

The Acronym Game

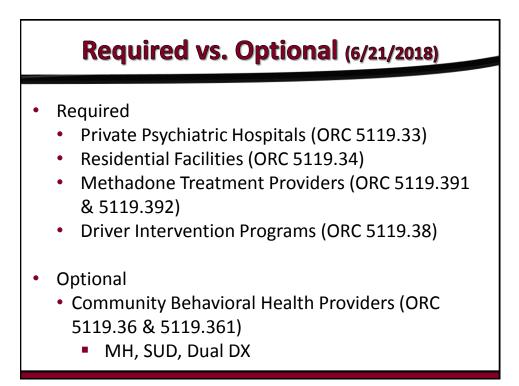
- MHAS = Ohio Department of Mental Health and Addiction Services
- MH = Mental Health
- MI = Mental Illness
- AoD = Alcohol and Other Drugs
- SUD = Substance Use Disorder
- DIP = Driver Intervention Program
- DX = Diagnosis
- Dual DX = diagnosed with both MH and Substance Use disorder
- CMS = Centers for Medicare and Medicaid Services
- RSS = Residential State Supplement Program

The Acronym Game

- ADAMH/ADAMHS = Alcohol, Drug Addiction and Mental Health Services (Board)
- MHR/MHRS = Mental Health and Recovery Services (Board)
- CMH = Community Mental Health (Board)
- ADAS = Community Alcohol and Drug Addiction Services (Board)
- ASAM = American Society of Addiction Medicine
- TX = Treatment
- OTP = Opioid Treatment Program

Licensure vs. Certification

- License
 - Private Psychiatric Hospitals (ORC 5119.33)
 - Residential Facilities (ORC 5119.34)
 - Methadone Treatment Providers (ORC 5119.391 & 5119.392)
- Certify
 - Community Behavioral Health Providers (ORC 5119.36 & 5119.361)
 - Driver Intervention Programs (ORC 5119.38)

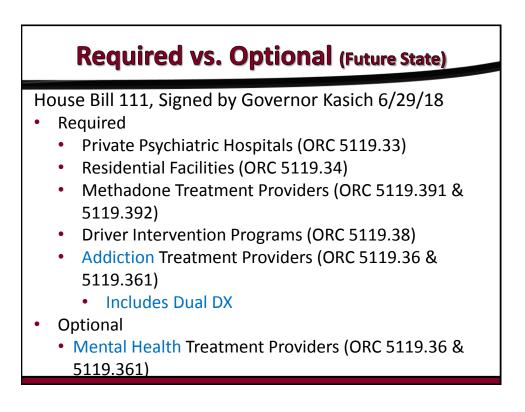


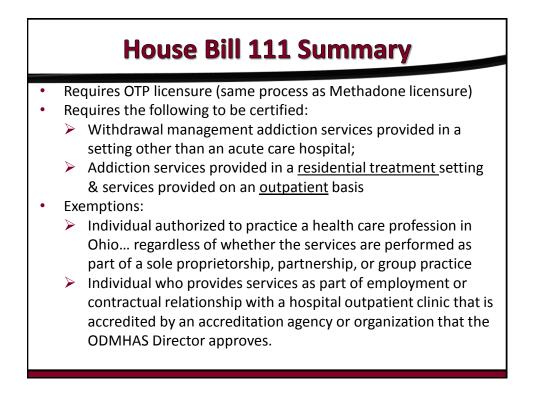
Prohibited from Regulating

- Sober Housing (aka Sober Home)/Sober Living/Recovery Housing
 - > ORC 340.034 (A)(B)
 - Exception is Level 4, which is an SUD Residential Treatment Program
- Residential facility licensed/certified by:
 - Ohio Dept of Developmental Disabilities
 - Ohio Dept of Job and Family Services
 - Veteran's Administration
 - Home of person w/ MI living with relative/guardian



- Gambling Addiction
 - No specific regulations or "gambling addiction" service that is certified
 - Certified addiction treatment programs may offer treatment
- Veteran's Administration MH and SUD services
- MHAS operated psychiatric hospitals (TJC accredited)





