increase RUHS-BH's ability serve outpatient clientele. Three new outpatient DMC clinics have opened since Waiver was submitted.

There are more individuals in ODF than other modality because there is overlap from IOT, NTP and residential populations entering into the ODF modality. In the past, the majority of contracted providers were ODF certified because the modality was covered under DMC for men and non-parenting women. This will change as DMC applications are approved for IOT. Population trends indicate we may realize up to a 30% increase in 2016/2017. However, we expect more intensive modalities to be lower in numbers than ODF, since ODF will likely be the last step down modality in treatment which is consistent with ASAM criteria. The expectation is that nearly all individuals will enter ODF at some point whereas a percentage of those in treatment will access Detox, Residential, NTP, and IOT.

Clinic Hours of Operation:

RUHS-BH Clinics
8 locations: M-F 8am-5pm,
Evening groups available up until 8pm at select locations.

Contracted Detox Programs
5 providers (total of 7 locations): 24 hours a day, 7 days a week

Contracted Residential Programs
8 providers (total of 17 locations): 24 hours a day, 7 days a week

Contracted ODF and IOT Programs
7 providers (total of 8 locations): M-F 8am-5pm,
Evening groups up until 9pm at select locations.
Saturday groups available at select locations.
*Potential new providers that offer IOP and partial hospitalization are open 7 days a week, 8am to 8pm.

Contracted Satellite Programs
1 provider (total of 11 active sites): M-F, times vary.
1-2x per week, 1.5-2 hour groups available

Contracted NTP Programs
3 providers: M-F 5am-3pm, Weekends/Holidays 7-9:30am

- Translation services are available to serve clients at RUHS-BH Clinics. RUHS-BH contracted providers are obligated by contract to provide translation services for clients.

- All clients requesting Substance Use services are seen the same day, or within 24 hours after initial contact. Consumers will have access to a toll-free telephone line. Telephone line will have phone trees in Spanish and English, and will be operated by bilingual personnel. The toll-free number is to acquire general information about services, locations, and phone numbers for clinic locations. Then beneficiaries seeking treatment and screening will be transferred to a clinician to access services.

- Consumers with disabilities have access to all ADA compliant County clinics and contracted providers. Contracted Providers submit an ADA/504 Self-Evaluation (Access to Services) Plan prior to contracting with the County. Additionally, they are contractually compelled to adhere to ADA guidelines and CLAS standards and are monitored annually for compliance. RUHS-BH will aid consumers with diabilities and transportation difficulties in accessing primary care, mental health treatment, and substance abuse treatment by guiding and teaching to use community resources. For example: Western Riverside County Riverside Transit Agency: Dial-A-Ride RTA's Dial-A-Ride (DAR) is a curb-to-curb, advanced reservation transportation service operating in parts of western Riverside County. Senior/Disabled Dial-A-Ride is for seniors age 60 and above and for anyone carrying an RTA Disabled ID card, Medicare card or ADA card. For our Desert Region, SunLine Transit Agency is the local public transportation provider for the Coachella Valley. In compliance with the Americans with Disabilities Act (ADA), SunLine has ensured that access and mobility for persons with disabilities has been established on all SunBus and SunDial (paratransit) vehicles. SunDial provides on-demand curb-to-curb paratransit service to qualifying clients within ¾ of a

mile on either side of SunBus fixed-routes. In the Line 95 (North Shore) service area Sunline Transit Agency operates on a deviated fixed route basis so that all persons including persons with disabilities and limited mobility are able to travel on the bus. When these types of transportation services are not sufficient RUHS-BH Case Managers and Care Coordination staff also have the ability to transport consumers ourselves for linkage to medical appointments, SU and MH treatment needs, and other vital services for a successful treatment episode and whole person care episode.

