

CENS

Client Engagement and Navigation Services

Standards and Practices

Fiscal Year 2020-2021

Client Engagement and Navigation Services

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PURPOSE

The purpose of this document is to ensure that contracted Client Engagement and Navigation Services (CENS) providers manage and deliver high quality services that align with all Department of Public Health, Division of Substance Use Prevention and Control (SAPC) standards and practices as well as training and onboarding requirements.

CLIENT ENGAGEMENT AND NAVIGATION SERVICES (CENS)

CENS providers ensure access, referrals, and support services to identify and address substance use disorder (SUD) treatment needs for individuals who are also involved in other community, city, county and state systems¹ across Los Angeles County. CENS involve face-to-face interactions to facilitate access to and completion of SUD treatment across each of the Service Planning Areas (SPAs) in Los Angeles County. These services are geared toward preventing and decreasing SUD; improving health outcomes; reducing frequent use of hospitals and emergency departments; obtaining employment; maintaining income benefits and housing; reuniting with children; and satisfying probation requirements or pre- or post-plea diversion.

Given that many youth (ages 12-17), young adults (ages 18-20), and adults (age 21 and older) are referred for SUD treatment from state, county, city or other government entities, it is important to ensure successful connections for multi-system involved individuals. CENS provide these prospective clients with more hands-on assistance to maximize treatment admission and retention. CENS staff are, at minimum, state-registered or certified SUD counselors that serve as liaisons between individuals involved, their case workers and the specialty SUD treatment system.

¹ Department of Children & Family Services (DCFS), Superior Court, Probation Department, Department of Mental Health (DMH), Department of Health Services (DHS), Department of Public Social Services (DPSS), Department of Children and Family Services (DCFS) - Providing Safe and Stable Families (PSSF).

CLIENT ENGAGEMENT AND NAVIGATION SERVICES (CENS)

Target Population: Los Angeles County residents who are involved with state, county, city and community entities (e.g., Probation, courts), and need SUD specialty care or support services

Essential Functions:

- Outreach and engagement
- Benefits eligibility determination and benefits enrollment
- Educational sessions
- SUD screening, appointment scheduling, reminders, and follow-up
- Service navigation, ancillary referrals and linkages
- Documentation and reporting
- Agency and community education



**SUD
TREATMENT**

SCOPE OF CENS

CENS providers have area offices located in each SPA in addition to co-locations at various state, county, city, and community sites to facilitate client entry into and navigation through the specialty SUD system. SAPC contracts with one CENS provider per SPA. Contract funding allocation is based on SAPC identified needs and several other factors including funding availability; agreements with County partners; historical or expected client volume; and client needs and referrals.

TARGET POPULATION

Referrals to CENS come from various state, county, city, and community entities. CENS providers serve vulnerable populations, including those who are insured or underinsured, who may be at risk for SUD, and are involved in multiple systems such as:

- Probation, courts, and other criminal justice services;
- Department of Children and Family Services (DCFS);
- Homeless services;
- Department of Health Services (DHS) and other healthcare services; and
- Department of Mental Health (DMH) and other behavioral health services.

The CENS referral process consists of three core components:

- **Screening:** CENS providers screen clients using SAPC-approved screening tools to determine when referrals are necessary, as well as the level of care recommended. CENS providers are responsible for facilitating clients' appointment compliance as much as possible.
- **Appointment scheduling with follow-up:** CENS providers schedule appointments with SUD treatment providers based on screening results and ensure clients are successfully linked to treatment and other support services as appropriate.
- **Service navigation:** CENS providers assist clients with service navigation and linkages to needed SUD services as well as non-SUD ancillary services, such as mental health, physical health, legal aid, CalFresh benefits and others.

CENS SERVICES AND ACTIVITIES

CENS providers are responsible for having a robust and effective referral system in place to improve access to an array of SUD treatment services and ancillary services for clients. CENS providers are responsible for providing all essential services and activities, as indicated below, in accordance with the Provider Manual: <http://publichealth.lacounty.gov/sapc/NetworkProviders/Forms.htm>.

1. Client Outreach and Engagement

CENS providers conduct outreach and engagement to clients in order to build rapport, gain trust, and educate on available SUD treatment services, as appropriate. Based on specific population needs, CENS providers can determine the frequency in which outreach and engagement is provided; for example, providers may do outreach or engagement at more frequent intervals for people experiencing homelessness (PEH) who may be on the streets,

in encampments or in shelters. Outreach and engagement can be provided at CENS sites, co-locations or in the field (e.g., streets, encampments, shelters, jails, etc.). CENS counselors can engage clients in repeat interactions in order to strengthen relationship building and provide education on treatment services.

When clients are ready to participate in SUD treatment, CENS counselors are responsible for making referrals and linkages as outlined below. Client outreach and engagement are to be conducted based on need and at the direction and approval of SAPC.

2. Client Eligibility and Enrollment

CENS providers are responsible for facilitating and assisting clients in completing all applicable healthcare enrollment, eligibility, and income verification processes for Medi-Cal or My Health LA (MHLA), including those who are empaneled to DHS but would otherwise meet MHLA requirements. This process includes:

- Determining income eligibility, as required by the Affordable Care Act (ACA), to verify income and other eligibility, via one of the following methods:
 1. The Automated Eligibility Verification System (AEVS) is an interactive voice response system that allows providers having a valid Provider Identification Number (PIN) to access recipient eligibility via a touchtone telephone by calling 1-800-541-5555;
 2. Point of Service (POS) Device is an automated transaction device which allows checking eligibility by swiping the client's Beneficiary Identification Card (BIC) or by manually entering information; or
 3. Transaction Services on the DHCS Medi-Cal Website allows Medi-Cal providers to perform a variety of secure transactions over the internet, including eligibility verification. TIP: If you do not have the BIC and you are using a Social Security Number to verify eligibility, then the "Issue Date" field must enter the date you are running the eligibility verification. Any other date entered in that field will not yield accurate information.
- Assisting clients with entering new application data via the DPSS YourBenefitsNow! website for Medi-Cal enrollment as well as other benefits such as General Relief, CalWORKs, and CalFresh;

- Assisting clients with enrolling or obtaining more information about their enrollment in MHLA by 1) calling their Member Services line at 1-844-744-6452 from 7:30 am to 5:30 pm (Monday through Friday) or 2) Contacting the MHLA provider directly to schedule an enrollment appointment (you can use the site locator <https://dhs.lacounty.gov/more-dhs/departments/my-health-la-mhla/find-a-clinic>);
- Referring clients to a qualified case worker to continue the benefits enrollment process if they are Medi-Cal or MHLA eligible and their coverage has lapsed, and ensuring completion of this process by the provider site; and
- Assisting with the transfer of Medi-Cal benefits when a client establishes residency in Los Angeles County from another county by helping the client request an intra-county transfer and then having CENS staff contact DPSS either via customer service number 1-866-613-3777 or by accessing the DPSS Portal at YourBenefitsNow!.

For clients who do not qualify for Medi-Cal or MHLA, CENS providers are responsible for referring them to treatment under these funding streams only: Assembly Bill 109, Juvenile Justice Crime Prevention Act (JJCPA), and DCFS-PSSF. CENS can also provide referrals to in-network or out-of-network SUD treatment service providers that accept clients on a sliding scale basis, if applicable.

3. Client Education

When necessary and beneficial, CENS counselors provide clients with a basic overview of SUDs and the treatment system to increase the likelihood of follow through with treatment initiation and completion. Frequently, clients referred to CENS for SUD screening require education to understand the severity and impact of their substance use. Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) techniques are to be used to engage and facilitate behavioral change in clients and encourage successful linkage and completion of SUD treatment.