Time Frames License/Certification

- One year
 - Private Psych Hospital
 - Methadone (OTPs in the future)
- Two years
 - Class Two Residential Facility
 - Class Three Residential Facility
- Three years
 - Class One Residential Facility
 - Certified BH Agency
 - DIP

Private Psychiatric Hospitals (OAC 5122-14)

- Provide inpatient psychiatric treatment
- May provide inpatient dual diagnosis (MH/MI) treatment
- Licensed by MHAS, and
- Accredited by one of:
 - The Joint Commission (TJC)
 - Healthcare Facilities Accreditation Program (HFAP), sometimes mistakenly referred to as AOA
 - Det Norske Veritas (DNV)
- Complaints:
 - MHAS Licensure and Certification
 - Accrediting Body
 - Department of Health (survey on behalf of CMS)

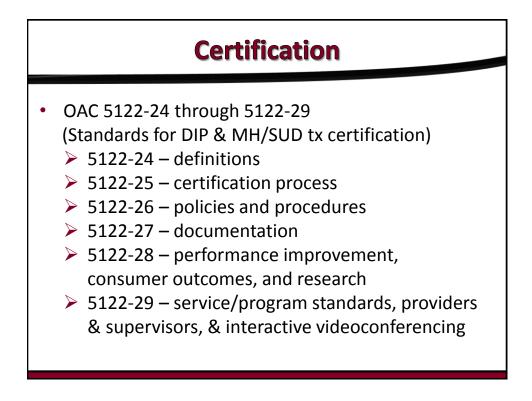
Residential Facilities (OAC 5122-30)

- Class One
 - Accommodations & Supervision, Personal Care Services, and Certified Mental Health Services
 - 1 or more unrelated persons with mental illness
- Class Three
 - Room and Board
 - 5 or more unrelated adults with mental illness

Residential Facilities (OAC 5122-30)

- Class Two
 - Accommodations & Supervision, Personal Care Services
 - 1 2 unrelated adults receiving RSS*
 - 3 16 unrelated adults, at least three receiving personal care services
 - Persons with mental illness
 - Persons w/o mental illness, but unable to care for selves. Typically elderly. *
 - 1 2 unrelated persons with mental illness





Driver Intervention Program

- For persons sentenced under ORC 4511.19
- "The rules shall include...methods of identifying and testing participants to isolate participants with alcohol and drug abuse problems, referral of such persons to community addiction services providers,..." ORC 5119.38
- "...The court may require the offender, as a condition of community control and in addition to the required attendance at a drivers' intervention program, to attend and satisfactorily complete any treatment or education programs that comply...

Driver Intervention Program

- "... with the minimum standards adopted pursuant to Chapter 5119. of the Revised Code by the director of mental health and addiction services that the operators of the drivers' intervention program determine that the offender should attend and to report periodically to the court on the offender's progress in the programs." ORC 4511.19 (G)(1)(a)(i)
- Varying lengths of DIP
 72, 48, & 13 hours

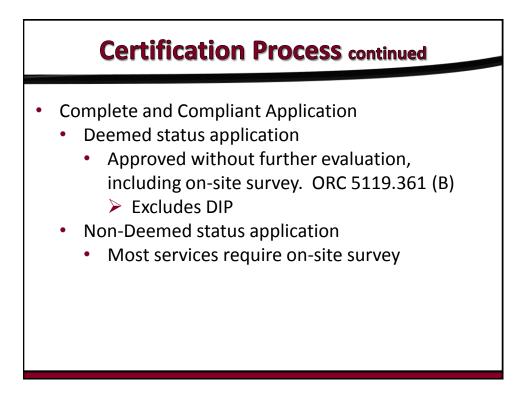
All Other Certification

Certifiable Services	Certifiable Services
General Services (assessment, counseling & medical services)	Peer Run Organization
MH Day Treatment	(MH) Community Psychiatric Supportive Treatment (CPST)
Forensic Evaluation	Therapeutic Behavioral Services and Psychosocial Rehabilitation
Behavioral Health Hotline	Consultation
Residential, Withdrawal Management, and Inpatient (non-acute) SUD	Prevention
Crisis Intervention	Referral and Information
Employment	Supplemental Behavioral Health
SUD Case Management	Intensive Home Based Treatment (IHBT)
Peer Recovery	Assertive Community Treatment (ACT)



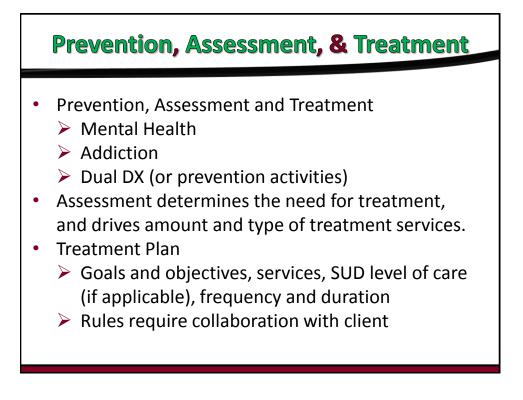
Deemed vs Non-Deemed Status

- Deemed Status
 - Department recognized behavioral health accrediting body has granted accreditation
 - CARF (Commission on Accreditation of Rehabilitation Facilities)
 - COA (Council on Accreditation)
 - The Joint Commission
 - Excludes DIP and Methadone
- Non-Deemed Status
 - MHAS conducts all application and survey functions



Certification Process continued

- On-site survey review (may not be applicable to all)
 - Physical plant environment
 - Personnel files
 - Clinical records
 - Performance improvement
 - Client rights & grievances
 - Incident reporting
- Survey Plan of Correction (POC), if applicable
- Approve POC and/or conduct validation survey



Treatment Services

Common

- Assessment
- Counseling (individual, group, family)
- Medical Services (Pharmacotherapy/Medication Assisted Treatment)
- SUD Case Management or (MH) CPST Increasing Availability or Recovery Supports
- Employment
- Peer Recovery
- Intensive Home Based Treatment (IHBT)
- Assertive Community Treatment (ACT)
- Methadone (*Licensed, not certified*)



- Must provide <u>certified</u> non-methadone services directly or through agreement
 - General services, SUD Case Management, and Crisis (must be provided by licensed methadone provided at program location)
 - Employment, Vocational Rehab and Education (at program location or through written agreement)
- Heavily regulated by Federal Government
 - Every state has a <u>State Opioid Treatment</u> <u>Authority</u>

Treating Opioid Use Disorders

Perspective: A chronic disease requires monitoring and treatment that corresponds to the evolution of that disease over time

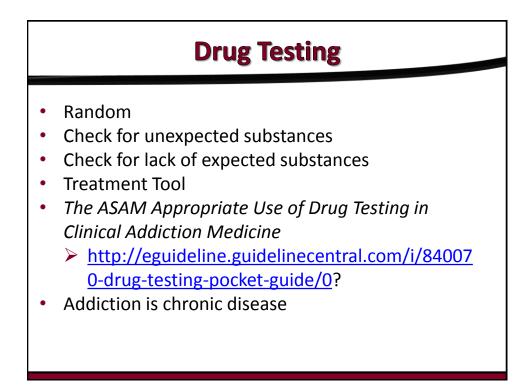
- Stabilization
- Effective psychosocial treatment
- Pharmacological treatments (Medication Assisted Treatment)
- Recovery supports (safe housing, employment, etc.)
- Harm reduction approaches

References: Dr. Mark Hurst, Medical Director, OhioMHAS



- Not certified/licensed as a specific service
 - Methadone, OTP license
 - Medical services as part of "General Services"
- Evidenced-based practice
- Individualized treatment, including type of medication
- Includes psychosocial services
- Methadone, Suboxone (buprenorphine), Vivitrol (naltrexone) alone are NOT MAT

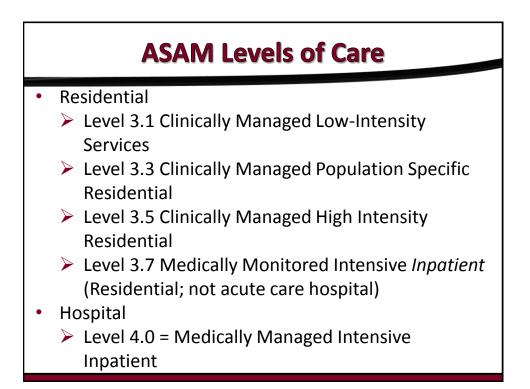
Medication	With MAT (% Opioid Free)	Without MAT (% Opioid Free)	NNT
Naltrexone ER	36 %	23 %	7.7
Buprenorphine	20-50 %	6%	7.1-2.3
Methadone	60 %	30 %	3.3
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ASAM Criteria