When a consumer calls in, they will receive a complete ASAM based screening. Once the predetermination of the ASAM level of care is made through the screening tool, the consumer is also scheduled for an appointment with a clinic or contracted provider within 14 calendar days (RUHS-BH goal in year one), and seven calendar days (RUHS-BH goal in year two), for a complete intake and assessment to determine diagnosis and medical necessity. The assessment for County clinics is usually completed the same day for outpatient, within 48 hours for Intensive Outpatient, and within 14 calendar days (RUHS-BH goal in year one), and seven calendar days (RUHS-BH goal in year two) for contracted providers dependent on modality. This timing will also be dependent on what provider the consumer chooses for treatment based on the ASAM level of care needed. Consumer preferences would be considered such as cultural, geographical, gender, language and personal schedule. These delays would be documented in the EHR mental health contract log by the care coordinator assigned to the consumer. RUHS-BH is working diligently with providers to make this appointment happen as quickly as possible, and the Care Coordination Team will follow-up and guide the consumer to assist in engagement and ease of access. Urgent conditions are addressed by the counselor while in contact with consumer. Counselor will reach out to police, one of the 24/7 mental health teams mentioned prevsiously, or emergency personnel as the need arises. Placement into a facility will collaboratively be facilitated by Supervisors, Program Directors, and/or County Administrator to remove any barriers to access. The frequency of treatment is dependent on the modality the consumer is in, Title 22 requirements for that modality, and their individualized treatment plan

An evaluation of where clients are treated and where they live is indicated on a map reflecting Riverside County facility access for 2014. The furthest distance from a Riverside County rural border to a clinic is 38 minutes away (36 miles). The furthest median distance between clinics is 45 minutes (48 miles). Clients seeking treatment in these rural areas are and will have access to transportation provided by County care coordination team and contracted providers. Please refer to Appendix C of this plan. RUHS-BH is currently in the process of expanding services, and obtaining certification for additional integrated clinics and school sites in areas with accessible transportation. Completion is expected in Fiscal Year 2015-2016. See Supplemental Appendix S4, for a revised list of current sites, locations, and modalities.

9. **Access to Services.** In accordance with 42 CFR 438.206, describe how the County will assure the following:
    - Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.
    - Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.
    - Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
    - Establish mechanisms to ensure that network providers comply with the timely access requirements.
    - Monitor network providers regularly to determine compliance with timely access requirements.
    - Take corrective action if there is a failure to comply with timely access requirements.

    RUHS-BH requires contractors to attend a mandatory bi-monthly meeting where treatment standards and expectations are discussed. Contracted providers must adhere to the terms of their contracts with RUHS-BH, which will clearly outline the requirements for hours of operations and 24/7 language access that are outlined in the County/State Agreement.

    Currently, the RUHS-BH Quality Improvement team monitors contracted providers on a quarterly basis, using components of substance use program specific monitoring tools. With Waiver implementation, adjustments will be made to the current monitoring tools to ensure appropriate adherence to the conditions of the County/State Agreement, including evaluation of the provider's ability to comply with timely access requirements. Any deviations by providers to meet the timely access requirements will result in the Quality Improvement team escalating protocol for corrective action compliance.

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

    RUHS-BH Substance Use Administration provides trainings to our Clinics and Contract Providers. We will continue to train on the below topics and add more as providers indicate need. RUHS-BH requests from providers during each quarterly meeting needs and desires for training.

    The trainings listed below occur annually and may be mandated. Additionally, RUHS-BH contract monitors provide trainings as necessary, which mandated through the quarterly review process. Assistance is also given for implementation of Electronic

Health Record and compliance.

- ICD-10
- DSM 5
- Title 22 / Title 9 Regulations for:
- Outpatient Services
- Residential Services
- MAT Services and NTP: Best Practices
- AOD Certification Standards
- CalOMS
- Financial and Billing
- ASAM Screening, Assessment, and Placement
- Treatment Planning
- Motivational Interviewing
- Stages of Changes
- Best Practices using statistical research – UCLA driven
- Group counseling and addiction problem solving groups, special focus groups and multifamily groups – UCLA developed.

RUHS-BH would appreciate assistance in providing the opportunity for training for providers in Dialectical Behavior Therapy (DBT) and Motivational Enhancement Therapy (MET). Since RUHS-BH is attempting to implement DBT and MET as standard EBP's, assistance in providing this training to providers would help to implement the practice County-wide.