CENS providers are responsible for conducting culturally, linguistically, and population-appropriate education. CENS staff also:

- Discuss coping strategies with clients, including the steps to take in event of relapse;
- Provide HIV/AIDS education and referrals for HIV Testing and treatment;

- Discuss availability of Medications for Addiction Treatment (MAT) for alcohol and opioid use disorders;
- Discuss the availability of naloxone for overdose prevention; and
- Discuss syringe exchange programs (SEPs) when necessary and make referrals as appropriate.

4. Client Screening

CENS providers are responsible for screening clients using County-approved screening tools to determine if a referral to treatment is necessary.

If treatment is deemed necessary after screening:

- Determine the recommended provisional level of care (LOC) for the client utilizing either the ASAM Triage Tool (Attachment 4) for young adults (18-20) and adults (21+) or the Youth Engagement Screener (Attachment 5) for youth (12-18).
- If screening results indicate the client would likely meet medical necessity for specialty SUD treatment services:
 - Young Adults/Adults: Schedule an appointment with an appropriate SUD treatment provider using the Service & Bed Availability Tool (SBAT), an online provider directory; or
 - Youth: Schedule an appointment with a youth outpatient treatment agency to conduct the complete SAPC-developed youth assessment.
- Upon completion of screening, schedule an appointment for a full ASAM assessment with the agreed upon treatment provider on the same day whenever possible, but no later than 10 business days from the date of first contact for all levels of care except Opioid Treatment Programs which is three days. Client needs and preferences are always a factor in identifying appropriate providers, and a minimum of three options are provided.
- Provide written instructions including contact information, treatment provider site address, and date and time of the appointment to the defendant - this information will also be shared with agencies as needed.

- In all cases, educate the client on harm reduction measures, such as SEPs, overdose prevention, and other strategies that may reduce negative consequences, and if the client is an opioid user, offer a naloxone overdose kit at no charge.
- Call clients to remind them of their upcoming appointment and follow up with them if they miss their scheduled assessment appointment.
 - CENS staff are responsible for appointment follow-up and making reasonable attempts-defined as at least three attempts-to re-engage or reschedule the client if they do not show up for or miss their appointment.
- Conduct additional screening for non-SUD ancillary service referrals as needed, such as legal aid, housing, vocational rehabilitation, educational needs, other public social services, etc.

If treatment is not deemed necessary after screening:

- Offer a referral for CENS at-risk services;
- Identify alternative options for support including at-risk and ancillary services that are available in the community or through Medi-Cal Managed care plan providers (such as prevention or brief intervention services); and/or
- Coordinate with the case worker from the referring entity to close the client's case.

5. At-Risk Services for Prevention and Early Intervention

CENS provide early intervention services for young adults (ages 18-20) and adults (age 21 and older) whose ASAM Triage Tool (ATT) results do not meet the criteria for SUD treatment services (ASAM 0.5 or negative, ASAM 1.0 case-by-case basis), but may benefit from an intervention based on high-risk behaviors. At-risk services address issues that are identified in an individualized intervention plan. While at-risk engagement is an essential activity of CENS, there may be program variations for CENS providers working specifically with at-risk youth, young adult and adult populations. Refer to the Provider Manual for specific program requirements and guidelines.

At-risk services include:

- **Enrollment:** Complete enrollment in at-risk services including identifying the client's needs or behaviors for a tailored intervention approach.

- **Individualized Intervention Planning:** Prepare an individualized intervention plan based upon the information obtained in the enrollment process for each client. This includes problems to be addressed, goals to be accomplished, description of services needed, number of target intervention and educational sessions, and target dates for service completion.
- **Individual Intervention Session:** Conduct face-to-face encounters with the client to address issues identified during enrollment and in the intervention plan.
- **Group Intervention Session:** Conduct face-to-face encounters with two or more clients at the same time to provide services tailored to client-specific needs.
- **Education/Skills Learning:** In an individual or group setting, implement educational and skill-building sessions with clients utilizing research-based and County-approved materials with the goal of understanding SUD signs, risks, and consequences; minimizing harm related to SUD; preventing overdose, dependence, and relapse; and promoting sobriety.
- **Collateral Services:** Conduct face-to-face sessions with significant person(s) in the client's life that are focused on the intervention goals. Significant persons are those with personal relationships with the client, not official or professional relationships.
- **Referral to ancillary and/or SUD treatment services:** Offer referrals as needed for non-SUD ancillary services, such as legal aid, housing, vocational rehabilitation, educational needs, other public social services, etc., and offer a referral to a SUD treatment provider if treatment is desired or deemed necessary at a later time.
- **Documentation and Reporting:** Submit completed Monthly Activity Report and Service Connections Log at the end of each month in Sage. Maintain detailed records of all at-risk services in the Monthly Activity Report MAR provided and submit the Monthly Invoice (Attachment 2) and Provider Staffing Plan (Attachment 3) to the SAPC CENS unit by the 10th of each month.

6. Appointment Scheduling Process for Treatment

CENS staff are responsible for making referrals and facilitating appointment scheduling and compliance. CENS staff identify the SUD treatment provider based on the individual needs of the client, client choice and availability of providers identified in the SBAT, and ensure clients are successfully linked to treatment services. CENS counselors must:

- Enter the preferred service location on the SBAT, as well as the provisional LOC, language, population (e.g., criminal justice-involved, perinatal, LGBTQ), and/or service preferences (e.g., outpatient, residential);
- Make reasonable efforts to offer the client at least three SUD treatment provider options, based on need and availability;
- Contact the selected SUD treatment provider with the client to schedule an appointment;
- Briefly describe to the client what to expect at the SUD treatment provider visit, the description of the provisional LOC identified, and the treatment provider contact information;
- Encourage clients to sign the SAPC Release of Information (ROI) form to allow CENS staff to communicate directly with SUD treatment providers and the referring state, county, city or community entity;
 - ROI – In SAPC SUD Provider Network form
 - ROI – Outside SAPC SUD Provider Network form
- Document information into the Service Connections Log and Monthly Activity Report on Sage-SAPC's SUD electronic health record (EHR) system-or other County-approved documentation system;
- Contact clients to remind them of their upcoming appointments and provide and/or arrange transportation directly with County partners to and from the treatment provider site, as needed;
- Follow up and remain in contact with the client and their treatment provider to ensure successful referral outcomes and complete the enrollment process;
- If the client signed a ROI, coordinate with the SUD treatment provider to confirm whether the client completed the scheduled appointment, or if they rescheduled or missed/failed the scheduled appointment;
- If the client signed a ROI, communicate with referring entities about the client's treatment status and enrollment through relevant data entry systems, or other agreed upon methods, as directed by the County; and
- Call 911 if, at any point during the visit, it is determined that emergency services are required, and if so, remain with the client until emergency staff arrives.

7. Service Navigation, Ancillary Referrals, and Linkages

CENS is responsible for assisting clients with service navigation and linkages to support services by:

- Determining eligibility for SUD services and non-SUD ancillary services;
- Initiating and completing paperwork;
- Providing appointment reminders and rescheduling missed appointments;
- Serving as a liaison between the referring entity and SUD treatment providers to ensure the referring entities are aware of the treatment status of their clients, including where clients are receiving treatment and the anticipated treatment completion date as applicable;
- Communicating any treatment provider site concerns or issues to the referring entity; for example, CENS staff co-located at the Los Angeles County Superior Courts who serve as court liaisons may provide client status reports on behalf of the SUD treatment agency, per completed and signed ROI;
- Establishing and maintaining cooperative linkages with other providers (e.g., public, private, and other social, economic, health, legal, vocational, and mental health partners) to make referrals that address unmet client needs;
- Maintaining a working knowledge of up-to-date resource directory that includes, but is not limited to, all SUD providers (via the SBAT); behavioral and physical health providers; homeless service providers; court, probation and public defender providers; and Medi-Cal managed care plans; and
- Documenting work in the electronic health record for the specialty SUD system.

