

FY2021 STATEMENT OF WORK
Mental Health & Substance Use Disorder Treatment Services (SUD) (BigSOW)

1.0 GENERAL PURPOSE, MISSION, AND GOALS

1.1 The Department of Mental Health and Substance Abuse Services, through its contractors, will provide quality services to individuals in this state who are served by this agreement. Services shall be provided in an engaging and positive environment and achieve positive outcomes for consumers. Contractor shall facilitate access to needed services, ensure appropriateness of care, and promote client satisfaction with services. Services shall promote consumer empowerment, wellness, recovery, and integration in the community. Services shall build on individual strengths, exist in a natural environment, and actively promote the consumer's human value and dignity. Contractor understands its role as a provider in a state-wide system of mental health and substance use disorder treatment services to children and adults and agrees to collaborate as necessary with other such providers to promote access to needed services and continuity of care and collaborate with the ODMHSAS in ongoing transformational work, such as the implementation of evidence-based practices as they emerge. In addition, contractor shall follow requirements in the ODMHSAS Eligibility and Target Population Matrix (<http://www.odmhsas.org/arc.htm>).

2.0 DEFINITIONS

- 2.1 HCV – Hepatitis C.
- 2.2 HIV/AIDS – Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome.
- 2.3 Interim Services – Services provided to individuals screened, found appropriate and placed on the e-wait list until admission to a residential substance use treatment program.
- 2.4 Medical Necessity – A direct referral from a higher level of care (i.e. withdrawal management, crisis unit, inpatient, hospitalization, residential substance abuse treatment, etc.).
- 2.5 ODASL – The Oklahoma Determination of ASAM Service Level. A screening tool based on current American Society of Addiction Medicine criteria that identifies the severity of problems across six dimensions related to substance use disorders and determines the most appropriate level of service referral and placement in an ASAM recognized level of service.
- 2.6 TB – Tuberculosis.

- 2.7 TCUDS 5 – The Texas Christian University Drug Screen 5. A screening tool based on current Diagnostic and Statistical Manual criteria that identifies the severity of substance use disorder whether or not it is appropriate to continue the screening process for residential SUD treatment by administering the ODASL.

3.0 ACCESS TO SERVICES

- 3.1 In determining a consumer’s initial and ongoing eligibility for any service, Contractor may not exclude an individual of any age based on the following factors:
- 3.1.1 Consumer’s past or present mental health needs, substance abuse, gambling, or co-occurring disorders, including use of prescribed medications for such.
 - 3.1.2 Presumption of the consumer’s inability to benefit from treatment.
 - 3.1.3 Specific substance(s) used by the consumer.
 - 3.1.4 Consumer’s continued substance use.
 - 3.1.5 Consumer’s level of success in prior treatment episodes.

4.0 INTEGRATED SERVICES

- 4.1 Contractor shall document the provision and reporting of formal integrated screening, assessment, and treatment for persons who have co-occurring mental health, substance use, and gambling disorders according to ODMHSAS requirements, and the means to refer or link individuals to appropriate services.

5.0 TREATMENT SERVICES

- 5.1 Contractor shall ensure that all services are assessment driven and individualized to meet the needs of the person served (SPTBG 45 CFR 96.132).
- 5.2 Contractors shall have written policies specific for wellness services and related activities.
- 5.2.1 Wellness services and related activities shall be consumer driven and promote healthy lifestyles and behaviors. Services and activities may include, but not be limited to, tobacco use cessation activities, physical activity, stress management, and education on nutrition.
 - 5.2.2 These services shall be based on an individualized, recovery-

focused service philosophy that allows individuals the opportunity to learn to manage their own wellness.

5.2.3 Contractor may use the current U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependence. A current Quick Reference guide can be found at <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>. Consumers shall be screened for tobacco use, and all tobacco users shall be educated on the benefits of quitting tobacco use. FDA approved tobacco cessation treatments shall be recommended to all consumers willing to quit tobacco use.

5.2.3.1 Tobacco Cessation Services shall include systematic referral to the Oklahoma Tobacco Helpline by means of fax, Web Portal, or through the Electronic Health Record (EHR).

6.0 MENTAL HEALTH SERVICES STATEMENT OF WORK

6.1 Contractor shall have the capacity to utilize telehealth technology, including video links with court proceedings if Contractor is a provider of inpatient or crisis stabilization services.

6.2 Department's funding, except that which is provided as the state match for services to Medicaid consumers or is otherwise designated herein by the Department, is for services to adult individuals who meet the requirements detailed in the Eligibility and Target Population Matrix. The Department's funding for children is for services needed which are not compensable through Medicaid or other insurance sources.