RUHS-BH will provide the same training that has been received by clinic counselors to contracted providers that practice the same EBPs.

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

Technical assistance from the State in the form of training opportunities on ASAM and continued Drug Medi-Cal application webinars would be beneficial to strengthen compliance in both areas.

- Financial Reporting
- Provider Training
- Understanding how to report and obtain reimbursement for cross county DMC clients.

12. **Quality Assurance.** Describe the County's Quality Management and Quality Improvement program. This includes a description of the Quality Improvement (QI) Committee (or integration of DMC-ODS responsibilities into the existing MHP QI committee). The monitoring of accessibility of services outlines in the Quality Improvement Plan will at a minimum include:
    - Timeliness of first initial contact to face-to face appointment
    - Frequency of follow-up appointments in accordance with individualized treatment plans
    - Timeliness of services of the first dose of NTP services
    - Access to after-hours care
    - Responsiveness of the beneficiary access line
    - Strategies to reduce avoidable hospitalizations
    - Coordination of physical and mental health services with waiver services at the provider level
    - Assessment of the beneficiaries experiences, including complaints, grievances and appeals
    - Telephone access line and services in the prevalent non-English languages

    Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:
    - How to submit a grievance, appeal, and state fair hearing
    - The timeframe for resolution of appeals (including expedited appeal)
    - The content of an appeal resolution
    - Record Keeping
    - Continuation of Benefits
    - Requirements of state fair hearings.

- Please refer to the 2015-2016 Mental Health QI Plan and Substance Use QI Monitoring Plan and Protocols in Supplemental Appendix S5. These QI procedures outline specific activities the QI team will conduct for all new and ongoing providers and RUHS-BH clinics. These guidelines have been in place since 2014 to ensure quality services, access to treatment, contractual follow through, and compliance with State and Federal Regulations. New additional workflow and monitoring procedures that comply with the Waiver STC's have been incorporated.
- The Substance Use Program (SUP) has comprehensive quality assurance built into its quarterly monitoring process. Modality specific monitoring tools are used to evaluate a program's administrative and clinical quality, as well as compliance. These quarterly audits and reviews will measure additional items specific to the Waiver. QI staff will monitor timeliness to first service by creating reports based off initial contact (via phone or in person). This is recorded in the electronic health record by the County Care Coordination team in the MH Contact Log. This initial date will then be verified against the entry date to the treatment program. As outlined in RUHS-BH plan year one goal of first contact for all providers and modalities will be 0-14 days. The goal for

year two and beyond will be a maximum of 7 days. RUHS-BH will be working intensively with the NTP programs to ensure entry is on the lower end of the scale.

- RUHS-BH staff conducts test calls to clinics and providers to ensure: professionalism, helpfulness, access to care, and overall consumer satisfaction. These test calls are correlated into a report that is given to the Quality Improvement Committee (QIC) at a minimum of once per year. These same reports are distributed to clinic directors and supervisory staff to initiate needed training to strengthen any areas found to be deficient.
- After hours care access has been described previously in the use of the CREST Team, REACH Team, START Team, and 24 hour access line (SU CARES). In addition, RUHS-BH has contracted with a provider to operate two Crisis Stabilization Units (CSU) that will be accessible 24 hours a day. Consumers may stay in the CSU for up to 23 hours, receive stabilization and linkage services. This service includes a full mental health and substance use evaluation. Consumer can be provided with mental health medications necessary to enter a residential or detox provider. The CSU will also be able to provide any needed medical and psychiatric clearance that providers require by nursing staff.
- QI monitoring staff will also review consumer charts and complete consumer interviews as needed to ensure the contractual obligation of linkage to medical and psychiatric appointment is adhered to by providers. County Care Coordination case managers will also follow up with consumers in person, and via phone, to ensure any other community connections are provided.
- QI and Substance Use Administration will review all Care Coordination Teams and case management functions outlined in the Waiver to ensure: emergency departments are incorporated in outreach, managed care providers have access to direct referrals and screening staff, contractual language and items pursuant to mental health and physical health are being adhered to, and that these activities are documented in the consumer chart. These functions will be added to the quarterly audits for all contracted providers, County clinics, SU CARES, and County Care Coordination Teams.
- The goal of RUHS-BH is to incorporate all SUDS Waiver goals into an incorporated Behavioral Health QI Plan for 2016-2017 with collaboration and input from the QIC, Behavioral Health Commission, and contracted providers. Please refer to Supplemental Appendix S5 for the 2015-2016 Quality Improvement Plan and Substance Use QI Plan and Protocols.
- Beneficiaries overall experience in both County clinics and contracted providers is measured by Mental Health Statistics Improvement Plan (MHSIP) forms that are contractually required of all County clinics and providers to complete at minimum upon exit from program. These reports are then sent to the research and evaluation department. The report generated from these statistics is given to the QIC and public stakeholders on an annual basis. Please see Supplemental Appendix S6 for the MHSIP Consumer Survey in both English and Spanish.
- Please refer to Supplemental Appendix S7 for the Appeal & Grievance procedure/Request Form on policies to submit a grievance, appeal, and state fair hearing. The timeframe for resolution of appeals is 45 Days for a Standard Appeal and three days for an Expedited Appeal. The content of an appeal resolution is as follows: Review of an action will be conducted by the RUHS-BH related to an appeal for a

