

AOD Vision and Priorities

Vision:

Importance of Mental Health /AOD being a continuum of services

Prevention~ Early Intervention~ Treatment~ After Care and relapse prevention

Issues particular to AOD/Dual Dx

- Mental Health EPSDT only funding treatment for billable services.
- Population needs to be full-scope MediCAL ? what is available for non-MediCAL eligible youth
- Mental Health diagnosis is the billable DX? Does it require both an AOD and a Mental Health DX?
- How is this different from AOD EPSDT billable services ..This is billed through mental health and requires a mental health diagnosis
- Parent permission is required
- Are sensitive services without parental permission billable? *Not through EPSDT Mental Health AOD EPSDT at a lower rate is there a way to integrate the two different EPSDT programs for one to supplement services not provided by the other? Ie Out Patient Drug-Free services*

Defining the landscape:

Populations in need of services; Foster care youth and youth coming out of Judicial Hall

Gaps:

South County,

Children in the Juvenile Justice System and Social Service system

Day Treatment Free standing

Intensive Out-Patient

Priorities:

- **Coordination of services and linkages**
- **People with language and culturally responsive services**
- **Network for After Care**
- **AOD expertise or a plan of how to deal with AOD issues**
- **Using Youth Standard Guidelines**
- **Participation in the Teen Provider Network**

Requirements for EPSDT

Site Certified by Alameda County BHCS

Site visits

Billing Capacity

Participation in County CQRT

Outcome criteria part of the contract