



Monterey County Behavioral Health Policy and Procedure

Policy Number	705
Policy Title	Alcohol and Other Drug Programs – Substance Abuse Prevention and Treatment Block Grant Programs
References	See each specific subsection for applicable references
Effective	May 22, 2014

1 **PURPOSE**

2 The purpose of Monterey County Behavioral Health (MCBH) Policy 705 – Alcohol and Other Drug
3 (AOD) Programs – Substance Abuse Prevention and Treatment (SAPT) Block Grant Programs is
4 to ensure compliance with all pertinent Federal, State, and local laws and regulations pertaining to
5 the operation of SAPT Block Grant funded AOD treatment programs in Monterey County. This
6 policy is not meant to exclude any and all other laws, statutes, and regulations pertinent to the
7 operation of SAPT Block Grant funded AOD treatment programs.

8
9 Policy 705 comprises of the following subsections:

- 10 I. [Payment of Last Resort](#)
- 11 II. [Provision of TB Services](#)
- 12 III. [Expenditure of Substance Abuse Prevention and Treatment \(SAPT\) Block Grant](#)
- 13 IV. [Charitable Choice Requirements](#)
- 14 V. [Compliance with United States Office of Management and Budget \(OMB\) Circular A-133](#)
- 15 VI. [Human Immunodeficiency Virus \(HIV\) Early Intervention Services](#)
- 16 VII. [Primary Prevention](#)
- 17 VIII. [Adolescent/Youth Treatment](#)
- 18 IX. [Perinatal Services](#)
- 19 X. [Interim Services](#)
- 20 XI. [Data Submission/Outcome Management](#)
- 21 XII. [Assessment of Client's Needs](#)
- 22 XIII. [Treatment Plan](#)
- 23 XIV. [Progress Notes](#)

24 25 26 **I. PAYMENT OF LAST RESORT**

27 **REFERENCES:**

- 28 • Title 45, Code of Federal Regulations, Part 96, Section 96.137 (45 CFR 96.137)
- 29 • California Department of Alcohol and Drug Programs (CA ADP) Bulletin 09-08 (ADP Bulletin
30 09-08); and
- 31 • ADP Bulletin 09-08 Exhibit 1
- 32 • California Department of Alcohol and Drug Programs (CA ADP) Bulletin 02-11 (ADP Bulletin
33 02-11);

34

35 **POLICY AND PROCEDURES:**

36 It is the policy of the Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
37 (AOD) Programs to use SAPT Block Grant funding as the "payment of last resort" for services for
38 Pregnant and Parenting Women, Tuberculosis, and HIV. This policy is in accordance with Title 45,
39 Code of Federal Regulations, Part 96, Section 96.137 which states:

40

41 (a) The Block Grant money that may be spent for Sections 96.124(c) and (e), 96.127 and
42 96.128 is governed by this section which ensures that the block grant will be the "payment of
43 last resort." The entities that receive funding under the Block Grant and provide services
44 required by the above-referenced sections shall make every reasonable effort, including the
45 establishment of systems for eligibility determination, billing, and collection, to:

- 46 1) Collect reimbursement of the costs of providing such services to persons who are
47 entitled to insurance benefits under the Social Security Act, including programs under
48 title XVIII and title XIX, any State compensation program, any other public assistance
49 program for medical expenses, any grant program, any private health insurance, or
50 any other benefit program; and
51 2) Secure from program beneficiaries (clients) payments for services in accordance with
52 their ability to pay.

53

54 Also, in adherence to guidelines established in California Department of Alcohol and Drug
55 Programs (CA ADP) Bulletin 02-11 (ADP Bulletin 02-11), SAPT Block Grant funds, from the HIV
56 Early Intervention Set-Aside, may be used for infectious disease testing if all of the following
57 conditions are met:

- 58 1. The individual must be HIV positive.
59 2. The treatment program must be receiving funds from the SAPT Block Grant HIV Set-
60 Aside.
61 3. The individual must be undergoing substance abuse treatment.
62 4. SAPT Block Grant funds must be the payment of last resort.

