C. PREVENTION SERVICES & SPECIALTY POPULATIONS

San Diego County's substance use prevention strategy primarily utilizes environmental prevention, a federally approved community-change model to prevent substance use problems throughout the region. Providing a targeted focus on these issues allows the County to develop long term, strategic, cost effective and sustainable prevention plans for each initiative, provides coordination and shared resources where possible, and provides flexible prioritization in each region regarding how each initiative will be tailored to individual community needs.

Primary Prevention
Since the inception of the San Diego County Prevention Framework in 1997, the County has initiated regional substance use disorder prevention initiatives aligned with the County of San Diego's Strategic Initiatives:

- Binge and Underage Drinking Initiative (1996)
- Marijuana Initiative (2005)
- San Diego County Substance Use and Overdose Prevention Task Force (2022)

In 2022, the Methamphetamine Strike Force and the Prescription Drug Abuse Task Force were combined to form the San Diego County Substance Use and Overdose Prevention Task Force.

Each of the County substance use prevention initiatives has a subject matter expert facilitator who provides leadership and expertise on the specific initiative's, goals and work plans, and actively engages stakeholders and community throughout the region for each effort.

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

The San Diego Prevention system includes a substance use prevention provider located in each of the six HHSA Regions to implement the State approved County Prevention Plan.

A key component to the San Diego Prevention system is a commitment to continuous improvement and professional development in the prevention arena by working closely with the community to mitigate issues they are concerned about. As such, each prevention contract requires a designated position for a media advocacy specialist, a community organizer and a prevention specialist to ensure capacity and expertise at service delivery.

A countywide media advocacy project provides technical expertise training and facilitates a monthly media advocate's meeting to share expertise, resources and experiences conducting media advocacy efforts.

To evaluate and measure the impact of prevention services, all prevention service providers are required to work with the evaluation provider and to provide working documents to the "Prevention Information and Resource Library" (PIRL) portal, which is accessible to County SUD prevention providers. Information includes meeting agendas, sign in sheets, media advocacy calendar, notes and other relevant information. Each County Initiative has an evaluation plan designed to measure the impact of each activity and progress is reviewed annually and over time. Access to PIRL is controlled by the evaluation contractor.

Each substance use prevention provider is required to develop an implementation manual that describes how the Statement of Work (SOW) will be implemented and updated as needed.

Co-Occurring Populations
In accordance with the Health and Human Services Agency Co-occurring Psychiatric and Substance Abuse Disorders Consensus Document, all substance use treatment programs shall be welcoming to individuals with co-occurring mental health and substance use needs by posting an approved Welcoming Statement and by providing materials, brochures, posters and other appropriate information regarding co-occurring disorders (COD). Individuals shall receive a helpful and appropriate response whether the help they seek is voluntary or court mandated. Providers shall have capacity at a minimum to screen and refer program participants with co-occurring disorders to identified co-occurring treatment. It is the County of San Diego's expectation that all programs are, at a minimum, Co-Occurring Capable, with the goal of becoming Co-Occurring Enhanced.

Integrated treatment coordinates substance use and mental health interventions to treat the whole person more effectively. As such, integrated care broadly refers to the process of ensuring that treatment interventions for COD are combined within a primary treatment relationship or service setting. Research has generally supported that the ideal approach toward treatment for CODs is to address all conditions simultaneously, as opposed to addressing the substance use disorder (SUD) and mental health condition separately and in a silo of separate treatment approaches. When providers have staff who possess the skills and training to adequately address the needs of the COD population within their scope of practice, integrated care is best provided in-house.

Dual Track programs are designed to treat both serious mental illness (SMI) and substance use conditions under the same program; however, enrollment in both programs simultaneously is not a requirement. Mental Health treatment shall align with Biopsychosocial Rehabilitation (BPSR) or Assertive Community Treatment (ACT) Models and substance use treatment shall align with the American Society of Addiction Medicine (ASAM) criteria. If clients are enrolled in both Mental Health and SUD Treatment, they must be admitted separately to both sides following the guidelines and procedures for both Mental Health and DMC-ODS. Coordination of service delivery between Dual Track programs and other levels of care to be reviewed by Contracting Officer's Representative (COR).

