Attachment 1: Service Categories & Program Information

State of California Service Activity Definitions

1. See BHIN 24-001 – (https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf)
2. Drug Medi-Cal Organized Delivery System Agreement – (https://www.dhcs.ca.gov/Documents/Exhibit-A-Attachment-I-DMC-ODS-Exhibit-B-ODS-2022-2023.pdf)

State of California Department of Health Care Services (DHCS) Drug Medi-Cal Organized Delivery System Reimbursement Rates

1. Fee Schedules by Fiscal Year – (https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx)

Expected Process Metrics for all Service Categories

1. 100% of clients receiving treatment will have CalOMS admission and discharge information completed in SmartCare within 7 days of admission and 30 days of discharge.
2. 100% of clients will be assessed to determine treatment and service needs.
3. 100% of clients will complete required treatment planning and problem list requirements.
4. 100% of all clients discharged regardless of the reason will be given information and referrals for supportive services.

Service Category Details

Service Category 1 – Outpatient Drug-Free (ODF) Treatment

1. Core Programmatic Requirements (Activities)
   a. Screening & Assessment
   b. Intake
   c. Individual counseling
   d. Group counseling
   e. Collateral services
   f. Crisis intervention
   g. Treatment planning
   h. Discharge planning
   i. Care coordination / Case Management
   j. Body specimen screens
   k. Medication services (optional)
   l. Recovery services

      m. Use 2 or more of the following EBPs
- i. Motivational Interviewing
- ii. Cognitive-Behavioral Therapy
- iii. Relapse Prevention
- iv. Trauma-Informed Treatment
- v. Psycho-Education

      n. Services up to nine hours a week for adults 21+

      o. Services up to six hours a week for adult members under the age of 21.

      p. Services may exceed the maximum based on individual medical necessity.

2. Typical Program Outcome Metrics
   a. Number and percent of clients served that will show a decrease in the frequency and volume of alcohol and other drug use
   b. Number and percent of clients served that will show no new arrests, including violation of probation
   c. Number and percent of clients that will show a general improvement in physical and mental health
   d. Number and percent of clients who maintain stable housing or show an increase in housing stability
   e. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search
   f. Number and percent of clients who have received at least one post treatment follow up survey
   g. Number and percent of all participants who are discharged during the contract year that have successfully completed the program
   h. Final measures and measurement methodology negotiated on a contract by contract basis

3. Target Rates (Subject to CFO approval)
   a. 60% of DHCS Medi-Cal reimbursement rate

4. License and Certification Requirements
   a. Applicants must be DMC certified and AOD certified. Applications with confirmed DMC certification submitted to DHCS are permitted

5. Funding Regulation Requirements
   a. Applicants must be able to meet Substance Use Block Grant (SUBG) requirements for the provision of these services.
   b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
   c. Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)
   d. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide

Service Category 1.1 – General
1. Referral Sources
   a. DHS-BHD Programs
   b. Human Services Programs
   c. Homeless Services Programs
   d. Probation Department
   e. Drug Court, DUI Court, Drug Dependency Court
   f. Jail, Treatment Accountability for Safer Communities (TASC)
   g. SonomaWorks
   h. Hospitals and Clinics
   i. Other SUD Treatment Programs
   j. Community-at-Large (self-referral)
2. Annual (12-month) Estimated Level of Service Needed
   a. Approximately 600 unique clients served

Service Category 1.2 – Specialty Population: ODF for SUDS Court Participants
1. Referral Sources
   a. Drug Court Program
   b. DUI Court Program
   c. Drug Dependency Court Program
2. Annual (12-month) Estimated Level of Service Needed
   a. 40 Drug Court Clients
   b. 35 DUI Court Clients
   c. 25 Drug Dependency Court Clients

