

**Identification and Description of**  
**Multiple Alcohol and Other Drug**  
**Treatment Systems**

***Final Report***

**Prepared by the National Association of State Alcohol and Drug Abuse  
Directors, Inc. for Health Systems Research, Inc. for the  
*State Health Care Reform Technical Assistance and  
Knowledge Development, Synthesis and Dissemination Project***

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## ABSTRACT

Under various forms of health care reform and specialized initiatives, many States now provide publicly supported alcohol and other drug treatment through several different channels. In some cases, changing substance abuse treatment financing options and the development of treatment delivery systems designed to meet a variety of specific needs combined to create parallel treatment systems frequently administered by agencies other than the State Alcohol and Other Drug (AOD) Agency. As a result of that process, policy makers at the national level have an incomplete and fragmented picture of the publicly funded alcohol and other drug abuse treatment system. This study provides information regarding these multiple systems by identifying State and local entities that operate treatment services outside of the State AOD Agency systems.

# Identification and Description of Multiple Alcohol and Other Drug Treatment Systems

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## **Background**

Health Systems Research, Inc. (HSR) engaged the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to consult with its members under their *State Health Care Reform Technical Assistance, and Knowledge Development, Synthesis and Dissemination Project* with CSAT (contract no. 270.00-7071) regarding various aspects of publicly supported substance abuse treatment.

This report is the product of an initiative entitled “Identification and Description of Multiple Alcohol and Other Drug Public Treatment Systems.” Under various forms of health care reform and specialized initiatives, many States now provide publicly supported alcohol and other drug treatment through several different channels. In some cases, changing substance abuse treatment financing options and the development of treatment delivery systems designed to meet a variety of specific needs combined to create parallel treatment systems frequently administered by agencies other than the State Alcohol and Other Drug (AOD) Agency. As a result of that process, policy makers at the national level have an incomplete and fragmented picture of the alcohol and other drug abuse treatment system. A membership consultation document (see Appendix A) was developed to collect data to be used to identify those States with such systems.

## **Method**

NASADAD staff developed the membership consultation document and a draft was submitted to the HSR Project Officer for approval. The HSR Project Officer reviewed the draft, provided some modifications, and the final instrument was ready for dissemination to the NASADAD membership by August 27.

The instrument was developed as a “Fax Back” form, and faxed to the NASADAD members with a return date of September 12. In addition, a description of the effort with the timeline for return and an electronic copy of the data collection instrument were posted on the NASADAD Web site. NASADAD staff followed up with the individual members by sending reminder e-mails, with the collection instrument attached as an electronic file. NASADAD staff also

contacted individual members by telephone to request the completed instrument. NASADAD received 42 completed instruments for a response rate of 84%.

The results were then compiled in a summary document (Appendix B) and as Individual State Profiles (Appendix C). Please refer to these materials when reviewing the Findings and Discussion.

## **Findings**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

#### **1-2. Units of State Government Operating AOD Treatment Services.**

##### **State Department of Corrections**

Please refer to Table 1. Thirty-eight States identified the Department of Corrections as a unit of State government operating AOD treatment services. This was by far the largest provider of non-SSA treatment services. The type of treatment setting was most often described as occurring within the correctional facility, but treatment services were also described as being operated in community-based treatment settings, and in residential treatment settings.

Eighteen of those States reported that the treatment facilities were required to meet State AOD Agency licensing/accreditation standards, and a few of those qualified the requirement, saying that it only applied to certain types of facilities (e.g., one State noted that the requirement was for residential treatment facilities only). Ten States report that these facilities participate in the State AOD Agency client level database. Nineteen States reported that services provided are coordinated with the State AOD Agency. Fifteen reported that there is little to no involvement with the State AOD Agency or the service system it supports.

### State Department for Juvenile Justice/Corrections

This was the second largest category under which States identified units of government operating AOD treatment services. Thirteen States described various types of treatment services being operated by their State's juvenile justice system. In six States, facilities must meet State AOD Agency licensing/accreditation standards. One State reported that facilities participate in the State AOD Agency client level data system. Six States reported that services are coordinated with the State AOD Agency. Four States reported that there is little or no involvement with the State AOD Agency.

### State Department of Child and Family Services

Seven States cited this type of unit of government operating AOD treatment services. Four reported that the facilities are required to meet State AOD Agency licensing/accrediting standards. Two participate in the State AOD Agency client level database. Four States report that these facilities coordinate services with the State AOD Agency. Two States report that there is little or no involvement with the State AOD Agency.