modified or denial of a requested service from a consumer and/or a reduction, suspension, or termination of a previously authorized service. A grievance/appeal log is kept with the following information: Name of consumer, date of receipt of grievance/appeal, nature of problem, final disposition of grievance/appeal. Contractors are held to same criteria and are required to notify County within one day of receipt of grievance/appeal. Continuation of benefits involves notice to consumer that they may continue benefits while decision is pending. Notification to consumer will be sent informing them of their right to request a fair hearing if their grievance/appeal is not decided on within 60 days of receipt. Medi-Cal eligible consumers will be informed they can request a fair hearing without going through the grievance/appeal process. Supplemental Appendix S7 also contains RUHS-BH Policy No. 259-Beneficiary/Consumer Problem Resolution Process for review.

RUHS-BH will comply with CFR 438, and other Federal Regulations, as they pertain to the implementation and treatment quality of Waiver services

Quality Improvement Committee (QIC):

The QIC oversees the activities of Behavioral Health Quality Management activities. These activities include the monitoring activities as stated above, and multiple reports to provide feedback on documentation accuracy, as well as evaluation of program activities. The QIC reviews multiple reports and identifies areas for improvement, recommends interventions to improve performance, and monitors/evaluates the effectiveness of interventions. See Appendix F for quality improvement plan detail.

The QIC is chaired by the Assistant Director of Programs. Members include the following:

- Medical Director
- Research and Evaluation Manager
- Outpatient Quality Improvement Manager
- Inpatient Quality Improvement Manager
- Substance Use Program Administrator
- Substance Use QI Supervisor
- Cultural Competency Manager
- Managed Care Manager
- Patients Rights Supervisor
- One representative of the Behavioral Health Commission
- One consumer
- Representatives from Peer Support, Parent Support, and Family Advocate programs
- Representatives from the Western, Mid-County, and Desert Regions
- Representatives from the Child, Older Adult and Substance Use programs
- Representatives from the Research and Evaluation programs.
- Representatives from contracted MH and SUDS Providers.

In addition to the monitoring activities and QIC involvement already listed, the Quality Management (QM) Program will ensure Substance Use services are

reviewed during the QIC meetings that include: Monitoring of Timeliness to Services; Grievances and Appeals; Change of Provider requests, Beneficiary Satisfaction; Medication Monitoring; and Cultural Competency in service programs. Additionally, a Clinical and Non-Clinical Performance Improvement Plan, specific for Substance Use services will be included in the QI Work Plan. Data is collected continuously throughout the year. Reports are mostly completed on a bi-annual or annual basis. If you'd like even more detail, see attached example of Report Distribution

Please refer the 2015-2016 Quality Improvement Plan and Substance Use Program Protocols in Supplemental Appendix S5 for further Quality Assurance goals and standards.

