Alameda County Behavioral Health Care Services

Annual Spring Provider Presentation

May 18, 2023

Presented by: ACBH Finance/Contracts Team

Welcome

Karen Capece, LCSW

Interim Deputy Director/ Plan Administrator

Our Current Environment

- Period of change:

    - CalAIM

    - SmartCare

    - Ending of PHE

    - What needs to happen now, what can be deferred

- Continued statewide staffing crisis

- Importance of communication and partnership

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Agenda

- Welcome

- ACBH Updates:
  - Finance Division
  - Payment Reform/CalAIM
  - SmartCare Update

- Contracts Unit Updates/Reminders
  - CLM/Procurement
  - Contract Renewal
  - Exhibit A
  - Exhibit B

- Other Resources and Questions

- **ACBH FY 23-24 Maintenance of Effort (MOE) Budget**
  - $667M appropriations with $606M offsetting revenue resulting to a net county cost of $61M (excludes Measure A)

  - $5.1M net county cost increase. Main drivers:
    - $3.4M Salaries & Benefits Adjustments
    - $1.4M COLAs 3.5% for CBOs funded with County General Funds
    - $0.8M Operational costs such County Counsel and Internal Fund Services (i.e., Building Maintenance, Risk Management, etc.)
    - ($0.5M) Revenue adjustment
  - $462M allocated to the Community-Based Organizations (69% of the ACBH budget)

  - $4.5M for CBOs (3.5% COLA for programs funded with County General Fund and MHSA)

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ACBH Finance Division Updates (continued)

- **Values-Based Budgeting (VBB) Reduction Plans**
  - County will determine the MOE budget gap in late April/early May
  - VBB budget strategies of decreasing cost or increasing revenue
  - Pending VBB guidance and instructions from the CAO

- **FY 23-24 Governor's May Revised Budget**
  - ACBH/HCSA will provide CAO an analysis of the proposed budget and the May budget revision including potential funding, program, and service impacts to the Department

- **BOS Final Budget Adoption in June**

CalAIM – California Advancing and Innovating Medi-Cal Update

- **Goal #1 – Payment Reform**

  o Implement new CPT/HCPCS codes/rates

  o Moving to Fee-For-Service (FFS)

  o From Certified Public Expenditure (CPE) to Intergovernmental Transfer (IGT)

- **Goal #2 - Behavioral Health Policy Changes**

  o No Wrong Door

  o MHP Only: Standardized Screening and Transition Tools

  o DMC-ODS Only: Implement ASAM criteria

  o Revised Documentation Standards

  o Guidance and Training to County and CBO providers

- **Goal #3 – Data Exchange –** Improve Capabilities, comply with interoperability rules, map required data elements, improve quality and coordination of care

CalAIM – California Advancing and Innovating Medi-Cal Update

- Continue successful roll out of CalAIM initiatives

- Most recent roll out:

  - Standardized Screening and Transition Tools

- Coming up in July 2023:

  - **CalAIM Payment Reform**

  - **Transition from InSyst and eCura to SmartCare**: Billing system replacement to support CalAIM and to transition from the county's legacy systems, InSyst and eCura

CalAIM Timeline

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

CalAIM - ACBH Communication Strategy

- ACBH Communication strategy includes memorandums, FAQs, QA Brown Bag Q&A sessions, trainings, and standardized tools/templates.

- ACBH Providers Website > Quality Assurance > Memos & Notices provides many of the aforementioned resources. Below are the pertinent CalAIM resources issued by QA:
  - Memo: Criteria for Beneficiary Access to Specialty Mental Health Services (January 7, 2022)
  - Training PPT: Criteria for Beneficiary Access to Specialty Mental Health Services Outpatient Services
  - Memo: Specialty Mental Health Service Cal-AIM and General FAQ Documents (February 9, 2022)
  - FAQS: Specialty Mental Health Services Related to CalAIM Changes
  - Memo: Adult and Child Behavioral Health Screening Forms (February 8, 2022)
  - Behavioral Health Screening Tool for Outpatient Services

CalAIM - ACBH Communication Strategy

- Other resources include, but are not limited to:
  - ACBH CalAIM Payment Reform Memo
  - ACBH CalAIM Payment Reform FAQ