### Other Units of State Government Operating AOD Treatment Services

Eighteen States identified 21 units of State government operating AOD treatment services other than those described above. Ten of these are related to the State criminal justice system, but are not actually located in the States' Department of Corrections. Four States cited Departments of Public Welfare (under various names) as operating AOD treatment services. Three States described treatment services operated by the State's Department of Mental Health. One State identified the State hospital system as operating treatment services, and one State cited their Office of Community Development. One State identified treatment services operated by the State's Department of Veteran Affairs and one State identified their Department of Health as operating treatment services.

Thirteen of these providers are required to meet State AOD Agency licensing/accreditation standards. Eight participate in the State AOD Agency client level database. Thirteen providers

coordinate services with the State AOD Agency, and four have little or no involvement with the State AOD Agency or the service system it supports.

### **3-4. Units of Local Government Operating AOD Treatment Services**

#### County (refers to county operated jails, including those operated by Sheriff's Offices)

Fourteen States identified county operated jails as units of local government operating AOD treatment services. Five States indicated that these treatment providers are required to meet State AOD Agency licensing/accreditation standards. Four States reported that these providers participate in the State AOD Agency client level database. Seven States reported that services are coordinated with the State AOD Agency. Two States noted that there is little or no involvement with the State AOD Agency or the service system it supports.

#### Other Units of Local Government Operating AOD Treatment Services

Nineteen States describe 24 types of units of local government operating AOD treatment services other than the county jail-based treatment services described above. Ten of these are operated by some aspect of local criminal justice systems but are not part of the county jail system. County or municipality health departments operate treatment services in five States. County mental health departments operate services in four States. Tribal authorities operate treatment services in two States, and county governments or commissioners operate services in three. Eighteen of these entities are required to meet State AOD Agency licensing/accreditation standards. Eight participate in the State AOD Agency client level data system, and fifteen coordinate services with the State AOD Agency. Five States reported little or no involvement with the State AOD Agency.

## **5. Units of State and Local Government Other Than Any Substate Planning and Administrative Units Funded through the State AOD Agency that Purchase AOD Treatment Services**

Thirty-eight States identified State level, local level and/or State and local level purchasers of AOD treatment services.

### Drug Courts

This was the Unit of Government that was most frequently cited as a purchaser of AOD treatment services. Thirty-one States identified Drug Courts as a purchaser, including 8 at the State court level, 18 at the local court level and 5 at both the State and local court levels.

### TANF/Welfare to Work

This was the second most frequently cited purchaser of AOD treatment services. Twenty-seven States identified their TANF/Welfare to Work office as a purchaser, including 16 at the State level, 9 at the local level, and 2 at both the State and local levels.

### Correctional Authority

This was the third most frequently cited purchaser of AOD treatment services. Twenty-four States identified correctional authorities as purchasers, including 17 at the State level, 3 at the local level and 4 at both the State and local levels.

### Juvenile Justice and Child Welfare

These were the fourth and fifth most frequently cited purchasers of AOD treatment services. Twenty-five States identified juvenile justice authorities as purchasers, and 24 identified child welfare authorities as purchasers. For juvenile justice, 14 are purchasers at the State level, 8 at the local level and 3 at both the State and local levels. For child welfare, 14 are purchasers at the State level, 7 at the local level and 3 at both the State and local levels.

### Probation and Parole Authorities

These were the sixth and seventh most frequently cited purchasers of AOD treatment services. Eighteen States reported probation authorities as purchasers of services. Nine States reported purchases at the State level, 4 at the local level and 5 at both the State and local levels.

Seventeen States reported parole authorities as a purchaser of AOD treatment services. Ten reported purchases at the State level, 3 at the local level, and 4 at both the State and local levels.

Other identified purchasers of AOD treatment services at the State level, local level, and/or both, were Tribal Authorities (9), Courts (other than juvenile, family, or drug) (7), Vocational Rehabilitation (7), and Disability Authorities (under brain injury waivers) (4). One State identified two types of “taxing boards” as local purchasers of AOD treatment services. One State identified local disability authorities as local purchasers of AOD treatment services. One State noted that there are State and local level purchasers, but did not identify them.

## **6. How Services Identified in Question 5 are Purchased**

Thirty-seven States described how the services identified in Question 5 are purchased.

### Providers Licensed/Accredited by the State AOD Agency

Sixteen States reported that AOD treatment services purchased by government entities other than the State AOD Agency or its substate planning or administrative units were obtained only from providers licensed/accredited by the State AOD Agency.

### State AOD Agency Accredited/Licensed Providers and Individual Practitioners (e.g., Physicians, Psychologists, Social Workers, etc.)

Nine States reported that AOD treatment services purchased by governmental entities other than the State AOD Agency and its substate planning and administrative units were obtained from a combination of facilities licensed/accredited by the State AOD Agency and individual practitioners.