Programs Serving Children, Youth & Family Services

<u>Adolescent Services</u>
Teen Recovery Centers (TRCs) are specialty population outpatient programs for adolescents experiencing substance use disorders. They also have the capacity to meet the needs of youth with substance use experiencing complex behavioral and mental health issues. TRCs provide substance use early intervention and treatment services for adolescents aged 12-17 and their families. Outpatient early intervention and treatment services, crisis intervention, family therapy, and peer support are offered in our urban and rural communities in each region of San Diego County. Each TRC has a main clinic, and two or more school sites to increase access and coordination with school personnel. The goals of BHS TRC services are as follows:

- Provide developmentally and culturally appropriate substance use early intervention and treatment services for adolescents throughout the County
- Increase access to care by minimizing access times to entering programs
- Increase prosocial skills and eliminate illicit and harmful substance use
- Provide co-occurring disorder treatment
- Improve capability and functioning for youth and their families

- Provide family counseling and support, including peer support
- Support the youth in becoming self-sufficient through education/employment
- Decrease justice system involvement and incidence of crime

Contracted providers are required to follow the DHCS Adolescent Best Practices Guide in developing and implementing youth treatment programs/services.

Teen Recovery Centers (TRCs) have been designed to include one TRC primary site, and at least two TRC ancillary school sites within each regionally based TRC contract. It is required that all TRC sites, both TRC primary sites and TRC school sites or ancillary sites, are DMC-certified.

DMC-certified TRC school sites are required to follow all rules, regulations, and DMC-ODS Special Terms and Conditions (STCs), to include regulations which prohibit clients from receiving services at more than one DMC certified facility. This guidance, as applied to TRCs, means that a client can only be seen at the location where they were admitted, and cannot receive services at other DMC- certified sites. Although it may be convenient for a TRC to serve clients at multiple locations within the TRC contract, this is not allowed..

TRC programs may encounter occasions when program staff cannot access TRC school sites due to holiday closures, summer break, and/or unique situations where the students are not allowed on campus due to disciplinary action or other reasons. To assist TRC programs with navigating these situations, BHS has provided the following guidelines:

- Clients admitted to a TRC school site shall utilize that site's specific facility ID and CalOMS number for SmartCare documentation.
- Clients admitted to a TRC school site may receive services at the TRC primary site, on occasion, when the TRC school site is not available due to school closures, holidays, summer breaks, or other reasons as indicated by documentation in progress note (such as school suspension or expulsion). **Group services may not be mixed with clients who are admitted to the TRC primary site and the TRC school site**.
- When a service is provided to a client admitted to the TRC school site at the TRC primary site, the service location shall be documented as "in the community." As with all services that are provided in the community, documentation shall explain how program staff maintained the client's privacy in accordance with 42 CFR.
- Clients admitted to TRC primary sites shall not receive services at TRC school sites, due to campus regulations.
- If a client admitted to a TRC primary site attends a school which provides TRC school-site services and wishes to receive services at the TRC school-site, client shall be discharged from the TRC primary site as "referred" and admitted to the TRC school-site as a transfer.
- TRC ancillary sites that are not located on school campuses shall follow all guidelines listed above.

TRCs shall utilize the CRAFFT Questionnaire as a screening tool to evaluate need for treatment services or referral to early intervention services. TRCs shall offer and provide screenings using the CRAFFT tool to adolescents at each outreach presentation with adolescent attendees and on an ad hoc basis.

Additionally, it is a requirement for all DMC-ODS Teen Recovery Centers to utilize SchooLink and all required forms. SchooLink is a collaborative training program and tool kit for County-funded behavioral health providers and school staff in the County of San Diego. It provides successful strategies for linking eligible children and youth to on-campus, County-funded behavioral health services. The project launched for the 2018/2019 school year, and provides strategies and specific tools, based on best practices in the

field, for a collaborative process to ensure student access to behavioral health services is used to its full capacity. Focus areas include:

- **Provider Orientation/Annual Meeting**
  Setting the stage for schools and behavioral health providers to work together throughout the school year.
- **School Outreach**
  Identifying and establishing school outreach strategies. Communication and connection of behavioral health staff to school staff to understand behavioral health services available on-campus.
- **Parent Outreach**
  Identification of parent outreach strategies. Informing parents about on-campus behavioral health services and encourage distribution of parent brochure and educational materials.
- **Eligibility**
  Informing parents/guardians of behavioral health service providers and eligibility. Describing the ways parents/guardians may access behavioral health services for their adolescent.
- **Referral and Assessment**
  Creating a standardized referral process. Describing the standardized referral process and introducing the referral form and first contact procedures.
- **Treatment**
  Best practices to connect adolescents with treatment. Gain an understanding of best practices for summoning students and for sending monthly status reports via the Monthly Referral Communication Log.
- **Confidentiality**
  Understanding confidentiality standards and limitations. Strategies for how behavioral health providers can respond within confidentiality limitations when school staff express caring and concern about how a student is responding to treatment.
- **Suicide/Self-Harm Procedures**
  Understanding roles and responsibilities when responding to suicide risk or evidence of self-harm. Clarifying that the Principal or designee takes responsibility for response to suicide/self-harm concerns and that the behavioral health provider follows school policy.
- **Special Education**
  Understanding how to assist parents who inquire about special education services.
  Best practices for behavioral health staff to respond to parent questions related to special education resources.