63

64 **II. PROVISION OF TUBERCULOSIS (TB) SERVICES**

65 **REFERENCES:**

- 66 • Title 42, United States Code, Part 300x, Section 300x-24(a)(1)(2) (42 USC 300x-24a)
67 • Title 45, Code of Federal Regulations, Part 96, Section 96.127 (45 CFR 96.127)

68

69 **POLICY AND PROCEDURES:**

70 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
71 (AOD) Programs that all individuals receiving treatment for substance abuse as part of the
72 Substance Abuse Prevention and Treatment (SAPT) Block Grant have available access to
73 tuberculosis services including:

- 74 1. Counseling the client or potential client with respect to tuberculosis.
75 2. Testing to determine whether the client has been infected with mycobacteria tuberculosis
76 to determine the appropriate form of treatment for the individual.
77 3. Providing for or referring the client infected by mycobacteria tuberculosis for appropriate
78 medical evaluation and treatment.

79

80 MCBH AOD will ensure appropriate access/referrals by:

- 81 1. Advising program beneficiaries (clients) or prospective clients of their rights to tuberculosis

- 82 services in writing.
- 83 2. Referring an individual in need of substance abuse treatment to another provider with
84 tuberculosis services if that individual is denied admission to a program on the basis of
85 lack of capacity of the program to admit the individual.
- 86 3. Implementing infection control procedures designed to prevent the transmission of
87 tuberculosis as established by the principal agency of the State for substance abuse, in
88 cooperation with the State Department of Health/Tuberculosis Control Officer. These
89 procedures include the following:
- 90 a. Screening of clients.
- 91 b. Identification of those clients who are at high risk of becoming infected.
- 92 c. Meeting all State reporting requirements while adhering to Federal and State
93 confidentiality requirements, including 42 CFR part 2.
- 94 d. Conducting case management activities to ensure that clients receive such services.
- 95 e. Reporting all clients identified with active tuberculosis to the appropriate State official
96 as required by law and consistent with paragraph (a)(3)(iii) of Title 45, Section
97 96.122.
- 98

99 **III. EXPENDITURE OF SAPT BLOCK GRANT**

100 **REFERENCES:**

- 101 • Title 42, United States Code, Part 300x, Section 300x-21 – 300x-66 (42 USC 300x-31 – 300x-
102 66)
- 103 • Title 45, Code of Federal Regulations, Part 96, Section 96.135 (45 CFR 96.135)
- 104 • California Department of Alcohol and Drug Programs (CA ADP) Bulletin 09-08 (ADP Bulletin
105 09-08); and ADP Bulletin 09-08 Exhibit 1
- 106 • Monterey County Net Negotiated Amount (NNA) Contract, Exhibit B, Section M
- 107

108 **POLICY AND PROCEDURES:**

109 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drug
110 (AOD) Programs *not* to expend SAPT Block grant funds on the following:

- 111 1) Provision of in-patient hospital substance abuse services, *except* in cases when each of the
112 following conditions are met:
- 113 a) A physician makes a determination that the following conditions have been met:
- 114 i. The primary diagnosis of the program beneficiary (client) or potential client is
115 substance abuse, and the physician certifies that fact.
- 116 ii. The client cannot be safely treated in a community-based, non-hospital, residential
117 treatment program.
- 118 iii. The service can reasonably be expected to improve the client's condition or level
119 of functioning.
- 120 iv. The hospital-based substance abuse program follows national standards of
121 substance abuse professional practice.
- 122 b) In the case of a client for whom a grant is expended to provide inpatient hospital
123 services described above, the allowable expenditure shall conform to the following:
- 124 i. The daily rate of payment provided to the hospital for providing the services does
125 not exceed the comparable daily rate provided by a community-based, non-
126 hospital, residential treatment program.
- 127 ii. The grant may be expended for such services only to the extent that is medically
128 necessary (i.e. only for those days that the patient cannot be safely treated in a
129 residential, community-based program).

- 130 2) To make payments (i.e. Cash) to intended recipients of health services.
- 131 3) To purchase or improve land; purchase, construct, or permanently improve (other than minor
132 remodeling) any building or other facility, or purchase major medical equipment.
- 133 4) To satisfy any requirement for the expenditure of non-federal funds as a condition for the
134 receipt of Federal funds.
- 135 5) To provide financial assistance to any entity other than a public or nonprofit, private entity.
- 136 6) To provide clients or prospective clients with hypodermic needles or syringes so that such
137 individuals may use illegal drugs, unless the Surgeon General of the Public Health Service
138 determines that a demonstration needle exchange program would be effective in
139 reducing drug abuse and the risk that the public will become infected with the etiological agent
140 for AIDS.
- 141 7) To provide treatment services in penal or correctional institutions of the State.
- 142 8) To pay salaries to County or provider staff in excess of Level I of the Federal Senior Executive
143 pay scale. In addition, the County shall ensure that redirected funds, including interest from
144 State General Funds and/or Perinatal General funds, are restricted to the purpose of the
145 original allocation in compliance with conditions regarding NNA Contract funds.
- 146