### Licensed/Accredited Facilities and Specialty Providers (e.g., psychiatric facilities, services, and those serving individuals with special needs).

Eleven States reported that AOD treatment services purchased by government entities other than the State AOD Agency and its substate planning and administrative units were obtained from a combination of facilities licensed/accredited by the State AOD Agency, and specialty providers.

One State noted that services are purchased without regard to State AOD Agency licensing/accreditation. Two States pointed out that the licensing authority is not held by their agencies, but that services are purchased only from duly licensed providers.

## **7. Percentage of Clients Treated under the Purchase Arrangement that are Included in the State AOD Agency Client Level Data System**

### 0-19%

Fourteen States estimated that the percentage of clients treated under one of the purchase arrangements described above that are also included the State AOD Agency client level data base fell between 0-19%. This was the largest category of State estimations.

### 20-39%

Six States estimated that the percentage of clients treated under one of the purchase arrangements described above that are also included the State AOD Agency client level data base fell between 20-39%.

### 40-59%

Three States estimated that the percentage of clients treated under one of the purchase arrangements described above that are also included the State AOD Agency client level data base fell between 40-59%.

### 60-79%

Five States estimated that the percentage of clients treated under one of the purchase arrangements described above that are also included the State AOD Agency client level data base fell between 60-79%.

## 80-100%

Two States estimated that the percentage of clients treated under one of the purchase arrangements described above that are also included in the State AOD Agency client level data base fell between 80-100%.

## II MEDICAID AOD TREATMENT SERVICES

State AOD Agency Directors were asked to describe the Medicaid arrangement that governs the provision of AOD treatment services in their State. They were given descriptions of two possible arrangements, and had the opportunity to provide more detailed information on each type of arrangement. They were also given the option of describing a third type of arrangement, if their States' service structure did not fit into either arrangement description. All 42 respondents answered this question.

### **1. AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT).**

Fifteen States selected this as the best description for their State's Medicaid arrangement that governs the provision of AOD treatment services. Four States said that the clients are included in the State AOD Agency client level data reporting system, and 5 said that this is true only in some cases. Four States reported that there is a process in place to coordinate or supplement those services with others supported by the State AOD Agency, and two reported that this is true only in some cases.

### **2. Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates.**

Twenty-five States selected this as the best description for their State's Medicaid arrangement that governs the provision of AOD treatment services. Eighteen of those States said that the clients served are included in the State AOD Agency's client level data reporting system, and 5

reported that this is true only in some cases. Seventeen States said that there is a process in place to coordinate or supplement those services with others supported by the State AOD Agency, and three reported that this is true only in some cases.

### **3. Other Medicaid arrangements (describe).**

Two States identified other Medicaid arrangements. One State said that Medicaid does not reimburse for substance abuse treatment services for adults or for juveniles. The second State explained that the full range of substance abuse treatment is offered under the State plan, and any Medicaid recipient is eligible.

## **III HEALTH CARE REFORM**

State AOD Agencies frequently do not participate financially in contracts that State governments may develop with managed care entities to administer their public health care system. Forty-one States responded to questions concerning this health care reform issue:

### **1. Are AOD treatment services for public clients provided under managed care mechanisms in which the State AOD Agency does not participate financially?**

Fourteen States answered “yes” to this question. A “yes” response means that they have been excluded financially from a contract that the State government has developed with a managed care entity. These States were directed to respond to Questions 2 and 3. States responding “No” were asked to proceed to Question 4.

### **2. How does the extent of covered services compare with those supported through the State AOD Agency?**

Five States said that the extent of covered services compared with those supported by the State AOD Agency were about the same. Two States said that the coverage varied with the plan. Six States said that the coverage was less extensive. One State reported that the answer to the question is unknown.

**3. If a public client in managed care is in need of services beyond those provided by a plan are they routinely referred to services supported through the State AOD Agency?**

Eight States said that a public client in managed care in need of services beyond those provided by a plan are routinely referred to services supported by the State AOD Agency. Three said that they are not routinely referred. Two States did not answer the question, and one State reported that the answer is unknown.

All of the States were then asked to respond to this last question concerning drug courts:

**4. Is the State Director aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients? If yes, how would the results of those efforts be characterized?**

Thirty-nine of the 42 States responding to the consultation document responded to this question. Thirty-four of the States responded “Yes,” and provided comments on ways in which drug courts in their States are trying to obtain treatment services for enrolled clients. Six States responded “No,” indicating that they were unaware of such efforts.