8. Transportation Services

CENS providers are responsible for providing and/or arranging transportation to and from medically necessary and non-emergent services for clients who are facing challenges getting to their appointments. Transportation can be provided for appointments related to SUD screening, full ASAM assessment, and ancillary services. Transportation services include:

- Driving clients, utilizing vehicle(s) leased by the CENS provider, and/or arranging transportation through managed care plans, Transit Access Pass (TAP) cards or bus/metro tokens to appointment destinations (as determined by the CENS provider); and

- Ensuring sufficient vehicles and drivers to assure that services are provided and strategically scheduled based on client volume.

For more guidance on providing and/or arranging transportation, refer to the Provider Manual.

9. Agency and Community Education

CENS providers conduct County-approved or County-developed presentations, information dissemination, and trainings for community-organizations and partners, and promote public awareness to increase their knowledge on SUD and the County's SUD treatment network. Presentations are conducted for city, county and state entities on SUD prevention and treatment, including:

- Syringe exchange and overdose prevention;
- SUD treatment benefit package;
- SUD referrals, assessment process and treatment options;
- Community outreach to promote public awareness about SUDs;
- Health, job fairs, and other community events; and
- Orientation services at Greater Avenues for Independence (GAIN) Regional - Los Angeles County Office of Education (LACOE) sites for California Work Opportunity and Responsibility to Kids (CalWORKs).

10. Regional Network Meetings

CENS providers are responsible for organizing, attending, and facilitating regional meetings with all SUD treatment provider networks operating within their designated SPA. These meetings are to occur at least on a bi-annual basis, or may be combined with other Treatment Provider meetings upon request and approval from DPH-SAPC CENS. They are designed to discuss and address referral challenges and raise pertinent questions with the goal of identifying and eliminating or reducing client barriers to ensure successful transition from CENS to SUD treatment. Non-SUD ancillary agencies (e.g., employment, food, housing) are also invited to share information about their resources, as well as pertinent County partners that can provide details of their program requirements and other services.

11. Collaboration and Partnerships

CENS is responsible for collaborating with the SAPC SUD provider network including SAPC's Provider Advisory Committee and other County partners to coordinate CENS activities and client services, including submission of documentation and reporting to SAPC as requested. CENS providers must attend regularly scheduled and as-needed coordination and/or team meetings, trainings, and performance improvement meetings.

CENS REFERRAL PROCESS

CENS referrals require additional steps and counselors are required to communicate with the referring entity and prospective client. The following is a summary of key steps in the service connection process.

1. Respond to the initial contact based on type of service connection portal:
 - a. A phone/paper referral precedes the initial contact.
 - b. When an external department/entity requests the referral, an individual may be asked to report to the CENS location.
 - c. The CENS staff make every attempt to meet the individual on the day of the referral. When this does not or cannot happen, CENS staff notify the referring entity and provide the date of the screening and referral appointment.
2. Use agency language line for those with limited English proficiency, as needed, when conducting the call/interview. Arrange interpreter services, if needed, for all first appointments, and verify that appropriate language assistance services are provided upon referral, including interpretation for individuals who are the deaf or hard of hearing.
3. Connect to 911 when an individual is having a medical, psychiatric, or other emergency, and remain on the line or with the individual until emergency personnel has assumed responsibility for the call or arrives at the location.
4. Conduct eligibility and income verification to determine Medi-Cal or My Health LA eligibility and enrollment, or participation in the AB 109, Drug Court, JJCPA, General Relief, CalWORKs, or PSSP, if ineligible for Medi-Cal or My Health LA.

5. Conduct the ASAM Triage Tool (ages 18 and over) or the Youth Screener (ages 12 through 17).
 - a. If the screening results indicate a provisional LOC or if a youth client qualifies as “at-risk”, proceed to Step 6. If a client refuses a referral, advise them about risk reduction measures, such as syringe exchange, overdose prevention, and other steps that may reduce negative consequences.
 - b. If the screening results do not indicate a provisional LOC (i.e. negative results), provide alternative options for support (e.g., prevention, at-risk services located at CENS area offices) available within the community or through the Medi-Cal managed care plan, if applicable. CENS staff then coordinate with the referring entity to close the case.
6. Identify appropriate SUD network providers using the SBAT and determine available beds/intake appointments. For youth (ages 12-17) refer the individual to the most appropriate outpatient youth SUD treatment provider. Individuals reporting opioid use within the past 30-days are also offered referrals to opioid treatment providers or MAT providers in addition to any other LOC.
7. Provide the individual with an appointment and/or contact information, and comply with timely access standards as follows:
 - a. Identify and contact up to three other network providers to schedule an intake appointment date within three days.
 - b. The intake/assessment appointment should take place within 10 business days for all LOC with the exception of OTP which is within three business days of the screening.
 - c. If recommended provisional LOC is not available after three attempts have been made, a lower LOC may be used as needed in the interim.
8. Inform the network provider, if needed, that the conducted screening complies with SAPC requirements and only limited additional questions are allowable. A signed ROI is required to share the client’s responses to the screening.

Document all encounters within the Service Connection Log (see page 18) in the Sage system.

SERVICE LOCATIONS

CENS providers have area offices located across all eight (8) SPAs. CENS are also co-located at various state, county, city, and community sites to facilitate client entry into and navigation through the specialty SUD system. CENS providers are co-located at the following SAPC-approved sites, with a possibility of expansion to other public or private facilities:

- Los Angeles County Superior Courts (e.g., Community Collaborative Court)
- Probation Department (e.g., Adult Area Offices, Juvenile Halls)
- Sheriff's department (e.g., Community Re-entry and Resource Center, Men's Central Jail, and Twin Towers Correctional Facility)
- DMH Psychiatric Emergency Departments (PED) and Urgent Care Centers (UCC)
- DHS emergency departments
- Homeless encampments, crisis and interim housing, permanent supportive housing and homeless services programs
- Community health centers

CENS providers must establish and maintain all approved co-locations within their designated SPA and are not allowed to operate co-locations outside of their SPA or subcontract the performance of CENS services with another treatment provider.

Approving New Co-Locations

CENS providers, SAPC, or County partners may initiate proposal of each co-locations. In order for co-locations to be approved, SAPC conducts a facility walk-through and site checklist, which includes identifying a designated space for CENS activities. Budget, staffing patterns, expected volume, hours of operation, building access, filing cabinets, telephone and other office equipment are also determined.

CENS area offices and co-locations are reviewed as part of the providers' annual SAPC program audit. SAPC reserves the right to approve or deny submitted requests for a CENS co-location site at its sole discretion, based on the information provided in the narrative and the Memorandum of Understanding (MOU). SAPC will disallow any CENS services and billing at unapproved sites.

Site Visits

In collaboration with the CENS provider and staff at the co-location, SAPC will conduct a site visit and walk-through of each proposed co-location. The site visit includes the inspection of building accessibility and office space, office equipment and internet connection/WIFI access. Co-location approval is subject to successful completion of the site visit by SAPC staff.

Staff Placement

CENS Directors are able to assign CENS counselors to specific co-locations based on need and funding availability. One (1) CENS counselor who is assigned as the primary contact for a specific co-location has demonstrated to be most successful in providing and streamlining CENS services. Typically, a co-location requiring a 1.0 full time equivalent (FTE) would have one CENS counselor assigned; however, a co-location can have multiple FTEs assigned due to funding availability, demands of CENS services, or other reasons. FTEs can be assigned by a percentage of a 1.0 FTE (0.25 FTE, 0.50FTE, 0.75 FTE, etc.). Thus, multiple CENS can potentially cover one co-location and one CENS counselor can cover multiple co-locations. It is highly recommended to have one CENS counselor and have a “backup” as necessary. CENS Directors can shift staff accordingly but must notify SAPC immediately if staffing changes occurs. The Provider Staffing Plan (Attachment 3) is due by the 10th of the month, ensuring congruence between the full-time equivalent report by location and the activity report.

