



SUBSTANCE ABUSE PREVENTION & CONTROL

FY 18-19 SBAT Survey

May 8, 2018 Webinar





SBAT Sections		Survey Page #	Slide Number
1	Agency information	2	3
2	Certification/Levels of Care/Capacity	3	4
3	Hours of Operation/Intake Hours/Staff Availability	4	5-6
4	Language/Compliance	5-8	7-9
5	Specialized Service Populations- Minimum Criteria Requirements	8-18	9-20
	Survey Submission and User Registration Instructions	19	21-22

Webinar Purpose:

- Highlight the changes to the SBAT Survey Document for FY 2018-2019
- Instructions for completion and submission by June 30, 2018

Cover Page:

Tell us what you'd like to do! Check selection and complete survey (Full/Partial) as indicated:

Add(A) / Update(U)		Full Survey	Partial Survey
			Sections to be completed
Select	New Agency	X	
Select	Location	X	
Select	Level of Care (LOC)	X	
Select	Recovery Bridge Housing DUI Recovery Support Services		X Sections 1, 2, 3, 4
Select	Population Specific Specialized Services		X Sections 1, 2 & 5
Select	Address or Phone		X Section 1 & 2
Select	Hours of Operation		X Section 1 & 3

To remove information from the SBAT, please email SAPC_Compliance@ph.lacounty.gov and your assigned Contract Program Auditor (CPA). Please include Agency Name/Address and reason.

New Sections:
Selection Box to Add/Update

Full/Partial sections listed

Instructions for removing information in SBAT

Contact information in case SAPC has a question about entries

Contact Information of person completing this form (Name/E-mail/Phone):



Section 1: AGENCY INFORMATION

Drug Medi-Cal (DMC) eligible beneficiaries and My Health LA (MHLA) participants may only be served at DMC certified locations. Therefore, only sites that are appropriately DMC Certified and have a SAPC contract are listed in the START ODS Provider Directory known as the Service & Bed Availability Tool (SBAT) and receive referrals from the SASH or CENS.

The following set of questions will enable SASH/CENS agents and individuals seeking services utilizing the (SBAT) to filter programs based on needs and preferences.

1. Agency Full Name: _____

2. Site Name (if different than Agency Name): _____

3. Site Address (include suite number, city and zip code): _____

If updating, please indicate previous address listed on SBAT: _____

4. Phone Number: _____

If updating, please indicate previous phone number listed on SBAT: _____

5. Agency website address _____

For purposes of this FY 18/19 Updates then only Questions 1 and 3 of Agency Information need to be updated.

At the bottom of the page is an attestation that the online SBAT was reviewed and is accurate. Please make sure you have initialed.

Please initial: _____

I have verified [Service & Bed Availability Tool \(SBAT\)](#) for this site and all information is accurate.



Section 2: CERTIFICATION / LEVELS OF CARE / CAPACITY

INSTRUCTIONS: Question 6 is designed to determine what levels of care are included in your SAPC contract, capacity availability and age and gender population served at this site location.

Age Groups are: Youth (12-17) Adult (18-60+)

6. Which levels of care are DMC Certified and provided at this site address? Please also indicate total capacity available by age and gender. Please select all that apply.

Level of Care	DMC Certified	Total Capacity	Capacity by Age/Gender			
			Adult Male	Adult Female	Youth Male	Youth Female
ASAM 1.0 a Outpatient	Select					
b Perinatal Outpatient	Select					
ASAM 2.1 c Intensive Outpatient	Select					
d Perinatal Intensive Outpatient	Select					
ASAM 3.1 e Low Intensity Residential	Select					
f Number of Dependent Children Residents (applicable)	Select		Dependent children age range:			
ASAM 3.3 g High Intensity Residential (Population Specific)	Select					
h Number of Dependent Children Residents (applicable)	Select		Dependent children age range:			
i High Intensity Residential (Non-population Specific)	Select					
ASAM 2 WM l Ambulatory Withdrawal Management with Extended Onsite Monitoring	Select					
ASAM 3.2 WM m Residential Withdrawal Management	Select					
ASAM 3.7 WM n Medically Monitored Inpatient Withdrawal Management	Select					
ASAM 4.0 WM o Medically Managed Inpatient Withdrawal Management	Select					
ASAM 1-OTP p Opioid (Narcotic) Treatment Program	Select					Maintenance Capacity = Licensed Capacity minus Daily Census
RES q Recovery Support Services	Select					
Please indicate if you offer						
MAT r Medication Assisted Treatment in Non-OTP Setting	Select					
RBH s Recovery Bridge Housing	Select					Street Address will not appear on public SBAT
DUI t Driving Under Influence	Select					User access/daily updates not required

REQUIRED

New to SBAT:

Perinatal and

Residential number of dependent children and age range

Newly reimbursable services under ODS:

- Recovery Support Services and
- Medication Assisted Treatment (MAT) in non-OTP setting

All providers should select a response for each location to
q) RSS and
r.) MAT in non-OTP questions

Business Hours:

Section 3: HOURS OF OPERATION / INTAKE HOURS / STAFF AVAILABILITY

INSTRUCTIONS: The next question is designed to outline the business hours for this site address. All Outpatient sites are required to provide services on at least one full weekend day (8 hours) and at least two evenings (5pm-9pm). **NOTE:** OTP sites are exempt from evening hours.