- **Changes between ACBH and the State, effective 7/1/23**

  o SmartCare

  o ACBH to bill DHCS via new codes/rates

  o Set DHCS reimbursement rates to ACBH by CPT Code/Practitioner

  o No more traditional cost settlement between DHCS and ACBH

- **Major initiative led by ACBH Billing and Benefits and Information Systems**

  o Other units like QA will support training

New CPT/HCPC Codes/Rates – ACBH/CBOs

- **ACBH intends to continue paying providers by service modality for FY 23-24**

  o Goal: Include travel and documentation min

  o Goal: Minimize system change for 7/1 where we are able

- **POLL:** Would you prefer that the system start paying CBOs by CPT Code/Practitioner:

  a. Phased in approach with FY 24-25 Pilot?

  b. Across CBOs for FY 24-25?

  c. Not sure?

SmartCare Implementation Update – As of 4/19/2023

SmartCare is a cloud- and web-based Practice Management and Billing system that will replace InSyst, eCura, and ACCESS Unit's Contact Tracking and Referrals Databases

Implementation includes the Modules as follows:
- Managed Care Organization (MCO) Claims Processing
- Medi-Cal Billing
- Pre-consumer – Client Inquiry/Calls
- Client Referrals
- Client Registration/Admissions/Discharge
- Authorizations/Utilization Management
- Service Entry
- State Reporting
- Batching Capabilities
- Appointment Scheduling - Phase 2 (July 2024)

Key Dates
- User Acceptance Testing - Through June 2023
- Super User/End User Training - May-July 2023
- Phase #1 Go-Live - July 1, 2023
- Additional Enhancements*/Training - Post Go-Live

Additional Enhancements will be released on a 30, 60, 90, 120 Day release cycle post-Go-Live.

SmartCare Functionality Available at Phase #1 Go-Live – 07/01/2023

July 1, 2023 is the Go-Live date for both SUD and MHS services

- Client Inquiry & Referral Letters, ACBH ACCESS
- Client Search
- CSI Registration
- CalOMs Registration
- Non-State Reporting Registration
- Annual Updates
- Manual Service Entry
- Clinician's Gateway Interface
- SHIE Interface

SmartCare Staff Roster Updates Needed

- To prepare for Go-Live, ACBH is requesting your assistance in ensuring that staff roster information is accurately maintained to properly link staff to their correct agency or program. The specific data fields listed below are critical to ensuring SmartCare works as designed:

  - Staff Name
  - Taxonomy
  - Date of Birth
  - National Provider Identifier
  - Validate your SSN#
  - Discipline/Licensing Credentials
  - Staff Agency
  - Program Location (RU)

- Login to the Citrix Portal through the ACBH Network: https://go.bhcsportal.org, select e-forms, and locate "INSYST STAFF NUMBER" MHS or SUD e-form.

- For additional information and instructions, refer to the MHS CBO Report Validation Memo sent on July 26, 2022 and SUD CBO Report Validation Memo sent on September 26, 2022.

