

California County Administrator Survey 2015

Introduction

On behalf of DHCS, UCLA is requesting that the Behavioral Health (BH) Director or Substance Use Disorder (SUD) Administrator from all 58 California counties complete this survey to assess the current status of SUD services and their coordination with other health care services. **THERE ARE NO RIGHT OR WRONG ANSWERS.** You will be asked about your current practices and procedures on the topics of Access to Care for SUDs, Quality of Care, and Coordination/Integration of Care as it is currently being delivered in your county.

This information will be used to determine current practices and needs in all counties and to establish baseline data for the DHCS DMC-ODS Waiver Evaluation.

The survey should take about 25-40 minutes to complete. Please answer questions to the best of your knowledge. You may exit the survey at any time and resume your response by clicking on the custom link that was e-mailed to you.

If there is someone at your county who you feel would be a better match to complete the survey, please let us know.

Note: Individuals who receive behavioral health services are often referred to as patients, clients or consumers depending on the setting. For consistency, we will use the term "clients" throughout this survey.

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Your Information

1. County:

2. Title at the County:

3. May the UCLA evaluation team contact you in the future with additional questions?

Yes

No

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PLEASE HELP US UNDERSTAND HOW YOUR COUNTY CURRENTLY APPROACHES CLIENT ACCESS TO CARE AMONG COUNTY-OPERATED AND COUNTY-CONTRACTED SUBSTANCE USE DISORDER (SUD) TREATMENT PROVIDERS.

1. Does the county have a toll-free beneficiary access number for SUD services?

- No, no plans to
- No, but planning to
- Yes - the number is:

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YOU HAVE INDICATED THAT YOUR COUNTY EITHER CURRENTLY HAS, OR PLANS TO HAVE, A TOLL-FREE BENEFICIARY ACCESS NUMBER FOR SUD SERVICES.

1. Does this access number provide services in all threshold languages in your county? (Or, if the number is not yet operational, is it expected to provide services in all threshold languages in your county?)

- Yes
- No
- Don't know

2. Has preparation for the DMC-ODS waiver facilitated either the establishment of this number or the addition of SUD services to an existing beneficiary access number?

- Yes
- No

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1. Does your county have a centralized system for screening and placing clients into treatment?

- Yes - for all services
- Yes - for some services, but not all
- No

Optional comments:

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YOU HAVE INDICATED THAT YOUR COUNTY CURRENTLY DOES NOT HAVE A CENTRALIZED SYSTEM FOR SCREENING AND PLACEMENT.

1. Are screening and placement procedures standardized across all treatment providers (i.e., there is a uniform procedure and set of questions used across the county)?

- Yes
- No

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1. Is your county currently collecting ASAM criteria data from assessment centers and/or treatment providers, or planning to collect it within the next year?

- No
- Yes - please describe how you receive and manage this data (or plan to):

2. Which method(s) does your county use to collect ASAM Criteria data (currently or planning to use within the next year for placement and assessment)? Check all that apply.

- None (not yet)
- Electronic method to collect information on the 6 dimensions
- Paper method to collect information on the 6 dimensions
- Other

Please describe the electronic, paper, and/or other method(s) used to collect ASAM Criteria data:

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WE ARE RESEARCHING COUNTY PRACTICES THAT MIGHT PROVIDE ALTERNATIVES TO USING THE DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR) TO MEASURE CAPACITY AND ACCESS.

1. How confident are you in the accuracy of the numbers being reported to DATAR for outpatient treatment in your county?

1 - Not at all confident

2 - Somewhat confident

3 - Moderately confident

4 - Very confident

5 - Completely confident

N/A - Not enough information to assess

Optional comments:

2. Does your county maintain any other data measuring outpatient treatment capacity or the amount of currently available treatment slots?

- No
- Yes - please describe your data and how it's collected:

3. Does your county maintain any data on the ratio of clients to counselors?

- No
- Yes - please describe your process (i.e., how you keep track of the current ratio):

PLEASE HELP US UNDERSTAND CHALLENGES RELATING TO SERVICE CAPACITY IN YOUR COUNTY.

1. Which issues are significant challenges in expanding capacity in each modality?
(Select the challenges that apply to each modality.)

	Space	Facility certification	Reimbursement rates	Staff certification/licensing	High upfront investment required/financial risk	Regulatory requirements (e.g., documentation)	Limited data infrastructure	Community opposition (i.e., NIMBY)	Other
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotic treatment program (NTP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Other", please describe challenges and affected modalities:

2. Which modality do you think will be most challenging to expand in your county? (Either by creating new programs, increasing capacity at existing programs, or having existing programs become DMC certified.)

