Substance Use Treatment Services

Our Mission and Philosophy

SUTS VISION

The goal of Santa Clara County’s plan for an Organized Delivery System (ODS) is to create a robust continuum of care for substance use treatment that is:

- Client-centered
- Quality driven &
- Recovery-focused

Philosophy

- Learning Organization
- Participative Management
- Continuous Quality Improvement
- Measurable processes & Outcomes
- Plan, Do, Study, Act
- Data Driven
**Innovative Partnership**

- County
- Contractors
- Collaboration
- Hot Groups

**1115 Organized Delivery System (ODS) Wavier**

- Continuum of Care based on American Society of Addiction Medicine (ASAM)
- Demonstrate that Substance Use TX Services will increase the health of beneficiaries and decrease other health care costs
- Continuing improvement of delivery system
- Excellent customer service and Care Coordination

**MCO – Managed Care Organization**

- Regulated by: 42CFR Part 438
- Contracted with: Ctr for Medicaid Services (CMS)
- Administered by: DHCS
- Evaluated by: UCLA & EQRO
  - ASAM fidelity is mandated
  - Medical Necessity is mandated
- MCPs are “Beneficiary Facing”
  - Responsible for “covered lives”
  - ALL Medi-Cal beneficiaries in SCC
  - Sponsored and unsponsored receive the same quantity and type of services (CGF expenditure)
Santa Clara County
We are part of a larger System of Care

CSCHS: County of Santa Clara Health System
Ambulatory Med
Inpatient Med
Public Health
TB clinic, HIV testing, WIC & more
Valley Homeless

BHSD: Behavioral Health Services Department
Substance Use Treatment Services
Mental Health Department

INTEGRATED CARE

SUD/PC: Substance Use Disorder
PC: Primary Care
MH: Mental Health

SUD/PC: 14%
Primary Health System
MH: 12%

SUD/MH: 20% to 40%

Critical Components:

1. Multiple points of entry: Gateway, Open Access,
   Post Auth referral sites, Primary Care.
2. A comprehensive bio-psychosocial assessment.
4. Multiple ASAM levels of care with corresponding
criteria for placement.
5. Centralized management of referrals, capacity and
authorization for residential treatment.
6. Client Outcomes: Focus on data driven system
   improvement.
The Client Feedback Survey collects information about client perception of treatment. This is required per our contract with DHCS and is overseen by UCLA. This is to be administered as follows:

<table>
<thead>
<tr>
<th>OUTPATIENT AND RECOVERY SERVICES</th>
<th>NARCOTICS TREATMENT PROGRAM (NTP)</th>
<th>RESIDENTIAL</th>
<th>DETOXIFICATION</th>
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</thead>
<tbody>
<tr>
<td>Fourth (4th) treatment session</td>
<td>Fourth (4th) counseling session</td>
<td>Tenth (10th) day of the stay</td>
<td>Within seventy-two (72) hours from admittance</td>
</tr>
<tr>
<td>At or near discharge</td>
<td>At or near discharge</td>
<td>At or near discharge</td>
<td>At or near discharge</td>
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SUTS System of Care-Client Characteristics

- **Age**: 19-39 years - 56%
- **Gender**: 67% male, 33% female, Other genders – only 4 clients
- **Primary drug**: Methamphetamine - 48%, Alcohol - 28%, Heroin/Other opiates - 10%
- **Living situation**: Homeless/unstably housed – 27%, Institutional - 25%

Data from July 1, 2017 through June 30, 2018

Client Characteristics

Race & Ethnic Distribution at Admission: DMC Agencies only
July 1, 2018 - December 31, 2018
n=2004 admissions

- Hispanic: 49%
- White: 28%
- Mixed/Other: 9%
- Asian & Pacific Islander: 6%
- African American: 6%
- American Indian & Alaskan Native: 1%
### CO-OCCURRING TREATMENT CONSIDERATIONS

<table>
<thead>
<tr>
<th>Quadrant 1</th>
<th>Quadrant 2</th>
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<tbody>
<tr>
<td>Low Severity MH</td>
<td>High Severity MH</td>
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<tr>
<td>Low Severity SUD</td>
<td>Low Severity SUD</td>
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<tr>
<td>Quadrant 3</td>
<td>Quadrant 4</td>
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<tr>
<td>Low Severity MH</td>
<td>High Severity MH</td>
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<tr>
<td>High Severity SUD</td>
<td>High Severity SUD</td>
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</table>