Service Category 2 – Narcotic (Opioid) Treatment Program (NTP)
1. Core Programmatic Requirements (Activities)
   a. Screening & Assessment
   b. Intake
   c. Treatment planning
   d. Medical direction
   e. Body specimen screening
   f. Physician and nursing services relates to substance use disorder
   g. Medical psychotherapy
   h. Individual and/or group counseling
   i. Admission physical examinations and laboratory tests
   j. Medication services
   k. Provision of MAT for OUD
   l. Provision of MAT for AUD and other non-opioid SUDs
   m. Crisis intervention
   n. Care coordination / Case Management

      o. Recovery services

      p. Use 2 or more of the following EBPs

           i. Motivational Interviewing

           ii. Cognitive-Behavioral Therapy

           iii. Relapse Prevention

           iv. Trauma-Informed Treatment

           v. Psycho-Education

      q. Body specimen screens

2. Typical Program Outcome Metrics

      a. Number and percent of admits for Narcotic Treatment Program therapeutic services that are engaged in treatment at the 3- month mark from intake

      b. Number and percent of clients served that will show a decrease in the frequency and volume of alcohol and other drug use

      c. Number and percent of clients served that will show no new arrests, including violation of probation

      d. Number and percent of clients that will show a general improvement in physical and mental health

      e. Number and percent of clients who maintain stable housing or show an increase in housing stability

      f. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search

      g. Number of eligible adolescent persons receiving MAT services

      h. Number and percent of all participants who are discharged during the contract year that have successfully completed the program

      i. Number and percent of clients who have received at least one outcome survey per year

      j. Final measures and measurement methodology negotiated on a contract by contract basis

3. Target Rates (Subject to CFO approval)

      a. 60% of DHCS Medi-Cal reimbursement rate

4. License and Certification Requirements

      a. Applicants must be DMC certified with NTP license

5. Funding Regulation Requirements

      a. Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)

      b. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide

      c. 100% of Clients must be Medi-Cal eligible and program must support clients with obtaining and maintaining Medi-Cal eligibility

6. Referral Sources

      a. DHS-BHD Programs

  b. Human Services Programs

  c. Homeless Services Programs

  d. Probation Department

  e. Drug Court, DUI Court, Drug Dependency Court

  f. Jail, Treatment Accountability for Safer Communities (TASC)

  g. SonomaWorks

  h. Hospitals and Clinics

  i. Other SUD Treatment Programs

  j. Community-at-Large (self-referral)

7. Annual (12-month) Estimated Level of Service Need

  a. Approximately 600 unique clients served

Service Category 3 – Adolescent Treatment Program (ATP) (ODF & IOT)

1. Core Programmatic Requirements (Activities)

  a. Outreach services

  b. Screening & Assessment

  c. Intake

  d. Individual counseling

  e. Group counseling

  f. Collateral services

  g. Crisis intervention

  h. Treatment planning

  i. Discharge planning

  j. Care coordination / Case Management

  k. Body specimen screens

  l. Medication services (optional)

  m. Recovery services

  n. Use 2 or more of the following EBPs

    i. Motivational Interviewing

    ii. Cognitive-Behavioral Therapy

    iii. Relapse Prevention

    iv. Trauma-Informed Treatment

    v. Psycho-Education

  o. Services up to 6 hours / week or exceeding if medically necessary (ODF)

  p. Services a minimum of six hours with a maximum of 19 hours (IOT)

2. Typical Program Outcome Metrics

  a. Number and percent of clients served that will show a decrease in the frequency and volume of alcohol and other drug use

  b. Number and percent of clients served that will show no new arrests, including violation of probation

     c. Number and percent of clients that will show a general improvement in physical and mental health

     d. Number and percent of clients who maintain stable housing or show an increase in housing stability

     e. Number and percent of clients that are showing satisfactory progress with education

     f. Number and percent of all participants who are discharged during the contract year that have successfully completed the program

     g. Number and percent of clients who have received at least one post treatment follow up survey

     h. Final measures and measurement methodology negotiated on a contract by contract basis

3. Target Rates (Subject to CFO approval)
     a. 60% of DHCS Medi-Cal reimbursement rate

4. License and Certification Requirements
     a. Applicants must be DMC certified and AOD certified. Applications with confirmed DMC certification submitted to DHCS are permitted.