SERVICE HOURS OF OPERATION

CENS service hours vary depending on staffing patterns and client volume and are based on SAPC approval. Some CENS locations will not have full-time staff due to lower client volume, and scheduled office hours will reflect this. However, for locations with full-time staff, staff must be available Monday through Friday from 8:00 A.M. to 5:00 P.M. or at other times determined by SAPC and the referring entity. Any changes to hours of operation must be notified to SAPCMonitoring@ph.lacounty.gov.

CENS PROGRAMS

CENS providers operate a variety of programs across available CENS services, including:

- Criminal Justice, AB 109
- Department of Public Social Services (DPSS) Programs

- CalWORKS
 - CalWORKs Adult At-Risk Screening
 - Family Solutions Centers (FSCs)
 - CalWORKs Job Club
- General Relief
- Homeless
 - Homeless Encampments
 - Crisis and Interim Housing
 - Permanent Supportive Housing
 - Temporary project as requested (i.e. Project Roomkey, Project Home Key, Interim Housing, Shelters, etc.)
- Youth Services
- Department of Children and Family Services Programs
 - Substance Use Disorder – Trauma-Informed Parent Support (SUD-TIPS) Program
- Pregnant and Parenting Women (PPW) Programs
 - PPW-CENS Outreach Program with DHS MAMAs Neighborhood

Criminal Justice, AB 109

SAPC and the Los Angeles County Probation Department (Probation) partner to implement an assessment process and patient flow in response to the Public Safety Realignment Act or more commonly referred to as Assembly Bill (AB) 109. AB 109 calls for the release of low-level felons from state prison to County Probation supervision, known as post-release supervised persons (PSPs), and allows new County offenders charged with offenses that are considered non-violent, non-serious, and non-sexual (N3s) to serve time in County jail versus state prison, with condition of probation supervision upon release. CENS staff begin the referral process when a probationer arrives at their assigned Probation area office. The probationer will then meet with the Deputy Probation Officer (DPO) to receive specific instructions of probation supervision requirements.

CENS Screening Process

If the DPO has determined a need for SUD services, the CENS staff shall perform the following procedures unique to Probation referrals during the SUD screening and referral process, in addition to those outlined in above.

- Obtain from the client a copy of the Probation referral form.
- CENS counselor receives referral form and conducts screening and referral process, as indicated above.
- If a client fails to show for the two scheduled assessment appointments (initial and rescheduled), CENS staff must notify the DPO. The client needs to be notified of this step during the first session and when signing the ROI.
- CENS staff update the Treatment, Court, Probation eXchange (TCPX) System with the client's screening results, referral, and treatment information within 24 hours of the client's appointment.
- CENS staff provide the DPO with proof of screening (confirmation) or non-compliance if the initial appointment was missed (failure-to-show) via TCPX within 24 hours of scheduled appointment.
- If the client has a residency restriction due to their criminal charge (e.g., sex-offender, arsonist, etc.) the CENS counselor must refer the client to an agency that is able to accommodate the client.
- Americans with Disability Act requires that agencies make reasonable accommodations for those accessing substance use disorder treatment services. Where possible, efforts should be made to refer patients to locations offering specialized expertise in serving individuals with disabilities.
- CENS staff is responsible for following-up with the agency within 30 days of referral to ensure that special needs of the client are met.

CENS Superior Court Referrals

CENS staff are co-located at participating Superior Courts to conduct onsite screening services to divert clients from incarceration to SUD treatment. The goals of this project are to increase the percentage of defendants who engage in treatment and to retain those defendants in treatment for a minimum of 12 weeks in order to earn dismissal and facilitate lasting behavioral change.

CENS Court Referral Process

Screening for SUD is available to adults (ages 18 and older) who were arrested and are referred from CENS co-located at specific Superior Court programs.

Screening and Referral Process

Should an arraignment court sentence a defendant to drug treatment through Penal Code 1210, pre- or post-plea diversion, or other city attorney drug diversion program, the court will order the defendant to the court co-located CENS staff for a SUD screening (before leaving the courthouse).

Following the court referral process, CENS staff will administer SUD screening with the ASAM Triage Tool and will explain the results with the defendant and the court, so that they can make an informed decision on the client's diversion into SUD treatment services. If all parties agree on the defendant's participation in treatment, the CENS staff will perform the following procedures, in addition to those outlined in above:

- Referral, linkage, and placement services to a SAPC contracted SUD treatment provider with expertise in serving the criminal justice population;
- Schedule an intake appointment with the agency within 48 hours of the assessment (versus 72 hours for no-court referrals);
- If they did not attend the appointment, CENS staff will conduct follow-up actions to determine why the individual did not attend the treatment placement appointment. CENS staff will inform the court of the individual's failure-to-show. The court may take action, accordingly, including issuing a bench warrant for the individual's arrest.

Pregnant and Parenting Women (PPW) - CENS MAMA's Neighborhood

To enhance the current reproductive health collaboration between DPH-SAPC and Department of Health Services (DHS), the PPW-CENS MAMA's Program works with DHS's MAMA's Neighborhood sites to provide SUD services to pregnant and parenting women (PPW) receiving services from MAMA's Neighborhood clinics.

DHS's Maternity Assessment Management Access and Service Synergy (MAMA's) Neighborhood program was established to provide a new, strategic platform of comprehensive, coordinated and continuous care for women and their families. The program focus is to improve pregnancy and birth outcomes by addressing social determinants that impact rate of preterm birth and low birth-weight. Pregnant women that receive prenatal care at the DHS MAMAs clinics are assessed for psycho-social, as well as substance use issues that may effect the health and well being of their pregnancy. Additional services include:

- Trained care coordinators who work closely with women to make sure they receive essential services during their pregnancy;
- A care coordinator to work closely with pregnant and parenting women to help them access and navigate the comprehensive array of services to ensure an integrated continuum of care;
- Health counselors who provide emotional coaching and maternal mental health services.

- Health Education Classes: Family planning, breastfeeding, prenatal care, and postpartum care for mom and baby.
- Mobile care team (public health nurses, health counselors, and care coordinators) who provide home visitation services to support parenting mothers and their families, as identified by DHS MAMA's Neighborhood.

The PPW-CENS Project:

- Provides CENS Counselors to work with each of the DHS MAMA's Neighborhood sites (currently located in SPAs 1, 2, 3, 4, 6, 7, and 8) to provide CENS services to pregnant and parenting women (PPW);
- CENS Counselor to work remotely from their respective CENS Area offices to receive telephone referrals from DHS MAMA's staff stationed at their aligned MAMA's Neighborhood offices;
- CENS Counselors connect, via telephone, with the DHS MAMA's staff and the participant to obtain participant's identifying information and conduct screening for SUD services;
 - If the participant does not consent to speak with CENS via telephone, during the call CENS will attempt to set up an in-person screening appointment at their CENS area office;
 - If the DHS MAMAs Staff is unable to reach CENS staff via telephone, DHS Staff is to supply the participant's contact information by either leaving a voice message or secured email to the CENS staff aligned with the MAMAs site.
 - CENS is to attempt to connect with the participant and schedule an appointment for a SUD screening at their CENS Area Office. If ongoing treatment is recommended, CENS is to refer her to a SAPC Pregnant and Parenting Women (PPW) contracted treatment agency.
- CENS counselors who encounter a pregnant woman will inform them of DHS MAMA's Neighborhood program whether they are already receiving prenatal care or not.
 - If the woman is not interested, continue as usual.
 - If the woman is interested in switching her prenatal services to DHS MAMA's Neighborhood program or would like to start her prenatal care with DHS, a CENS Counselor will connect her via MAMA's Neighborhood call in line: (844) 37-MAMAS (1-844-376-2627). **Please note:** The appointment line is the only way to get the woman an appointment with DHS hospitals and clinics, so they may then get connected to MAMA's Neighborhood services.