In the vast majority of cases, however, the State AOD Agency Directors did not use this opportunity to comment on whether or not drug courts were successful in obtaining financial support for treatment services for enrolled drug court clients. States also did not indicate whether or not drug courts were satisfied with the intensity or duration of treatment services that might be provided through managed care organizations.

**Discussion**

The concept of a publicly supported AOD treatment system had little basis in reality prior to the very early 1970s. It began then with the advent of State Alcohol Formula Grants from the newly created National Institute on Alcohol Abuse and Alcoholism (NIAAA), and State Drug Formula Grants from the National Institute on Drug Abuse (NIDA) which was created just one year after NIAAA. Both of these Federal agencies also made numerous grants in direct support of individual treatment providers. All States designated specific units of State government which

were responsible for the planning and administration of the Formula Grants. In many instances States appropriated, from their own revenues, supplemental monies designated for use in treating alcohol and drug use disorders. At the present time the primary source of Federal funds to the States for AOD treatment is the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT). Both NIAAA and NIDA are now located within the National Institutes of Health where their primary functions center on research.

Concurrent with the establishment of a publicly supported treatment response to AOD abuse and dependency, private firms recognized the commercial viability of AOD treatment under expanding provisions for private insurance coverage. The growth of private treatment was both rapid and pervasive. It did not, however, evolve as a completely discrete entity. In many instances treatment facilities accepted medically indigent clients along with clients with insurance coverage or the ability to pay for treatment from personal funds.

Throughout the last thirty years Medicaid coverage for AOD services has seen substantial growth in many States. While Medicaid supported services are frequently delivered in facilities that also receive funding from the State AOD Agency, that arrangement is by no means universal. Managed care and other forms of health care reform have further added to the diverse nature of the AOD treatment capacity in a number of States.

Adding to this complexity is the treatment oriented response of other Federal, State and local initiatives. For example, the criminal justice system, which itself is comprised of many components, has established a variety of treatment services in a variety of settings. Welfare reform and other special purpose initiatives have added yet other layer of treatment responses for eligible clients. It is no wonder, then, that there is no broadly accepted definition for the nation's, or for an individual State's publicly supported AOD treatment system. Yet under increasing urgent calls for demonstrated efficiency and effectiveness in services purchased with public monies, the need for such a definition becomes more imperative. One can not, for example, determine treatment access or penetration rates for medically indigent clients unless all the components of the service delivery system serving those clients can be identified. Worse, such information, drawn from only an unknown portion of a service delivery system, can be misleading.

One intent of this very limited-scope study was to begin the process of identifying the elements of the publicly supported AOD treatment system. A second purpose was to at least open exploration of the relationships that may exist between components of that system. State AOD agencies have a highly refined picture of the service system supported, at least in part, by monies controlled by those agencies. In addition, they hold a significant level of knowledge regarding other sources of AOD treatment services supported through other agencies and mechanisms within their States. The consultation format utilized by NASADAD was designed to solicit that information from its members in a manner that would allow a multi-state perspective.

A response rate of 84% was achieved (42 of 50 States). Information was not solicited from Trust Territories since they are frequently organized in way, which do not lend themselves to direct comparison. The aggregate responses of the State AOD Agencies to the specific items in the consultation document were presented in the Findings section of this report and summarized in Appendix B. Individual State responses for each question are provided in Appendix C. While each finding is of interest in its own right they are largely self-explanatory. The nature of the individual's findings construction and content essentially limit any meaning to be found to that which is apparent on their face. This does not, of course, suggest that they will not be of value to State AOD Agencies with an interest in determining how their State public treatment system might compare to others. These finding should also serve as a significant resource to State Project Officers and others within SAMHSA and CSAT who hold various responsibilities related to the delivery of publicly supported treatment. The balance of this section will focus on a number of implications that may be drawn from selected general findings and the presentation of recommendations.

The most obvious general finding is that States that have multiple sources of publicly supported AOD treatment services in which the State AOD Agency does not participate financially are the norm rather than the exception. This does not necessarily imply that those services occur without linkages to the State AOD Agencies. It was frequently reported that treatment facilities operated by other units of State and local government were accredited/licensed by the State AOD Agency, participated in their client level data system, and delivered services in coordination with NASADAD members. In many instances, services delivered by or through other units of State

and local government were the result of coordinated initiatives facilitated by the State AOD Agency to augment existing treatment resources.

In other cases, however, limited or no involvement with the State AOD Agency or the system it supports was reported. This included non-participation in the State's client level AOD services information system. To some unknown degree, clients receiving treatment services through those arrangements represent a treatment need that is being met. Since those clients are not reflected in a State AOD Agency's admissions and other service figures there is reason to believe that any access, penetration and utilization rates based on the State's client level data system could be viewed as suspect or incomplete. Further, those charged with making resource allocation decisions could benefit from considering information on services delivered through these arrangements in the past, and which might provide more services in the future.