5. Funding Regulation Requirements
     a. Applicants must be able to meet SUBG requirements for the provision of these services.
     b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
     c. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide

6. Referral Sources
     a. Department of Health Services
     b. Human Services Programs
     c. Probation/Juvenile Hall
     d. Valley of the Moon
     e. Commercial Sexual Exploitation of Children (CSEC) Collaborative
     f. Community-at-Large (self-referral)

7. Annual (12-month) Estimated Level of Service Need
     a. Approximately 35 clients served concurrently

Service Category 4 – Intensive Outpatient Treatment (IOT) Services

1. Core Programmatic Requirements (Activities)
     a. Screening & Assessment
     b. Intake
     c. Individual counseling
     d. Group counseling

      e. Collateral services

      f. Crisis intervention

      g. Treatment planning

      h. Discharge planning

      i. Care coordination / Case Management

      j. Body specimen screens

      k. Medication services (optional)

      l. Recovery services

      m. Use 2 or more of the following EBPs

            i. Motivational Interviewing

            ii. Cognitive-Behavioral Therapy

            iii. Relapse Prevention

            iv. Trauma-Informed Treatment

            v. Psycho-Education

      n. Services a minimum of nine hours with a maximum of 19 hours a week for adults 21+

      o. Services a minimum of six hours with a maximum of 19 hours a week for members under the age of 21.

      p. Services may exceed the maximum based on individual medical necessity.

2. Typical Program Outcome Metrics

      a. Number and percent of clients served that will show a decrease in the frequency and volume of alcohol and other drug use

      b. Number and percent of clients served that will show no new arrests, including violation of probation

      c. Number and percent of clients that will show a general improvement in physical and mental health

      d. Number and percent of clients who maintain stable housing or show an increase in housing stability

      e. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search

      f. Number and percent of all participants who are discharged during the contract year that have successfully completed the program

      g. Number and percent of clients who have received at least one post treatment follow up survey

      h. Final measures and measurement methodology negotiated on a contract by contract basis

3. Target Rates (Subject to CFO approval)

      a. 60% of DHCS Medi-Cal reimbursement rate

4. License and Certification Requirements

      a. Applicants must be DMC certified and AOD certified. Applications with confirmed DMC certification submitted to DHCS are permitted.

5. Funding Regulation Requirements
    a. Applicants must be able to meet SUBG requirements for the provision of these services.
    b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
    c. Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)
    d. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide
6. Referral Sources
    a. DHS-BHD Programs
    b. Human Services Programs
    c. Homeless Services Programs
    d. Probation Department
    e. Drug Court, DUI Court, Drug Dependency Court
    f. Jail, Treatment Accountability for Safer Communities (TASC)
    g. SonomaWorks
    h. Hospitals and Clinics
    i. Other SUD Treatment Programs
    j. Community-at-Large (self-referral)
7. Annual (12-month) Estimated Level of Service Need
    a. Approximately 400 unique clients served
8. Specialty Population Need
    a. Clients referred from SUD Court Programs in need of IOT level care
    b. Pregnant and parenting persons eligible for IOT services (Perinatal IOT)

Service Category 4.1 – Specialty Population: IOT for SUDS Court Participants

1. Additional Core Programmatic Components
    a. This category must also include Service Category 5 components
2. Referral Sources
    a. Drug Court Program
    b. DUI Court Program
    c. Drug Dependency Court Program
3. Annual (12-month) Estimated Level of Service Need
    a. 15 Drug Court Clients
    b. 20 DUI Court Clients
    c. 10 Drug Dependency Court Clients