147 **IV. CHARITABLE CHOICE REQUIREMENTS**

148 **REFERENCES:**

- 149 • Title 42, Code of Federal Regulations, Part 54 (42 CFR 54)
- 150 • Title 42, Code of Federal Regulations, Part 96, Section 96.122 (42 CFR 96.122) and Section
151 96.123 (42 CFR 96.123)
- 152 • Title 42, United States Code, Part 300x, Section 300x-65 (42 USC 300x-65)
- 153 • Title 42, United States Code, Part 2000e, Section 2000e-1 (42 USC 2000e-1)
- 154 • California Department of Alcohol and Drug Programs (CA ADP) Bulletin 04-05 (ADP Bulletin
155 04-05)
- 156

157 **POLICY AND PROCEDURES:**

158 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
159 (AOD) Programs to comply with Title 42 of the Code of Federal Regulations, Part 54 (42 CFR 54)
160 in relation to substance abuse treatment provided utilizing the Substance Abuse Prevention and
161 Treatment (SAPT) Block Grant and funds from the United States Substance Abuse and Mental
162 Health Services Administration (SAMHSA). As part of this policy, MCBH and AOD programs shall:
163

- 164 1. Per California Department of Alcohol and Drug Programs (CA ADP) Bulletin 04-05 (ADP
165 Bulletin 04-05), identify all religious providers that are part of MCBH AOD's subcontracted
166 provider network.
- 167 2. Apply to religious organizations the same eligibility conditions in applicable programs as are
168 applied to any other non-profit organization.
- 169 3. Not discriminate against an organization that is or applies to be a program participant
170 (subcontracted provider) on the basis of religion or the organization's religious character or
171 affiliation.
- 172 4. Ensure that SAPT Block Grant and SAMHSA funds are not expended for inherently religious
173 activities (i.e. worship, religious instruction, or proselytization). If an MCBH AOD
174 subcontracted provider conducts such activities, it must offer them separately, in time or
175 location, from the programs or services for which it receives funds directly from SAMHSA or
176 the relevant State or local government under any program, and participation must be voluntary
177 for program beneficiaries (clients).

- 178 5. Ensure that a religious organization that participates in an applicable program will retain its
179 independence from Federal, State, and local governments and may carry out its mission,
180 including the definition, practice, and expression of its religious belief. As part of this policy,
181 faith-based organizations may use space in their facilities to provide services supported by
182 applicable programs without removing religious art, icons, scriptures, or other symbols. In
183 addition, these organizations retains the authority over its internal governance, and it may
184 retain religious terms in its organization's name, select its board members on a religious basis,
185 and include religious references in its organization's mission statements and other governing
186 documents.
- 187 6. Acknowledge an exemption provided under Title 42, United States Codes, Part 2000e, Section
188 2000e-1 (42 USC 2000e-1) that allows religious organizations (i.e. corporation, association,
189 education institution, or society) to employ individuals of a particular religion if the religious
190 organization can demonstrate that its religious exercise would be substantially burdened by
191 application of religious nondiscrimination requirements to its employment practices in the
192 program or activity at issue. In order to make this demonstration, the religious organization
193 must certify the following:
- 194 a. The religious organization sincerely believes that employing individuals or a particular
195 religion is important to the definition and maintenance of its religious identity, autonomy,
196 and/or communal religious exercise.
 - 197 b. The religious organization makes employment decisions on a religious basis in analogous
198 programs.
 - 199 c. The grant would materially affect its ability to provide the type of services in question.
 - 200 d. The provision of the services in question is expressive of its values or mission.
- 201 The religious organization must maintain documentation to support the above determinations
202 and must make such documentation available to MCBH and the State upon request.
- 203 7. Ensure that a religious organization subcontracted by MCBH AOD for the provision of
204 substance abuse outreach and treatment does not discriminate against a client or prospective
205 client on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal
206 to actively participate in a religious practice.
- 207 8. Ensure that a client or prospective client that objects to the religious character of an MCBH
208 AOD subcontracted provider receive notice, referral, and alternative services within a
209 reasonable period of time after the date of such objection. This policy will include the
210 following:
- 211 a. Notice: All clients or prospective clients are provided written notice of their rights to
212 services from an alternative provider if they object to their current provider's religious
213 character. The notice will clearly articulate the client's or prospective client's right to a
214 referral to alternative services that reasonably meet the requirements of timeliness,
215 capacity, accessibility, and equivalency outlined in 45 CFR 54.
 - 216 b. Referral to an alternative provider: If a client or prospective client objects to the religious
217 character of an MCBH AOD subcontracted provider that is a religious organization, that
218 organization will refer the client to an alternative provider. When making referrals to
219 alternative providers, the referring organization will ensure the following:
 - 220 i. The referral to alternative program will be made within a reasonable amount of time
221 after the date of the client's objection.
 - 222 ii. The referring programs will consider all providers in the local geographic area.
 - 223 iii. All referrals will be made in a manner consistent with all applicable confidentiality
224 laws.
 - 225 iv. After providing the referral, the referring organization will inform in writing MCBH