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

RUHS-BH staff started training courses in March 2016 for various Evidence Based Practices (EBP). RUHS-BH is training staff in the following EBPs based on clinic/program type. They are as follows:

RUHS-BH ODF and IOT Clinics:

- Living in Balance: Moving from a Life of Addiction to a Life of Recovery;
- The Matrix Model Training; and
- Cognitive-Behavioral Therapy (CBT) for PTSD: A Program for Addiction Professionals.

RUHS-BH Drug Court Program Staff:

- A New Direction: A Cognitive=Behavioral Treatment Curriculum;
- The Matrix Model Training; and
- Cognitive-Behavioral Therapy (CBT) for PTSD: A Program for Addiction Professionals.

RUHS-BH AB109 Program Staff:

- A New Direction: A Cognitive=Behavioral Treatment Curriculum; and
- Cognitive-Behavioral Therapy (CBT) for PTSD: A Program for Addiction Professionals.

This training will be enforced in RUHS-BH programs through policy and contractor scope of work requirements as follows:

- Annual Contract Monitoring Reviews audit overall annual compliance through review of charts and files.
- Quarterly monitoring reviews monitor quality and adherence to EBP best practices through chart review, and auditing live groups scheduled for the day.
- Training is coordinated when deficiencies are found.

- Documentation of findings through audit reports requires a corrective action plan from the provider, addressing how the issue(s) will be addressed and corrected.
- Punitive financial consequences may occur for subsequent non-compliance after training, and corrective actions are exhausted.
- Escalated consequences for unsatisfactory and ongoing non-compliance, including recovery of funds and contract termination.

Curriculum in RUHS-BH clinics includes but is not exclusive to: Living In Balance; The Matrix Model: For Criminal Justice Settings; The Matrix Model for Teens and Young Adults; Beyond Trauma; The Matrix Model: Intensive Outpatient Alcohol and Drug Treatment Program; Cognitive Behavioral Therapy (CBT); Dialectical Behavior Therapy (DBT); Motivational Interviewing (MI); Motivational Enhancement Therapy (MET); Seeking Safety; Peer Support Services; and Stages of Change.

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

At this time, RUHS-BH will not be implementing a regional model.

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

RUHS-BH currently has MOU's in place with the following managed care plans, and is currently in the process of amending the MOU's to meet the requirements of the Waiver implementation. RUHS-BH anticipates that amended MOUs will be executed within 30 days of Waiver implementation (Current MOU's and Draft revisions to the MOU's are attached hereto as Appendix G):

- Molina Health Care of California Partner Plan, Inc.
- Inland Empire Health Plan

In addition to the MOU's with managed care plans, RUHS-BH also has MOU's in place with the following Riverside County agencies (MOU's attached hereto as Appendix H):

- Probation Department
- RUHS-Public Health
- Department of Public Social Services

16. **Telehealth Services.** If a county chooses to utilize telehealth services, how will

telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).

Riverside is currently testing telehealth service utilization at a telehealth beta site, located at RUHS-BH's Indio Substance Use Clinic and Blythe Substance Use Clinic. Due to Blythe's community needs, and the difficulties the clinic faces in having a doctor, medical director, or LPHA onsite at all times, RUHS-BH will provide telehealth services from our Indio SU Clinic to our Blythe SU clinic. This is most helpful in the Blythe clinic location when a need for a face to face appointment with a medical director or psychiatrist arises. All LPHA activities can be handled onsite in Blythe. RUHS-BH is proposing to our own system of care that each consumer have a face to face at intake and discharge with a medical director, to deem medical necessity and approve transfer from current modality to the next modality, or community based recovery services.

The initial medical necessity determination for the DMC-ODS benefit will be performed through a face-to-face review or telehealth by a Medical Director, Licensed Physician, or LPHA as defined in Section 3(a) of the Standard Terms and Conditions to the DMC-ODS Waiver. After establishing a diagnosis, the ASAM Criteria will be applied to determine placement into the level of assessed services. These services will also be available for any necessary therapeutic services that cannot be handled in a timely manner onsite in Blythe. The telehealth guidelines and procedures outlined above will apply to this beta site, expansion of these services will be determined on the needs of our community on a limited basis with RUHS-BH approval only.