Department of Children and Family Services (DCFS) Programs

The DCFS- Substance Use Disorder - Trauma Informed Parent Support (SUD-TIPS) program ensures greater access to trauma-informed substance use disorder (SUD) services, prevention and early intervention to DCFS-involved parents/caregivers. These services are intended to link DCFS involved families with timely and responsive support services to address any substance use needs. The target population is any DCFS-involved parent/guardian who has a case involving substantiated or suspected substance use. Participants will be referred by the DCFS Children's Social Worker (CSW) to the CENS staff for screening, referral, prevention, and/or early intervention services.

Department of Public Social Services (DPSS) Programs

General Relief (GR)

All General Relief (GR) applicants, as a condition of eligibility, are required to undergo a pre-screening interview for a SUD by their Eligibility Worker (EW). If there is a reasonable suspicion of a SUD, the EW refers the client into the DPSS Mandatory Substance Use Disorder Recovery Program (MSUDRP). The client is then referred to the closest CENS area office for clinical screening and, if needed, referred to treatment. In addition, CENS providers will perform the following procedures:

- Enter screening appointment, results of screening, referral to treatment information, including if the client kept their assessment appointment, into the DPSS Leader Replacement System (LRS) system; and
- Receive from the selected treatment provider the DPSS ABP 132 Treatment Progress Report form and log the results into LRS. This form is generated in LRS and mailed directly to the selected contracted treatment provider every 60 days.

California Work Opportunities and Responsibility to Kids (CalWORKs)

California Work Opportunities and Responsibility to Kids (CalWORKs) Welfare to Work (WtW) clients are screened by their GAIN Services Worker (GSW) during their GAIN orientation and vocational assessment. Clients who screen positive for a SUD, and those who self-declare a need for SUD services, are referred to the closet CENS area office for screening, and, if needed, referred to treatment. In addition, upon receipt of the DPSS referral, CENS providers will perform the following procedures:

- Complete page two (2) of the GN 6006A and return it to the GSW within five business days of the screening;
- Forward a copy of the GN006A to the selected treatment provider; and
- Enter screening appointment, results, referral to treatment information, including if the client kept their assessment appointment, into LRS.

Family Solutions Centers (FSCs)

Family Solutions Centers (FSCs) is a regional, community-based service provider network that provides standardized assessments and coordinated access to housing and supportive services for homeless families in Los Angeles County. FSCs are a first point of entry to the Homeless Family Solution System (HFSS) intended as a one-stop setting for homeless CalWORKs families. The goals of the FSCs are to provide rapid re-housing, emergency services, crisis intervention, homelessness prevention, and ongoing case management to assist families in securing and maintaining safe, stable permanent housing. Homeless CalWORKs families are referred to one of the FSCs located in each of the SPAs by County department, providers, shelters, or the 211 directories. Families can also walk into any of the FSCs to be screened for services.

CENS counselors provide face-to-face services to facilitate access to and completion of SUD treatment. CENS counselors also collaborate with FSC case managers to provide support to address the families' SUD related crises as the FSC case managers work to stabilize their emergency shelter/interim housing needs.

Job Club

The Job Club is designed to identify DPSS CalWORKs clients who are unable to find and retain work due to a substance abuse, co-occurring disorder, or domestic violence barrier. These services are designed to enhance and expand traditional methods of identifying and engaging CalWORKs clients in treatment and recovery services.

Job Club orientation services are provided at GAIN Regional – Los Angeles County Office of Education (LACOE) sites during scheduled Job Club presentations. Orientation services are designed to educate clients and when possible DPSS staff, regarding assessment, treatment, and recovery services available through the CalWORKs Supportive Services program. Orientation services are scheduled and coordinated by the CENS area office for each SPA.

Permanent Supportive Housing

The passage of the Proposition HHH property tax in Los Angeles City and the Measure H sales tax in Los Angeles County paved the way for the construction of affordable housing units in the City of Los Angeles and the funding of rental subsidies and supportive services for homeless individuals and families throughout Los Angeles County. Through Measure H funding of Homeless Initiative (HI) Strategy D7: Services and Rental Subsidies for Permanent Supportive Housing (PSH), tenants of permanent supportive housing are provided integrated care to achieve long-term housing stability and improved health and well-being. Strategy D7 brings together the DHS, DMH, and DPH-SAPC to provide on-site integrated care consisting of intensive case management services (ICMS), specialty mental health services through Housing Full-Service Partnerships (HFSP), and SUD services at PSH single sites. PSH single sites are project-based subsidized housing with supportive services offered on-site.

CENS counselors provide services to individuals residing at or matched to PSH single sites supported with D7 funding throughout Los Angeles County. The services are intended for D7 participants who exhibit signs of SUD or have relapsed to prevent their eviction from housing.

Participant Engagement

CENS counselors may need to interact with participants at frequent and regular intervals to gain their trust and to motivate them to accept SUD treatment services. Unless conducting a screening and/or providing client education, CENS counselors will be accessible, communicating with clients in-person or through electronic means (email/telephone/video), engaging participants in community areas, and attending building events, tenant and/or staff meetings to educate participants and staff about CENS, SUD screenings and treatment.

CENS counselors will pre-populate the CENS Flyer (see Attachment VI in draft) with the CENS counselor's contact information and distribute the pre-populated documents to ICMS, HFSP, and property management staff and other on-site partners.

Safety Practices

In order to ensure the safety of the CENS counselor, the CENS counselor must complete a field safety training and must adhere to the following safety practices:

- Scan the environment for any hazards.
- Create a calming environment in a safe area.

- Be aware of bystanders posing risks.
- Allow a comfortable distance between counselor and participant with easy exits for both.
- Always ensure other staff are easily accessible.
- Keep the cell phone where it is easily accessible (e.g., in a pocket and not in a bag, purse or car) and turned on.
- Do not be afraid to shorten a visit if feeling unsafe or threatened. Immediately notify your agency and DPH-SAPC if this occurs.

CENS Availability

CENS counselors will be available at the co-located PSH single sites at a minimum of two hours per week between 8:00 A.M. to 7:00 P.M., Monday through Friday. CENS counselors will coordinate office hours with the ICMS and/or property management staff.

CENS counselors will be available to conduct PSH-related CENS activities during regular working hours. When not reporting to a PSH site, CENS counselors will be available at the CENS Area Office or at an approved remote location. CENS counselors will be available to go to the PSH sites outside of the designated office hours if CENS services are requested. CENS counselors will attend meetings with ICMS, HFSP, and property management staff, and/or other entities who may be in contact with the participants to coordinate services and resolve any CENS service issues.

CENS Service Delivery

If the ICMS has determined a need for SUD services, the ICSM shall perform the following responsibilities unique to PSH in collaboration with CENS to enhance resident participation and increase the percentage of residents who engage in treatment:

- Facilitate a warm introduction and hand off between the participant and the CENS counselor.
- Work in partnership with the CENS counselors to connect with hard-to-reach and/or high-risk participants.
- Promote CENS services and encourage participation in CENS activities.
- Include the CENS counselor in any staff meetings and tenant community events.