- 226 AOD's program manager(s) of the referral and said program manager(s) or
227 designee(s) will maintain a written log regarding these referrals. This log will then be
228 submitted to the State upon request.
- 229 v. The referring agency will ensure that the client makes contact with the alternative
230 provider to whom he or she is referred.
- 231 c. MCBH AOD will ensure that the alternative services that the client is referred to is
232 reasonably accessible provides comparable services to the client. MCBH AOD does not
233 need to ensure that the alternative service provider is a secular organization but must
234 ensure that the client does not have any religious objection regarding this alternative
235 service provider.

236

237 **V. COMPLIANCE WITH UNITED STATES OFFICE OF MANAGEMENT AND BUDGET**
238 **(OMB) CIRCULAR A-133 (SINGLE STATE AUDIT)**

239 **REFERENCES:**

- 240 • Monterey County Net Negotiated Amount (NNA) Contract, Exhibit B, Section H
241 • United States Office of Management and Budget (OMB) Circular A-133

242

243 **POLICY AND PROCEDURES:**

244 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
245 (AOD) Programs to comply with all audit requirements set forth in Monterey County's Net
246 Negotiated Amount (NNA) contract and the United States Office of Management and Budget
247 (OMB) Circular A-133. As part of its efforts to comply with the audit requirements set forth in
248 Monterey County's (NNA) contract and OMB Circular A-133, MCBH and its AOD Programs will:

249 1. Receive a single State audit, as prescribed in OMB Circular A-133, for any MCBH AOD
250 Programs with Federal expenditures of \$500,000.00 or more during their respective fiscal
251 years.

252 2. Make all records available for review as indicated in Monterey County's NNA contract and
253 OMB Circular A-133.

254 3. Ensure that all records requested under the provisions of Monterey County's NNA contract
255 and OMB Circular A-133 are provided in a timely manner.

256

257 **VI. HUMAN IMMUNODEFICIENCY VIRUS (HIV) EARLY INTERVENTION SERVICES**

258 **REFERENCES:**

- 259 • Title 45, Code of Federal Regulations, Part 96, Section 96.121 (45 CFR 96.121) and Section
260 96.128 (45 CFR 96.128)
- 261 • Title 42, United States Code, Part 300x, Section 300x-21 (42 USC 300x-21) and Section 300x-
262 24(b) (42 USC 300x-24b)
- 263 • California Department of Alcohol and Drug Programs (CA ADP) Bulletin 02-11 (ADP Bulletin
264 02-11)

265

266 **POLICY AND PROCEDURES:**

267 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
268 (AOD) Programs that all individuals receiving treatment for substance abuse as part of the
269 Substance Abuse Prevention and Treatment (SAPT) Block Grant have available access to (HIV)
270 early intervention services including:

271 1. Appropriate pretest counseling for HIV and AIDS.

272 2. Testing with respect to such disease, including:

273 a. Tests to confirm the presences of the disease.