<u>Perinatal Services for Women & Girls</u>

Women and adolescents who are pregnant and/or parenting, and women seeking gender-specific services, with substance use and/or co-occurring disorders may receive SUD services through the Perinatal Services Network. Health and safety of both the mother and her child/children are key. The following are essential service elements:

- Trauma Informed, gender specific, and culturally competent treatment
- Withdrawal Management in outpatient and residential settings
- Child Care on site
- Incredible Years Parenting curriculum
- Vocational training and job-finding assistance
- Transportation
- Temporary housing through Recovery Residences while participating in treatment
- Registered/certified SUD counselors and licensed/license eligible Mental Health clinicians

- Therapeutic services such as behavioral and developmental assessment and therapeutic intervention for children on site
- Teen perinatal SUD treatment
- Dependency Drug Court services including screening and referral to treatment, care coordination, and supportive services

In addition, SUD treatment and recovery services provided to women who are pregnant and/or parenting need to be cognizant of the stigma that is often directed toward this population for use of substances, which can be a barrier to seeking services and to full disclosure of substance use behavior, including relapse, due to fear of negative consequences.

Incredible Families

The Incredible Families Program (IFP) was designed to consolidate needed services and improve outcomes for children and their families involved with Child Welfare Services (CWS), in three (3) service areas of San Diego County: 1) Central/North Central regions, 2) East/South regions and 3) North Coastal/North Inland regions. Utilizing proven methods from the evidence-based Incredible Years model, the goal of the program is safe and successful family reunification (for families of children in foster care), improved family functioning, and improved mental health functioning for referred children.

The target population includes children ages 2-14, who meet medical necessity diagnostic and impairment criteria in accordance with California Code of Regulations Title 9 and who are dependents of Juvenile Dependency Court due to abuse and/or neglect, and their families. Most of the participating children reside in foster homes, with a smaller portion residing with relatives and/or parents under CWS supervision. In order for these families to safely reunify, parenting skills education, consistent and meaningful family visitation and mental health treatment are typically among the most critical (and often court-ordered) service needs. In collaboration with CWS and Behavioral Health Services, Programs Serving Children, Youth & Families, the Incredible Families Program seeks to combine these elements under one organizational umbrella, with one primary clinician assigned to each family, thus providing maximum efficiency and effectiveness for the families as well as the supervising CWS worker.

Specific service components include a weekly multi-family parent-child visitation event and meal for all family members. Immediately following the family visitation, a 15-week parenting group, utilizing the Incredible Years evidenced-based curriculum, is provided to parents. Their children, ages 2 to 14 are provided a full range of Title 9 outpatient-based services as an entitled Medi-Cal member. Services are focused on alleviating trauma and strengthening parent-child relationships. Evidence-based therapeutic interventions offered include Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Eye-Movement De-sensitization and Reprocessing (EMDR.) Additional interventions will include clinical support and facilitation of visitation events and individual therapeutic contacts with parents to address specific problems and further support their attainment of effective parenting skills.

A primary therapist is assigned to each family and is responsible for implementing all program components: Parent group, clinical support during family visitation events and individual/family therapy. All family members (parents and children) are also assessed and referred for additionally needed services, including further mental health treatment, substance use disorder services, and if needed, ancillary services. The primary therapist will be responsible for documenting all services in the electronic health record.

Credentials

- All IF staff must attend a three-day Incredible Years parenting training session
- Therapists are to be licensed or registered associates working toward their licensure
- Therapists are also required to attend ongoing Trauma Focused trainings
- Parent Partners attend Youth and Family Roundtable

Dependency Drug Court (DDC)
The Dependency Drug Court Program provides screenings and referrals for drug and/or alcohol treatment to families that are involved in Child Welfare Services (CWS). Substance Use Specialists (SUS) are stationed at the Dependency Courts located at County of San Diego Superior Court buildings. In Level 2 Drug Court, the role of the SUS is to provide support, collaboration between the client, treatment program, Courts, and CWS, and to give updates to the Court on the client's status/progress in treatment.