CENS PROVIDER REQUIREMENTS

- CENS providers must have at least three years of experience within the last three years providing SUD treatment services.
- CENS providers must have experience serving vulnerable populations such as criminal justice-involved individuals and families; and those who are experiencing a housing crisis, living with co-occurring physical or mental health disorders, and are youth-aged, among others. This includes demonstrated experience connecting vulnerable populations to ancillary services and working with County partners to assist with their individual needs (e.g., housing, food, support groups); and conducting outreach and engagement activities to high-risk populations in various indoor and outdoor venues.
- CENS providers are responsible for providing and/or arranging needed transportation services for clients to their SUD screening, full ASAM assessment, and ancillary service appointments. Must demonstrate ability and willingness to lease service vehicle(s) and hire designated driver(s) and/or CENS staff who are able and willing to drive clients.

STAFFING AND ONBOARDING REQUIREMENTS

CENS providers must adhere to all staffing requirements and guidelines for onboarding new hires (refer to Information Notice 19-07 Staffing Requirements and Onboarding New Hires for complete guidance or as updated). CENS providers must have a staff who will assume the role of the CENS Director at the start of the contract. CENS providers must onboard CENS staff who are state-registered or certified SUD counselors, Licensed Practitioner of the Healing Arts (LPHA) or licensed-eligible LPHA, as outlined in SAPC's latest Provider Staffing Guidelines Bulletin, <http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm>.

CENS providers are required to:

- Onboard CENS staff that meet the indicated staffing requirements:
 - Hire and place staff at new or vacant sites within 60 calendar days;
 - Have experience linking SUD clients to treatment services; and
 - Ability to connect clients to health and social benefits and other ancillary services.

- SUD Counselors must:
 - Be registered or certified SUD counselors, or licensed-eligible LPHA or LPHA; and
 - For staff working with youth:
 - They must have at least two years of experience working with youth; and
 - They must have fingerprint clearance to remain in compliance with background and security investigations;
 - Have completed or will complete within one month of hiring, trainings on the ASAM Triage Tool, Youth Engagement Screener, CBT, MI, and EHR data entry; and
 - Follow the requirements outlined in SAPC's latest Provider Staffing Guidelines Bulletin, as posted on the SAPC website at <http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm>.
- Transportation/Driver(s) must:
 - Have a current and valid California driver's license; and
 - Provide a DMV printout of no driving violations within the past five years; and
 - When transporting youth (12-18) have fingerprint clearance to remain in compliance with background and security investigations.
 - Have a high school diploma/GED.

Staff should include those who have experience conducting services in Spanish and/or other threshold language(s) most dominant in the presiding SPA or using translation assistance to help provide culturally competent services.

CENS Director Responsibilities

CENS Directors must ensure CENS staff have the most updated forms, training, and resources needed to carry out CENS essential activities and documentation. Responsibilities include ensuring CENS staff complete necessary training and Sage onboarding activities, informing SAPC of changes at each co-location within two business days and attending CENS meetings.

Supervision and Training

CENS Directors must ensure CENS staff have the appropriate experience, training, and current forms needed to provide and document CENS services. CENS Directors are responsible for

ensuring CENS staff are kept informed of any changes or updates to CENS requirements, procedures and forms.

Sage Onboarding

Sage is designed to enable network providers to perform important patient care and administrative functions. CENS Directors are responsible for ensuring CENS staff create and manage their Sage User accounts. For step-by-step instructions to create and manage Sage user accounts, visit <http://publichealth.lacounty.gov/sapc/Sage/Provider/SageUserOnboarding.pdf>. When onboarding staff to Sage the user creation form will need to indicate this user will be a CENS user in the notes section.

CENS Meetings and Trainings

CENS Directors and/or their designee are required to participate in monthly CENS Director's meetings at SAPC to address CENS implementation and management, and any changes or updates to CENS requirements, procedures and forms. In addition, CENS counselors are expected to attend periodic co-location meetings relevant to their sites (e.g., AB 109, DCFS, permanent supportive housing, etc.), and other CENS-related meetings and trainings mandated by SAPC.

TRAINING REQUIREMENTS

CENS providers shall meet all training requirements and deadlines described in their contract, the Provider Manual, Provider Staffing Guidelines Bulletin and DPH-SAPC issued Information Notices and Bulletins posted on the DPH-SAPC website at <http://publichealth.lacounty.gov/sapc/> including:

- Complete at-risk training series presented by the SAPC Clinical Standards and Training (CST);
- Training in entering client and service information into partner agencies' electronic data collection systems, as appropriate (e.g., TCPX; LRS; Drug Court Management Information System or DCMIS);
- Training in SUD counselor assigned job responsibilities, as well as the required outreach and engagement approaches and strategies outlined in the contract;
- All staff that will be accessing Sage are required to undergo appropriate training; and
- Any additional mandatory trainings deemed necessary by SAPC.

At-Risk Training for Young Adults and Adults (Training of the Trainer (ToT))

CENS counselors co-located at PSH, FSC, or serving any clients who are experiencing homelessness are required to participate in a training-of-trainer (ToT) series, presented and hosted by the SAPC Clinical Standards & Training (CST) unit. Through the series, counselors are trained in each of the various topics, how to use the accompanying slide presentation and teaching tools (developed and provided to trained CENS counselors by CST) and a teach-back opportunity to ensure strong development of trainer/educator skills. Counselors are expected to complete the entire series, and in order to present on a specific topic to clients, they are required to complete the accompanying ToT. Each training session is generally a full workday, and counselors are expected to attend for the entire day in order to be eligible to present on a particular topic to clients. The current series consists of the following topics, and is subject to change at any time:

- Substance Use in Your Community;
- Recognizing and Responding to an Overdose with Naloxone;
- Health Consequences of Substance Use;
- Relapse Prevention and Healthy Coping;
- Being at Risk for Substance Use Disorders;
- Understanding the Risks of Cannabis;
- Understanding the Connection Between Substance Use and Mental Health; and
- Harm Reduction Strategies and Syringe Exchange Programs.

Because these are DPH-branded presentations and trainings, CENS counselors are required to use all provided accompanying slides and teaching tools with fidelity. They are to be used as is and cannot be revised or altered in anyway.

Although the training series is required for CENS counselors working with the homeless population, client participation in education opportunities is voluntary. Settings for the ToT can vary from large and small group settings to one-on-one settings. The average duration of time for CENS counselors to present these topics to clients is generally 90 minutes.

At-Risk Training for Young Adults and Adults (Educational Sessions)

For CENS counselors who are not working directly with people experiencing homelessness, the Educational Sessions are required for all CENS counselors to participate and complete. CENS

Counselors are trained in the same training series curriculum as the ToT. The Educational Sessions are similar to the ToT, except CENS counselors are only able to provide the eight (8) trainings as an information and educational tool for the individual client. The training session conducted by SAPC CST is generally only 2 hours and does not include a teach-back component. Counselors are expected to attend the two hour trainings in order to be eligible to provide education on a particular topic to the client.

Although the Educational Sessions training series is required for all CENS counselors, client participation in education opportunities is voluntary. Settings for Educational Sessions only include a one-on-one setting. Although each Educational Session, is a 2 hour training, the average duration of time for CENS counselors to present these topics to clients can vary based on the client's needs.

At-Risk Training for Youth

CENS counselors co-located in youth-specific settings such as Probation's Juvenile Halls, are required to participate in an At-Risk Youth Curriculum and ToT series, presented and hosted by Azusa Pacific University and the SAPC CST unit. Curriculum content will cover the following topics including:

- Risks associated with underage alcohol, drug, and tobacco use;
- Signs and symptoms of co-occurring mental and medical health issues;
- Stress and coping;
- Healthy relationships; and
- Making community connections.