6.3 Mental health funding provided pursuant to this contract is to support services delivered in providers designated service area. Services eligible for payment pursuant to this contract are listed under "Contract Source by Service" at <http://www.odmhsas.org/arc.htm>.

6.3.1 Contractor shall not represent itself as a Community Mental Health Center outside of its own contracted service area.

6.4 Contractor agrees to provide, as a condition of contract award and irrespective of the availability of funding pursuant to this contract, the following core services to priority individuals, as clinically indicated, throughout the term of this contract:

6.4.1 Crisis intervention, as well as emergency detention if Contractor is a provider of community-based structured crisis care or acute inpatient services, with referral to critically needed services. Contractor is

responsible for assuring needed capacity for emergency examinations as defined by statute. Such capacity may be collaboratively determined in discussions with local law enforcement and other local providers based on available resources.

- 6.4.2 A face-to-face clinical assessment of new consumers of all ages not in crisis, and referral as indicated, within five (5) days of initial referral or contact. Telephone screening for non-diagnostic criteria is permitted. Such assessment will utilize the current version of the Diagnostic and Statistical Manual as well as include screening for substance use, gambling, and trauma, with appropriate referral as indicated. For substance use assessment purposes, Contractor shall determine level of care need by utilizing the most current version of the American Society of Addiction Medicine Criteria (ASAM). Contractor shall also utilize the most current version of the Addiction Severity Index (ASI) within the assessment process.
- 6.4.3 **Provide access to appropriate medications that best facilitate treatment and recovery, and address emergent needs within 24 hours and all other needs within two (2) weeks from initial contact.** Other than screening, assessment, and service planning, Contractor will not make the provision of medication services contingent upon consumer involvement in other treatment services. Contractor must assure a capacity to provide medication services on various tracks. A drop-in opportunity must be offered on a weekly basis at a minimum for persons with non-emergent needs who have missed their regular appointment, with appropriate procedural safeguards to prevent abuse.
- 6.4.4 Ongoing strengths-based case management appropriate to a person's needs to facilitate integration in the community and introduction to community support as needed for consumers of all ages.
- 6.4.5 Psychiatric rehabilitation/education, skill development, and relapse prevention education and counseling.
- 6.4.6 Continuity of care, with appropriate releases from the consumer, to collaborate with inpatient or other external providers on medication therapy decisions and on appropriateness of outpatient referral options. Persons of all ages being discharged from crisis stabilization or inpatient treatment must have a two week supply of any needed psychotropic medications, or assurance of no gap in the provision of medications, as well as appointments scheduled for any needed aftercare for mental health and substance abuse services.

- 6.4.7 Carefully facilitated aftercare engagement within 24 hours whenever possible, but no later than 72 hours from discharge, for persons who have required crisis stabilization or inpatient treatment and meet criteria for the target populations to be served.
- 6.4.8 A demonstrated attempt to contact clients of all ages within 24 hours of a missed appointment, including home visits when appropriate.
- 6.5 Department's funding of individual therapy shall be for evidence-based interventions only.
 - 6.5.1 Contractor shall provide short-term individual therapy (Brief Solution Focused Therapy or Cognitive Behavioral Therapy) as clinically indicated. Specific interventions utilized shall be noted in the clinical record.
- 6.6 Department requires the establishment of an open, drop-in Peer Run support group for area consumers who want to attend and encourages the partnership or collaboration between consumer, family, and peer-run organizations to help facilitate this effort.
- 6.7 Contractor shall employ a minimum of two (2) FTE (or four half-time FTE) to serve as Peer Recovery Support Specialist(s), in addition to anyone who is part of a PACT team or other specialized service or program.
- 6.8 Contractors serving the Eastern region of the state (Counseling and Recovery Services of Oklahoma, CREOKS Mental Health Services, Inc., Grand Lake Mental Health Center, Inc., and Green Country Behavioral Health) shall be responsible for all clinically indicated mental health care, both inpatient and outpatient, of persons in the target population to be served (Eligibility and Target Population Matrix. Such Contractors utilizing state operated facilities for any non-forensic crisis stabilization or inpatient hospitalization of eligible persons admitted from Contractor's service area (existing clients of Contractor or persons referred for such services by Contractor), unless such capacity is funded in advance by agreement with Department, shall pay Department at the rate of **\$496.00 per day** for such clients. Efforts shall be made on the part of state operated facilities to notify Contractors of such request or need for services. Medicare and Medicaid payment sources shall be billed first; claims denied will then be billed to the Contractor. Department shall be the payer of last resort.
- 6.9 Department's funding for services to children is available to address the mental health needs of children and youth, including those with co-occurring substance use issues. Services are to be individualized and consistent with a Systems of Care model (youth guided, family driven, community based, strengths and needs driven, and culturally competent). Contractor shall designate at a minimum one half-time (.5) FTE to collaborate with