Services for Children of Parents Receiving SUD Services
Embedded in each of the Perinatal Outpatient and Residential treatment programs is a mental health clinician who is designated to work directly with the children of mothers receiving SUD services. The purpose is to:

- Screen children to determine need for mental health services, to include but not limited to, parent-child bonding
- Provide assessment and therapeutic interventions for children screened to have emotional, developmental, behavioral, attachment needs and/or trauma history
- Identify and link children with higher level needs to specialty behavioral health services
- Collaborate with County-designated contractors offering therapeutic services for children, to include but not limited to, Healthy Development Services (HDS) and Developmental Screening and Enhancement Program (DSEP)

Justice-Involved SUD Services
For many people in need of alcohol and drug services, contact with the criminal justice system is their first opportunity for treatment. Outlined below are specific requirements for providers to follow and utilize in serving the specific needs of this population. Note: Providers will not be reimbursed for report writing.

PC 1210/Prop 36
Providers who receive clients referred to SUD services by the Court under PC 1210/Prop 36, shall provide reports and communication to the Court regarding client treatment status as directed by Program COR.

Community Resource Directory (CRD)
The Probation Department Community Resource Directory (CRD) is a web-based catalog of countywide services to which adults and youth can be referred. It assists in linking individuals on probation to appropriate community-based intervention services based on the individual's assessed needs. Service providers receive probation referrals through the CRD and utilize the CRD as a mechanism to report back to probation officers on an individual's progress toward meeting their program goals.

As directed by COR, Contractor shall enroll in and utilize the CRD to include referral management and weekly status updates, as one route to work closely with the case-carrying Probation Officer.

Communication with Probation

Program staff shall contact Probation within 24 hours whenever noteworthy incidents arise involving a client on probation. These noteworthy incidents include but are not limited to: Program enrollment/exit; violent behavior; positive urinalysis results; law enforcement contact; change in program location; and critical incidents, such as death or hospitalization of a client. Providers shall work closely with and be available to meet monthly or as agreed upon with case carrying Probation Officers to discuss client progress in treatment. Communication with Probation shall be documented in the client's treatment record. Contractors shall provide pertinent treatment information received from Recovery Residences, Independent Living Homes, or Board and Care Facilities to the assigned case-carrying Probation Officer to include providing information about noteworthy incidents within 24 hours of receiving the information. Providers shall be available to meet quarterly with Probation representatives to discussed systemic improvements and collaboration. Providers shall return emails and phone calls from Probation staff within two (2) business days.

Correctional Program Checklist (CPC)
As directed by COR, Contractor will fully participate in the Corrections Program Checklist (CPC) to improve treatment quality for clients who are assessed to be moderate to high risk for recidivism. Additional information regarding the CPC is found in the Technical Resource Library.

High Risk Services
As directed by COR, contractor shall utilize criminogenic risk and need assessment results (i.e. COMPAS) to inform individualized treatment planning and to develop specific "treatment tracks" for clients who are assessed at medium to high criminogenic risk. These treatment tracks will include evidence base practices with a target of reducing recidivism as a focus of treatment.

Criminal Offender Record Information (CORI)
Please refer to the Staffing and Training Section.

Justice Overrides
While in residential treatment, clients on "justice overrides" may be allowed to hold a job and/or receive vocational activity in lieu of a structured activity. The vocational activities may replace "program structure activity hours" but minimums of 3.1 clinical hours would still be in place. County recommends clients to be referred to programs directly whenever possible.

- Provider would need to utilize a DMC-billable cost center when a court-ordered client is a Medi-Cal member, meets the Program LOC, and is opened to the Program.
- Provider would need to utilize a County-billable cost center to claim the cost of screening a court-ordered client but not opened to the Program and/or the client is opened to the program but is not a Medi-Cal member.

County of San Diego Justice-Related SUD Programs

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

Penal Code Section 1000 (PC 1000)

California Penal Code Section 1000 (PC 1000) establishes the authority for counties to create drug diversion programs for eligible participants who are referred from a court. A referral will be made to a County certified PC 1000 Drug Diversion program when a participant is eligible and suitable for the PC 1000 program. Persons who have a need for Substance Use Disorder (SUD) treatment, and who have private insurance, will be referred to their healthcare provider. The criminal charge is dismissed, pursuant to statute, if the participant successfully completes the program and complies with the conditions established by the court.