- Outpatient
- Intensive outpatient
- Residential
- NTP
- Detox

Optional comments:

PLEASE HELP US UNDERSTAND THE COUNTY'S CURRENT PRACTICES CONCERNING QUALITY OF CARE AND SYSTEM IMPROVEMENT.

1. How is your county engaging SUD providers in the process of policy formulation and implementation?
Please describe:

2. What other stakeholders are you engaging? Check all that apply.

- Representatives of drug/alcohol treatment associations in the community
- Physical Health Care Providers
- Medi-Cal Managed Care Plans
- Federally Qualified Health Centers (FQHCs)
- Clients/Client Advocate Groups
- County Executive Office
- County Public Health
- County Social Services
- Foster Care Agencies
- Law Enforcement
- Court
- Probation Department
- Education
- Recovery support service providers (including recovery residences)
- Health Information technology stakeholders
- NONE OF THE ABOVE

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1. Does your county currently have a quality improvement committee that includes SUD participation?

- Yes
- No, but planning to
- No, no plans to

2. Does your county have a written substance use disorder treatment system quality improvement plan?

- Yes
- No, but planning to
- No, no plans to

3. Has the waiver positively influenced these quality improvement activities for SUD?

- Yes
- No

Please describe:

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1. Does your county currently require SUD treatment providers to collect any client satisfaction/perceptions of care data?

- Yes
- No, but we have plans to
- No, and we have no plans to in the immediate future

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YOU HAVE INDICATED THAT YOUR COUNTY CURRENTLY REQUIRES SUD TREATMENT PROVIDERS TO COLLECT CLIENT SATISFACTION/PERCEPTIONS OF CARE DATA.

1. Which method(s) are used to collect this data among clients?

- Focus groups
- Phone surveys
- Written surveys
- Other - please specify:

2. What is the minimum frequency at which these data are collected?

- Yearly
- Twice a year
- Other - please specify:

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YOU HAVE INDICATED THAT YOUR COUNTY HAS PLANS TO REQUIRE SUD TREATMENT PROVIDERS TO COLLECT CLIENT SATISFACTION/PERCEPTIONS OF CARE DATA.

1. Which method(s) does your county expect to be used to collect this data among clients?

- Focus groups
- Phone surveys
- Written surveys
- Other - specify:

2. When does your county plan to implement this requirement?

- Within 6 months
- In 6 months to 1 year
- More than 1 year from now

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PLEASE HELP US UNDERSTAND HOW YOUR COUNTY STAYS INFORMED ABOUT AND ENCOURAGES COLLABORATION, COORDINATION, AND INTEGRATION OF CARE WITHIN THE SUD TREATMENT SYSTEM.

1. Does your county currently require SUD providers to establish formal procedures with other SUD providers to facilitate client transfer and information exchange (e.g. MOUs between residential and outpatient providers)?

- Yes
- No

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YOU HAVE INDICATED THAT YOUR COUNTY REQUIRES SUD PROVIDERS TO ESTABLISH FORMAL PROCEDURES WITH OTHER SUD PROVIDERS TO FACILITATE CLIENT TRANSFER AND INFORMATION EXCHANGE.

1. How does your county enforce these requirements? Describe briefly:

2. What are the greatest challenges, if any, with client transfer/information exchange between SUD providers in other levels of care?

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YOU HAVE INDICATED THAT YOUR COUNTY DOES NOT CURRENTLY REQUIRE SUD PROVIDERS TO ESTABLISH FORMAL PROCEDURES WITH OTHER SUD PROVIDERS TO FACILITATE CLIENT TRANSFER AND INFORMATION EXCHANGE.

1. Which of the following does your county currently do to encourage effective client transfers and information exchange between levels of care? Check all that apply.

- Nothing at this time
- Establishing recommended procedures
- Providing funding support/incentives
- Other - please specify:

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1. What method(s) does your county currently use, if any, to track referrals and client movement within the SUD continuum of care? Check all that apply.

- None at this time
- Electronic database, such as a system-wide EHR or Health Information Exchange system
- Paper (e.g., fax, mail)
- Phone calls
- Other - please specify:

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PLEASE HELP US UNDERSTAND HOW COLLABORATION BETWEEN SUD AND OTHER COUNTY DEPARTMENTS/DIVISIONS IS CURRENTLY FACILITATED AND SUPPORTED.