Service Category 4.2 – Specialty Program: Perinatal IOT Program

1. Additional Core Programmatic Components

      a. Childcare services, as needed

      b. Transportation services, as needed

  2. Referral Sources

      a. DHS-BHD Programs

      b. Human Services Programs

      c. Homeless Services Programs

      d. Probation Department

      e. Drug Court, DUI Court, Drug Dependency Court

      f. Drug Free Babies Program

      g. Jail, Treatment Accountability for Safer Communities (TASC)

      h. SonomaWorks

      i. Hospitals and Clinics

      j. Other SUD Treatment Programs

      k. Community-at-Large (self-referral)

  3. Annual (12-month) Estimated Level of Service Need

      a. Approximately 6-12 pregnant and/or parenting individuals served concurrently

Service Category 4.3 – General IOT

  1. Referral Sources

      a. DHS-BHD Programs

      b. Human Services Programs

      c. Homeless Services Programs

      d. Probation Department

      e. Drug Court, DUI Court, Drug Dependency Court

      f. Drug Free Babies Program

      g. Jail, Treatment Accountability for Safer Communities (TASC)

      h. SonomaWorks

      i. Hospitals and Clinics

      j. Other SUD Treatment Programs

      k. Community-at-Large (self-referral)

  2. Annual (12-month) Estimated Level of Service Need

      a. Approximately 300 unique clients served

Service Category 5 – Residential Therapeutic Treatment (ASAM 3.1, 3.5)

  1. Core Programmatic Requirements (Activities)

      a. Screening & Assessment

      b. Intake

      c. Incidental medical services (IMS)

      d. Individual counseling

      e. Group counseling

      f. Collateral services

g. Crisis intervention

h. Treatment planning

i. Discharge planning

j. Care coordination / Case Management

k. Body specimen screens

l. Medication services (optional)

m. Recreational activities

n. Food and shelter

o. Parenting education

p. Recovery services

q. Use 2 or more of the following EBPs

    i. Motivational Interviewing

    ii. Cognitive-Behavioral Therapy

    iii. Relapse Prevention

    iv. Trauma-Informed Treatment

    v. Psycho-Education

2. Minimum Program Outcome Metrics

a. Number and percent of clients served that will show a decrease in the frequency and volume of alcohol and other drug use

b. Number and percent of clients served that will show no new arrests, including violation of probation

c. Number and percent of clients that will show a general improvement in physical and mental health

d. Number and percent of clients who discharge to non- emergency shelter housing placements

e. Number and percent of clients who maintain stable housing or show an increase in housing stability

f. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search

g. Number and percent of clients who have received at least one post treatment follow up survey

h. Number and percent of all participants who are discharged during the contract year that have successfully completed the program

3. Target Rates (Subject to CFO approval)

a. $260 per bed day for ASAM 3.1 (includes $50 Room and Board)

b. $290 per bed day for ASAM 3.5 (includes $50 Room and Board)

c. $40 per bed day Perinatal Add-on

d. 60% of DHCS Medi-Cal reimbursement rate for outpatient components of service

4. License and Certification Requirements

a. Applicants must be DMC certified, and with DHCS license and AOD certification. Applications with confirmed DMC certification submitted to DHCS are permitted.

      b.   Exception for adolescent residential: programs may be approved on case-by-case basis when meeting licensing requirements without DMC and AOD certification given limited number of DMC programs.

   5. Funding Regulation Requirements
      a.   Applicants must be able to meet SUBG requirements for the provision of these services.
      b.   Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
      c.   Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)
      d.   Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide

Service Category 5.1 – General

   1. Referral Sources
      a.   All residential placements require Sonoma County DHS-BHD prior authorization
      b.   Human Services Programs
      c.   Homeless Services Programs
      d.   Probation Department
      e.   Drug Court, DUI Court, Drug Dependency Court
      f.   Jail, Treatment Accountability for Safer Communities (TASC)
      g.   SonomaWorks
      h.   Hospitals and Clinics
      i.   Other SUD Treatment Programs
      j.   Community-at-Large (self-referral)
   2. Annual (12-month) Estimated Level of Service Need
      a.   92 Residential Treatment Beds
          i.   15 Perinatal Residential (5 Spanish speaking combined)
         ii.   15 Women's Residential (5 Spanish speaking combined)
       iii.   60 Men's Residential (10 Spanish speaking)
       iv.   2 Adolescent Residential