To some degree, again largely unknown, the problem of unreported client data may be mitigated by the fact that treatment services provided by and through other units of State and local governments are available only to restricted classes of clientele, i.e., individuals already within specialized State and local programs. In some cases, those individuals would not be available to compete for existing community-based treatment resources, e.g., those located within adult and juvenile correctional facilities. Correctional facilities, along with other components of the criminal justice system, account for a large block of the treatment services currently available in which the State AOD Agencies do not participate financially.

A further problem arises which is also related to missing client data. In the absence of identifying data, total cost determinations cannot be made. Clients receiving services in multiple systems tend to account for a disproportionate share of resources. TANF/Welfare to work clients receiving treatment purchased by a welfare agency would also tend to be eligible for Medicaid and a variety of other public services. Identification and tracking of "high cost" clients and all the services they receive, regardless of funding source, would be beneficial for planning and policy considerations.

Further concerns for those interested in defining the publicly supported treatment system may be drawn from the State AOD Agency responses on the nature of the providers from which other

units of State and local government purchase treatment services. Only about 35% of the responding States indicated that services were purchased only from AOD treatment providers licensed or accredited by the State AOD Agency. By inference, the vast majority of the States reported treatment services purchased from a combination of provider types that include specialty facilities (e.g. psychiatric hospitals) and private practitioners). The implication that can be drawn from this finding is that State AOD Agency knowledge of and involvement with many of these providers is, to greater or lesser degrees, limited.

Some, but certainly not all, specialty facilities may report as a part of the Treatment Episode Data Set (TEDS), which is the national client-level data set maintained by SAMHSA's Office of Applied Studies. TEDS is the client-level component of the Drug and Alcohol Service Information System (DASIS). Even if the clients receiving services under these purchase arrangements are included in TEDS, however, there is no way to isolate them by payment source. Private practitioners have never been a part of the TEDS reporting universe.

Until recently, revenue sources were a part of the National Survey of Substance Abuse Treatment Services (N-SSATS) which was previously known as the Uniform Facility Data Set (UFDS) and, earlier, the National Drug and Alcohol Treatment Unit Survey (NDATIS). N-SSATS is the major facility level component of DASIS. Revenue data collected through N-SSATS, however, was problematic in terms of both collection and interpretation and ultimately it was dropped from the survey in favor of more detailed fiscal studies that involve only a limited number of facilities. Unfortunately, those studies, by their very nature, will offer little to Federal agencies or States interested in identifying public payers as a step towards defining the total public treatment system. Even when revenue sources were collected, however, that information was limited to categories of payers and did not include the identity of individual payers. N-SSATS has always excluded private practitioners, so revenues to that group of providers have never been available on a national database.

Many Federal and State conducted treatment outcome studies have utilized the admissions reflected in TEDS as the sample frame from which study participants are drawn. Clearly clients not included in TEDS would be excluded from these study populations. While this in no way invalidates any study findings it does call into question the degree to which those results might

be generalized to the total publicly supported treatment system. Additionally, any statements suggesting that the admission figures presented in TEDS reports accurately or completely reflect those of the public treatment system should contain appropriate qualifiers.

The results of this study indicate that the publicly supported AOD treatment system is more multi-faceted than had been previously thought. More importantly, the results suggest that client figures solicited solely from State AOD Agencies would fail to capture information on a significant number of individuals treated at public expense. A considerable portion of these clients would appear to be treated with Federal monies from a variety of agencies which are provided to State and local entities (e.g., TANF/Welfare to Work, Medicaid and Department of Justice programs). It is recommended that Federal inter-agency agreements or legislative initiatives be considered which would ensure the broadest possible participation in the State AOD Agencies' client level data systems. Similar actions, of course, are also recommended at the State level. Further, it is recommended that States with facility licensure authority take under consideration licensure provisions held by some States that require participation in State client reporting systems as a condition of licensure. A parallel recommendation cannot be offered for those States that accredit rather than license treatment facilities, as accreditation is typically voluntary. Those States may wish to consider an initiative aimed at making accreditation required for any facility to be eligible for the receipt of monies from or through any State or sub-State unit of government. Obviously, participation in the State AOD Agency's client level data system would be a mandatory element among the accreditation standards.