SUD and Mental Health Services:

1. How would you rate the degree to which the SUD and MH departments/divisions are integrated in your county?

1 - Very poorly

2

3 - Somewhat well

4

5 - Very well

2. Which statement best defines how your county operates with regard to collaboration across SUD and MH?

- Not applicable; MH and SUD are a single, fully integrated entity
- Collaboration is expected and we DO have something in writing (not an MOU) defining goals and objectives for partnering and collaboration
- Collaboration is expected and we DO NOT require or need a formal document to define goals and objectives for partnering and collaboration
- An MOU is in place between SUD and MH defining goals and objectives for partnering and collaboration
- No formal collaboration occurs, or it occurs ad hoc

Other (please specify)

3. Has the waiver positively influenced collaboration across SUD and MH in your county?

- Yes
- No

Please explain:

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SUD and MH:

1. Which statement best defines how your county operates with regard to communication between SUD and MH?

- Leadership communicates regularly for collaboration purposes via scheduled face-to-face meetings and/or conference calls
- Leadership communicates regularly for collaboration purposes via informal email exchange and by ad hoc project needs
- Leadership DOES NOT communicate regularly but receives written updates of other dept/division activities through email blasts or listserv notices
- Other (please specify):

2. Has the waiver positively influenced communication between SUD and MH in your county?

- Yes
- No

Please explain:

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SUD and MH:

YOU HAVE INDICATED THAT SUD AND MH LEADERSHIP IN YOUR COUNTY COMMUNICATES REGULARLY FOR COLLABORATION PURPOSES VIA SCHEDULED FACE-TO-FACE MEETINGS AND/OR CONFERENCE CALLS.

1. How frequently are these meetings scheduled?

- Monthly
- Quarterly
- Bi-annually
- Annually
- Other - specify:

2. Did the frequency of these meetings increase as a result of the DMC-ODS Waiver?

- Yes
- No
- N/A - please explain:

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SUD and MH:

1. Do you think SUD and MH department/division staff meet frequently enough to support an organized and integrated delivery system at the county level?

- Yes
- No

Briefly explain this response - e.g., how could these meetings better support an organized and integrated delivery system?

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SUD and Health Services:

1. How would you rate the degree to which the SUD and health services departments/divisions are integrated in your county?

1 - Very poorly

2

3 - Somewhat well

4

5 - Very well

2. How many Medi-Cal managed care plans operate in your county?

3. With how many of these Medi-Cal managed care plans does your county have current MOUs that meet all requirements for the DMC-ODS Waiver? (Click [HERE](#) to see the required elements of an MOU.)

4. With how many of these Medi-Cal managed care plans does your county have MOUs in discussion or in progress?

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1. Which statement best defines how your county operates with regard to communication between SUD and health services?

- Leadership communicates regularly for collaboration purposes via scheduled face-to-face meetings and/or conference calls
- Leadership communicates regularly for collaboration purposes via informal email exchange and by ad hoc project needs
- Leadership DOES NOT communicate regularly but receives written updates of other dept/division activities through email blasts or listserv notices
- Other (specify):

2. Has the waiver positively influenced communication between SUD and health services in your county?

- Yes
- No

Please explain:

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SUD and Health Services:

YOU HAVE INDICATED THAT SUD AND HEALTH SERVICES LEADERSHIP IN YOUR COUNTY COMMUNICATES REGULARLY FOR COLLABORATION PURPOSES VIA SCHEDULED FACE-TO-FACE MEETINGS AND/OR CONFERENCE CALLS.

1. How frequently are these meetings or calls scheduled?

- Monthly
- Quarterly
- Bi-annually
- Annually
- Other - please specify:

2. Did the frequency of these meetings increase as a result of the DMC-ODS Waiver?

- Yes
- No
- N/A - please explain:

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SUD and Health Services:

1. Do you think SUD and health services department/division staff meet frequently enough to support an organized and integrated delivery system at the county level?

- Yes
- No

Briefly explain this response - e.g., how could these meetings better support an organized and integrated delivery system?

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Provider-Level Partnerships

1. Does the county have guidelines or requirements for SUD providers to partner with mental health providers?

- Yes
- No, but planning to
- No, no plans to

2. Does the county have guidelines or requirements for SUD providers to partner with physical health providers?

- Yes
- No, but planning to
- No, no plans to

3. Does the county have procedures in place to monitor the establishment or utilization of the above partnerships?

- N/A - not applicable
- Yes
- No

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PLEASE HELP US UNDERSTAND THE STATUS OF SUD SERVICES AVAILABLE IN YOUR COUNTY FOR ADULT MEDI-CAL CLIENTS. WE WILL ALSO ASK YOU TO RATE THE LEVEL OF CHALLENGE FOR IMPLEMENTING EACH SERVICE.

1. Please review the SUD services or aspects of SUD service delivery listed below and select the expected status of the service **within the next 12 months** for adult Medi-Cal clients in your county.

Then, rate how challenging implementation is or is anticipated to be for your county.