community partnerships for local Systems of Care. Transition age youth can receive mental health and substance use treatment through the Department's funding for children's services up to age 25, provided there are plans to assist the youth to continue care in the adult service system as needed. Contractor is expected to utilize effective and evidence-based or promising practices as clinically indicated for the specific populations served. Trauma-informed and trauma specific services will be offered according to the ODMHSAS Child Trauma and Resilience Guidelines. Contractor will maintain staff trained in trauma-focused cognitive behavioral therapy. In addition, preferred practices for all children are noted below:

- 6.9.1 Children identified by their school or child care as in need of mental health services. On-site counseling should be available when needed at schools, and child care mental health consultation services should be available for child care centers.
- 6.9.2 Children in schools or neighborhoods with high risk for violence, trauma, and substance use disorders. This includes outreach activities to provide screening, prevention groups, and appropriate referrals.
- 6.9.3 Specific, evidence-based therapies as clinically indicated. These include but are not limited to: Cognitive Behavioral Therapy, Strengthening Families Program, Celebrating Families, Rational-Emotive Behavior Therapy, Family Systems Therapy, Seeking Safety, and Motivational Interviewing.
- 6.9.4 Specific interventions utilized shall be noted in the clinical record and shall address any co-occurring substance use issues.
- 6.9.5 Preferred practices for children with, or at risk for, a serious emotional disturbance include wraparound facilitation, with a care coordinator/case manager and a family support provider assigned to the family, access to flexible funding, and engagement of community partners.

7.0 PERFORMANCE MONITORING FOR MENTAL HEALTH SERVICES

- 7.1 The Department will monitor the performance of Contractor. At a minimum, this will include ongoing reviews of certain performance indicators such as:
 - 7.1.1 Reduction in drug and alcohol use – measure: frequency of drug use.
 - 7.1.2 Increasing or retaining employment – measure: type of employment.
 - 7.1.3 Increasing, retaining, returning to, or staying in school – measure: in school.

7.1.4 Decreasing criminal justice involvement – measure: number of arrests in past six months.

7.1.5 Increasing stability of housing – measure: current residence.

7.1.6 Decreasing tobacco use among consumers.

8.0 SUBSTANCE USE DISORDERS SERVICES STATEMENT OF WORK

8.1 Persons Served:

8.1.1 Services eligible for payment pursuant to this statement of work, listed and defined in this document, shall be delivered to persons presenting with substance use or co-occurring related problems, including family members and significant others of consumers, when appropriate, to support the primary consumer's recovery.

8.1.2 Incarcerated persons (those in penal or correctional institutions) shall not be served under this contract, unless they are specifically identified in the compensation section of this contract as a population to be served (Substance Abuse Prevention and Treatment Block Grant (SAPTBG) 45 CFR 96.135).

8.1.3 Contractor shall give preference in admissions in accordance with SAPTBG 45 CFR 96.131 and the Eligibility and Target Population Matrix.

8.1.4 Contractor shall notify the ODMHSAS designee within twenty-four (24) hours of when the Contractor has insufficient capacity (or reaches 90% of capacity) to serve any of the above listed target groups (SAPTBG 45 CFR 96.126). For residential, halfway house, and withdrawal management programs, this requirement is accomplished through daily reporting of capacity and waiting list information to the substance use disorder treatment capacity report including a member identification number and interim services provided or referrals and/or linkages made.

8.1.5 Pregnant women and non-pregnant intravenous drug users shall be admitted for outpatient services within five (5) days of the request for services; or within thirty (30) days if Contractor does not have the capacity to admit on the date of the request for services, so long as interim treatment services are provided within forty-eight (48) hours of the request for admission (SAPTBG 45 CFR 96.126 and SAPTBG 45 CFR 96.131).

8.1.6 The request for residential SUD treatment services from individuals in the target groups shall require a face-to-face screening by an outpatient SUD service provider using the TCUDS 5 and the ODASL. Each person placed on the e-wait list by a program must be, on the day of such placement, given an identification number and programs must develop a mechanism for maintaining contact with the individual awaiting admission (SAPTBG 45 CFR 96.126).