7. What are your business hours (e.g., direct treatment services)?

Day of week	Open At:	Close At:
Sunday	AM / PM ▾	AM / PM ▾
Monday	<div style="border: 1px solid black; padding: 2px;"> AM / PM 1:00 A.M. 1:30 A.M. 2:00 A.M. 2:30 A.M. 3:00 A.M. 3:30 A.M. 4:00 A.M. 4:30 A.M. 5:00 A.M. </div>	AM / PM ▾
Tuesday	AM / PM ▾	AM / PM ▾
Wednesday	AM / PM ▾	AM / PM ▾
Thursday	AM / PM ▾	AM / PM ▾
Friday	AM / PM ▾	AM / PM ▾
Saturday	AM / PM ▾	AM / PM ▾

REQUIRED

Half-Hour options now available!

Though residential services are 24 hours, providers should still include when they provide treatment services.

One full weekend day
And
At least two evenings (5pm-9pm)

Hours listed on SBAT must match current SAPC Contract. If you wish to change the hours on your SAPC Contract, please send a formal request on Agency Letterhead to ddeniz@ph.lacounty.gov and cc: Assigned CPA. Once changes are made to your contract, the SBAT may be updated.

Intake Hours:



INSTRUCTIONS: The next questions are designed to determine on what days of the week and between which hours intakes are conducted for any level of care provided at this site address. The toll-free access line will use this information when scheduling intake appointments with callers.

Note: Include weekend and evening intake appointments to accommodate individuals who cannot attend during regular business hours. (OTP sites are exempt from evening hours).

8. During what days/hours does this site address have staff available to conduct **intakes**/assessments?

Note: End time should NOT be the same as the close of business. In most cases, the last intake would be scheduled so that it is completed prior to the close of business. For example, if business hours end at 5:00pm and an intake takes 2 hours to complete, then the last time that an intake could be scheduled would be 3:00pm or earlier.

Day of week	Start Time for Assessments	End Time for Assessments
Sunday	AM / PM ▾	AM / PM ▾
Monday	AM / PM ▾	AM / PM ▾
Tuesday	AM / PM ▾	AM / PM ▾
Wednesday	AM / PM ▾	AM / PM ▾
Thursday	AM / PM ▾	AM / PM ▾
Friday	AM / PM ▾	AM / PM ▾
Saturday	AM / PM ▾	AM / PM ▾

REQUIRED

End time is last time that an intake appointment can be scheduled!

For Instance:
If an intake is 2 hours long and close of business/staff scheduled departure is 6pm, then the end time for Intake assessments is 4pm or earlier.

Section 4: STAFFING / LANGUAGE / COMPLIANCE

INSTRUCTIONS: The following set of questions are designed to determine where to refer individuals who are monolingual, have limited English proficiency or who prefer to receive services in a specific language. Only check those languages for which your agency always has staff to proficiently provide treatment services AND specifically recruits/hires staff who are proficient in that language when there is a need for such services.

If the existing LANGUAGE SBAT information for this location is accurate. You may skip this section!

10. Please select the number of counselors/clinical staff proficient in the languages you select.

Check all languages that apply.

If services are only provided in English, check here:

If only services in English are provided, then click here and indicate how many counselors at this location.

Language	COUNSELOR/CLINICAL STAFF			
	1	2	3-5	6+
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Threshold Languages:

*As of January 2017, these languages are considered threshold languages in Los Angeles County. Therefore, required beneficiary materials, as outlined in 42 CFR Parity 438, must be available in these languages and made available when such an individual is admitted/served.

Federal and State Reporting Requirement:

16. Have all staff at this site completed training on cultural competence within the last 12 months?

Yes No

REQUIRED

INSTRUCTIONS: The following question is designed to determine if this site is accessible to individuals who require wheelchairs or walkers. Therefore, if answering 'yes', there must be easy access to areas where treatment services are provided or where patients reside (including common areas such as living room, dining room, restrooms and kitchen). There should be ramps and/or elevators that facilitate entry when stairs cannot be used.

17. Is this site address accessible for individuals who require use of mobility assisting devices such as a wheelchair or walker, and is the site appropriately accessible to building or treatment rooms?