Sage Training

CENS providers must utilize Sage to document CENS services and must assure staff receive sufficient training on Sage to ensure proficiency and accommodate staff turnover by developing and leveraging internal super-user expertise.

All CENS staff that will be accessing Sage are required to participate in training. To ensure that these required Sage trainings are available and accessible, SAPC has worked with Netsmart to develop and produce web-based trainings for providers to acquire the necessary knowledge and skills to use Sage effectively and to ensure quality and consistency of training across the network.

To ensure access, these web-based trainings are available 24 hours, seven days a week and are module-based to allow for completion in multiple sessions if a provider does not have sufficient time to complete in one sitting. Providers who will be utilizing Sage will need to purchase these SAPC-approved trainings through Netsmart. These trainings are available online and are allowable costs for provider budgets. Prior to being given access to Sage, users will be required to demonstrate proficiency by successfully completing these required trainings and passing the written competency exam that is part of this training.

DOCUMENTATION AND REPORTING

CENS providers must submit all reports as required by SAPC, completely and accurately, in the indicated format and timeframe described by SAPC. Late or non-submission of required monthly reports may delay approval of payments and reimbursement of services.

CENS providers must collect all SAPC-required data elements and ensure accuracy of data submitted, which include, but are not limited to:

- Demographics;
- Screening;
- Referrals; and
- Engagement.

Service Connections Log

All screenings provided to a client must be documented in the Service Connection Log in Sage. All client encounters when an ASAM CO-Triage or Youth Screener is initiated, regardless of whether it results in a referral to treatment. Even if the CO-Triage or Youth Screener is not completed, a Service Connections Log entry for the encounter is required. In order to access Sage open/log into Sage ProviderConnect via the following link <https://sage.healthagency.lacounty.gov/pc> and check “Add New Client/Client Search” before creating a new patient within Sage to make sure that a client profile doesn’t already exist for that patient.

Main Menu - Provider		
Billing	Lookup Client	Provider
Reports	Add New Client/Client Search	Change Password
Documentation	News	Alerts
Logout / Exit		

Search Criteria	
Social Security Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U *
Date of Birth:	<input type="text"/>

Using the date of birth, sex or SS#. Click "Search." If "No clients found" then the "Create Admission for New Client" button should be selected.

Search Criteria	
Social Security Number:	999-11-2222
Last Name:	Smith
First Name:	Frank
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

No clients found.

After selecting an existing patient or creating a new patient, the first screen is always admission and demographics, update as needed. As a reminder, all fields in red are required. You cannot save, submit, or move to the next section without completing the required fields. Once in the client's chart, select the Service Connections Log. CENS counselors are required to complete all data fields.

Service Connections Log	
Date of Contact <input type="text"/> Today Yesterday	Time of Contact <input type="text"/> Current Time
Contact For <input type="radio"/> CENS <input type="radio"/> CORE <input type="radio"/> SASH	Date CENS Referral Received <input type="text"/> Today Yesterday
Number of Attempts to Reach Client <input type="text"/>	Number of Appointments <input type="text"/>
Referral Source <input type="text"/>	Please Specify <input type="text"/>
ASAM Provisional Level of Care <input type="text"/>	Level of Care Override Reason <input type="radio"/> 1 Clinical Judgment Disagrees with ASAM <input type="radio"/> 2 Court Mandated - Referred to CENS <input type="radio"/> 3 Patient Preference for other LOC <input type="radio"/> 4 Recovery Support Services Only <input type="radio"/> 5 None - Final Disposition Same as ASAM <input type="radio"/> 99 Other
Override Explanation <input type="text"/>	

Monthly Activity Report

The Monthly Activity Report in Sage is required to document all other CENS activities that are not connected to a specific client. This includes Community or Agency education, Gain Job Club, and Community/Homeless Outreach. The form is client-based, and each agency has one client for all CENS staff to enter information into. For example, the agency client name for CENS is First Name, SAPC, Last Name, CENS.

Please see screenshot below:

Print

Summary	
Date of Report <input type="text"/> Today Yesterday	
Total number of individuals screened <input type="text"/>	
Total number of individuals referred to treatment agency <input type="text"/>	

Activity Date	Staff Name	Select Agency	Tarzana Treatment Center Location	SF Valley MH Center Location	Prototypes Location	Homeless Health Care LA Location	Didi Hirsch MH Location	Special Service for Groups Location	LACADA Location	Behavioral Health Service Location	CENS Activities	Number of Participants	Notes								
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f00; color: white; padding: 2px; text-align: center; margin-bottom: 5px;">Add New Record</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Activity Date</p> <input type="text"/> Today Yesterday </div> <div style="width: 45%;"> <p>Staff Name</p> <p>Search for: <input type="text"/> <input type="button" value="Search"/> <input type="button" value="v"/></p> </div> </div> <p>Agency</p> <p>Select Agency <input type="text"/></p> <p>Location</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid #ccc;"> <p>Tarzana Treatment Center Location</p> <input type="text"/> </td> <td style="width: 50%; border-bottom: 1px solid #ccc;"> <p>SF Valley MH Center Location</p> <input type="text"/> </td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;"> <p>Prototypes Location</p> <input type="text"/> </td> <td style="border-bottom: 1px solid #ccc;"> <p>Homeless Health Care LA Location</p> <input type="text"/> </td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;"> <p>Didi Hirsch MH Location</p> <input type="text"/> </td> <td style="border-bottom: 1px solid #ccc;"> <p>Special Service for Groups Location</p> <input type="text"/> </td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;"> <p>LACADA Location</p> <input type="text"/> </td> <td style="border-bottom: 1px solid #ccc;"> <p>Behavioral Health Service Location</p> <input type="text"/> </td> </tr> </table> </div>														<p>Tarzana Treatment Center Location</p> <input type="text"/>	<p>SF Valley MH Center Location</p> <input type="text"/>	<p>Prototypes Location</p> <input type="text"/>	<p>Homeless Health Care LA Location</p> <input type="text"/>	<p>Didi Hirsch MH Location</p> <input type="text"/>	<p>Special Service for Groups Location</p> <input type="text"/>	<p>LACADA Location</p> <input type="text"/>	<p>Behavioral Health Service Location</p> <input type="text"/>
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<p>LACADA Location</p> <input type="text"/>	<p>Behavioral Health Service Location</p> <input type="text"/>																				

Additional trainings for completing the Service Connections Log and the Monthly Activity Report are available through Netsmart Sage Training Portal.

Monthly Reports and Billing

CENS providers must submit the Monthly Invoice (Attachment 2) and Provider Staffing Plan (Attachment 3) by the 10th of the month, ensuring congruence between the full-time equivalent report by location and the activity report. Invoices are to be reviewed and signed by administration. CENS providers are responsible for ensuring these reports are submitted as completely and accurately as possible and ensure they are submitted on a timely basis.

Overtime will not be paid without prior notification, justification, and approval by SAPC. Maximum number of hours billed per month is based on how many weekdays are available during the week. For example, April 2021 has 22 weekdays. A typical workday is 8 hours a day (22 x 8 = 176 hours maximum hours that can be billed for April 2021).

PERFORMANCE MEASURES

CENS providers must utilize attached comprehensive Performance Measures and Outcome Report (PMOR) (Attachment 1) established by SAPC and maintain a standard level of service throughout the term of the contract, consistent with the performance measures as established by SAPC.

The PMOR includes a matrix with threshold benchmarks and goals for the CENS provider. It provides expectations on service delivery, including criteria to track the individuals served and outcomes as performance targets in order to measure productivity. CENS providers must develop

a plan for meeting the established performance measures, as indicated in the report. The plan and performance are to be monitored by the CENS provider on a quarterly basis through the collection of raw data derived from reports such as the invoices and inputs in Sage.