8.1.6.1 If a person cannot be located for admission into treatment or if a person refuses treatment, such individuals may be taken off the e-wait list after three such refusals for not being able to contact (SAPTBG 45 CFR 96.126).

8.1.6.2 Programs serving pregnant women must publicize the availability of such services to women and the fact that pregnant women receive such a preference (SAPTBG 45 CFR 96.131).

8.2 Interim Services:

8.2.1 All Contractors shall develop policies and procedures for and implementation of an interim services component to the treatment program. Interim services shall be offered within forty-eight (48) hours of the request for services, and documented for each consumer (SAPTBG 45 CFR 96.126 and 45 CFR 96.131).

8.2.2 Interim services shall be offered either directly or through arrangements with other public or non-profit private entities (SAPTBG 45 CFR 96.121). At a minimum, interim services shall include:

8.2.2.1 Substance use disorder education.

8.2.2.2 Case management.

8.2.2.3 Linkage to support groups.

8.2.2.4 Counseling, information, and education about HIV/AIDS, HCV, and TB.

8.2.2.5 Risks of needle-sharing.

8.2.2.6 Tobacco use cessation education.

8.2.2.7 Risks of transmission to sexual partners and infants.

- 8.2.2.8 Steps that can be taken to ensure HIV/AIDS, HCV, and TB transmissions do not occur.
- 8.2.2.9 Referral for HIV/AIDS, HCV, or TB treatment services, if necessary.
- 8.2.2.10 If Contractor does not have the capacity to admit a pregnant woman, Contractor shall make available interim services which include the above, as well as counseling on the effects of alcohol or other drug use on the fetus, and referral for prenatal care within 48 hours of the request for services (SAPTBG 45 CFR 96.131).
- 8.2.2.11 Peer Recovery Support Specialist Services.
- 8.2.2.12 Overdose prevention and reversal education.
- 8.2.2.13 Education and referral, if desired, about medication assisted treatment.
- 8.2.3 If the time to treatment is projected to be greater than fourteen (14) days, the consumer shall be enrolled into the Contractor's outpatient services until a residential SUD treatment bed is available or no longer needed.
- 8.3 Tuberculosis Services (TB):
 - 8.3.1 Contractor will develop policies and procedures for the implementation of TB services and documentation of services or referrals for each consumer.
 - 8.3.2 Contractor will directly or through arrangements with other public or non-profit private entities, routinely make available TB services to each individual receiving treatment for substance abuse (SAPTBG 45 CFR 96.127 and 45 CFR 96.121). TB services include:
 - 8.3.2.1 Counseling the individual with respect to TB.
 - 8.3.2.2 Testing to determine whether an individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment for the individual.
 - 8.3.2.3 Providing for or referring the individuals infected by mycobacterial tuberculosis for appropriate medical evaluation and treatment.

- 8.3.3 Contractor will refer the individual to another provider of TB services if the individual in need of such treatment is denied admission to the program on the basis of the lack of capacity of the program to admit the individual (SAPTBG 45 CFR 96.127).
- 8.3.4 Contractor will implement infection control procedures established by the Centers for Disease Control (CDC), which are designed to prevent the transmission of TB, including the following (SAPTBG 45 CFR 96.127):
 - 8.3.4.1 Screening of consumers.
 - 8.3.4.2 Identification of individuals who are at high risk of becoming infected.
 - 8.3.4.3 Meeting all state reporting requirements while adhering to federal and state confidentiality requirements, including 42 CFR part 2.
 - 8.3.4.4 Providing case management services to ensure that individuals receive such TB services, to include referral for at risk consumers.

8.4 Treatment Services:

- 8.4.1 Contractor shall use the current edition of the Addiction Severity Index (ASI), or a Teen Addiction Severity Index (TASI) and shall complete at admission, service plan update, and at discharge (unless discharge occurs within 7 days of admission). All staff administering the ASI and the TASI must be Licensed Behavioral Health Professionals (LBHPs) as defined in Oklahoma Administrative Code Title 450 Chapter 1. All staff administering the ASI must maintain a certificate of competence demonstrating successful completion of ASI training provided by an ODMHSAS approved certified trainer or ODMHSAS approved training, either face-to-face or online no less than every five (5) years.
- 8.4.2 Contractor shall use the current edition of the American Society of Addiction Medicine Criteria (ASAM) to determine the level of care for consumers. These criteria shall be used upon admission, service plan update, and at discharge. All staff administering the ASAM must be Licensed Behavioral Health Professionals (LBHPs) as defined in Oklahoma Administrative Code Title 450 Chapter 1. All staff involved in level of care determinations must maintain documentation demonstrating successful completion of ASAM training provided by an ODMHSAS-certified trainer or ODMHSAS approved training

either face-to-face or online no less than every five (5) years. Prison-based contractors are exempt from administering the ASAM.