- 274 b. Tests to diagnose the extent of the deficiency in the immune system.
275 c. Tests to provide information on appropriate therapeutic measures for preventing and
276 treating the deterioration of the immune system and for preventing and treating
277 conditions arising from the disease.
278 3. Appropriate post-test counseling.
279 4. Providing for or referring the client for appropriate medical evaluation and treatment.
280

281 In compliance with 45 CFR 96.128(e), MCBH, its AOD Programs, and its subcontracted providers
282 will also ensure the following:

- 283 1. HIV early prevention services will be undertaken voluntarily by and with the informed
284 consent of the client or prospective client.
285 2. Participating in HIV early prevention services is not required as a condition of receiving
286 treatment services for substance abuse or any other service.
287

288 **VII. PRIMARY PREVENTION**

289 **REFERENCES:**

- 290 • Title 45, Code of Federal Regulations, Part 96, Section 96.121 (45 CFR 96.121)
291 • Title 45, Code of Federal Regulations, Part 96, Section 96.125 (45 CFR 96.125)
292 • California Department of Alcohol and Drug Programs (CA ADP) Bulletin 06-06 (ADP Bulletin
293 06-06)
294 • Monterey County Behavioral Health Strategic Prevention Framework Plan for Alcohol and
295 Other Drug Prevention
296

297 **POLICY AND PROCEDURES:**

298 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
299 (AOD) Programs to comply with the primary prevention guidelines set forth in in Title 45, Code of
300 Federal Regulations, Part 96, Section 96.121 (45 CFR 96.121); Title 45, Code of Federal
301 Regulations, Part 96, Section 96.125 (45 CFR 96.125); and California Department of Alcohol and
302 Drug Programs (CA ADP) Bulletin 06-06 (ADP Bulletin 06-06).
303

304 Primary Prevention Programs are those directed at individuals who have not been determined to
305 require treatment for substance abuse. Such programs are aimed at educating and counseling
306 individuals on such abuse and providing for activities to reduce the risk of such abuse. Monterey
307 County Behavioral Health's Strategic Prevention Framework Plan for Alcohol and Other Drug
308 Prevention drives the provision of prevention services. Contracted services outlined in the
309 prevention plan must be recorded in the California Outcomes Measurement System - Prevention
310 System (CalOMS Pv).
311

312 MCBH and its AOD Programs shall meet data reporting requirements for capacity, process, and
313 outcome as required by federal grant requirements. In addition to the six Center for Substance
314 Abuse Prevention (CSAP) strategies of Information Dissemination, Education, Alternative, Problem
315 Identification and Referral, Community-Based Process, and Environmental, the data for the
316 Institute of Medication prevention categories of Universal, Selective, and Indicated must be
317 reported.
318

319 Prevention service/activity data is to be reported via CalOMS Pv by all funded primary prevention
320 providers in the following manner:

- 321 1. Upon providing or participating in a Prevention service or activity, the contract provider will
322 enter services into the CalOMS Pv system.
 - 323 a. Services are to be reported by the date of occurrence on a weekly basis.
 - 324 b. No more than one week's data shall be aggregated into one reported service.
 - 325 c. Group sign-in sheet(s).
- 326 2. The prevention coordinator or designee, on a monthly basis, reviews the CalOMS
327 Prevention System to ensure all documented Prevention services have been inputted
328 timely and accurately.
- 329 3. All CalOMS Pv service/activity data shall be reviewed by MCBH and released to the State
330 no later than the end of the first month following the close of each quarter. The reporting
331 quarters are: July through September, October through December, January through
332 March, and April through June.
- 333 4. Prevention coordinator releases all quarterly data to the California Department of Alcohol &
334 Drug Programs (CA ADP) in a timely manner.
- 335 5. Reporting progress on prevention goals and objectives via the Evaluation Module within
336 CalOMS Pv shall be done on an annual basis. This information is due no later than August
337 31 of each fiscal year.

338

339 **VIII. ADOLESCENT/YOUTH TREATMENT**

340 **REFERENCES:**

- 341 • California Department of Alcohol and Drug Programs (CA ADP) Youth Treatment Guidelines
342 (Revised August 2002)
- 343 • Monterey County Net Negotiated Amount (NNA) Contract, Exhibit C, Section B-9
344

345 **POLICY AND PROCEDURES:**

346 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
347 (AOD) Programs to be in compliance with the standards set forth in the California Department of
348 Alcohol and Drug Programs (CA ADP) Youth Treatment Guidelines (Revised August 2002) as
349 posted at http://www.adp.ca.gov/youth/pdf/Youth_Treatment_Guidelines.pdf
350