SmartCare

- **Recent Information and Training Sessions**
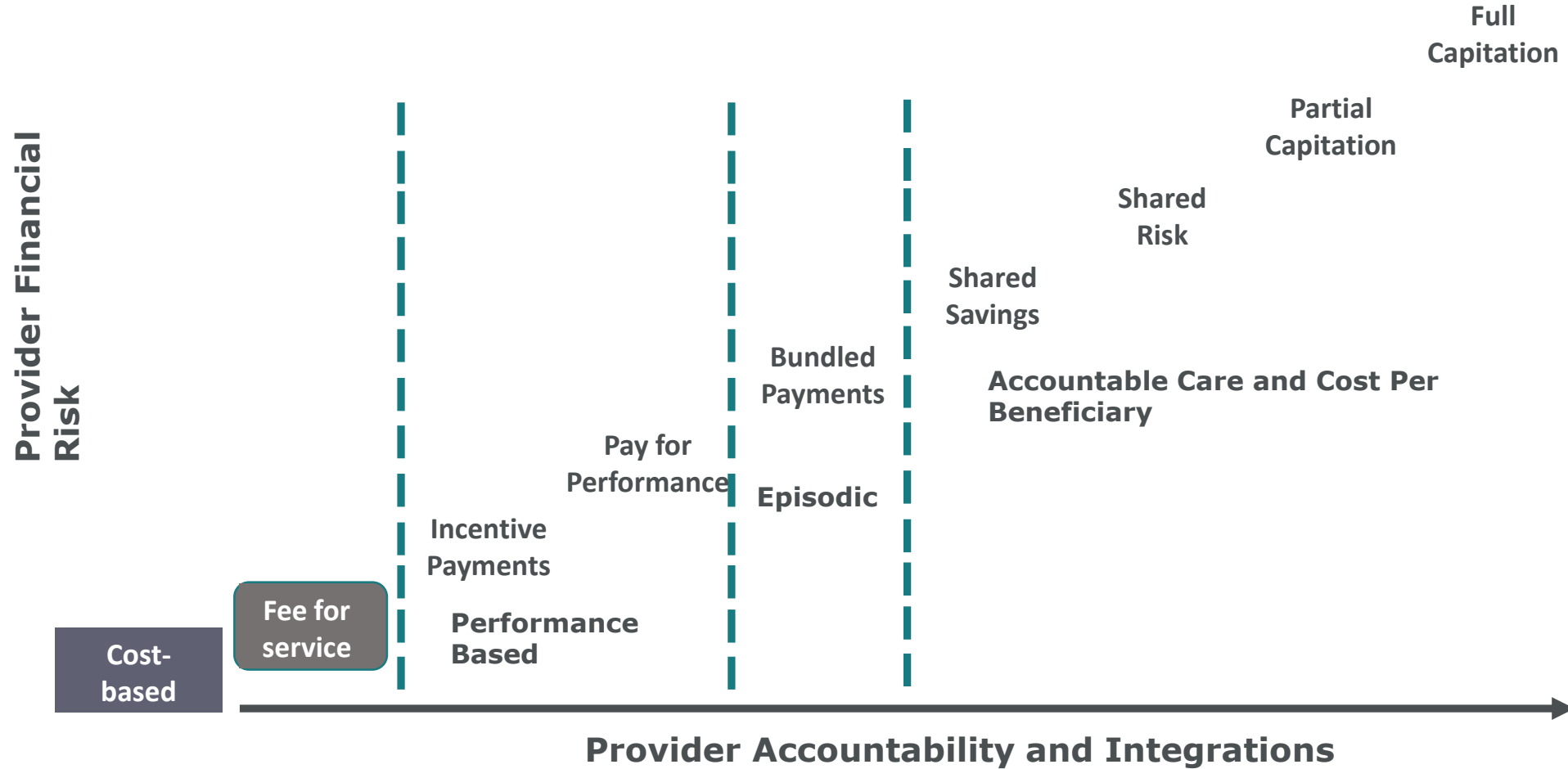
  SmartCare Implementation Update
  March 30, 2023, 11:00 a.m. - 12:00 p.m.

  SmartCare Implementation Q&A Session
  April 11, 2023, 12:00 p.m. - 1:00 p.m.

  Link to these training sessions is on the QA Training page

Moving towards FFS - Payment Transformation Stair Step

Full Capitation

Partial Capitation

Shared Risk

Shared Savings

Bundled Payments

Accountable Care and Cost Per Beneficiary

Pay for Performance

Episodic

Incentive Payments

Fee for service

Performance Based

Cost-based

Provider Financial Risk

**Provider Accountability and Integrations**

Moving towards FFS - Payment Transformation Initiative Update

- **Updates for FY 22-23**

  - **Full-Service Partnership (FSP) Pilot**

    - FSPs now in Services-As-Needed (SAN) Pool

    - Reimbursed Negotiated Rate (FFS)

- **Updates for FY 23-24**

  - **FSP Pilot**

    - FFS - Cost Settlement not required for Medi-Cal Treatment

  - **Systemwide Implementation**

    - Multi-year staged transition

    - School Based Behavioral Health Programs – Next Phase

Moving towards FFS - Payment Transformation Initiative Update

Multi-year cycles (for groups of like programs), for example:

- Provisional Rate

Base

Step 1

- Information Only Rates

- Blended Rate

Step 2

Step 3

- Full FFS
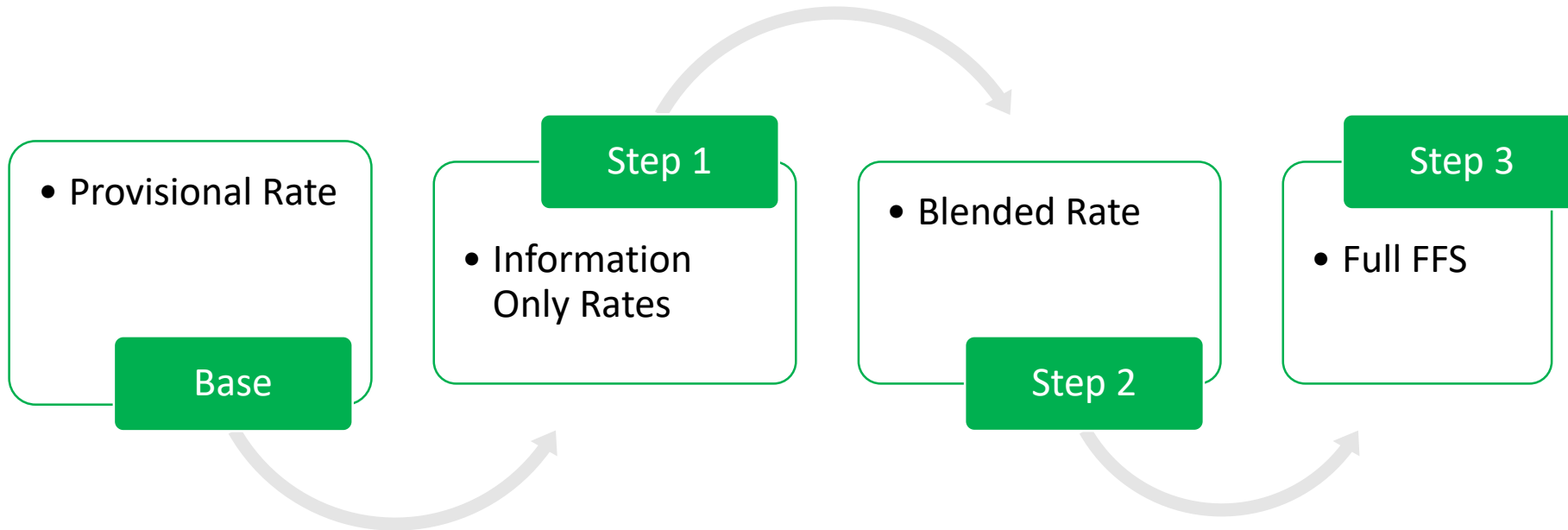
How should CBOs Prepare for Changes?

- **Communicate that changes will be coming**
  - 7/1/23 – SmartCare, New billing codes
    - Contingency plans
  - Following FYs - Additional changes to claiming
- **Work on understanding changes in move towards FFS**
  - CCMR is the current ceiling on reimbursements
  - Contract provisional rates are not the same as FFS
  - Shared risk – Stairsteps, and DHCS rates will drive FFS rates
  - Work ahead on managing costs/increasing productivity
  - Benefits of no longer being limited to cost under FFS

How should CBOs Prepare for Changes?

- <u>POLL</u>: **Is your CBO doing business with another county that's moving to FFS as of July 1, 2023?** (pick one)

  a. Yes

  b. No

  c. Not sure

- <u>POLL</u>: **How ready do you feel your organization is for moving to FFS?** (pick one)

  a. Ready: Feel business practices are strong

  b. Somewhat ready: Have been thinking about this, but still have questions

  c. Just starting to think about this

  d. Not sure

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How should CBOs Prepare for Changes?

- **POLL: What would help your CBO be more ready for FFS?** (pick all that apply)

  a. Drill down on changes to payment provisions, with Q&A

  b. Drill down on plan for calculating rates, with Q&A

  c. Q&A with FSP Pilot providers or others that have experience with FFS

  d. Other

  e. Not sure

CalAIM Policy Changes - Quality Assurance

Training

- Leveraging CalMHSA's training modules using their Learning Management Portal: CalMHSA-LMS-Instructions-5.24.22.pdf

- Existing providers are expected to complete the new Screening Transition of Care modules.

- New staff are expected to complete CalMHSA's training modules as part of their orientation.

- For more information regarding CalAIM training requirements, see ACFPA memo: Alameda County Behavioral Health (acbhcs.org)

CalMHSA Training Modules

- ✓ 6. Care Coordination
- ✓ 7. Screening
- ○ 8. Administering the Adult & Youth Screening Tools (New in February 2023)
- ✓ 9. Transition of Care Tool
- ○ 10. Administering the Transition of Care Tool (New in February 2023)
- ✓ 11. Discharge Planning

CalAIM Policy Changes - Quality Assurance

SMHS CQRT Checklist and Procedures

- Updated procedures and information are posted in section 8 of the [QA Manual](#)

- A recorded training is available on the QA [Training](#) page.