Check all that apply:

REQUIRED

	Yes	No
A. Is there a ramp or elevator to enter building	<input type="checkbox"/>	<input type="checkbox"/>
B. Doorway at least 36 inches wide to building / restrooms / treatment rooms	<input type="checkbox"/>	<input type="checkbox"/>
C. <u>Residential Providers only</u> : Access to showers and common areas (living room / dining room / kitchens)	<input type="checkbox"/>	<input type="checkbox"/>



Section 5: SPECIALIZED SERVICES POPULATIONS / MINIMUM SERVICES CRITERIA

INSTRUCTIONS: The next section is designed to determine where to refer individuals who may need or request treatment services capable of addressing their specific needs within a supportive environment. Therefore, a ‘yes’ response indicates that these services go above the minimum requirements of the Culturally and Linguistically Appropriate Service (CLAS) standards.

18. Do you provide specialized services at this site to populations listed below?

Yes No

IMPORTANT NOTE:

Providers may not refuse to services based solely on protected class. If you indicate “no” for any of the following populations, it does not recuse you from serving individuals referred to your agency who represent the particular population!

SAPC developed the minimum criteria in partnership with provider workgroups/committees.

In most cases, there is more than one option to meet the minimum criteria for specialized services populations.

- We will not review each population, but highlight the numbering sequences.
- Please pay close attention to the numbering sequences.

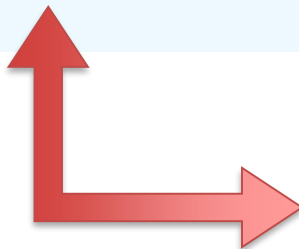
During the FY 18-19 Monitoring period, you will be asked to submit documentation for all “yes” responses. Please do NOT submit with the survey!

Section 5: SPECIALIZED SERVICES POPULATIONS / MINIMUM SERVICES CRITERIA

INSTRUCTIONS: The next section is designed to determine where to refer individuals who may need or request treatment services capable of addressing their specific needs within a supportive environment. Therefore, a 'yes' response indicates that these services go above the minimum requirements of the Culturally and Linguistically Appropriate Service (CLAS) standards.

18. Do you provide specialized services at this site to populations listed below?

Yes No



If you select "No" here you have completed the survey! See Survey Submission Instructions-Pg 19



Section 5: SPECIALIZED SERVICES POPULATIONS / MINIMUM SERVICES CRITERIA

INSTRUCTIONS: The next section is designed to determine where to refer individuals who may need or request treatment services capable of addressing their specific needs within a supportive environment. Therefore, a 'yes' response indicates that these services go above the minimum requirements of the Culturally and Linguistically Appropriate Service (CLAS) standards.

18. Do you provide specialized services at this site to populations listed below?

Yes No

“Yes” means services go ABOVE the minimum requirements of the Culturally and Linguistically Appropriate Services (CLAS) standards

Only those agencies meeting the minimum criteria as indicated in questions 18-34 will show up on the SBAT filtering function for specialized services/populations selected.

If yes, what populations do you provided specialized services to at this site? Please review the definitions provided and check all that apply.

Check	
<input type="checkbox"/>	Youth ages 12-17, and when clinically appropriate, up to age 21.
<input type="checkbox"/>	Court Diversion, Probation/Parole, Re-Entry. Services specialized for individuals involved with the criminal justice system (Court/Parole): SUD treatment that specializes in serving individuals who are charged with a crime and supervised under the County of Los Angeles – Sheriff’s Department, County of Los Angeles – Probation Department, Superior Court of California – County of Los Angeles, and/or California Department of Corrections and Rehabilitation – Department of Adult Parole Operations.
<input type="checkbox"/>	Homeless: SUD treatment that supports and specializes in serving individuals who meet one of the four HUD definitions for homelessness
<input type="checkbox"/>	Perinatal: Services for women who are pregnant and up to 60 days after pregnancy.
<input type="checkbox"/>	Registered Sex Offenders: SUD treatment that specializes in serving for individuals convicted of and registered as a sex offender.
<input type="checkbox"/>	Co Occurring Mental Health Condition: SUD treatment that supports and specializes in serving individuals with a coexisting DSM-5 diagnosis for substance use disorder (SUD) and mental health disorder.
<input type="checkbox"/>	Physically Disabled: SUD treatment that supports and specialized in serving individuals who are physically disabled (mobility issues).
<input type="checkbox"/>	Medically Vulnerable: SUD treatment that supports and specializes in serving individuals with serious, but stable medical conditions (heart condition/dialysis).
<input type="checkbox"/>	Developmentally or Intellectually disabled/delayed: SUD treatment that supports and specializes in serving individuals who are developmentally or intellectually disabled or delayed.
<input type="checkbox"/>	Visually Impaired/Blind: SUD treatment that specializes in serving individuals with visually impairments or who are blind.
<input type="checkbox"/>	Hearing Impaired/Deaf: SUD treatment that specializes in serving individuals with hearing impairments or who are deaf.
<input type="checkbox"/>	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual (LGBTQIA): SUD treatment that supports and specializes in serving individuals who identify as lesbian, gay, bisexual, transgender, questioning, intersex, asexual.
<input type="checkbox"/>	Veterans: Services specialized for individuals who are military veterans
<input type="checkbox"/>	Sexually Exploited: Services specialized for individuals with a history of having been sexually exploited and/or trafficked.
<input type="checkbox"/>	MAT: The use of medications such as buprenorphine/Suboxone, methadone, Vivitrol/long-acting naltrexone, etc for the treatment of addiction.
<input type="checkbox"/>	Parent/Guardian (Female or Male) with Children