**Treatment Matching Paradigm:** Kenneth Minkoff

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**Substance Use Treatment Services**

*Our goal is no wrong door*

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**Substance Use Treatment Services**

**Coordination of Care**

**With Community Partners**
COLLABORATION WITH CRIMINAL JUSTICE
Drug treatment Court
Dependency Wellness Court
Probation
Parole
Pretrial Services
A.B. 109
Family Court
Juvenile Court
STEP Program

Community Collaboration
- Primary Care
- Public Health
- Mental Health
- Social Services
- Housing Services
- Other Health Plans

Continuum of Care Providers

<table>
<thead>
<tr>
<th>WM RESIDENTIAL</th>
<th>OUTPATIENT</th>
<th>RESIDENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon South</td>
<td>Central TX &amp; Recovery</td>
<td>CADS</td>
</tr>
<tr>
<td>Pathway Mariposa</td>
<td>PSAP (Perinatal &amp; NTP/MAT)</td>
<td>Horizon South</td>
</tr>
<tr>
<td></td>
<td>FCS-Morrison</td>
<td>Pathway Mariposa Lodge</td>
</tr>
<tr>
<td></td>
<td>FCS-N. 1st St.</td>
<td>Pathway House</td>
</tr>
<tr>
<td></td>
<td>FCS Palo Alto</td>
<td>Parisi HOITH &amp; Kids</td>
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<tr>
<td></td>
<td>Indian Health Center</td>
<td>Youth Only</td>
</tr>
<tr>
<td></td>
<td>Pathway-OP</td>
<td>Advent Ministries</td>
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<tr>
<td></td>
<td>HR360- Adult &amp; Youth</td>
<td>Pathway at the Ranch</td>
</tr>
<tr>
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<td>Gardner- Adult</td>
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</table>

<table>
<thead>
<tr>
<th>NTP/MAT CLINICS</th>
<th>Youth OP Only</th>
<th>Recovery Residences</th>
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</thead>
<tbody>
<tr>
<td>Alexian Clinic</td>
<td>ACCL</td>
<td>CADS</td>
</tr>
<tr>
<td>Central Valley Clinic</td>
<td>Advent Outpatient and IOP</td>
<td>Crossroads</td>
</tr>
<tr>
<td>South County Clinic</td>
<td>CFCS (County)</td>
<td>Life Moves (INNVISION)</td>
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<td>Pathway</td>
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<td>Solace</td>
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### Methadone and Additional MAT

<table>
<thead>
<tr>
<th>Methadone Maintenance and Medically Managed Withdrawal</th>
<th>Additional MAT</th>
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<tbody>
<tr>
<td>Call Gateway at 1-800-488-9919 or Call Clinic/Walk In</td>
<td>Includes:</td>
</tr>
<tr>
<td>Central Valley Clinic</td>
<td>• Naltrexone (Vivitrol)</td>
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<tr>
<td>408-885-5400</td>
<td>• Naloxone</td>
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<tr>
<td>Alexian Health Clinic</td>
<td>• Disulfiram</td>
</tr>
<tr>
<td>408-272-6577</td>
<td>• Prescription Suboxone</td>
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<tr>
<td>South County Clinic</td>
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<tr>
<td>408-686-2222</td>
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### Movement through the Continuum

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### Access to Services

**Entry Into the System**

- **Screening**
  - Primary way to Obtain SUTS Services
  - Gateway: 1-800-488-9919
Additional Screening Sites

- Horizon South WM
- Medical Homes
- Mariposa WM
- Mental Health Court
- Reentry Centers
- Drug Court
- Juvenile Hall Providers
- Dependency Wellness Court
- CFCS OP

Who you going to call?

YOUTH (408) 272-6818

For youth we currently have a separate “Gateway” number. Clients will be screened and referred to the appropriate Level of Care.