- Six Dimensions of Multi-Dimension Assessment
 - 1. Acute Intoxication and/or Withdrawal Potential
 - 2. Biomedical Conditions and Complications
 - 3. Emotional, Behavioral, or Cognitive Conditions and Complications
 - 4. Readiness to Change
 - 5. Relapse, Continued Use or Continued Problem Potential
 - 6. Recovery/Living Environment





Withdrawal Management vs. Detoxification

Withdrawal management refers to the medical and psychological treatment of individuals who are experiencing a withdrawal syndrome due to either reducing their use of a particular drug or totally ceasing their use.¹

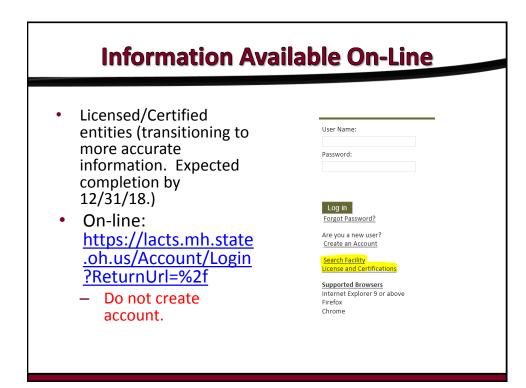
Detoxification occurs when body removes toxins. Physical process.

¹Reference: World Health Organization Definition 2009

Drug Testing

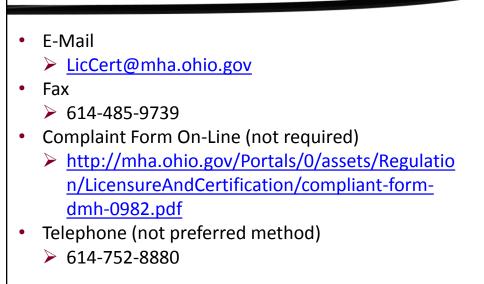
- Random
- Treatment Tool
- The ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine
 - <u>http://eguideline.guidelinecentral.com/i/84007</u> <u>0-drug-testing-pocket-guide/0?</u>
- Addiction is chronic disease

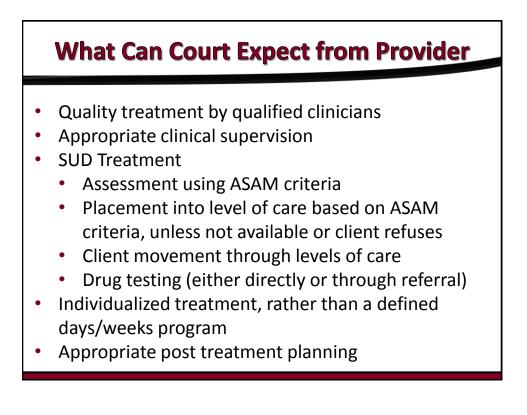




Incident Reporting (Providers Self-Report)				
 Alleged abuse, neglect, defraud (exploitation) Missing medication (theft or unknown) Suicide Homicide by client Accidental death (on premises, or during care or treatment) Restraint/seclusion categories Medication diversion 	 Selling drugs on property Involuntary termination without appropriate client involvement Assault Med error/adverse reaction Medical events impacting operations (contagious w/ other parameters) Temporary closure 			

Complaints





What Can Courts Do?

- Require accountability from treatment providers
- Listen to the people appearing in court
 Pattern of similar complaints?
- Submit complaints to MHAS when warranted
- If provider not certified, ask about accreditation as evidence of compliant to quality standards (voluntary)
- SUD TX Understand relapse may be part of the process
- Resolve conflict when court orders treatment and individual is assessed as having no MH or SUD diagnosis

