



**DIVISION OF BEHAVIORAL HEALTH SERVICES**

**SUBSTANCE ABUSE  
TREATMENT SERVICES PLAN**

**NOVEMBER 2009**

# **SUBSTANCE ABUSE TREATMENT SERVICES PLAN**

November 2009

**Salt Lake County Department of Human Services  
Division of Behavioral Health Services**

## **INTRODUCTION**

This paper is designed to be a description of where we have been, where we are now, and where we likely will go. It is also a document which provides a philosophical basis for the services we provide to the citizens of Salt Lake County.

## **HISTORY**

Utah, as required by state law, is one of 23 states within the U.S. to deliver its public substance abuse services through county government. Salt Lake County (SLCo) through its Division of Behavioral Health Services (DBHS), formerly the Division of Substance Abuse Services, has been providing substance abuse treatment and prevention services on the behalf of the citizens of SLCo for more than 25 years. The SLCo substance abuse system is one of the largest substance abuse systems in the Intermountain West. SLCo, like many large urban counties and governmental agencies across the U.S., delivers services in the private sector through a system of providers contracted on the basis of a public-private partnership model. While SLCo could choose to deliver services directly with county employees, the public-private partnership model works well for SLCo where there is an abundance of diverse and qualified private and governmental service/provider agencies. Historically, for every \$1.00 of public funds invested, this contracted provider network has yielded \$1.25 worth of services.

SLCo periodically purchases its service system “in the market” through a Request for Proposals (RFP). With the exception of some specialty services, the full Substance Abuse treatment system is bid at one time – this is commonly referred to as the “re-bid” cycle. In the upcoming re-bid cycle, treatment services will be bid for a period of two years with the option to renew for another two year period. It is anticipated that the RFP will be issued mid December 2009 with contracts starting July 1, 2010.

Prevention services will NOT be part of this RFP.

Once the RFP process is conducted and contractors are selected, a contract for services is negotiated between SLCo and its successful providers, thereafter referred to as its panel of providers. During the contract period, SLCo may purchase new services from within its panel of providers unless the current panel is unable to provide these new services.

## **CURRENT STRUCTURE AND SERVICES**

Over the past 25 years, services have been updated, expanded, and modified several times with additional services added and new treatment strategies implemented as the needs of the citizens of SLCo have changed. Currently, SLCo provides and will continue to provide the following:

**Reimbursement, billing, and record keeping** - SLCo operates on a Fee-For-Services (FFS) reimbursement basis through its web-based electronic health record Utah Web Infrastructure for Treatment Services (UWITS). SLCo bears the cost of the operation, maintenance and updating of UWITS. SLCo requires all members of its panel of providers to use UWITS.

**Populations served** – Services are provided to each of the following population: children of parents in treatment; youth ages 12-21; gender specific services to the needs of women; parenting adults with children; and the general adult population (both males and females).

All services are designed to meet the diverse nature of SLCo’s citizens in terms of language and culture.

**Continuum of treatment services** – Treatment services are delivered based on medical necessity. SLCo uses the American Society of Addiction Medicine Patient Placement Criteria-2R (ASAM) to assess the level of risk and determine the level of care appropriate to meet the treatment needs of the client. SLCo purchases a full ASAM Continuum of Care (see Levels of Care Chart page 7) including: social detoxification; residential treatment services (low and high intensity); outpatient treatment services (standard and intensive); and day treatment services. Medical detoxification is provided on a very limited basis and will not be included in the RFP.

**Centralized intake assessment and referral (adults)** – SLCo utilizes a centralized intake, assessment and referral service through the University of Utah’s Interim Group Services (IGS) for all adults who enter the SLCo treatment system. This is commonly referred to as the “front door”. Interim Group Services also provides a pre-treatment services component designed to help manage waiting lists and keep potential clients connected with the treatment system.

Generally, there is no “front door” for youth treatment services.

**Program Licensing and Location** – Services are provided by programs in facilities licensed by the Utah Department of Human Services Office of Licensing. SLCo prefers to locate services as closely as possible to the populations in need of services. SLCo gives preference to treatment programs that are located near population centers.

**Staff Qualifications** – All staff working in provider treatment agencies must meet the requirements of professional licensure as dictated by the Utah Department of Commerce and the Division of Occupational and Professional Licensing.

**Quality assurance and utilization review** – There continues to be an emphasis on increased accountability for public funds with a focus on: individualized, client-centered services; development of standardized assessment tools; the utilization of patient placement criteria; continued stay criteria; utilization review; and more rigorous quality assurance/improvement, fiscal and administrative oversight requirements.