In the very near future a new component of both the private and public AOD treatment system will be implemented. Pending only final approval of buprenorphine by the Food and Drug Administration, physicians meeting certain qualifications will be permitted to dispense, from their office settings, Schedule III, IV and V drugs for the treatment of narcotic addiction. The degree to which this office-based treatment becomes a factor within the public treatment sector will, of course, depend on its inclusion among a State's covered Medicaid services. Regardless of the public or private nature of these clients, who will primarily be heroin users, they will be of significant interest to both Federal and State drug abuse officials. In no small measure, that interest will be based on the high likelihood that they have administered the drug intravenously and/or engaged in behavior placing them at risk for HIV/AIDS. It is also felt that many of these

clients will need treatment services far more comprehensive than those typically available from a physician's office.

Appendix A – NASADAD Membership Consultation Document

“Identification and Description of  
Multiple Alcohol and Other Drug Treatment Systems”



**MEMORANDUM**

**To:** All State AOD Agency Directors  
**From:** Bob Anderson  
**Subject:** State Alcohol and Other Drug Abuse Treatment Systems  
**Date:** August 27, 2001

Under various forms of health care reform and specialized initiatives, many States now provide publicly supported alcohol and other drug (AOD) treatment through several different channels. In some cases, changing substance abuse treatment financing options and the development of treatment delivery systems designed to meet a variety of specific needs combined to create parallel treatment systems frequently administered by agencies other than the State Alcohol and Other Drug (AOD) Agency. As a result of that process, policy makers at the national level have an incomplete and fragmented picture of the alcohol and other drug abuse treatment system.

This consultation document seeks to develop a better understanding of the nature of those channels and their inter-relationships. The results of this inquiry will be applied towards the development of improved health care reform technical assistance that will have maximum value across the publicly supported AOD treatment venues.

NASADAD is aware that you have many other issues demanding attention from you and your staff. Your participation would be greatly appreciated.

Please complete the enclosed form and fax it back to NASASAD (202) 293-1250 no later than **September 12, 2001.**

Again, thank you for your efforts to keep NASADAD informed of activities within your State. If you have any questions regarding this matter, please feel free to contact me at (202) 290-0090 ext. 104 or Colleen O'Donnell at (202) 293-0090 ext. 105 at anytime.

cc: Lewis E. Gallant, Ph.D.  
Colleen O'Donnell

FAX BACK to ATTN: Colleen O'Donnell, 202-293-1250 by SEPTEMBER 12



**“Identification and Description of Multiple Alcohol and Other Drug Treatment Systems”**

<u>Contact Information</u>
Name: _____
Phone: _____
State: _____

Many States have implemented multiple mechanisms to provide AOD treatment services in addition to the system administered by the State AOD Agencies. At the national level knowledge of these initiatives is fragmentary at best. The intent of this questionnaire is to gather basic descriptive information on those sources of AOD treatment. Your responses will be utilized to refine future State health care reform technical assistance products and services.

**I. SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

The following questions seek information on sources of AOD treatment provided independently from those administered /supported through the State AOD Agency or Medicaid programs. For purposes of responding to questions in this section, consider treatment sources to be “independent” of the State AOD Agency if the State AOD Agency does not participate financially.

Please indicate which of the following occur in your State (check all that apply):

1. \_\_\_\_ Units of **State** government operate AOD treatment services. (If checked, please identify the agency and the treatment setting, e.g., Department of Corrections/All “Adult Institutions.” If more than three State Agencies independently provide services, please attach additional sheets.)

State Agency	Setting
a. _____	_____
b. _____	_____
c. _____	_____

2. Check each of the following which describe the nature of any State AOD Agency involvement? (Refer to the responses given in 1.a., 1.b., and 1.c.)

- Treatment services must meet AOD Agency licensure/accreditation standards:

1.a \_\_\_\_\_ 1.b \_\_\_\_\_ 1.c \_\_\_\_\_

- Participates in State AOD Agency client level data system:

1.a \_\_\_\_\_ 1.b \_\_\_\_\_ 1.c \_\_\_\_\_

- Services provided are coordinated with those supported through the State AOD Agency:

1.a \_\_\_\_\_ 1.b \_\_\_\_\_ 1.c \_\_\_\_\_

- Little or no involvement with the State AOD Agency or the services system it supports:

1.a \_\_\_\_\_ 1.b \_\_\_\_\_ 1.c \_\_\_\_\_

- Other:

1.a \_\_\_\_\_ 1.b \_\_\_\_\_ 1.c \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Please indicate which of the following occur in your State (check all that apply):

3. \_\_\_\_ Units of **local** government operate AOD treatment services. (If checked, please identify the agency and the treatment setting, e.g., Sheriff's Department, county jails, etc. ) If more than three, types of units of local government independently provide services, please attach additional sheets.)

