

Criminal Justice Focus Group

1. How will screening and assessment work? Interface between court order and medical necessity?

The people that come into treatment fall into the following categories, Mandated, not mandated, and through CDCR. When a client comes from CDCR they may have been on facility based or forced sobriety and not using but there is still medical necessity for these individuals.

When an individual meets with CPS a Substance Abuse Specialist makes a determination that does not qualify as medical necessity, CPS would then have to pay for the person's treatment. An individuals assessed by CPS will be evaluated with the ASAM criteria and then the program they are referred to will do a complete assessment.

At this time Judge Chittick does not order specific treatment. A Substance Abuse Specialist conducts a brief ASAM screening before the individual is seen in court. She cannot order a level of care. With the Waiver she would be able to order an individual to be assessed and follow those recommendations.

Providers are worried about recoupments because individuals are being mandated into treatment when there is no medical necessity.

The group was united in their agreement that there needs to be a system with broader communication throughout the Criminal Justice System.

It was suggested that the County should have an email box for residential authorization.

The providers are also worried about the 2 residential stays per year. They asked about if the County is willing to have a residential grace period in case the client leaves treatment within a short period of time using up one of their DMC funded residential stays. The County is unsure of the monies available at this time to pay for this grace period although they are not opposed to it. It was addressed that DHCS has stated that they are going to re-examine the mandated 2 residential stays in 12 months for outcomes.

The County plans to use SAPT money to pay for room and board for residential as DHCS expects our residential treatment to expand with the implementation of the Waiver. Room and Board is not paid for through the Waiver. The County is also

looking at undocumented funding as well through SAPT. No decisions have been made at this time for SAPT funds. Funds may decrease as well with Waiver funding.

2. What should case management services look like in terms of overall operations and specific client services?

The providers are glad that the Waiver will allow case management will be a billable service. It is vital for the Continuum of Care that is needed.

SUD services are coming onboard with Mental Health services. Case management as an unlimited benefit matches what Mental Health already allows.

Providers suggest that there are case managers employed by provider that will track movement and retrieve warm handoffs.

3. How to ensure timeliness in the referral – assessment – intake process?

The court reported that the dashboard is in the process of getting updated.

Providers suggested that there should be more money in transportation. Transportation is a huge reason treatment is not happening. There should be someone to retrieve the client from court and drop off at treatment location. If the client waits a week from referral there is a greater chance of losing that client.

If a referral is made from court probation does not have the responsibility for the client.

According to Judge Chittick 50% of people expected in court do not show up and within that population, 50% of those do not show up to treatment.

There was a suggestion that the County create a hub or welcoming center for people just out of jail or court that offers counseling and case management. Perhaps the county could use Prop 47 monies to pay for a Substance Abuse Specialist to provide case management at this hub.

4. How to ensure timely and accurate communication between courts/jail/county regarding client progress? This question was answered in previous questions.

5. Addressing specific needs of men and women?

Most SUD clients are multi system clients. They have issues regarding family, child care and transportation.

There are increased needs for pregnant women with an SUD. These individuals typically need Trauma Informed treatment.

At this time West Care is the only facility that has services for men with children.

Women with children need more case management such as bonding classes and time etc.

Other statements...

V Kogler stated that the Waiver is silent on detox services. There is no limit to these services. We may be able to use detox services to help with the residential first couple weeks of service without billing for an individual's 2 treatment periods in a 12 month period.

West Care stated that 90% of their population is DMC eligible and they house about 185 people per day.

If a treatment provider applies to be DMC certified the start date goes back to the first of that month.