8.4.3 As best practices indicate, individual psychotherapy and group processes shall be incorporated regularly as part of a holistic approach to treatment.

8.4.4 If referral for treatment was from probation or parole, Contractor shall:

8.4.4.1 Appropriately document the referral source on the Client Data Core.

8.4.4.2 Complete a release of information with the client's probation or parole officer.

8.4.4.3 Provide monthly status updates to the probation or parole officer.

8.4.5 For residential treatment, Contractor may waive financial eligibility requirements for services for active adult drug court or mental health court participants who meet the diagnostic requirements and other clinical priorities for service.

8.5 Case Management:

8.5.1 Contractor shall institute a strength-based comprehensive case management component in the treatment program that identifies the holistic needs of the consumer (SAPTBG 45 CFR 96.124 and 45 CFR 96.127).

8.5.2 Contractor shall ensure identified needs are addressed and referred, if necessary and followed adequately throughout the consumer's continuum of care (SAPTBG 45 CFR 96.124 and 45 CFR 96.127).

8.5.3 Contractor shall ensure that case management services are provided and billed by a Certified Behavioral Health Case Manager (CBHCM).

8.6 Peer Recovery Support Specialist:

8.6.1 Contractor shall institute the perspective of lived experience with a mental health and/or substance use disorder by means of a Peer Recovery Support Specialist, serving as a catalyst to engage consumers with treatment services, information and resources, and assist the recovery process through supportive interactions with clinical staff and other community stakeholders.

8.6.2 Contractor shall provide supportive supervision for all Peer Recovery Support Specialists, aimed to enhance the professional growth and confidence of both the peer staff and his or her supervisor. Supportive supervision for peer staff includes, but is not limited to:

8.6.2.1 Fully understanding and embracing the peer role.

8.6.2.2 Creating a supportive environment where the peer staff is positioned to learn and develop the capacity to refine skills and abilities.

8.6.2.3 Identify strengths and areas for growth.

8.6.2.4 Giving and receiving consistent and constructive feedback.

8.6.2.5 Successfully completing the Supervisor Peer Recovery Support Specialists training or other ODMHSAS approved curriculum.

8.6.3 Contractor shall ensure that peer services are provided and billed by an individual certified as a Peer Recovery Support Specialist (PRSS).

9.0 PERFORMANCE MONITORING FOR SUBSTANCE USE DISORDER TREATMENT SERVICES

9.1 Contractor shall document compliance with all contract requirements in a way that allows the ODMHSAS to monitor such compliance. Contractor shall only destroy such documentation upon permission received from the ODMHSAS.

9.2 Contractor shall obtain and maintain its Title XIX (Medicaid) contract.

9.3 The ODMHSAS will monitor service quality utilizing National Outcome Measures (NOMs) indicators and domain ratings from the ODMHSAS Customer Survey. Contractor shall be evaluated according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures as follows:

9.3.1 Reduced Morbidity (for substance use—abstinence from drug/alcohol use, including decreased use of substances, nonuser stability, increasing perceived risk, increasing age of first use; for co-occurring disorders—decreased mental illness symptomatology).

- 9.3.2 Employment/Education (getting and keeping a job; workplace drug and alcohol policy; reduction in alcohol, tobacco, and other substances; school suspensions and expulsions; or enrolling in, staying in school, or completion of education).
- 9.3.3 Crime and Criminal Justice (decreased criminality, incarcerations, and alcohol-related car crashes and injuries).
- 9.3.4 Stability in Housing (increased stability in housing).
- 9.3.5 Social Connectedness (family communication about drug use, increasing social supports and social connectedness).
- 9.3.6 Access and Capacity (increased access to services and increased service capacity).
- 9.3.7 Retention (for substance use disorder—increased retention in treatment, access to prevention messages, evidence-based programs/strategies; for co-occurring disorders—reduced utilization of psychiatric inpatient beds).
- 9.3.8 Perception of Care (consumer satisfaction; stakeholder input).
- 9.3.9 Cost Effectiveness.
- 9.3.10 Use of Evidence-Based Practices.
- 9.4 The following shall also be monitored:
 - 9.4.1 Increasing referral to the Oklahoma Tobacco Helpline.
 - 9.4.2 Decreasing tobacco use among consumers.