**Focus on alternatives to incarceration** – SLCo has aggressively promoted alternatives to incarceration in the SLCo jail. Alternatives include: opening Oxbow Jail as a therapeutic jail;

developing re-entry services (housing, employment, continuation of treatment, etc.) for jail inmates; opening the SLCo Day Reporting Center as a community supervision alternative; developing more community residential treatment services; opening a residential program to treat dually diagnosed clients; piloting other alternative programs such as Receiving Center, Jail Diversion Outreach Team (JDOT), Crisis Intervention Teams (CIT), etc.

**Financing of services** – SLCo uses a diversified financing model to fund its treatment system. These funds include: Medicaid, SLCo general funds, Utah State general funds, federal SAPT Block Grant funds, third party contracts, insurance collections, co-pays, and fundraising by its providers. Both substance abuse and mental health services are optional programs under Utah’s State Medicaid Plan. SLCo is the holder of the Medicaid FFS contract for substance abuse treatment services and provides the local match for the Medicaid Pre-Paid Mental Health Plan (PMHP) for residents of SLCo.

Since Medicaid is a local/Federal government partnership, SLCo is responsible to make the local Medicaid match to the Federal share. Access to substance abuse FFS Medicaid reimbursement requires a contract with SLCo BHS.

**Supportive services** – In order to help increase success in treatment a variety of supportive services such as housing, health care, transportation, re-entry services, child care, employment and education are provided for clients. These services are provided, in many cases, directly by treatment providers or in collaboration with allied community agencies.

**Outcomes measurement and client satisfaction** – Currently the treatment system is being measured and graded based on client-level outcomes in four areas: abstinence from substance use; employment/education; criminal activity/arrests; and stable living arrangements. In addition, a client satisfaction survey is conducted annually with consumers and their family to gauge overall satisfaction with the treatment system.

## **FUTURE DIRECTION**

The next two to four year period will be one of transition. The driving force behind this transition is the economy and Health Care Reform (HCR). SLCo will work with its panel of providers to prepare for this transition. The following are areas of importance.

**Increased access to services for SLCo residents** – It is the mission of SLCo to provide access to treatment services to as many of its residents as possible. Expansion of treatment services through the private sector and public sector is a major goal in the next re-bid cycle. Creative ideas, innovative approaches and sound partnerships between payers, providers, and consumers will be the hallmark of a new system of care.

**Emphasis on proactive, healthy choices and prevention** – SLCo will support and promote services in which wellness choices and healthy lifestyles are emphasized. This includes attention to preventative health care including exercise, tobacco cessation, as well as stabilization and control of other co-occurring behavioral health issues such as diabetes, high blood pressure and obesity.

**Closer integration with mental health services** – Clearly, a more focused integration with mental health services is necessary in order to help more people into recovery. In this next re-bid cycle, we will require providers to be congruent with the ASAM PPC-2R definition of services to those with co-occurring mental health and substance use disorders (see definitions on the Level of Care Chart, page 7).

**More focus on alternatives to incarceration** – As the U.S. struggles with the aftermath of the recession and with a change in public policy around the “war on drugs” SLCO will continue to emphasize more rehabilitation and less incarceration of low-level drug offenders.

**Increased focus on long term recovery and recovery support** – SLCO will develop a uniform recovery support system for individuals who are seeking: a) their own path to recovery in a self directed manner; b) a recovery support service as an adjunct while in a treatment program; and/or c) a way to maintain recovery after discharge from treatment. This support is a valuable and needed service for many individuals who struggle with issues around their recovery.

**Increased focus on wrap-around services and case management** – Based on feedback from consumers, allied agencies, and our current panel of providers, SLCO has identified case management and wrap-around services as two vital, but often overlooked parts of a comprehensive system of care. In the next contract cycle, SLCO will work with our panel of providers and allied agencies to develop a system of case management and wrap-around services similar to that of the “medical home” concept being considered within HCR (see reference to National Council for Community Behavioral Healthcare).

**Closer integration with primary health care** – One of the hallmarks of the current discussion around HCR is the focus on integrating primary health care and behavioral health care. While a high degree of coordination between primary health care providers and our SLCO panel of providers is currently in place, the next re-bid cycle will more fully formalize and expand our work with the primary care community, insurance providers, our panel of providers, and other allied agencies to develop an integrated system of care for clients accessing substance abuse services.

**Parity of coverage for behavioral health** –In 2011, most health care plans will require mental health services (including substance abuse services) be provided or covered on a level which assures parity with general physical health care coverage. This is a major change with consequent opportunity and risk and will evolve over time with new regulations from the federal government. In addition, the drive toward universal coverage under HCR means that most SLCO residents will have a behavioral health benefit. These changes offer numerous challenges including: designing a system to meet the needs of both the private sector and public sector treatment systems; providing successful models of treatment; and working together to develop treatment services that meet the needs of the residents of SLCO.