- QA is actively working on revising the SUD CQRT in partnership with the Collaborative.

Clinician's Gateway (CG) Updates

- Multiple CG templates have been updated to align with CalAIM requirements.

- Check QA [memos](#) page for more details.

Update to CG User Access

- Effective March 20, 2023, users who have NOT logged into CG during the last 120 days will have their account disabled. CG will check every week and automatically disable users that meet this criterion. See [memo](#) for details.

Consumer Notice regarding Beneficiary Handbook

- A Consumer Notice notifying clients of updates to the Beneficiary Handbook must be posted in a visible and accessible area of the office or lobby within the provider's organization. See QA [memo](#) for more details.

CalAIM Policy Changes - No Wrong Door

Under the No Wrong Door policy, clinically appropriate and covered Specialty Mental Health Services are reimbursable Medi-Cal services even when:

1. Services are provided prior to the determination of a diagnosis and prior to the determination of the person meeting Specialty Mental Health access criteria.

   - DHCS Slidedeck: No Wrong Door for Mental Health Services Policy

2. The person has a co-occurring mental health condition and substance use disorder

   - DHCS No Wrong Door & Co-Occurring Treatment FAQ

3. Non-Specialty Mental Health Services (through the Managed Care Plan) and Specialty Mental Health Services (through ACBH) are provided concurrently, if those services are appropriate, coordinated, and non duplicative.

CalAIM Policy Changes - No Wrong Door

Services for People with Co-Occurring Mental Health and Substance Use Needs:

From the [DHCS FAQ on Co-Occurring](#):

Can a SMHS provider, while they are providing a SMHS to a beneficiary, address a co-occurring substance use concern within the SMHS provided to the beneficiary?

- Yes. During a session, a SMHS provider may discuss and treat a person's co-occurring substance use as long as the session primarily addresses the person's mental health need. A claim for SMHS will not be denied for including documentation about a client's co-occurring substance use concern.

Services for People with Co-Occurring Mental Health and Substance Use Needs:

From the DHCS FAQ on Co-Occurring:

Can a DMC/DMC-ODS provider, while they are providing SUD services to a beneficiary, address a co-occurring mental health concern within the service provided to the beneficiary?

- Yes. During a session, a DMC-ODS provider may discuss a co-occurring mental health concern as long as the session primarily addresses the person's substance use. A claim for DMC-ODS services will not be denied for including documentation about a client's co-occurring mental health concern.

Finance/CalAIM Provider Questions

Responses to Finance/CalAIM Questions

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Contracts Unit Projects/Updates

- **Continued roll-out of CLM** (Contracts Lifecycle Management)

- **Procurement updates**

- **Staffing updates**

Contracts Lifecycle Management (CLM)

- **Contracts executed in CLM in FY 22-23**, as of 4/17/23:

  - 89 Final Master Contracts

  - 60 Services as Needed (SAN) Contracts

  - 86 Interim Contracts

- Automated reports and dashboards have provided real-time status updates on contracts in process.
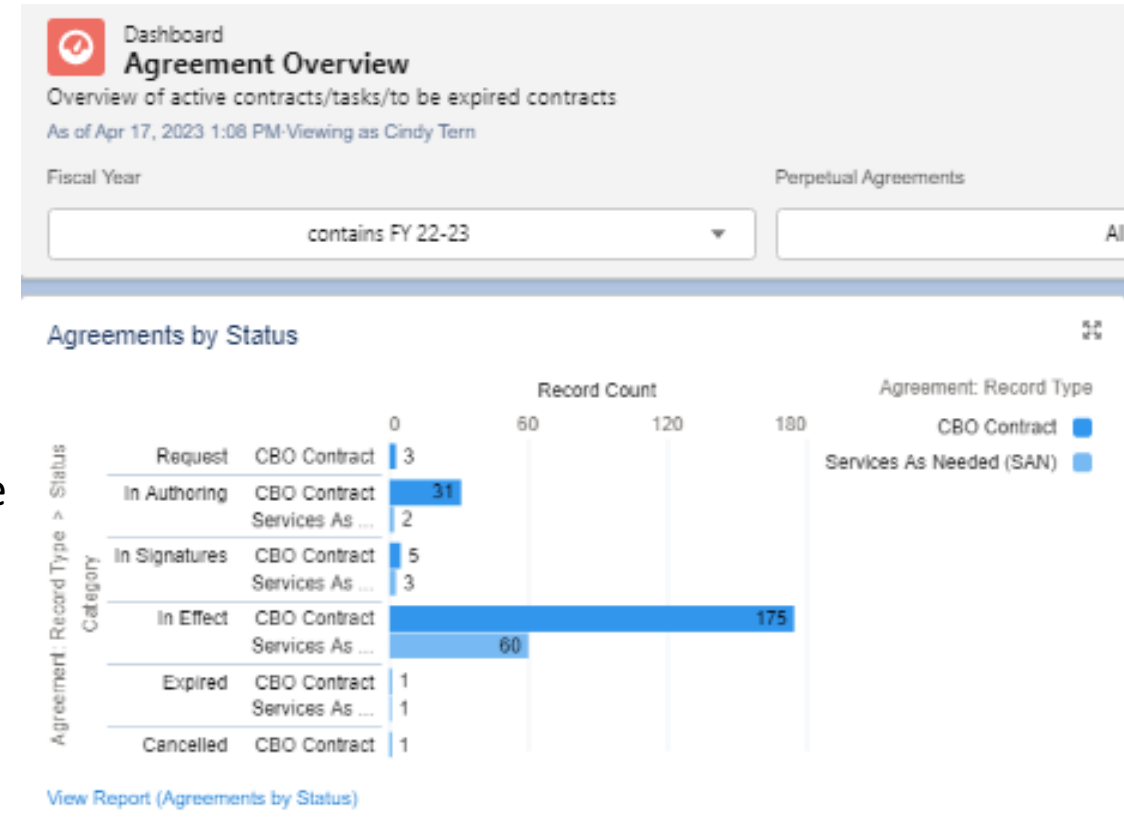
Procurement

- **Recent/upcoming procurements**

  o RFPQ for One-Time Enhancement Funds is now closed

  o Rolling RFPQ for Eating Disorder services and Housing Support Program

  o Upcoming RFP to procure services at Washington Hospital emergency room

  o Upcoming RFPs for Child and Young Adult services

- **To be added to ACBH Procurement Distribution list:** Send email to Procurement@acgov.org.

  o County-wide open opportunities are listed here: https://gsa.acgov.org/do-business-with-us/contracting-opportunities/

- **Please see Procurement Reminders Handout for more tips on responding to RFPs**

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New Contracts Unit Staff/Promotions

Contracts Director

Wendi Vargas

Interim Assistant
Contract Director

Traci Cross

New Contracts Unit Staff/Promotions

CLM Analyst

MH Fiscal Team

Toki Wallace

Phyllis White

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New Contracts Unit Staff/Promotions

SUD Fiscal Team

Judy Sam

Willow Jones

New Contracts Unit Staff

Administrative Support Team

Miyoko Suratos

Ashley Bagalso

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New Contracts Unit Staff

Procurement/MHP FFS Team

Liz Delph

Katie Lampi

LaShawnda Pruitt

Contract Renewal Updates/Reminders

What are Key Points from Contract Renewal Cover Letter?

- Trying to process contracts with minimal changes where possible
    - Per minute rates by service modality
    - Documentation/payment of doc/travel time
- 3.5% COLA for certain funding streams
- RFPQ awards for One-Time Enhancement Funds
- MAA Incentives
- Requested changes need justification/contract negotiation
- Phasing in Multi-Year Contracts

Contract Renewal Updates/Reminders

Coordination/communication is essential

- Between Program/Fiscal Staff within your organization and ours

- Goal to communicate/negotiate changes proactively

- Reach out to Contract Managers with questions/concerns

If there are issues requiring resolution, please alert your Contract Managers as a part of the Contract Renewal Process

- If there is an issue, inform Contract Managers of barrier(s) to signature

- Delays/impacts when notification comes via signature process

Contract Renewal Updates/Reminders

When will CBOs receive Contract Renewal Packages?

- Batch 1: Early April

- Batch 2: Mid-May

- Batch 3: Early May

- Batch 4: Late May/Early June

What do I do with my Contract Renewal Package?