In the example below, there are two options to meet the Youth criteria:

Option 1: If #1 is Yes, you may move on to next question.

OR if #1 is No, then

Option 2: **All** of the items must be checked (2A, 2B, 2C, and 2D) to meet the criteria.

19. YOUTH (ages 12-17 and when clinically appropriate, up to age 21)

OR

19. YOUTH (ages 12-17 and when clinically appropriate, up to age 21)

Minimum Criteria Youth (Ages 12-17) and, when clinically appropriate, Young Adult (up to age 21)	YES	NO
1. Current or recent (in FY 2016-17) agreement/contract with SAPC for youth services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OR meet ALL of the following		
2A. Experience serving youth (ages 12 through 17) and Young Adults (up to age 21, as clinically appropriate) in 2 of the last 7 years.	<input type="checkbox"/>	<input type="checkbox"/>
2B. Demonstrated experience using evidence-based practices (EBP's) that are specific to youth and young adults.	<input type="checkbox"/>	<input type="checkbox"/>
2C. Counselors and/or LPHAs providing direct SUD treatment services to youth, young adults and families must have a minimum of 2 years' experience providing youth services, which includes working with youth who are runaways, victims of abuse and pregnant or with children.	<input type="checkbox"/>	<input type="checkbox"/>
2D. Policies and procedures for addressing the needs of youth and young adults with SUD, such as ensuring developmentally appropriate services, family involvement, composition of group counseling, etc.	<input type="checkbox"/>	<input type="checkbox"/>

Minimum Criteria Youth (Ages 12-17) and, when clinically appropriate, Young Adult (up to age 21)	YES	NO
1. Current or recent (in FY 2016-17) agreement/contract with SAPC for youth services.	<input type="checkbox"/>	<input type="checkbox"/>
OR meet ALL of the following		
2A. Experience serving youth (ages 12 through 17) and Young Adults (up to age 21, as clinically appropriate) in 2 of the last 7 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2B. Demonstrated experience using evidence-based practices (EBP's) that are specific to youth and young adults.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2C. Counselors and/or LPHAs providing direct SUD treatment services to youth, young adults and families must have a minimum of 2 years' experience providing youth services, which includes working with youth who are runaways, victims of abuse and pregnant or with children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2D. Policies and procedures for addressing the needs of youth and young adults with SUD, such as ensuring developmentally appropriate services, family involvement, composition of group counseling, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>



20. CRIMINAL JUSTICE INVOLVED (CJI) (Court Diversion, Probation/Parole, Re-Entry)

Minimum Criteria for Medications for Criminal Justice Involved (CJI)	YES	NO
1. Current or recent (in FY 2016-17) SAPC agreement/contract with at least one court/law enforcement/correctional entity.	<input type="checkbox"/>	<input type="checkbox"/>
OR meet ALL of the following		
2A. Experience serving the criminal justice-involved (CJI) population in 4 of the last 7 years as defined by an established substance use treatment referral relationship with at least one court/law enforcement/correctional entity (e.g., the criminal justice system).	<input type="checkbox"/>	<input type="checkbox"/>
2B. Evidence of implementation of evidence-based practices (EBP's) specific to CJI populations.	<input type="checkbox"/>	<input type="checkbox"/>
2C. Counselors and/or Licensed Practitioners of the Healing Arts (LPHAs) providing direct services to CJI patients must have a minimum of 2 years of work experience working with the CJI population.	<input type="checkbox"/>	<input type="checkbox"/>
2D. Policies and procedures for addressing the needs of the CJI population.	<input type="checkbox"/>	<input type="checkbox"/>

****Providers meeting the above criteria MUST use TCPX, DCMIS, and/or JCMIS data systems and will be trained**

****Access/Training or other requirements will be listed below the criteria.**
For questions pertaining to access/training contact Systems of Care at
SAPC_ASOC@ph.lacounty.gov