Unit of Local Government	Setting
a. _____	_____
b. _____	_____
c. _____	_____

4. Check each of the following which describe the nature of any State AOD Agency involvement? (Refer to the responses given in 3.a., 3.b., and 3.c.)

- Treatment services must meet AOD Agency licensure/accreditation standards:

3.a \_\_\_\_\_ 3.b \_\_\_\_\_ 3.c \_\_\_\_\_

- Participates in State AOD Agency client level data system:

3.a \_\_\_\_\_ 3.b \_\_\_\_\_ 3.c \_\_\_\_\_

- Services provided are coordinated with those supported through the State AOD Agency:

3.a \_\_\_\_\_ 3.b \_\_\_\_\_ 3.c \_\_\_\_\_

- Little or no involvement with the State AOD Agency or the services system it supports:

3.a \_\_\_\_\_ 3.b \_\_\_\_\_ 3.c \_\_\_\_\_

- Other:

3.a \_\_\_\_\_ 3.b \_\_\_\_\_ 3.c \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

5. \_\_\_\_\_ Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency purchase AOD treatment services. If checked, please identify:

	<u>State</u>	<u>Local</u>	<u>Agency/Unit of Local Government</u>
a.	_____	_____	Vocational rehabilitation
b.	_____	_____	Probation authority
c.	_____	_____	Parole authority
d.	_____	_____	Correctional authority
e.	_____	_____	Child welfare
f.	_____	_____	Drug courts
g.	_____	_____	Juvenile justice
h.	_____	_____	Courts (other than juvenile, family, and drug)
i.	_____	_____	TANF/Welfare to Work
j.	_____	_____	Tribal authorities
k.	_____	_____	Other disability authorities, e.g., services to visually disabled or learning impaired. Please identify if checked:

\_\_\_\_\_  
 \_\_\_\_\_

6. Which of the following statements describe the nature of the relationship of the State AOD Agency to the purchased services identified in question 5?

\_\_\_\_\_ Services are purchased only from providers licensed/accredited by the State AOD Agency.

\_\_\_\_\_ Services are purchased from State AOD Agency licensed/accredited providers and individual practitioners, e.g., physicians, psychologists, social workers, etc.

\_\_\_\_\_ Services are purchased from licensed, accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving individuals with special needs.

\_\_\_\_\_ Services are purchased without regard to State AOD Agency licensure/accreditation

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

7. Please refer to question 5 answers and estimate the percentage of clients treated under the purchase arrangements which are included in the State AOD Agency client level data system:

_____	_____	_____	_____	_____
0-19%	20-39%	40-59%	60-79%	80-100%

## II. MEDICAID AOD TREATMENT SERVICES

Which of the following best describes the Medicaid arrangement that governs the provision of AOD treatment services in your State?

1. \_\_\_\_\_ AOD services are limited to those required as a condition of State participation in the Medicaid program, e.g., inpatient hospital services and adolescent treatment when identified through Early and Periodic Screening.

a. If checked, are clients served included in the State AOD Agency's client level data reporting system? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In some cases (please explain):

\_\_\_\_\_  
\_\_\_\_\_

b. If checked, is there a process in place to coordinate or supplement those services with others supported by the State AOD Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In some cases (please explain):

\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates.

a. If checked, are clients served included in the State AOD Agency's client level data reporting system? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In some cases (please explain):

\_\_\_\_\_  
\_\_\_\_\_

b. If checked, is there a process in place to coordinate or supplement those services with others supported by the State AOD Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In some cases (please explain):

\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ Other Medicaid arrangements (please explain):

\_\_\_\_\_  
\_\_\_\_\_

III. HEALTH CARE REFORM

1. Are AOD treatment services for public clients provided under managed care mechanisms in which the State AOD Agency does not participate financially?

\_\_\_\_\_ Yes \_\_\_\_\_No (If no, please skip to question 4 in this section.)

2. How does the extent of covered services compare with those supported through the State AOD Agency?

a. \_\_\_\_\_ About the same

b. \_\_\_\_\_ Varies with plans (please explain): \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_ Less extensive

3. If a public client in managed care is in need of services beyond those provided by a plan are they routinely referred to services supported through the State AOD Agency?

\_\_\_\_\_ Yes \_\_\_\_\_No \_\_\_\_\_ Varies (please explain): \_\_\_\_\_  
\_\_\_\_\_

4. Are you aware of Drug Court efforts to obtain AOD treatment services for enrolled drug court clients?

\_\_\_\_\_ Yes \_\_\_\_\_No (If yes, please characterize the results of those efforts): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As always, your willingness to respond to this request for information is deeply appreciated. If there is any way that we may be of assistance to you in preparing your responses, please feel free to contact Bob Anderson at 202-203 0090 X104, or Colleen O'Donnell, X105.