**Medicaid services** – SLCO sees this as one of the areas where a major change will occur. All proposals in Congress on HCR feature an expansion of Medicaid to an income-based eligibility program away from purely categorical eligibility. Currently, it appears that income levels to

qualify for Medicaid may be increased to 133% of Federal Poverty Levels (e.g. family of four would qualify for Medicaid if their family income level is at or below \$29,038 per year) which would phase-in during 2013.

**Changes in reimbursement mechanisms** – Based on the direction HCR takes, SLCo may revise how it reimburses for services moving away from a strict FFS basis to a case rate or other reimbursement system. Traditionally, SLCo reimburses on a monthly FFS basis after the delivery of services. While we are prepared to make any necessary changes to our reimbursement system, in order to ease the cash flow for our panel of providers, we do not anticipate making changes to the present billing cycle.

**Focus on pay for performance** - Discussions around HCR and among our local policy makers include a move towards Pay for Performance (PFP). We are being challenged to coordinate policy and funding streams and put programs/services in place that get measurable results. SLCo will seek consultation from the state and federal agencies on how to structure a PFP system. We will include the panel of providers in these discussions in order to make PFP realistic and workable. We will expect our panel of providers to participate in these discussions and may pilot a PFP system.

## LEVELS OF CARE

**For all levels of care, the duration of treatment varies with the severity of the client’s illness and his or her response to treatment**

**Co-occurring *capable*:** The agency has staff with the skills and methods to diagnose, stabilize, treat and refer for medication and medication management.

**Co-occurring *enhanced*:** The agency has providers on staff that can provide psychiatric services including prescribing with on-going medication management as well as skills and methods for treating co-occurring substance use and mental health disorders

Level	Description	Limitations and Intensity	Staff/Client Ratio
Level 0.5	Early Intervention	For those at high-risk for substance related problems, but who do not meet the DSM criteria for a substance related diagnosis. Services typically do not exceed 8 hours of contact per week.	N/A
OMT	Opioid Maintenance Therapy	The use of pharmacologic intervention to prevent withdrawal from and/or relapse to opioid dependence that can be provided at many levels of care	N/A
Level I	Outpatient	Services typically provide fewer than 9 hours of contact per week with 6 hours for adolescent clients.	N/A
Level II.1	Intensive Outpatient	Services typically range from 9 or more hours per week.	N/A
Level II.5	Day treatment	Services are typically 20+ hours per week over a minimum of 4 days during the week.	1:10
Level III.1	Low Intensity Residential	Clients typically receive treatment services at least 5 hours per week, either at the residential site or in an outpatient setting.	1:15
Level III.2-D	Social Detoxification	24 hour programming to safely detoxify clients without on-site medical personnel.	1:10
Level III.3	High Intensity Residential	Clients typically receive intensive, but slower paced clinical services congruent with their mental health and/or cognitive disabilities and level of understanding.	1:10
Level III.5	High Intensity Residential	Clients typically receive intensive clinical services to address major functional deficits	1:10
Level IV	Inpatient/Hospital Services	Limited to Medical Detoxification services for pregnant women or high- risk youth.	

## REFERENCE WEBSITES

**American Society of Addictions Medicine (ASAM)**

(Source for the ASAM Patient Placement Criteria)

<http://www.asam.org/PatientPlacementCriteria.html>

**National Council for Community Behavioral Healthcare**

*Healthcare Payment Reform and the Behavioral Health Safety Net: What's on the Horizon for the Community Behavioral Health System*

<http://www.thenationalcouncil.org/galleries/policy-file/Healthcare%20Payment%20Reform%20Full%20Report.pdf>

**National Institute on Alcohol Abuse and Alcoholism**

<http://www.niaaa.nih.gov/>

**National Institute on Drug Abuse**

<http://www.nida.nih.gov/index.html>

**Salt Lake County Division of Behavioral Health Services**

<http://www.slcosubstanceabuse.org/>

**Substance Abuse and Mental Health Services Administration**

<http://www.samhsa.gov/>

**Substance Abuse and Mental Health Services Administration**

Knowledge Application Program

(Source for best practice standards)

<http://www.kap.samhsa.gov/products/manuals/>

**Utah Department of Health/Health Care Financing Administration**

(Source for information and manuals on Utah's Medicaid Program)

<http://health.utah.gov/medicaid>

**Utah Department of Human Services**

Office of Licensing

(Source for program licensing information)

<http://www.hslic.utah.gov/>

**Utah Division of Occupational and Professional Licensing (DOPL)**

(Source for information on professional (practitioner) licensing)

<http://www.dopl.utah.gov/>

**Utah Division of Substance Abuse and Mental Health**

(Source for information and statistics on substance abuse and mental illness in Utah)

<http://www.dsamh.utah.gov/>