351 **IX. PERINATAL SERVICES**

352 **REFERENCES:**

- 353 • Title 45, Code of Federal Regulations, Part 96, Section 96.121 (45 CFR 96.121), Section
354 96.124 (45 CFR 96.124), Section 96.126 (45 CFR 96.126), and Section 96.131 (45 CFR
355 96.131)
- 356 • California Health and Safety Code 10.5 (HSC 10.5)
- 357 • California Health and Safety Code 11757.59 (HSC 11757.59)
- 358 • California Department of Alcohol and Drug Programs (CA ADP) Perinatal Services Network
359 Guidelines (2009)
- 360 • Monterey County Net Negotiated Amount (NNA) Contract, Exhibit C, Section B(7)
361

362 **POLICY AND PROCEDURES:**

363 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs

364 (AOD) Programs to be in compliance with all federal, state, and local laws regarding the provision
365 of perinatal substance abuse treatment and with the standards set forth in the California
366 Department of Alcohol and Drug Programs (CA ADP) Perinatal Services Network Guidelines
367 (2009) as posted at <http://www.dhcs.ca.gov/individuals/Documents/PSNG2014Final21214.pdf>

368
369 In its efforts to provide perinatal substance abuse treatment services to beneficiaries, MCBH and
370 its AOD Programs will provide the following:

- 371 1. Primary medical care for women, including referral for prenatal care and, while the women
372 are receiving such services, child care;
- 373 2. Primary pediatric care, including immunization, for their children;
- 374 3. Gender specific substance abuse treatment and other therapeutic interventions for women
375 which may address issues of relationships, sexual, and physical abuse, parenting, and
376 child care while the women are receiving these services;
- 377 4. Therapeutic interventions for children in custody of women in treatment which may, among
378 other things, address their developmental needs, their issues of sexual and physical
379 abuse, and neglect; and
- 380 5. Sufficient case management and transportation to ensure the women and their children
381 have access to services provided for in numbers 1-4 of this subsection.

382
383 **X. INTERIM SERVICES**

384 **REFERENCES:**

- 385 • Title 45, Code of Federal Regulations, Part 96, Section 96.121 (45 CFR 96.121), Section
386 96.126 (45 CFR 96.126), and Section 96.131 (45 CFR 96.131)
- 387 • California Department of Alcohol and Drug Programs (CA ADP) Perinatal Services Network
388 Guidelines (2009)

389
390 **POLICY AND PROCEDURES:**

391 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drugs
392 (AOD) Programs to comply with the interim services requirements for intravenous substance
393 abusers and pregnant women set forth in Title 45, Code of Federal Regulations, Part 96, Section
394 96.121 (45 CFR 96.121), Section 96.126 (45 CFR 96.126), and Section 96.131 (45 CFR 96.131).

395
396 MCBH and its AOD Programs will ensure that program beneficiaries (clients) or prospective clients
397 are referred no later than 48 hours to another MCBH AOD provider if the initial MCBH AOD
398 provider they requested services from does not have capacity at the time of the request.

399
400 If after referring the client it is determined that there is no MCBH AOD provider within the
401 reasonable geographic area that has capacity, MCBH and its AOD Programs will ensure interim
402 services are provided to intravenous substance abusers if these clients are not admitted to an
403 appropriate treatment program within 14 days after making their initial request for admission to
404 such a program. As part of this, MCBH and its AOD Programs will:

- 405 1. Establish a waiting list that includes a unique client identifier and current contact
406 information regarding the client.
- 407 2. Utilize said waiting list and unique client identifiers to determine which intravenous
408 substance abusers cannot be placed in an appropriate treatment program within 14 days
409 of making their initial request for admission in order to enroll these clients in interim
410 services.
- 411 3. Enroll said intravenous substance abusers on the waitlist who meet the timeline criteria

- 412 into interim services.
- 413 4. Utilize said waiting list and unique client identifiers to ensure that intravenous substance
414 abusers are admitted to an appropriate treatment program within a reasonable
415 geographic area and within 120 days of making their request for admission for treatment
416 as long as the clients remain active on the waiting list, can be located and contacted, and
417 accept admission to a treatment program.
- 418 a. If a client on the waiting list does not remain active on the waiting list, cannot be
419 located and contacted, or refuse admission to a treatment program, these clients may
420 be taken off the waiting list and need not be admitted to an appropriate treatment
421 program within 120 days of their original request. If such clients request treatment
422 later and space is not available, they are to be provided interim services if not placed
423 in a treatment program in 14 days from their latter request and must then be admitted
424 to a treatment program within 120 days from the latter request.