	Status	Challenge
ASAM assessment and placement	<input type="text"/>	<input type="text"/>
Utilization management	<input type="text"/>	<input type="text"/>
Case management	<input type="text"/>	<input type="text"/>
Use of at least <u>two of the five EBP</u> s listed in the DMC-ODS waiver	<input type="text"/>	<input type="text"/>
Coordination of services with Medi-Cal managed care plans	<input type="text"/>	<input type="text"/>
Sharing/tracking/monitoring of client data along the continuum of care	<input type="text"/>	<input type="text"/>
Opioid (narcotic) treatment programs	<input type="text"/>	<input type="text"/>
Withdrawal management services	<input type="text"/>	<input type="text"/>
Residential services	<input type="text"/>	<input type="text"/>
Recovery Services	<input type="text"/>	<input type="text"/>
Licensed Practitioners of the Healing Arts (LPHAs)	<input type="text"/>	<input type="text"/>
Physician consultation	<input type="text"/>	<input type="text"/>
DMC billing for services	<input type="text"/>	<input type="text"/>

Are there other services that pose challenges to your county? Please describe:

2. If any of these ratings would differ for YOUTH clients, please describe.

PLEASE HELP US UNDERSTAND THE PRIORITY LEVEL FOR TRAINING IN EACH OF THE FOLLOWING AREAS, REGARDING SERVICES FOR ADULT MEDI-CAL CLIENTS.

1. Rate below how much of a priority training on each topic would be for your county.

	1 - Low priority	2	3 - Medium priority	4	5 - High priority
ASAM assessment and placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilization management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive-behavioral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-informed treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycho-education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methadone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naltrexone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naloxone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DMC billing for services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional comments:

2. If any of these ratings would differ for YOUTH clients, please describe.

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THE FOLLOWING QUESTIONS REFER TO INTEGRATING SUD INTO OTHER HEALTH SETTINGS. THESE QUESTIONS WERE ASKED IN PREVIOUS COUNTY SURVEYS AND WE HAVE INCLUDED THEM HERE IN THEIR ORIGINAL FORM TO TRACK CHANGES OVER TIME.

1. Are behavioral health providers in your county currently doing any work to integrate SUD screening, intervention, referral or treatment with physical health or mental health?

- NO
- YES - with Physical Health
- YES - with Mental Health in Physical Health Settings
- YES - with Physical Health AND Mental Health
- Don't Know

2. What barriers do you anticipate or have you already experienced in integrating AOD/SUD services and Physical Health? Check all that apply.

- Financing barriers
- Documentation barriers (e.g., confidentiality, electronic health record)
- Partnering with primary care providers
- Legal barriers
- Provider certification or licensing issues
- Facility certification or licensing issues
- Other barriers (describe):

3. What barriers do you anticipate or have you already experienced in integrating AOD/SUD services and Mental Health? Check all that apply.

- Financing barriers
- Documentation barriers (e.g., confidentiality, electronic health record)
- Partnering with primary care providers
- Legal barriers
- Provider certification or licensing issues
- Facility certification or licensing issues
- Other barriers (describe):

1. Does your county intend to opt in to the DMC-ODS Waiver?

- Yes
- No
- Undecided

2. What policy or legislative changes (other than the waiver) have had a major impact on the way your county delivers SUD care in the past year?

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YOU HAVE INDICATED THAT YOUR COUNTY INTENDS TO OPT IN TO THE DMC-ODS WAIVER.

1. Approximately when do you expect your county to submit an Implementation Plan? Your answer is not binding in any way. This question is only meant to help us plan the evaluation strategy.

Month and year (estimate ok):

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YOU HAVE INDICATED THAT YOUR COUNTY DOES NOT INTEND TO OPT IN TO THE DMC-ODS WAIVER.

1. What are the main reason(s) that your county does not intend to opt in to the DMC-ODS waiver at this time?

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YOU HAVE INDICATED THAT YOU ARE UNCERTAIN WHETHER YOUR COUNTY INTENDS TO OPT IN TO THE DMC-ODS WAIVER.

1. Rate the likelihood that your county will opt in to the DMC-ODS waiver:

Highly Unlikely

Unlikely

Neutral

Likely

Highly Likely

Please explain your answer choice:

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THE DMC-ODS WAIVER WILL PROVIDE NEW FUNDING FOR SERVICES PREVIOUSLY COVERED BY FUNDING FROM THE SAPT BLOCK GRANT OR OTHER SOURCES. SAMHSA LAYS OUT SIX PRIORITIES IN ITS LEADING CHANGE 2.0: ADVANCING THE BEHAVIORAL HEALTH OF THE NATION 2015–2018 REPORT.

1. Which of these priorities, if any, is your county currently targeting with public SUD funds (Drug Medi-Cal or SAPT block grant)?

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

2. Do you anticipate you will shift use of SAPT block grant funds specifically to target any/all of these strategic priorities due to the waiver?

- No
- Yes - please explain how will funds be shifted, which priorities will be targeted and in what manner: