SAN BERNARDINO COUNTY
Behavioral Health
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Substance Use Disorder and Recovery Services Coordination of Care Procedure

Effective Date	06/14/2019	Signed by: Dr. Gayani DeSilva
Revised Date	01/14/2026	On Behalf of Georgia Yoshioka, DSW, MBA, LCSW, Director

Purpose

The purpose of this procedure is to provide guidance to Department of Behavioral Health (DBH) substance use disorder and Recovery Services (SUDRS) and substance use disorder (SUD) contracted providers to ensure that clients receive coordinated services and resources throughout the continuum of care as defined by the Drug Medi-Cal Organized Delivery System (DMC-ODS) system of care.

Coordination of Care

The Drug Medi-Cal Organized Delivery System (DMC-ODS) system of care ensures access to the appropriate Level of Care (LOC), service providers, programs, and ancillary services to meet clients' assessed needs. All SUD clients will be assessed using the American Society of Addiction Medicine (ASAM) Criteria. Fragmentation of service delivery will be reduced through the development of highly individualized person-centered plans and family-centered plans (as applicable) that holistically surround a client in such a way that the coordination of care enhances the effectiveness of the plan.

Coordination of Care – Initial Screening/ Assessment

To ensure each client receives the appropriate care to meet their individual needs, a Certified Alcohol and Drug (AOD) Counselor will be assigned to each SUD client entering the DBH continuum of care to provide care coordination. Care coordinators shall be trained in the principles and practices of care coordination and management, and all of the following shall occur:

- DBH staff will conduct an initial screening of each client's needs within ninety (90) calendar days of the effective date of enrollment for all new clients;
  - DBH clerical staff will make an initial phone call and mail a contact letter to the client within seven (7) days of receiving a referral from the managed care organization;
  - If no contact is made, three (3) additional phone attempts will be made within a thirty (30) day timeframe, and
  - If contact is made and the client agrees to be screened for treatment needs, the clerical staff will transfer the client to the Screening Assessment and Referral Center (SARC) for a telephone screening and/or assessment.

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Coordination of Care – Treatment

Immediately after the initial assessment, client will be provided the name and phone number of their assigned care coordinator who will:

- Assist with identifying all resources available to the client in the community at large, as well as resources that can be provided by DBH or a contracted provider;
- Coordinate with medical and mental health care providers to monitor and support comorbid health conditions;
- Coordinate the client's entry into treatment and remain in contact with the client, no less than weekly, to ensure progress is occurring;
- Monitor the client's progress and, in the event the client is not making progress, meet with the program's treatment staff and client, as appropriate, to attempt to identify what barriers are preventing progress, and
- If it is determined the client is in need of a different LOC, the care coordinator will work in conjunction with the treatment program to facilitate the client's transfer, ensuring there is no break in service delivery.

Coordination of Care – Referral, Transfer, or Discharge

DBH and contract provider care coordinators are responsible for ensuring continuity and coordination of care and will function as advocates for clients to ensure entitlements, services and supports needed by clients are available.

When a client is being referred, transferred, or discharged, the provider/care coordinator shall ensure:

- A referral, transfer, or discharge of the client to other levels of care, health professionals, or settings, is based on the client's assessed needs;
- Coordination with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups;
- Providers of ancillary services shall allow each client to choose their own network provider to the extent possible and appropriate;
- At times of transition for the client, such as between program service components, between service providers, to community service providers, and at termination of services, the new services have successfully been initiated before withdrawing from the client's care, and
- During discharge planning all necessary post treatment referrals for services external to the agency have been considered and arrangements for these referrals completed.

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Care Coordination – Temporary Suspension

In the event a client's treatment episode is interrupted due to short-term hospitalization or incarceration, the current treatment provider shall:

- Leave the treatment episode open no less than fifteen (15) days nor more than thirty (30) days;
- Document in the client's file the reason for their absence on a weekly basis, and
- The assigned care coordinator will maintain communication with the client until the client is able to re-enter treatment.

If the treatment provider does not have a bed available in residential care when the client is ready to re-enter, the treatment provider and assigned care coordinator will work together to secure a bed at another facility.

- The client shall be reassessed at that time to ensure the same LOC placement is still appropriate.

Care Coordination – Discharge

In the event of long-term hospitalization or impending incarceration that will cause a significant lapse in the treatment process, the treatment provider shall work with the client to develop a discharge plan, providing the client with detailed and reasonable evidence-based tools they can utilize to help prevent relapse.

The assigned care coordinator will continue, if reasonable, to maintain contact with the client in order to facilitate client's return to treatment when the client is able, at the appropriate LOC.

Specialized Care Coordination

Perinatal and Adolescent clients require additional care coordination considerations due to the more comprehensive nature of SUD treatment needed:

- Perinatal:
  - In addition to standard coordination of care procedures, perinatal clients shall receive care coordination specific to that of pregnant and parenting individuals.
  - Perinatal-specific care coordination services shall include the following:
    - Access to primary medical care, including prenatal care;
    - Access to pediatric care, including immunizations;
    - Access to therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect;
    - Access to services, such as arrangement for transportation;
    - Education to reduce harmful effects of alcohol and drugs on the parent and fetus or the parent and infant; and
    - Coordination of ancillary services, such as education, social services, and community services.

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Specialized Care Coordination, continued

- Adolescent:
  - In addition to standard coordination of care procedures, adolescent clients shall receive care coordination specific to the needs of the adolescent in treatment and their family (with client consent).
  - Adolescent-specific care coordination includes:
    - Coordination of treatment with the adolescent's family and professionals from the various systems with which the adolescent interacts including:
      - Mental health,
      - Physical health care,
      - Education,
      - Social services,
      - Child welfare, and
      - Juvenile justice;
    - Facilitating access to community resources and health care options, which may include transportation to medical, dental, and psychiatric appointments;
    - Counseling and recovery support services provided for the adolescent's family to aid them in supporting the adolescent's recovery.

Note: Continuing support services may be provided in a variety of settings, and adolescents should be given the opportunity to identify which services are best for them.

Related Policy or Procedure

DBH Standard Practice Manual and Departmental Forms:

- Authorization to Release Protected Health Information (PHI) (COM001)
- SUDRS Coordination of Care Policy (SUDRS0228)
- Confidentiality of Protected Health Information (PHI) (COM0905)

Reference(s)

- California Department of Health Care Services, The American Society of Addiction Medicine Criteria Fact Sheet
- California Department of Health Care Services, Drug Medi-Cal Organized Delivery System Waiver fact Sheet
- Code of Federal Regulations, Title 42, § 438.208
- DHCS Perinatal Practice Guidelines
- DHCS Adolescent SUD Best Practices Guide