- Review: Contract Renewal Letter, Allocation, Exhibit A Documents

- Complete: Budget, Contract Input Form

- Submit in accordance to Table of Contract Renewal Requirements

Exhibit A Documents

- **For specific changes to Exhibit A-1 and Exhibit A-P/SOWs:**

  o Please see our website at:
  http://www.acbhcs.org/providers/network/forms.htm#contract

- **For more specifics about your Exhibit A-SOWs:**

  o Please see the custom documents in your contract renewal

Exhibit A-1 Review

General

- No Wrong Door

- Accessible format

- Additional security references associated with HIPAA

- More specific references to other regulatory requirements

SUD

- Out-of-County Medi-Cal

- Requirements around Naloxone

- Adolescent Best Practice Guidelines

Exhibit A-P Requirements

General

- Medi-Cal Peer Support Services by a Certified Peer and/or Family Support Specialist.

MH:

- Treatment: Meet Service Necessity SMHS as defined by DHCS

- Service Team – More detail on discharge/discharge from facilities

- Crisis Residential Tx – Monthly reporting on referral data

- Wellness Centers – Linkage to services v. outpatient services

Exhibit A-P Requirements

SUD:

- Treatment – Additional detail on timeliness

- Perinatal – DHCS definition of postpartum period change

- OTP – Clinician Consultation Services

- Outpatient/Residential – Effective referral mechanisms to MAT

- Residential Tx/Recovery Residence – ACBH Bed Availability Survey

Exhibit A Provider Questions

Responses to Contracts Unit Updates and Exhibit A Questions

5 Minute Break

Changes to Payment Terms and Conditions

- DHCS will no longer require Cost Reports as the counties are paid a flat FFS rate.

- ACBH will require cost reports from CBOs whom where settlement terms and conditions continue to settle to cost

- Invoice deadline for grant-funded programs

- Hold harmless

- Reorganization/alignment of provisions for clarity

Allocation Worksheet

- **Allocation Worksheets included in Contract Renewal Packages** for all programs

- **Allocations are pending Board of Supervisors' approval**

  - If any changes in program allocations occur, your FCM will send you an updated Allocation Worksheet

- **Multi-Year Contracts**

  - If applicable, there will be one allocation/budget column per FY

  - Budget updates may be required if your contract allocation changes during the term of the contract

- **Mental Health:**

  - Continued split for Medi-Cal and Non Medi-Cal Services

Allocation Worksheet - Sample

ALAMEDA COUNTY
ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)
BEHAVIORAL HEALTH PROGRAMS

FISCAL YEAR 2023-24
ALLOCATION

Contractor: XYZ CBO

DISCLAIMER: ALL program allocations are pending Board approval

Ex A #	Program Name	RU #	Program Allocation
Ex A(a)	Program A	12345	$100,000
Ex A(a)	Program B	23456	$100,000
Ex A(a)	Program C	34567	$100,000
Ex A(a)	Program D - *One-Time Funding*	45678	$150,000
		Contract Maximum:	**$450,000**

Budget Forms

- **Budget Template required sections**
  - B-1 Funded Program Budget (Personnel & Operating Expenses)
    - Simplified staffing categories in Budget for MH Actual Cost and SUD, minimums listed in SOWs
  - Expense Detail
  - _MH Only_ - B-2 Composite Budget _(Auto-filled for SUD)_
- **Budget Instructions included with the Budget Template**
  - Program expenses must match program allocations from Allocation Worksheet
  - Costs must be reasonable and comply with regulatory requirements and any restrictions set forth by the funding source
  - _SUD_ - Administrative Indirect expenses – capped at 15%
  - _MH_ – Rate & Unit Calculation

Budget Forms – Sample MH: Actual Cost Contract

PLEASE ENTER	Direct Services √	Average Annualized Salary	Program A: Outpatient Treatment		Program B: Outreach and Engagement	
			Provisional Rate		Actual Cost	
			RU # 01RG1		RU # 01RG1	
			BUDGET		BUDGET	
			FTE	Cost	FTE	Cost
TOTAL PROGRAM BUDGET						
I. SALARIES, WAGES, & BENEFITS						
Provider's Employees						
Prescribers		Prescriber FTE	0.00		0.00	
Prescribers (Summary)	√	$0				
Direct Service Employees		Direct FTE	0.00		0.00	
Direct Service Employees (Summary)	√	$0				
Administrative Employees (Direct Assigned)		Indirect FTE	0.00		0.00	
Administrative Employees (Direct Assigned) Summary		$0				
Provider's Employees - Salaries & Wages TOTAL				$0		$0