When utilizing telemedicine services, RUHS-BH staff will adhere to the following procedures and standards:

Room/Equipment Requirements: To ensure confidentiality, RUHS-BH plans to implement the following standards:

- The room(s) to be used to provide telemedicine services shall be in a quiet location to minimize exposure to office noise.
- The room(s) should be without windows for better quality image transmission; Rooms with windows should have shades or blinds to reduce glare and/ or shadows.
- Camera equipment shall be placed so that the consumer and psychiatrist are looking directly at each other during the telemedicine session.

Licensure

The psychiatrist, Doctor, Medical Director, or LPHA providing telemedicine services must be licensed in the state in which the patient resides. Consent to Participate in Telemedicine Services will be obtained by adhering to the following standards:

- The consumer or their legal guardian must sign the Telemedicine

- Informed Consent prior to receiving telemedicine services unless adolescent is

receiving services under minor consent.
- The consent shall be maintained in the consumer's clinical record and remains valid for one (1) year from the date of signature, unless terminated earlier.
- If the telemedicine service is recorded, a separate consent to record shall be obtained and will only be valid for the date of the service.

Confidentiality

To ensure confidentiality of telemedicine services, RUHS-BH staff shall adhere to the following:
- No person, other than the Clinical Presenter and those agreed to by the consumer shall observe or monitor the service.
- The door to the room that is being utilized shall remain closed during the telemedicine service and a sign must be posted on the door stating that a clinical session is in progress.
- Comply with all department policies and procedures pertaining to confidentiality and protected health information.

Documentation
- Telemedicine services shall be documented in accordance with departmental policy and procedures.
- A Telemedicine Consent form will be obtained from client.

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

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

Contracting Procedures

RUHS-BH initially contracts with every Drug Medi-Cal provider that becomes certified with the State of California. Its process to verify compliance to RUHS-BH standards and Drug Medi-Cal regulations is outlined in the RUHS-BH's Substance Use Program Policy and Procedure. However, beginning in fiscal year 2015-2016, RUHS-BH will use a formal bidding process, established by County-wide purchasing policies to award contracted service providers. At this time, RUHS-BH is considering the procurement process options available to secure contractors to carry out Waiver related services. If State approved rates are variable, RUHS-BH will pursue a Request for Proposal (RFP) to evaluate and award potential qualified contractors. However, if RUHS-BH receives static rate determinations from the State, a Request for Qualification (RFQu) will likely be the route taken to procure services. Both processes will allow RUHS-BH to evaluate the ability of bidders to provide quality treatment at the State

reimbursable rates. With further understanding of the rates component of the Waiver, RUHS-BH will be able to move forward with the procurement process for services. Beginning in fiscal year 2015-2016, the contracting term for Drug Medi-Cal providers will be five (5) years, with each year renewable in one (1) year increments.

Those bidders who do not receive an award via the formal bidding process can protest the County's award pursuant to the policy and procedures of Riverside County's Purchasing and Fleet Services Department. A copy of the policy can be reviewed at the Riverside County Purchasing Department website at: http://www.purchasing.co.riverside.ca.us/.

In addition to the standard contracting terms required by Riverside County's Purchasing and Fleet Services Department, RUHS-BH will continue to ensure that that contracting requirements pursuant to Waiver's Standard Terms and Conditions are included. In addition, RUHS-BH Quality improvement Staff will assure that all residential providers maintain appropriate ASAM designation from DHCS.

Non-Renewal or Termination

Drug Medi-Cal contracts are evaluated and renewed every fiscal year. If a contract is not renewed, the provider has been trained, counseled, and informed of possible termination prior to non-renewal, as outlined in Substance Use Program and Policy and Procedures. Voluntary or involuntary termination processes and the appeal process are outlined in County contract language. Additionally, please note that Riverside County includes a 30-day termination clause in professional service agreements, and therefore reserves the right to terminate any agreement without cause upon 30 days written notice to the contractor.