PC 1000 Two-Track Drug Diversion Program is intended to provide participants with either education on substance use or treatment for a diagnosed substance use disorder (SUD). The Drug Medi-Cal Organized Delivery System, and changes in state law, bring about the following changes to providers: 1) elimination of the AIDS education component, 2) maintenance of the education track, and 3) addition of a treatment track. The education track will continue at the existing sites, and on September 1, 2019, the new treatment track will be available at the six Regional Recovery Centers. All participants will be assessed SUD need through the American Society for Addiction Medicine (ASAM) criteria. If participant is assessed as having a need for treatment, they will only participate in the treatment track. Please see Appendix C.1 for service and program requirements, including communication with court requirements.

Drug Court and Re-entry Court

Drug Court Programs shall establish and maintain a program to provide non-residential substance use disorders (SUD) treatment and testing program services to serve non-violent adult male and female offenders who have been referred to Adult Drug Court. Members of the Adult Drug Court Team, which include the Adult Drug Court Judge, District Attorney, law enforcement, Public Defender, and Programs shall participate in case conferencing and Adult Drug Court sessions.

Indian Health Care Providers

The county shall not disallow reimbursement for clinically appropriate and covered SUD prevention, screening, assessment, and treatment services due to lack of inclusion in an individual treatment plan, or lack of client signature on the treatment plan.

- Members can receive Traditional health care services while in residential or inpatient
- Regarding residential treatment, services can be provided in facilities of any size.
- The two new service types that may be provided include: Traditional Healer and Natural Helper Services. For additional detail on these service types, please see BHIN 25-007.

American Indian and Alaska Native individuals who are eligible for Medicaid and reside in counties that have opted into the DMC-ODS can also receive DMC-ODS services through Indian Health Care Providers (IHCPs). IHCPs include:

- Indian Health Service (IHS) facilities
- Tribal 638 Providers - Tribal 638 providers enrolled in Medi-Cal as a Tribal FQHC must appear on the "List of Tribal Federally Qualified Health Center Providers"
- Urban Indian Organizations (UIO)

All American Indian and Alaska Native (AI/AN) Medi-Cal members whose county of responsibility is a DMC-ODS county may choose to receive DMC-ODS services at any DMC-certified IHCP, whether or not the IHCP has a current contract with the member's county of responsibility and whether or not the IHCP is located in the member's county of responsibility.

DMC-ODS counties:

- must reimburse DMC-certified IHCPs for the provision of these services to AI/AN Medi-Cal members, even if the DMC-ODS county does not have a contract with the IHCP.

- are not obligated to pay for services provided to non-AI/AN members by IHCPs that are not contracted with the DMC-ODS county.
- must adhere to all 42 CFR 438.14 requirements.
- select the DMC-certified providers with whom they contract to establish their DMC-ODS provider networks, with the exception of IHCPs.

In order to receive reimbursement from a county or the state for the provision of DMC-ODS services (whether or not the IHCP is contracted with the county), an IHCP must be enrolled as a DMC provider and certified by DHCS to provide those services.

Note: American Indian/Alaska Native (AI/AN) MC clients can request DMC services from an AI/AN provider of their choice. Non-AI/AN programs shall assist clients with these requests, with a warm hand-off by using the IHCP Referral Resource posted on the Optum website under the IHCP tab/IHCP resources. https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/toolbox/IHCP_Referral_Resource.pdf.

BHIN 25-013, Section III-f highlights that County Behavior Health Plans (BHP) and DMC-ODS shall demonstrate compliance with federal regulations addressing protections for American Indians and American Indian Health Services provided within a managed care system (42 CFR Part 438.14).

Indian Health Care Providers are not required to contract with BHP/DMC-ODS counties; however, shall document good-faith efforts to contract with all IHCPs in the BHP's County. If County BHP/DMC-ODS has a valid contract with an IHCP, the BHP/DMC-ODS County shall submit a copy of the contract with their annual submission and complete the MHP/DMC-ODS 274 data fields corresponding with IHCP. If the County BHP/DMC-ODS does not have a contract with any of the IHCPs in the County, County BHP/DMC-ODS shall submit to DHCS an attestation on county letterhead including an explanation to DHCS to justify the absence of an IHCP in the BHP/DMC-ODS' provider network, along with supporting documentation. If a BHP/DMC-ODS County is unable to contract with an IHCP, County BHP/DMC-ODS must allow eligible Members to obtain services from out-of-network IHCP in accordance with 42 CFR section 438.14. DHCS will review the BHP/DMC-ODS submission to determine compliance.