

Overview of the FY 14/15 Addiction Treatment Pilot Program and FY 16/FY17 Addiction Treatment program.

The Department of Mental Health and Addiction Services was given authority and related funding to develop a program to provide addiction treatment, including medication-assisted treatment, to persons who are offenders within the Criminal Justice System, and are selected to be participants in the program because of their dependence on opioids, alcohol, or both. This program was originally established as the Addiction Treatment Pilot program (ATTP) by the FY 14/15 biennial budget bill and was available in Crawford, Franklin, Hardin, Mercer and Scioto counties with certified drug court programs. The ATTP's evaluation was conducted by Case Western Reserve University and the report was submitted to the OhioMHAS in December 2015.

The FY 16-17 budget removed the word pilot and expanded the Addiction Treatment Program (ATP) to a total of fifteen counties - Allen, Clinton, Crawford, Cuyahoga, Franklin, Gallia, Hamilton, Hardin, Hocking, Jackson, Marion, Mercer, Montgomery, Summit, and Warren counties who are conducting medication-assisted treatment (MAT) drug court programs. This program expansion is possible, in part, because of the ability to leverage increased access to Medicaid as a payer for the Medication-assisted treatment and clinical services, which was not available when the pilot was originally contemplated. The Addiction Treatment Program includes more rigorous timeline and selection criteria for the research entity. The Treatment Research Institute (TRI) has been selected to assess the program impact and identify barriers to implementation and sustainability. The OhioMHAS will continue to work with the Supreme Court of Ohio, Department of Medicaid, and local partners to assure a smooth implementation.

11/13/15 ATP Learning Collaborative Questions

- 1. Question:** Is it \$2000 per slot in the program, or \$2000 per participant?
Answer: The \$2,000 is per slot per month. The \$2,000 per slot per month amount is based assumptions associated with clinical, administrative and medication costs. This amount per slot per month must be used to cover clinical and medication needs. To the extent that clinical and medication needs are met within this payment, time limited it may also be used to cover expenses associated with recovery supports and other costs that eliminate barriers to treatment and that are specific to the individual's needs. ATP funds will be available until the individual has another payer source (i.e., is enrolled in Medicaid or commercial insurance.) It is important to note that other payer sources may not cover additional supports outside of the clinical services and medication.
- 2. Question:** Does Recovery Support include housing?
Answer: Recovery supports do include recovery housing. When considering using ATP funds for housing, please see the response to Question 1 above.
- 3. Question:** How do we know how many slots we have in a county?
Answer: Slot information can be found at <http://mha.ohio.gov/Default.aspx?tabid=718>
- 4. Question:** Does treatment services include residential?
Answer: Residential treatment can be covered however, the per slot per month rate is been built on an outpatient level of care. It is our expectation that the community partners will work collaboratively to determine appropriate clinical placements. Please see the response to Question 1 Above, when considering using ATP funds for treatment in a residential setting,
- 5. Question:** If a person enters the program and they have Medicaid coverage can the funds be used for non-Medicaid covered services or supports?
Answer: No. ATP funds are available only until the person becomes enrolled in Medicaid. The individual should continue to be included in the ATP data collection and evaluation.

6. **Question:** Are individuals in Community Corrections eligible for ATP?
Answer: If an individual is in a secure facility such as Community Based Correctional Facility (CBCF) and in an ATP participating drug court, then ATP funds can be used until another fund source is available.
7. **Question:** If an agency provides treatment services but do not currently provide MAT do they need to modify the services/programs they deliver to include MAT?
Answer: No. Local agencies should collaborate to provide treatment using an integrated service delivery model. This could include coordination of care between a prescriber and the community addiction services provider.
8. **Question:** Is there a comprehensive list of treatment services covered and eligibility?
Answer: OhioMHAS certifies treatment services and programs in accordance with OAC 3793: 2-1-08. Examples of treatment services include: Diagnostic Assessment, IOP, Urinalysis, individual treatment, group treatment, family treatment, medical and non-medical community residential treatment, case management, medication assisted treatment, crisis intervention, and ambulatory detoxification services.
9. **Question:** Is the per slot amount intended to fund to a specific service or program, or does the local partnership have the ability or flexibility to render and pay for a full array of treatment services and recovery supports?
Answer: See the response to Question 1 above.
10. **Question:** If an individual is co-occurring MI/SUD then can the costs for the psychiatric medications be covered with ATP funds?
Answer: See response to Question 1 above.
11. **Question:** Is there any reimbursement for data collection?
Answer: Not through this funding source. Please note that OhioMHAS administers a Specialized Docket Payroll Subsidy grant to cover limited staffing expenses associated with certified specialty dockets. Court staff whose salaries are funded via this program could have ATP data collection as part of their job responsibility.
12. **Question:** Is there an enrollment process for this? Are you enrolling the clients into a state system?
Answer: No. Data collection will be accomplished through the TRI system.
13. **Question:** Can ATP funds be used for recovery coaches?
Answer: When considering using ATP funds for recovery coaches, please see the response to Question 1 above.
14. **Question:** What are the system requirements to get access to the TRI system?
Answer: You must have Internet Explorer in order to input data into the TRI system. For technical assistance, please submit an email inquiry to the central ATP mailbox. The email will be forwarded to the appropriate party.
15. **Question:** Does the system have the ability for multiple treatment providers?
Answer: Yes; an unlimited number of treatment providers can access TRI's web-based Court Evaluation Program (TRI-CEP) data collection system; it will be necessary for access rights to be established. Please contact Chris Nicastro for technical assistance.
16. **Question:** Is TRI working collaboratively with the OhioMHAS to produce the reports necessary to evaluate ATP and provide oversight and monitoring or will there be additional data collection required for this purpose?
Answer: There will not be additional client level data reporting requirements beyond what TRI will be collecting. TRI and OhioMHAS will continue to work collaboratively to make sure we have the appropriate data to evaluate ATP and related oversight and monitoring.
17. **Question:** If we have someone who is not eligible for MAT, do we track them as research participant?

Answer: No. Only MAT eligible clients are included in this evaluation. As a prerequisite, an MAT-eligible client will have a diagnosis of opiate dependence or alcohol dependence and following medical evaluation, offered the option of utilizing an antagonist (Vivitrol) or partial agonist (Suboxone) in their treatment. MAT eligible clients are 1) those who qualify for MAT but opt to not use medication and 2) those who qualify for MAT and opt to utilize the medication.

18. **Question:** Are we able to separate the clients who roll over in the data collection system?

Answer: Only MAT-Eligible participants who are admitted to the Drug Court after January 1 will be tracked in the evaluation tool. Prior admissions will not be tracked in TRI-CEP.

19. **Question:** If people are already in the pilot program, will we collect their data?

Answer: For the purposes of the evaluation, only MAT-Eligible participants who are admitted to the Drug Court after January 1st will be tracked in the evaluation tool. Prior admissions will not be tracked in TRI-CEP.

20. **Question:** When the screening is filled out, will the information go to TRI or the court?

Answer: All Information entered into the web-based Court Evaluation Program (TRI-CEP) and Client Assessment Program (TRI-CA) tools will go to TRI. TRI may provide summary aggregate reports to the courts. TRI will be working closely with Courts and providing continuing technical assistance and support. The need for the development of aggregate reports will be based on discussions between TRI and the Courts.

21. **Question:** Are we responsible for logging the client and waiting for them to fill the survey out?

Answer: Courts or treatment programs (depending upon client flow for a particular drug court program) will need to log clients into the TRI's web-based client data collection tool, TRI-CA (Client Assessment program) and wait for them to complete their survey items. The TRI-CA info that clients complete (such as satisfaction surveys, current drug use, participation in the program) is self-administered and confidential, so it is important to provide a level of privacy to clients as they complete their data entry. Again, TRI will work with each of the participating courts and programs to assist with client flow and internet access issues to facilitate data collection and successful participation in the evaluation.

22. **Question:** Are we going to be able to use this data collection system for everyone?

Answer: No. It will not be possible to use the data collection system for everyone at this time. Only portions of the TRI-CEP data collection system necessary to conduct the evaluation will be available for use and only MAT – eligible docket enrollees in the 15 named counties will be included and tracked in this system.

23. **Question:** When will we get the results of the ATPP study?

Answer: The ATPP report is to be submitted to the Department in December 2015. The report will be made available as soon as the report is received and reviewed by the Department.

24. **Question:** Is there any consideration to helping with the cost of housing in a sober living facility for up to two months post incarceration or residential treatment? This cost is often about \$350 a month but it allows individuals to work and save some money and help paying fees and fines and restitution.

Answer: When considering using ATP funds for housing, please see the response to Question 1 above.

25. **Question:** The courts are being asked to do a lot in terms of inputting data, etc. Is there any consideration for allowing a small amount of money to go towards incentives for participants?

Answer: No. Incentives are not being considered.

26. **Question:** Drug Testing is a critical piece of any MAT court project. Courts here are coordinating testing so that their overall cost is reduced. Is there any consideration for allowing us to reimburse courts for a portion of drug

testing cost? We have a random selection generator that the courts use and they record all of the tests by client. It would be easy to do an extract specific to those involved in ATP.

Answer: Funds can be used by treatment providers to cover the cost of drug testing. We encourage treatment providers to work with the courts to work with local providers to identify how to cover the drug testing costs.

27. **Question:** Many clients begin MAT and treatment while at a CBCF. As you know, they cannot bill for Medicaid. Can we enroll eligible clients while at the CBCF and use ATP funds for the treatment cost?

Answer: Yes. If an individual is in a secure facility such as Community Based Correctional Facility (CBCF) and in an ATP participating drug court, then ATP funds can be used until another fund source is available.

28. **Question:** We have been success in getting people employed but often need assistance with things like work boots. Could ATP funds be used for these types of expenses for reasonable amounts?

Answer: When considering using ATP funds for assistance with nominal, one-time purchases (such as work boots), please see the response to Question 1 above.

29. **Question:** It indicates that it is the Drug Court responsibility to get our program participants to sign a consent form authorizing the release of information. Is that consent form going to be a standard form put together by you or is that something we need to put together? We obviously already have releases of information for our treatment providers but I am under the impression this would be a separate release of information or consent form? Could you please clarify for me?

Answer: Courts can utilize their existing release of information forms. The Department can provide language to incorporate into existing release of information forms if it would be helpful.

30. **Question:** In the power point it indicates that our point of contact for our funding is Chris Nicastro but will we be given a separate point of contact for the Treatment Research Institute or should all questions be directed for Chris Nicastro?

Answer: All inquiries should be submitted to a single e-mail address MATATP@mha.ohio.gov. Inquiries will be triaged across the appropriate parties to generate a response.

31. **Question:** If we have patients who have insurance, can ATP funds be used to cover the co-pay?

Answer: When considering using ATP funds for co-pays, please see the response to Question 1 above.

32. **Question:** Do courts have to turn in Specialized Docket Payroll Subsidy Reports if they are in ATP?

Answer: Certified Drug Courts should submit reports in accordance with the Specialized Docket Payroll Subsidy requirements.

33. **Question:** Do courts need to do anything prior to January 1?

Answer: Courts should be collaborating with boards and providers to assure they are ready to make referrals beginning January 1st. Courts are expected to cooperate with TRI.

34. **Question:** Is the evaluation by TRI similar to the evaluation conducted in the pilot program? Is it going to be used to determine the effectiveness of a drug court program? If so, what criteria are being used for the evaluation?

Answer: The evaluation is similar to the pilot program, but will be using some different indicators and web-based software to collect the data. Ultimately, the goal of the evaluation is to determine the effectiveness of MAT in drug courts.

35. **Question:** What is the average length of time a person is in the treatment?

Answer: Treatment time may vary, however, 18 months is the average time a person typically participates in a drug court.

36. **Question:** If we don't any participants yet, do we just wait until we see one that is eligible before putting anything online? Right now, we have no data to put on the website.
Answer: Only newly admitted clients after January 1st, 2016 should be entered into TRI-CEP.
37. **Question:** Since clinical and medication needs to not go away when a client becomes Medicaid eligible, why can't we continue to use ATP funds to provide those other necessary supports? If it's not just about the medication - why does that belief not follow the entire program?
Answer: See the response to question 1 above.
38. **Question:** Are we able to encourage clients to pick certain managed care plans?
Answer: No.
39. **Question:** Is there a document that details which entity is responsible for each part of the collected data sent to TRI?
Answer: No, the courts and providers need to work together to coordinate data collection for TRI.
40. **Question:** What are the enrollment projections for the program?
Answer: The number of slots per county can be found on the Ohio Department of Mental Health and Addiction Services website which is <http://mha.ohio.gov/Default.aspx?tabid=718>
41. **Question:** Who determines the recovery support needs and who initiates them?
Answer: This is a clinical determination based on the individual's needs. Please refer to question one for use of funds.
42. **Question:** Our Vivitrol treatment program is a collaboration between 2 providers who provide MH and AOD services as well as the Vivitrol. Will MH services that are a requirement of our program be covered? It is our psychiatrist that prescribes the Vivitrol.
Answer: Yes, please refer to question number eight.
43. **Question:** Will the ATP funds offset costs not covered by insurance if a participant does indeed have private insurance?
Answer: See the response to question 1 above.
44. **Question:** Is there still a minimum numbers of treatment hours per week expected?
Answer: No. It is client specific as determined by the drug court and the treatment provider.
45. **Question:** Who modifies the MOU's; there are not enough lines for all providers, judge (s), etc.?
Answer: Additional lines can be added to the MOU to allow for the appropriate signatures.
46. **Question:** If an enrollee in the ATP has private insurance with a high deductible will the ATP funds cover the Out of Pocket copays for treatment and services that may not be covered by the private insurance? For example, transportation, case management, etc.
Answer: See the response to question 1 above.
47. **Question:** Do providers bill the court or the ADAMHS Board?
Answer: Please refer to your local ADAMHS Board for billing procedures.
48. **Question:** If a client does not become MCD eligible, how are providers supposed to continue treatment even with the \$2000 monthly fund? The injection alone takes up most of the money?
Answer: The \$2,000 slot model was based on the use of the most expensive medication along with an outpatient level of care.

49. **Question:** Once a participant is enrolled in ATP, what happens if they transfer to another provider (data entry etc.?)
Answer: Each court (the person who initially enters a client) will be responsible for assigning the client to a treatment provider. This will be a drop down box listing each provider working with the court. If a client switches providers, the court will be responsible for indicating that on the screen. Once this switch happens, the new provider will be able to see the previous data entry for the client but the former provider will no longer be able to see the client data.
50. **Question:** Can we get a copy of slides or will they be on the website?
Answer: The webinar PowerPoint presentation is available on the Ohio Department of Mental Health and Addiction Services website which is <http://mha.ohio.gov/Default.aspx?tabid=718>
51. **Question:** Can we get a list of these providers who attended the webinar, i.e. service providers, so that the Drug Courts know where there clients are being referred?
Answer: A list of service providers will be available on the Ohio Department of Mental Health and Addiction Services website at <http://mha.ohio.gov/Default.aspx?tabid=718>
52. **Question:** Can these funds be used to cover the time for the case manager or clinician while at drug court and in treatment team? Often a 6 to 10 hour day.
Answer: No.
53. **Question:** By new clients after 1-1-16, do you mean new clients to Drug Court or new clients to a particular provider?
Answer: New clients entering into the Drug Court.
54. **Question:** Should all clients entered into drug court be entered into the TRI database regardless of them receiving medication?
Answer: Yes.
55. **Question:** Does ATP cover Naltrexone?
Answer: Yes, providing the individual is opiate and/or alcohol dependent.
56. **Question:** Who is responsible for initial input into TRI-CEP? The client may contact a provider before letting Drug Courts know.
Answer: The data entry can depend. Typically, the court will be the one to enter the initial client data, as the client was most likely enrolled in drug court before being referred to treatment providers or other services.
57. **Question:** Is the local ADAMHS Board responsible for deciding what provider is assigned? Is there Drug Court input?
Answer: ADAMHS Boards and drug courts must work together to determine which providers will deliver treatment services.