Budget Forms – Sample SUD

Type of Position:		Total FTEs	Total Salary Costs
Direct Client Services (Sum total)			
Supervisor - Other (Sum total)			
Administrative (Sum total)			
TOTAL FTEs / SALARIES		-	-
Total Employee Fringe Benefits			
Total Personnel Expenses			-

**FTE (Full Time Equivalent) reflects actual time worked based on a 40-hour workweek

- **FTEs:**
  - Budget FTEs based on a 40-hour work week
  - Must meet minimum wage requirement for State and City
  - Must comply with the Executive Schedule published by the United States Office of Personnel Management
  - Staff who perform multiple roles (i.e., Supervisor & Direct Service) should be listed as a separate line on the Personnel tab for each role they perform

Completing the Budget Template

- **Substantive Changes – need to be negotiated and approved by System of Care Directors/Operations and/or Finance Leadership**

  o Staffing changes

  o Service or Program Design changes

  o Service Level changes

- **Please submit budget and other Contract Renewal Documents by due date**

SUD Only – 3rd Quarter Financials

o Providers that are paid at provisional rate will only be trued up to cost at the end of the 3rd quarter based on the quarterly financials for Q3

Completing the Budget Template

MH Only

- **To finalize FY 23-24 using approved FY 22-23 rates**

  o Inform your contract managers (PCM & FCM)

  o FCM will send FY22-23 final budget planning workbook after updating FY 23-24 allocations to CBO

  o CBO will review the budget workbook for concurrence, make any required changes, & return to contract managers

- **Option for one relative value rate for each Mode & Service Function Code for similar services with the same source of funds**

  o Example: School-Based programs funded with EPSDT

Cash Advances

- **County Policy**

  o No more than 1/12 of the <u>annual</u> contract allocation

  o Non-profit organizations only

  o Repayment terms as approved by ACBH

- **Employee Dishonesty and Crime (EDC) insurance coverage** limits must be greater than or equal to the requested cash advance amount

- EDC insurance coverage must include a **Loss Payee Endorsement Form** (Excel format) on provider website http://www.acbhcs.org/providers/network/forms.htm

- Wait to submit until you have valid Certificate of Insurance if expires in Jul/Aug

- **Send to ACBH Accounts Payable** at CBOPayment@acgov.org

Invoice Processing

- **Reminder – This is a restructured process between:**

  - Accounts Payable (AP) – ACBH

  - Disbursement Division – Alameda County Auditor – Controller's office

    Submit claims/questions to AP Unit at:

    CBOPayment@acgov.org

  - Always copy your fiscal contract manager

- **CalWORKS/Grant program invoices due –** 10 Days after end of service month, or by earlier Grant deadline if communicated by ACBH

Exhibit B Provider Questions

Responses to Exhibit B Questions

Resources

- **Comply with all applicable requirements from:**

  - ACBH Policy Manual http://www.acbhcs.org/providers/PP/Policies.htm

  - ACBH QA Manual http://www.acbhcs.org/providers/QA/qa_manual.htm

  - ACBH State County Plans and Grant Agreements
    http://www.acbhcs.org/providers/network/cbos.htm#resources

Resources

Contracts webpage for CBO Providers: http://www.acbhcs.org/providers/network/cbos.htm

- Provider or Program Change Notification Form
  - Notify ACBH of routine changes, e.g., Leadership

- Program Change Request Form
  - Request ACBH approval of changes, e.g., sites or services

- Standard Contract Exhibits
  - Exhibits A-1, A-2, B and others

- Copies of key forms and policies, memos, and definitions

Resources

Provider Website: [Home, News | ACBH Providers Website (acbhcs.org)](acbhcs.org)

- QA Manual

- QA Memos and Notices

- QA Training

- Grievance and Appeals

- Policy and Procedures

- CalMHSA Documentation Manuals

- CalMHSA Learning Portal

MH Site Certification Handout

For Technical Assistance Contact: QATA@ACgov.org

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Questions & Answers

- **Answers will be posted on the Providers website**
  http://www.acbhcs.org/providers/network/cbos.htm

- **Presentation and handouts will also be posted online**

- **Complete Exit Survey**

Thank You

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