If Drug Medi-Cal providers do not receive a contract renewal, or a service agreement is terminated, the following steps are taken by RUHS-BH:

- Prior to non-renewal or termination of contract, the provider's active beneficiaries are identified and either discharged by the provider or the Substance Use Program. Care Coordinators are responsible for transitioning a consumer to another facility in the event of non-renewal or closure of a contractor.
- Beneficiaries are referred, whenever possible, verbally and always by mail to other programs convenient to them. Care Coordination personnel are assigned at the same time the first appoint is made for consumer. The primary purpose of Care Coordinators are to keep consumers engaged, advocate on behalf of consumer, and provide linkages to levels of treatment and services. As a result, we will improve our outcomes for successful completion of treatment.

See Appendix D for Riverside University Health System-Behavioral Health Contracted Providers by modality and address for Fiscal Year 2014-2015.

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

RUHS-BH Substance Use Program expects to expand Medication Assisted Treatment (MAT) in three months from plan implementation. These services will be provided at select RUHS-BH Clinics and by Contracted Providers. RUHS-BH will follow the SAMHSA Guidelines for MAT service.

Medications

Medications fall under two categories:

1. Medications for Alcohol Dependence

		Route of Administration
• Naltrexone		Tablets, Injection
• Disulfiram		Tablets
• Acamprosate Calcium		Tablets

2. Medications for Opioid Dependence

		Route of Administration
• Buprenorphine		Tablets
• Naltrexone		Tablets
• Vivitrol®		Injection

When MAT is deemed necessary, a universal disclosure agreement is acquired. The key individuals involved with the consumer's MAT process are the Certified Counselor, Physician, and clinical care coordinator. The below chart reflects what each of these individuals oversee. The following graph depicts the flow of treatment for MAT consumers.

Key Individuals and Duties for MAT Administration

Certified Counselor	**Physician**	**Clinical Care Coordinator**
ASAM Assessment	Treatment Plan approval	Coordinate all appointments
Physical Health Screening	Consultations	Universal Disclosure Agreement
Treatment Plan	Physician/Client Agreement	Pharmacy Liaison
Treatment	Managing drug testing	Primary Care Physician Liaison
Administering Drug Tests	Prescribe MAT & adjunct Rxs	Client program compliance tracking
Coordinate & consult with physician & client progress	90 day Tx review & adjustments	
Case Management		
Discharge to next level of care as applicable		

Medication Assisted Treatment – Process:

The treatment process begins at admission, with a thorough assessment, using the ASAM criteria and Motivational Interviewing techniques to indentify:

- Severity of dependence
- Any medical condition which has contributed to the dependence
- History of failed treatment attempts
- History of mental health issues
- Social roadblocks to treatment.

The Medication Assisted Treatment process, including the utilization of the key individuals in the administration of the service, is shown in the diagram located on the following page.

Medication Assisted Treatment Process Diagram

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

    Referrals for all modalities including residential are addressed in the client workflow. Placement in a residential bed requires a physician, medical director, or LPHA to authorize medical necessity once placed with provider. Residential beds are currently, and will continue to be, funded by SAPT Block Grant funding and AB109 until Waiver plan is approved. Screening and the subsequent referral is the first approval for services. Therefore, it is less than 24 hours before a consumer receives an appointment and referral. Admission pre-authorization paperwork from provider is confirmation of the authorization and that the client appeared for their appointment and was admitted. Pre-authorization paperwork must be submitted within 24 hours of consumer's admission. Substance Use Administration will review, approve, pend, or deny within 24 hours of receipt of preauthorization paperwork so that treatment services are not interrupted or withheld without notice. The County's Strategic Partnership Committees (SPC) has determined a screening and placement workflow that will begin testing July 1, 2016.

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

    Review Note: This question only applies to counties participating in the one-year provisional program and only needs to be completed by these counties.

    This question is not applicable to RUHS-BH.

County Authorization

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

County Behavioral Health Director* (*for Los Angeles and Napa AOD Program Director)	County	Date

Print Name	Title	Phone Number

Please mail the completed Implementation Plan to:

Department of Health Care Services SUD Compliance Division
Attn: Marlies Perez
P.O. Box 997413, MS 2600
Sacramento, CA 95899-7413
Marlies.Perez@dhcs.ca.gov