21. HOMELESS

Minimum Criteria for Homeless	YES	NO
1. Current or recent (FY 16-17) agreement/contract with LAHSA; or grants from HUD, SAMHSA or other federal, state county and city funding sources for serving homeless individual and/or families.	<input type="checkbox"/>	<input type="checkbox"/>
OR meet ALL of the following		
2A. Experience serving HUD definition of the homeless population in 4 of the last 7 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2B. Staff who are trained in conducting the Coordinated Entry System (CES) for Adults (including VI-SPDAT) and the Next Step Tool for Youth, and entering data into HMIS for homeless patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2C. Staff who assist homeless patients in ensuring all necessary documents and forms have been uploaded into HMIS and are match-ready for housing referrals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2D. Staff who work with the CES Housing Navigators to obtain housing for their homeless patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2E. Staff who assist homeless patients with accessing move-in resources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2F. Maintain policies and procedures for addressing the unique needs of homeless patients, including working with the CES for housing referrals, conducting the VI-SPDAT, entering and uploading data into HMIS, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Option 2:
ALL six
options
2A
through
2F must
be “Yes”

NOTE: Regardless of whether your agency meets the minimum criteria, homeless individuals referred to your agency **CANNOT** be turned away simply because they are homeless.

22. PERINATAL

Minimum Service Criteria for Perinatal	YES	NO
1. Current or recent (FY 2016-17) contract with SAPC to provide services within the Perinatal Services Network.	<input type="checkbox"/>	<input type="checkbox"/>
OR		
2A. Current DMC certification for perinatal services.	<input type="checkbox"/>	<input type="checkbox"/>
2B. Counselors and/or LPHAs providing direct SUD treatment services to perinatal women must have minimum of 2 years of experience providing women-specific evidence-based or best practices which includes, but is not limited to: Trauma-Informed and Integrated Trauma Services, relational or cultural approaches that focus on the relevance and centrality of relationships, assessing and reviewing the history of interpersonal violence, women-only therapeutic environments, parenting support, parenting skills, and family reunification services as applicable.	<input type="checkbox"/>	<input type="checkbox"/>

****Providers meeting the above criteria MUST, at minimum, deliver the required treatment services outlined in the DHCS 2016 Perinatal Services Network Guidelines**

23. REGISTERED SEX OFFENDERS (RSO)

Not filterable on SBAT
SASH/CENS refer

Is this site address willing and able (e.g., not located near a school site, no minors served) to accept individuals who are registered sex offenders? No special programming or services are required if answering 'yes' to this question.

If yes, experience serving this population is defined as meeting the following:

Minimum Criteria for Registered Sex Offenders (RSO)	Yes	No
Demonstrated experience providing services to registered sex offenders (RSO) as defined by meeting ALL of the following criteria:		
1. Legally able to serve RSO's given mandatory distance and other legal requirements.	<input type="checkbox"/>	<input type="checkbox"/>
2. Documented staff training on and demonstrable experience in using evidence-based practices for assessing and treating RSO (e.g., Sexual Offender Level of Service/Case Management Inventory and The Risk-Need-Responsivity Model).	<input type="checkbox"/>	<input type="checkbox"/>
3. Policies and Procedures for addressing the needs of the RSO population.	<input type="checkbox"/>	<input type="checkbox"/>

This is required for perinatal services under this criteria

RSO will not be a filterable option on the publicly viewed SBAT.

SASH/CENS will refer to the agencies identified as RSO providers.

SASH
(844) 804-7500

25. Physically Disabled

Minimum Criteria for Physically Disabled	YES	NO
Experience serving patients with physical disabilities above and beyond those already required under federal and State law, as defined by meeting all of the criteria:		
1. Maintain policies and procedures that outline how the needs of physically disabled patients are addressed, such as a care coordination, medical emergencies, transportation, working with families and staff training requirements for substance use and disabilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide additional physical accommodations above wheelchair ramps and handrails, which may include, but is not limited to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> transportation provided (direct or arranged) that is equipped for accessibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> maintain staff who have experience working with the disabled	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> ability to integrate vocational rehabilitation into treatment plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> program design and/or curriculum incorporates the unique issues of substance use among the physically disabled, etc.	<input type="checkbox"/>	<input type="checkbox"/>



Unnumbered and bulleted options indicate that if any of the options are met, then the preceding number can be marked "Yes".

if any of these are "yes", then #2 is "Yes"