Service Category 5.2 – Perinatal Residential SUD Treatment Services

   1. Specialty Program Need
      a.   Pregnant and Parenting Women
   2. Additional Program Outcome Metrics
      a.   Number and percent of pregnant participants in therapeutic treatment that do not use alcohol or other drugs during their pregnancy, to be measured by UA's taken by treatment program

b. Number and percent of infants of pregnant participants in therapeutic treatment that - have a negative toxicology screen at delivery
    c. Final measures and measurement methodology negotiated on a contract-by-contract basis
  3. Annual (12-month) Estimated Level of Service Need
    a. 15 Residential Treatment Beds

Service Category 5.3 – Mono-Lingual Spanish Residential SUD Treatment Services

  1. Specialty Population Need
    a. Spanish speaking persons with emphasis on monolingual clients
  2. Additional Program Outcome Metrics
    a. Number and Percent of monolingual Spanish speaking persons served
  3. Annual (12-month) Estimated Level of Service Need
    a. 15 Residential Treatment Beds
      i. Approximately 10 for men
      ii. Approximately 5 for women

Service Category 5.4 – Adolescent Residential SUD Treatment Services

  1. Specialty Population Need
    a. Adolescents
  2. Additional Program Outcome Metrics
    a. Number and percent of clients that are showing satisfactory progress with education
    b. Final measures and measurement methodology negotiated on a contract by contract basis
  3. Annual (12-month) Estimated Level of Service Need
    a. 2 Residential Treatment Beds

Service Category 6 – Clinically Managed Residential Withdrawal Management (ASAM 3.2)

  1. Core Programmatic Requirements (Activities)
    a. 24-hour support:
      i. Physical checks
      ii. Vital Signs
      iii. Observation
    b. Alcohol/Drug & health education
    c. Screening & Assessment (or Pre-Assessment)
    d. Intake
    e. Incidental medical services (IMS)
    f. Crisis intervention
    g. Discharge planning
    h. Care coordination / Case Management

  i. Body specimen screens

  j. Medication services (optional)

  k. Food and shelter

  l. Recovery services

2. Minimum Program Outcome Metrics
   a. Number and Percent of clients discharged that will receive standard (non-administrative) discharges
   b. Number and Percent of clients referred and connected to treatment
   c. Number and Percent of clients starting MAT for AUD or OUD during stay or within 3 days of discharge.
   d. Final measures and measurement methodology negotiated on a contract by contract basis

3. Target Rates (Subject to CFO approval)
   a. $300 per bed day for ASAM 3.2
   b. 60% of DHCS Medi-Cal reimbursement rate for outpatient components of service

4. License and Certification Requirements
   a. Applicants must be DMC certified, and with DHCS license and AOD certification. Applications with confirmed DMC certification submitted to DHCS are permitted.

5. Funding Regulation Requirements
   a. Applicants must be able to meet SUBG requirements for the provision of these services.
   b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility

6. Referral Sources
   a. DHS-BHD Programs
   b. Human Services Programs
   c. Homeless Services Programs
   d. Probation Department
   e. Drug Court, DUI Court, Drug Dependency Court
   f. Jail, Treatment Accountability for Safer Communities (TASC)
   g. SonomaWorks
   h. Hospitals and Clinics
   i. Other SUD Treatment Programs
   j. Community-at-Large (self-referral)
   k. Sherriff's Office
   l. Police Departments

7. Annual (12-month) Estimated Level of Service Need
   a. On Average, 15 beds concurrently utilized