425
426 If after referring the client it is determined that there is no MCBH AOD provider within the
427 reasonable geographic area has capacity, MCBH and its AOD Programs will ensure interim
428 services are provided to pregnant women if these clients are not admitted to an appropriate
429 treatment program within 48 hours after making their initial request for admission to such a
430 program. As part of this, MCBH and its AOD Programs will:

- 431 1. Establish a waiting list that includes a unique client identifier and current contact
432 information regarding the client.
- 433 2. Utilize said waiting list and unique client identifiers to determine which pregnant women
434 cannot be placed in an appropriate treatment program within 48 hours of making their
435 initial request for admission in order to enroll these clients in interim services.
- 436 3. Enroll said pregnant women on the waitlist who meet the timeline criteria into interim
437 services.
- 438 4. Utilize said waiting list and unique client identifiers to ensure that pregnant women are
439 admitted to an appropriate treatment program within a reasonable geographic area and
440 within a reasonable amount of time from their initial request for admission.
- 441 5. Comply with all the guidelines set forth in California Department of Alcohol and Drug
442 Programs (CA ADP) Perinatal Services Network Guidelines (2009).

443
444 In providing interim services for intravenous drug users and pregnant women, MCBH and its AOD
445 programs will:

- 446 1. Provide client directly with or refer client for education and counseling about:
447 a. Human Immunodeficiency Virus (HIV)
448 b. Tuberculosis (TB)
449 c. The risks of needle sharing
450 d. The risks of transmission to sexual partners and infants of HIV and TB
451 e. Steps that can be taken to ensure that HIV and TB transmission does not occur
- 452 2. Refer client for HIV or TB treatment services if necessary.

453
454 MCBH and its AOD programs will also provide pregnant women with the following additional
455 interim services:

- 456 1. Counseling on the effects of alcohol and drug use on the fetus.
457 2. Referral for prenatal care.
458 3. Referrals based on individual assessments that may include, but are not limited to: self-
459 help recovery groups; pre-recovery and treatment support groups; source for housing,

460 food and legal aid; case management; children's services; medical services; Temporary
461 Assistance to Needy Families (TANF) or equivalent; and Medi-Cal services or equivalent.
462
463

464 **XI. ASSESSMENT OF CLIENT'S NEEDS**

465 **POLICY AND PROCEDURES**

466 The following treatment plan guidelines shall be followed by all MCBH AOD Programs and
467 subcontracted providers providing treatment services funded by the SAPT Block Grant (except for
468 residential programs):

- 469 1. Within 30 calendar days after initial date of admission to alcohol and/or substance abuse
470 treatment *and* prior to the development of the initial treatment plan, the primary counselor shall
471 complete and document in the client's record a needs assessment for the patient which shall
472 include:
 - 473 a. An assessment of the client's needs for:
 - 474 i. Demographic information, including updated contact information.
 - 475 ii. Presenting issues including impact on daily functioning
 - 476 iii. Patterns and history of alcohol and other drug use
 - 477 iv. Family substance abuse history
 - 478 v. Alcohol and substance abuse treatment history
 - 479 vi. Client strengths in achieving client treatment goals
 - 480 vii. Physical health issues (including allergies, medical history, and current medications if
481 applicable)
 - 482 viii. Mental health issues (including treatment history and current medications if applicable)
 - 483 ix. Special status situations (i.e. physical disabilities impacting access to services; risks to
484 clients or others)
 - 485 x. Employment history
 - 486 xi. Education history
 - 487 xii. Psychosocial, vocational rehabilitation, economic, and legal services.
 - 488 xiii. Gender
 - 489 xiv. Age
 - 490 xv. Family history
 - 491 xvi. Legal history
 - 492 xvii. Other information relevant to client's presenting issues and treatment goals
- 493 2. Alcohol and drug assessments shall be conducted by program counselors who meet the staff
494 qualification standards listed in California Code of Regulations, Title 9, Division 4, Chapter 8.
- 495 3. The counselor conducting the assessment shall discuss the results of the alcohol or drug
496 assessment with the participant.
- 497 4. As part of the assessment, the counselor shall recommend any ancillary services he/she thinks
498 would be potentially beneficial to the participant. Ancillary services recommended should be
499 appropriate to the individual participant and available nearby. The counselor shall record the
500 results of the participant's alcohol or drug assessment, the follow up discussion, and the
501 recommendations for ancillary services in the participant's case record.
- 502 5. The participant and the counselor shall sign and date the results of the assessment and follow
503 up discussion.
- 504 6. The needs assessment shall be updated as needed but no less than on an annual basis from
505 the client's original date of admission.
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508 **XII. TREATMENT PLAN**
509 **POLICY AND PROCEDURES**