26. Medically Vulnerable

Minimum Criteria for Medically Vulnerable	YES	NO
1. Maintain policies and procedures that outline how the needs of medically vulnerable patients are addressed, such as a care coordination, medical emergencies, accommodations for after hour operation or locked doors, transportation and working with families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Ability to accommodate medically vulnerable patients, that have chronic conditions characterized by moderate physical decline (e.g., arthritis, degenerative diseases), or requiring multiple concurrent medication monitoring, or requiring frequent off-site treatments (e.g., dialysis, chemotherapy, heart monitor), which may include, but is not limited to:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="radio"/> transportation, working with families extensive coordination with clinics,	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> medical beds (for residential),	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> dedicated case management,	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> modification of treatment times or hours or operation to accommodate appointments,	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> maintain staff with experience working with and providing services to medically vulnerable.	<input type="checkbox"/>	<input type="checkbox"/>

If any of these are marked "yes", then question 2 is "yes"

This is an example of not meeting criteria. None of the options under #2 are marked "yes"

For Questions 25-29 (Physical Disability, Medically Vulnerable, Developmentally Disabled, Blind or Deaf)

According to ADA requirements, agencies have a responsibility to accommodate individuals who need or request services. If your agency cannot, then the responsibility to refer the individual to an alternate provider is yours.

PROVIDERS CANNOT TURN AWAY/REFUSE SERVICES TO INDIVIDUALS WITH A DISABILITY

Two (2) ways to meet Criteria

1,2 and 3
Or
1, 2 and 4

27. Developmentally or Intellectually Disabled/Delayed

Minimum Criteria for Developmentally or Intellectually Disabled/Delayed	YES	NO
Experience providing SUD treatment services to patients with intellectual/developmental delays or disabilities as determined by:		
1. Demonstrable experience in serving intellectually/developmentally delayed patients, such as maintaining materials at appropriate cognitive level, ensuring staff are experienced and trained in working with the population, treatment activities that address the individualized interpersonal, cognitive and coping abilities (e.g., slower paced treatment groups, repetition and comprehension checks, specialized staff).	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintain policies and procedures on how agency addresses identification and treatment planning for individuals with I/DD.	<input type="checkbox"/>	<input type="checkbox"/>
AND meets one of the following criteria:		
3. Maintain a DHCS license to provide level 3.3 Residential services and ability to provide SUD treatment services to individuals with intellectual disabilities, autism disorder spectrum, down's syndrome or cerebral palsy who would benefit from treatment.	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintain an existing relationship with local Regional Center(s) either through a Memorandum of Understanding (MOU) or other agreement.	<input type="checkbox"/>	<input type="checkbox"/>

or

28. Visually Impaired or Blind

Minimum Criteria for Visually Impaired or Blind	YES	NO
Experience serving patients who are visually impaired or blind, above and beyond the already required under federal, State, and local laws, as defined by meeting ALL of the following criteria:		
1. Policies and procedures that outline how accessibility and the needs of visually impaired or blind persons are incorporated into the treatment program, including staff training, requirements for staff providing direct treatment services, linkages, and referrals, etc.,	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide accessible and specialized SUD treatment that are appropriate to the patient's life-style, which may include, but is not limited to:	<input type="checkbox"/>	<input type="checkbox"/>
• using disability-sensitive language and etiquette,	<input type="checkbox"/>	<input type="checkbox"/>
• curricula that addresses the unique SUD needs of visually impaired/blind,	<input type="checkbox"/>	<input type="checkbox"/>
• group and other rooms with adjusted lighting or special illumination types,	<input type="checkbox"/>	<input type="checkbox"/>
• electronic and braille communications or magnification devices;	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintain staff with experience in working with people who are visually impaired or blind including, ability to ask questions regarding visual functioning and use of basic sighted guide and mobility techniques.	<input type="checkbox"/>	<input type="checkbox"/>

if any of these are "yes" then 2 is "yes"

All 3 criteria must be met!
Remember a check mark in any of the bulleted options means #2 is yes!

No person can be turned away due to sexual orientation or gender identity!

1
of
these
options

If 3A is
selected, then
at least 3 of
3B, 3C, 3D, 3E
MUST also be
selected.

30. Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual (LGBTQIA)