YOUTH SERVICE LOCATIONS

- OUTPATIENT CLINICS
- SCHOOLS
- JUVENILE HALL
- RESIDENTIAL
TAY CLIENTS

Transitional Age Youth, ages 18-25

- Are served in the Youth or in the Adult systems of care if over 18.
- A thorough, developmentally appropriate assessment is completed to determine either ASOC or YSOC placement.
- If 18 or over and not currently in residential will go to Adult Residential except in special circumstances.

Who you going to call?

ADULT GATEWAY
1-800-488-9919

ADULT SERVICE LOCATIONS

- **Clinic Sites:**
  - Outpatient, Intensive OS and Partial Hospitalization
  - NTP and Additional MAT Outpatient
  - Perinatal/Pregnant & Parents with children
- **Reentry Centers**-Probation/Parole
- **DWC** and **Drug Treatment Court**
- **Residential**
  - Withdrawal Management
  - Residential Treatment
Level of Care Determination

Placement in all levels of care is based on the client’s status in all 6 ASAM Dimensions.

Treatment Services
Treatment is provided based on a ASAM Assessment with particular focus on client’s Stage of readiness to Change.

In Level of Care Placement, the Rule of 1st is:

The least intensive level of care while still meeting treatment objectives and providing safety and security for the patient.

However, Clients need not “fail” at outpatient to qualify for a more intense level of care.
**ASAM LEVELS OF CARE**

**RESIDENTIAL SERVICES**

- Level 3.5 Res
- Level 3.3 Res
- Level 3.1 Res

**OUTPATIENT SERVICES**

- Level 2.5 Partial Hosp. - 20 hrs. per week
- Level 2.1 IOS – 9-19 hours per week
  - Adolescent - 6-19 hours per week
- Level 1 OS – 1 to 9 hours per week
  - Adolescent - 1 to 6 hours per week

**0.5 Early Intervention**

Screening, Brief Intervention & Referral to Treatment – (SBIRT)
(Offered in Medical Homes - PCBH)

*Based on American Society of Addiction Medicine*

**RESIDENTIAL ASAM LEVELS OF CARE**

- **3.5** High intensity Residential - Multiple limitations: SMI, chaotic interpersonal, have never developed adequate coping skills. 20 hours a week of program minimum.
- **3.3** High intensity Res for Special Populations - cognitively impaired, Seniors, developmentally delayed. TX is slower paced, repetitive individualized for client. Not available for Youth
- **3.1** Low Intensity Residential Can be step-down or step-up, stabilization (group home). 5 hours a week of program minimum.

**Withdrawal Management**

Clinicians help manage Withdrawal (WD) symptoms as part of Treatment whether in Outpatient or Residential.

**SUTS has residential 3.2 WM**

*WM clients call agency directly every 2 hours, no authorization required.*

(Note: If someone is intoxicated & not yet in Withdrawal, it is called Intoxication Management)

*New: Sobering Station (not SUTS)*
ASSESSMENT LEVEL OF CARE (ALOC)

The ALOC is used to document and justify Level of Care placement.

It is done at:
- Admission
- Discharge
- Authorizations for Residential
- Transfers to another level of care or to the same level of care but different agency or clinic.

ASAM Criteria & Medical Necessity

- SUTS requires adherence to ASAM
- ASAM ASSESSMENT includes determination of medical necessity
- Medical necessity also includes determination of Diagnosis

Areas of significant impairment or distress within the last 12 months must be documented. Examples:
- Increased amounts of the drug used
- Withdrawal Symptoms
- Increased frequency of use
- Persistent use in spite of negative consequences

Documenting To Meet Medical Necessity for Residential LOC

- The client must have a primary SUD DSM diagnosis which is the cause of significant functional and psychosocial impairment.
- The client’s condition requires residential supervision to ensure the development of effective coping skills to live safely in the community, to participate in self-care and treatment and to manage the effects of his/her disorder.
- The client’s own resources & social support system are not adequate to provide the level of support and supervision needed to become abstinent and stabilize in his/her recovery.
- As a result of the client’s clinical condition (impaired judgment, behavior control, or role functioning), there is a significant current risk of hospitalization and/or harm to self or others based on recent events.
Counselors should consider increasing Services at client's current level of care or a transfer to IOS or PHS prior to seeking Res TX:

- Increase number of groups and add/increase individual sessions
- Address housing, does client need a Recovery Residence?
- Consult with Clinical Supervisor and/or Team
- Address + UA Test Results (care coordinate)
- Address Case Management issues
- Recommend additional outside support (Self help groups, Mental Health referral, Psychiatric care)

More intense services, i.e. a higher Level of Care, is NOT given because:

- The PO or Court Insists
- It will Keep Someone out of Jail or Juvenile Hall

TRANSFERS

Refer to SUTS Documentation Manual

* Santa Clara County Adult Drug and Alcohol Parole Board
* Santa Clara County Jail Div 6
* Santa Clara County Jail Div 7
* Santa Clara County Jail Div 8
Quality Improvement & Authorization

Quality Improvement Team

Authorize Placements to Residential
Grievances & Consultation w/ Providers
Trainings
Care Coordination
Quality Improvement Projects

QI On-call Rotation
792-5670

Authorization For Residential Placement

Quality Improvement Coordinators (QIC’s) manage Authorization & Extension requests for Residential Treatment.
Ex: Moving from Outpatient to Residential or Direct Requests from Residential

Send authorization requests to:
SUTSAuthorization@hhs.sccgov.org

QI oversees placement but Capacity Management Team manages actual placement.
Recovery Residence Referrals are sent to:
SUTSRR@hhs.sccgov.org

Capacity Management Unit
Consists of a Rehab Counselor and Office staff that track and manage referrals & placement for Recovery Residences and Residential Treatment

Adult clients must call for Residential daily:
Phone: (408) 792-5663

Recovery Residence Referrals are sent to:
SUTSRR@hhs.sccgov.org

Residential Referral

A L O C

QIC-Authorization

Capacity management Unit

Residential

Recovery Residences

✓ Short term, sober adult housing
✓ Provides safe housing for clients in unsafe living environments
✓ Client must be attending SUTS Outpatient Services or Recovery Services in order to stay in a Recovery Residence
**Criteria for admission –**

a. **Medical necessity** must be established and client is assessed as being in remission or partial remission and-

b. **Have attended treatment** at some point in their lifetime for substance use disorders.

- Clients who have not been in OS treatment recently may be referred to RS, but they must meet the admission criteria.
- Recovery Services are to provide relapse prevention services, Case Management, monitoring of recovery progress and other services as needed.

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**Scope of Practice**

<table>
<thead>
<tr>
<th>Service Related</th>
<th>Scope of Practice</th>
<th>MFT, LCSW, LPCC (+), PhD</th>
<th>ASW, AMFT, APCC or PHDA Certified Counselors</th>
<th>Pre-Certified Counselors</th>
<th>Community Workers</th>
<th>Re-Payment</th>
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<td>* Group Treatment</td>
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<td>Case Management (CW and PM)</td>
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<td>Treatment Plan Must be Co-Signed by an LPHA *</td>
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*LPCHA/2020 Certified training in Family Therapy to provide

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**Provider Trainings**

1. **For New Hires:**
   a. ASAM Training Module offered On-Line. All Clinical staff must complete both ASAM trainings prior to beginning to work with clients.

**Within first 9 months of hire:**
   a. SUTS Clinical Documentation Training
   b. Stages Of Change and Treatment Planning
   c. Documentation to meet Medical Necessity for LOC placement ALOC

2. **Additional Training:**
   a. Annual training on the Drug Medi-Cal ODS requirements.
   b. Confidentiality, 42CFR and HIPAA
   c. Culturally and Linguistically Appropriate Services (CLAS)
   d. Beneficiary rights; Dealing with complaints, grievances and fair hearings. (in development)
Course Listings Are Available On-line Via Behavioral Health Website On Sccgov
• Free To County And Contract Employees
• Provides CEUS
• Presents Latest, Evidence-based And Promising Material From Leading Experts
• Both Mental Health and SUD Topics
• Tracks for: Co-Occurring Treatment, Reflective Practice, ASAM & Motivational Interviewing, etc.
• Some Trainings Open To Other Interested Parties (Parents And Other Community Members)

SccLearn-Learning Partnership
https://scclearn.sumtotal.host/Core/dash/home/Home_BHS