The PMOR must be completed and submitted to SAPC on a quarterly basis (on the 10th of the month following the close of the reporting quarter).

For measures met at less than the indicated threshold indicated in the PMOR (i.e., less than 20% the expected standard), CENS providers must provide documentation indicating why the measure was not met and provide an improvement plan for the next quarter. SAPC staff reviews the report and performance and makes recommendations as needed.

SAPC may conduct site visits to review performance and strategies to meet benchmarks, observe activities, and examine documents relevant to tracking performance at any time during normal business hours. SAPC monitors the number of encounters, screenings, treatment referrals (see Attachment I), treatment admissions, and other CENS activities and services. These performance metrics assist SAPC's decision-making in allocating funding, shifting staff at co-locations, and or terminating CENS sites. Based on need and the discretion of SAPC, performance measures are subject to change.

Client Satisfaction Surveys

The SAPC-developed client satisfaction survey is designed to be a short survey that gathers information about client perception on service delivery, regardless of the type of services received. It is a tool to help improve client satisfaction across CENS. The survey is short, voluntary for clients to complete, and available in English and Spanish.

CENS providers are required to administer/distribute the survey to all new clients served within CENS. CENS providers will report on their progress distributing the survey to all new clients on a quarterly basis on the Performance Measures and Outcomes Report.

Surveys are submitted directly to SAPC's Health Outcomes and Data Analytics (HODA) team either via a virtual survey platform (such as Survey Monkey) on an electronic device or by paper, in a way that ensures and protects client confidentiality and anonymity. The HODA team is responsible for analyzing the data collected from the surveys and generating the response rate and satisfaction score for each CENS provider on a bi-annual basis. Results will be reported back to CENS providers bi-annually.

CENS providers must adhere to the SAPC-developed workflow for survey collection. The HODA team provides annual training to CENS providers to ensure compliance with the workflow and understanding in client satisfaction procedures.

IT AND EQUIPMENT REQUIREMENTS

As the specialty SUD system better integrates into mainstream health care, there is a need to transition from a largely paper-based SUD system to an electronic, technology-based system to support integration and enhance service delivery. As such, it is important for CENS providers to incorporate information technology (IT) considerations (e.g., staff, hardware, software, infrastructure) into their business planning to ensure a foundation of technological success, both from a business and clinical perspective.

Sage

Sage is a certified, web-based SUD EHR that consists of clinical, administrative, and data reporting modules that satisfy mandatory government reporting and interoperability requirements and provides the necessary framework for overseeing and delivering SUD services in a managed care environment. It is 42 CFR Part 2 and HIPAA compliant.

CENS providers are required to use Sage, to ensure the delivery of high-quality specialty SUD services in a managed care environment.

Additional information on Sage is available on the SAPC website at <http://publichealth.lacounty.gov/sapc/Sage/Sageinfo.htm>, including details on trainings, User Access Groups and billing.

IT Requirements

CENS providers must meet the following information systems and technical specifications for all their computers that will connect to Sage:

	Minimum	Preferred
Processor	1.5 GHz or faster 32-bit (x86) or 64-bit	2.0 GHz or faster 32-bit (x86) or 64-bit
RAM	1 GB of memory or greater	2 GB of memory or greater
Storage	1 GB of available space or greater	2 GB of available space or greater
Graphics	Dedicated 128 MB+ Graphics Card	Dedicated 128 MB+ Graphics Card
Operating System	Windows 8.1* *Note – Windows 8 RT is not supported	Windows 8.1* or 10 *Note – Windows 8 RT is not supported
Internet Connection	50 kbs broadband (DSL, Cable, Fiber)	75 kbs broadband (Cable, Fiber)
Browser	IE 9 (Windows 7) IE 10 (Windows 7,8); IE 11 (Windows 7, 8.1, 10); (IE 32-bit only in compatibility mode); Chrome (16-48); Firefox (10-44)	IE 10 (Windows 7, 8); IE 11 (Windows 7, 8.1, 10); (IE 32-bit only incompatibility mode); Chrome (48); Firefox (44)

CENS providers must enter client and service information into partner agencies' electronic data collection systems, as appropriate (e.g., TCPX, LRS, DCMIS).

DEFINITIONS

- **Adult:** Individual age 21 years and older.
- **ASAM Triage Tool (ATT):** A validated, allowable electronic screening tool for young adults and adults, developed by the American Society of Addiction Medicine (ASAM).
- **CENS Provider:** The agency providing/performing CENS services, for the purposes of this Work Order Solicitation and Statement of Work, Provider may be used in place of CENS Provider.
- **Client:** Any individual receiving engagement and navigation services and/or treatment services for SUD.
- **Cognitive Behavioral Therapy (CBT):** A form of psychological treatment that has been demonstrated to be effective for a range of problems including mental health and mood issues, SUD, and other conditions.
- **County partners:** May include Department of Children and Family Services (DCFS), Superior Court, Probation Department, Department of Mental Health (DMH), Department of Health Services (DHS), Department of Public Social Services (DPSS), DCFS-Providing Safe and Stable Families (PSSF).
- **Drug Medi-Cal Organized Delivery System (DMC-ODS):** Waiver providing increased access to substance use disorder treatment services for youth and adults who are enrolled or eligible for Medi-Cal, My Health LA and/or participating in another County funded program.
- **Encounters:** Any client activity that is related to SUD services. These can be walk-ins, appointments, follow-ups (by phone only), or client education.
- **Enrollment to Treatment:** CENS providers successfully follow clients through enrollment and admission into SUD treatment. This is accomplished by the provider verifying the attendance of the client to the treatment facility.
- **Funding Streams:** Medi-Cal, My Health LA (MHLA), CalWORKs, General Relief (GR), Assembly Bill (AB) 109, Juvenile Justice Crime Prevention Act (JJCPA), Title IV-E, or other funding streams that may become available in the future per DPH-SAPC's direction.
- **Level of Care (LOC):** A continuum of services across substance use disorder treatment that reflects severity and the intensity of services required.
- **Medications for Addiction Treatment (MAT):** The use of medication(s) combined with behavioral therapy to treat SUDs, including opioid use and alcohol use disorders.

- **Motivational Interviewing (MI):** A clinical approach that helps people with mental health, substance use disorder and other chronic conditions make positive behavioral changes to support improvements in health. The approach upholds four principles - expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy.
- **Provider Manual:** Indicates SAPC practice, and procedures for all SAPC-contracted services and outlines all program requirements and guidelines. This is updated at least once annually and is available online at <http://publichealth.lacounty.gov/sapc/>.
- **Referrals:** Clients who have been screened and are referred to SAPC’s In-network or Out-Of-Network Treatment providers.
- **Sage:** The electronic health records system for SAPC.
- **Screenings:** Assessments that CENS providers conduct utilizing approved screening tools to determine if SUD referrals are necessary and to determine the recommended level of care.
- **Service Planning Area (SPA):** A specific geographic region within Los Angeles County; there are eight SPAs across Los Angeles County.
- **Service and Bed Availability Tool (SBAT):** A web-based tool that provides a dashboard of available specialty County-contracted SUD services throughout Los Angeles County.
- **Substance Use Disorder (SUD):** A chronic, relaps

ATTACHMENTS

Performance Measures and Outcome Report for CENS.....	Attachment I
CENS Monthly Invoice.....	Attachment II
CENS Staffing Plan.....	Attachment III
ASAM Triage Tool (ATT).....	Attachment IV
Youth Screener.....	Attachment V
CENS Flyer.....	Attachment VI
SUD Referral and Tracking Form.....	Attachment VII