Minimum Criteria for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual (LGBTQIA)	YES	NO
1. Current or recent (in the last 24 months) agreement or contract or grants from federal, state, county, and city to specifically provide services (i.e. HIV/AIDS, SUD, or other community social services) to LGBTQIA persons or communities.	<input type="checkbox"/>	<input type="checkbox"/>
OR		
2. An existing Memorandum of Understanding (MOU) or other agreement documenting a formal relationship with an LGBTQIA organization to provide SUD treatment services and outlining the expectations for providing the specialized services.	<input type="checkbox"/>	<input type="checkbox"/>
OR		
3A. Experience serving LGBTQIA persons in 4 of the last 7 years as defined by an existing program design that addresses the unique needs of LGBTQIA.	<input type="checkbox"/>	<input type="checkbox"/>
AND meet at least three (3) of the four (4) following criteria:		
3B. LGBTQIA representation on Board of Directors and/or staff.	<input type="checkbox"/>	<input type="checkbox"/>
3C. Counselors and/or LPHAs providing direct SUD treatment services to LGBTQIA individuals must have experience providing LGBTQIA-specific evidence-based or best practices which includes but is not limited to: Trauma-Informed and Integrated Trauma Services, addressing transphobia and homophobia (including internalized), use of appropriate and relational language, assessing and supporting readiness to "come out" or disclose.	<input type="checkbox"/>	<input type="checkbox"/>
3D. Implementation of evidence-based practices (EBP's) specific to LGBTQIA.	<input type="checkbox"/>	<input type="checkbox"/>
3E. Maintain policies and procedures for ensuring culturally responsive treatment interactions and creating affirming environments for LGBTQIA patients, such as inclusion of sexual orientation and gender identify in relevant documents, addressing discriminatory conflict by patients and staff, engagement with LGBTQIA communities, staff recruitment, etc.	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Regardless of the option selected, ALL residential providers MUST also maintain established policies and procedures for how they affirm and provide a supportive and safe environment for individuals who are transgender.

NOTE: Best Practices indicates that there are better treatment outcomes, when treatment occurs in an environment that supports gender self-identity (i.e. bathroom & shower, ability to take prescribed hormones, etc.)!

31. Veteran

3 ways to meet criteria:

Minimum Criteria for Veteran	YES	NO
1. Current or recent (in the last 12 months) agreement or contract with Veteran Affairs or similar organization to provide direct services to veterans.	<input type="checkbox"/>	<input type="checkbox"/>
OR		
2. A current Memorandum of Understanding (MOU) documenting an existing relationship with VA or DoD to provide SUD treatment services to veterans.	<input type="checkbox"/>	<input type="checkbox"/>
OR meet ALL of the following criteria:		
3A. Experience providing services to veterans in 2 of the last 7 years as defined by incorporating into program design understanding of military culture, impact of PTSD, challenges faced by military members and their spouses, and other relevant factors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3B. Evidence of implementation of evidence-based practices (EBP's) specific to veterans and their families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3C. Maintain policies and procedures for addressing the specific needs of veterans (e.g., regular staff training, communicating with military personnel).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3D. Counselors and/or LPHAs providing direct SUD treatment services have experience working with and addressing the unique needs of veterans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If option 3 is selected than ALL (3A-3D) must be checked

32. Sexually Exploited

Minimum Criteria for Sexually Exploited	YES	NO
Experience providing services to individuals (adults and youth) who have been sexually exploited (including sex trafficking, commercial sex work, etc.) as defined by meeting all of the following criteria:		
1. Policies and procedures for addressing the needs of the commercial sexually-exploited population, including coordination in care, reporting to authorities, staff development on addressing sexual exploitation, gender-specific groups, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Counselors and/or LPHAs have at least one years' experience in providing services to victims of sexual exploitation, such as appropriately screening for sexual exploitation, use of trauma informed techniques, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Demonstrated linkages with groups, organizations and other County departments to address/serve individuals who have been sexually exploited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All selections must be checked to meet criteria and be included on SBAT for filtering



33. Medications for Addiction Treatment (MAT)

Minimum Criteria for Medications for Addiction Treatment (MAT)	YES	NO
1. Current or recent (in FY 2016-17) agreement/contract with SAPC for OTP services.	<input type="checkbox"/>	<input type="checkbox"/>
OR meet ALL of the following criteria:		
2A. Experience providing MAT as defined by	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2B. Have at least one FFS Medi-Cal prescriber on staff who is appropriately trained, Drug Enforcement Agency (DEA) waiver (in the case of buprenorphine), and competent in offering MAT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2C. Documented staff training on MAT for all counselor and LPHA staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2D. Policies and procedures for delivering MAT services, including focus on ensuring the availability of comprehensive biopsychosocial for all MAT patients, which at times may require referrals to other health and SUD providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All providers should have policies and procedures for referrals to MAT! This is ONLY for those who prescribe and administer
NOTE: Individuals CANNOT be turned away because they request/use MAT!

Option #2 requires ALL items (2A-2D) to be checked.