510 The following treatment plan guidelines shall be followed by all MCBH AOD Programs and
511 subcontracted providers providing treatment services funded by the SAPT Block Grant (except for
512 residential programs):

- 513 7. Within 30 calendar days after initial date of admission to alcohol and/or substance abuse
514 treatment, the primary counselor and the client shall develop the client's initial treatment plan
515 which shall include:
- 516 a. Goals to be achieved by the patient based on the needs identified in the initial needs
517 assessment and with estimated target dates for attainment in accordance with the
518 following:
 - 519 b. Specific behavioral tasks the patient must accomplish to complete each goal.
 - 520 c. A description of the type and frequency of counseling services to be provided to the
521 patient.
 - 522 d. An effective date based on the day the primary counselor signed the initial treatment plan.
 - 523 e. A signature by the client signifying the client's participation in the development of the
524 treatment plan and agreement as to the content of the plan.
- 525 8. The primary counselor shall evaluate and update the client's maintenance treatment plan
526 whenever necessary

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529 **XIII. PROGRESS NOTES**
530 **POLICY AND PROCEDURES**

531 The following progress note guidelines shall be followed by all MCBH AOD Programs and
532 subcontracted providers providing treatment services funded by the SAPT Block Grant (except for
533 residential programs):

- 534 1. The counselor conducting the counseling session with the client shall document in a progress
535 note in the client's record within **72 business hours** of the session the following information:
- 536 a. Date of the counseling session;
 - 537 b. Type of counseling format (i.e., individual or group);
 - 538 c. The duration of the counseling in actual per minute intervals including the time required to
539 document the session; and
 - 540 d. Summary of the session, including one or more of the following:
 - 541 i. Client's progress towards one or more goals in the client's treatment plan.
 - 542 ii. New issue or problem that affects the client's treatment.
 - 543 iii. Nature of prenatal support provided by the program or other appropriate health care
544 provider.
 - 545 iv. Goal and/or purpose of the group session, the subjects discussed, and a brief
546 summary of the client's participation
 - 547 e. The information shall be documented in the progress note in the Monterey County
548 Behavioral Health standard FIRP progress note format.
 - 549 i. Functioning (F): The functioning section should include the basics of who, where and
550 what. For example, who was there? Where was the service provided? What was the
551 client's current behavior or functioning? The person reviewing the progress note
552 should begin to have an accurate picture of how the client is doing based on this
553 section.
 - 554 ii. Intervention (I): The intervention section of the note is critical. In this section of the
555 progress note, the counselor entering the note states what they did to support the

556 client's recovery and resiliency. The intervention should relate to one of the
557 interventions listed in the treatment plan. **Always document your INTERVENTIONS.**
558 This is how the counselor and the program show that the client's needs were
559 addressed and done so within accepted standards of care. Include the PURPOSE of
560 the intervention. For example, "a safety plan was developed to stabilize the crisis."
561 Notes without an intervention represent a risk of audit disallowance since a program
562 basically should not ask to pay for a service that is not document.

- 563 iii. Response (R): The response section documents the CLIENT'S reaction or reply to the
564 intervention provided by the counselor. This is a great place to use quotes, which can
565 be very descriptive.
- 566 iv. Plan (P): The plan section addresses immediate needs, if any, that must be addressed
567 either before or during the next session. This is a good way to communicate to other
568 providers involved in the case. It is helpful to know the next steps needed. This can
569 also include actions the client will take before the next session. Often notes simply
570 indicate more service, such as "...weekly group." A really good plan includes the *why*,
571 not just the *what*. (e.g., "Continue with weekly 1:1 meetings to reinforce use of coping
572 skills").

- 573 2. The counselor or any other AOD program direct service staff shall also document in a
574 progress note in the client's record within **72 business hours** any other services (i.e.
575 referrals, crisis intervention, etc.) provided that is relevant to the client's treatment.