34. Parent/Guardian (Female or Male) with Children

Minimum Criteria for Parent/Guardian (Female or Male) with Children	YES	NO
1. Current or recent (in FY 2016-17) contract (or subcontract) with SAPC for Department of Public Social Services (DPSS) CalWORKs and/or Department of Children and Family Services (DCFS)-specific services.	<input type="checkbox"/>	<input type="checkbox"/>
OR meet ALL of the following criteria:		
2A. Experience serving Parents or Guardians with children ages 0 through 17 in 4 of the last 7 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2B. Policies and procedures for addressing the needs of parents with children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2C. LPHA providing Family Therapy to both patients and their family members, and uses specific techniques and evidence-based approaches (e.g., family systems theory, structural therapy, etc.) to improve the psychosocial impact of substance use and the dynamics of a social/family unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2D. Counselors and/or LPHAs providing direct SUD treatment services to families must have a minimum of 2 years of experience providing family-based services which includes but is not limited to: CalWORKs Life Skills curriculum, parenting support, parenting skills, educational remediation, family reunification and linkages with legal and child welfare.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2E. Familiarity with DCFS and DPSS policies and procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Option #2 requires all selections (2A-2E) to be checked

Question 6 “e-j” on page 3 must also be completed. Please include parent’s gender and dependent child age range).

****Residential providers must be able to house children accompanying parents into treatment**

4 steps to go!

Congratulations, you have completed the survey! What's next?

1) Designate person(s) to update the SBAT

Each Provider site (except DUI) that is listed on the Provider Online Directory SBAT requires a designated staff member(s) to complete the daily updates.

➤ For New Users

- Complete a User Registration Form to register User(s) for each site address
<http://publichealth.lacounty.gov/sapc/NetworkProviders/Sbat/SBATUserRegistrationForm.pdf>
- Fax to Information Systems at (626) 299-7227 or via email with survey
- SAPC Information Systems will call the designated User directly to provide Log-In Credentials

➤ Existing Users

- To add access to a currently registered user include their name (First/Last) when the survey is submitted or call IS directly at: (626) 299-4546.
- Access is granted within 24 hours, excluding weekends/holidays.

2) Submit Survey and User Registration Form (if applicable) to:

- SAPC_COMPLIANCE@ph.lacounty.gov

3) Provider Instructions for updating SBAT:

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Sbat/SBATUpdateInstructions.pdf>

- SBAT Provider Log-in: <http://sapccis.ph.lacounty.gov/SBAT/Account/Login.aspx>

4) Verify Accuracy on the publicly viewed SBAT Provider Directory

- Click link [Service & Bed Availability Tool \(SBAT\)](#) or type in URL:
(<http://sapccis.ph.lacounty.gov/sbat/>)
 - If discrepancies are found, please contact your Contract Program Auditor

RBH Providers Only:

- The New Agency/New Location Site will not be viewable to the public until the designated user has completed the initial SBAT Updates (Step 3 above)
- RBH street address is only viewable by the registered Agency User(s).

SBAT updates are contractually required and outlined in SAPC Bulletin #17-05

<http://publichealth.lacounty.gov/sapc/Bulletins/START-ODS/Bulletin17-05ServiceBedAvailabilityTool.pdf>

**1. Tell us who will be updating SBAT
New User? Fill out a User Registration
form OR
Existing user? Email their name when
you send the survey**



**2. Send the Survey/User Information or
Form to:
SAPC_COMPLIANCE@ph.lacounty.gov**

**Wait for confirmation of User access
and online update.**



3. Follow Log-In & Update Instructions



**4. Confirm accuracy of your agency
information in the provider online
directory**

Recap for May 8th SBAT Webinar:

INSTRUCTIONS FOR FY 18-19 SBAT UPDATES:

- 1) Verify accuracy of each site that is currently on the [Service & Bed Availability Tool \(SBAT\)](#)
 - a. If discrepancies are found: email changes to SUDTransformation@ph.lacounty.gov and cc your Contract Program Auditor.
- 2) Complete and submit one updated Survey for **each site location** by: June 30, 2018
- 3) The minimum sections to be completed (*assuming all information currently on the SBAT for each location is accurate*):
 - a. *Front Page*
 - i. If only completing for updates (i.e. all information is currently accurate for each location), then do the following
 1. Click on "select here" under the Population Specific Specialized Services section
 2. Select "U" for update
 - ii. Fill-in the information for the contact person who completes the SBAT survey
 - b. *Section 1*
 - i. Agency name and address
 - ii. Place initials on page 2 attestation that Provider Directory was reviewed and accurate
 - c. *Section 2*
 - i. All agencies must indicate what services are provided at each location
 - ii. Residential only - if licensed for dependent children, then indicate yes and include number and age ranges.
 - iii. Residential only- Total Capacity is your SAPC Contracted bed number.
 - iv. All agencies must indicate if: Non-OTP Medication Assisted Treatment: if prescribing and administering (Yes or No)
 - v. All agencies must indicate if: Recovery Support Services- If providing (Yes or No)
 - d. *Section 3-Business/Intake Hours*
 - e. *Section 4 (Questions 16 and 17 [only](#))*
 - f. *Section 5: Question 18, if "No" then submit.*
 - i. If Yes, then questions that apply to each location.
- 4) Any questions or to submit completed Survey e-mail to: SAPC_Compliance@ph.lacounty.gov **by June 30th!**