## Appendix B - Summary of Data

### “Identification and Description of Multiple Alcohol and Other Drug Treatment Systems”

Summary of State Alcohol and Other Drug (AOD) Agency Responses to the “Identification and Description of Multiple Alcohol and Other Drug Treatment Systems” Data Collection Instrument

**List of Respondents**

1. Alabama (AL)	12. Idaho (ID)	23. Nevada (NV)	33. South Carolina (SC)
2. Alaska (AK)	13. Illinois (IL)	24. New Hampshire (NH)	34. Tennessee (TN)
3. Arizona (AZ)	14. Indiana (IN)	25. New Mexico (NM)	35. Texas (TX)
4. Arkansas (AR)	15. Iowa (IA)	26. New York (NY)	36. Utah (UT)
5. California (CA)	16. Kansas (KS)	27. North Carolina (NC)	37. Vermont (VT)
6. Colorado (CO)	17. Louisiana (LA)	28. North Dakota (ND)	38. Virginia (VA)
7. Connecticut (CT)	18. Maine (ME)	29. Ohio (OH)	39. Washington (WA)
8. Delaware (DE)	19. Maryland (MD)	20. Oregon (OR)	40. West Virginia (WV)
9. Florida (FL)	20. Michigan (MI)	31. Pennsylvania (PA)	41. Wisconsin (WI)
10. Georgia (GA)	21. Missouri (MO)	32. Rhode Island (RI)	42. Wyoming (WY)
11. Hawaii (HI)	22. Nebraska (NE)		

**I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

**1-2. Units of State Government Operating AOD Treatment Services:**

State Department of Corrections (settings for adults)

Respondents: 38 (AL, AK, AZ, AR, CA, CO, CT, DE, GA, ID, IL, IN, IA, KS, LA, MD, MI, MO, NE, NV, NH, NM, NY, NC, ND, OH, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, WY).

**Table 1**

<b>Question 2 subsections</b>	<b>Yes</b>	<b>No</b>
Required to meet State AOD Agency licensing/accreditation standards?	AK, AZ, AR, CO, CT, DE, IL, IA, KS, LA, MD, MI, NV, ND, RI*, TX, VT, WA	AL, CA, GA, ID, IN, MO*, NE, NH, NM, NY, NC, OH, PA, SC, TN, UT, VA, WV, WI, WY
Totals	18	20
Participates in State AOD Agency client level data system?	AK, AZ, AR, CT, IA*, MD, ND, RI*, UT, WA	AL, CA, CO, DE, GA, ID, IL, IN, KS, LA, MI, MO, NE, NV, NH, NM, NY, NC, OH, PA, SC, TN, TX*, VT, VA, WV, WI, WY
Totals	10	28
Services provided are coordinated with State AOD Agency?	AK, AZ, CO, CT, IL, IA, KS, MD, MI, MO, NM, NY, NC, ND, OH, UT, VT, VA, WA	AL, AR, CA, DE, GA, ID, IN, LA*, NE, NV, NH, PA, RI, SC, TN, TX*, WV, WI, WY
Totals	19	19
Little or no involvement with the State AOD Agency or the service system it supports.	AL, AR, CA, DE, ID, IN, LA, NE, NV, NH, PA, SC, TN, WV, WY	
Total	15	

\*Exceptions were noted – please refer to the Individual State Profile for more detail.

State Department for Juvenile Justice/Corrections

Respondents: 12 (CA, CO, GA, ID, IL, KS, MO, NH, OH, TX, VA, WA, WV)

**Table 2**

<b>Question 2 subsections</b>	<b>Yes</b>	<b>No</b>
Required to meet State AOD Agency licensing/accreditation standards?	CO, IL, KS, TX, VA, WA	CA, GA, ID, MO, NH, OH*, WV
Totals	6	7
Participates in State AOD Agency client level data system?	CO	CA, GA, ID, IL, KS, MO, NH, OH*, TX,* VA, WA, WV
Totals	1	12
Services provided are coordinated with State AOD Agency?	CO, IL, KS, OH, VA, WA	CA, GA, ID, MO, NH, TX*, WV
Totals	6	7
Little or no involvement with the State AOD Agency or the service system it supports.	CA, ID, MO, NH	
Total	4	

\*Exceptions were noted – please refer to the Individual State Profile for more detail.

State Department of Child and Family Services

Respondents: 7 (CT, FL, IL, NH, NY, RI, WI)

**Table 3**

<b>Question 2 subsections</b>	<b>Yes</b>	<b>No</b>
Required to meet State AOD Agency licensing/accreditation standards?	CT, FL, IL, RI	NH, NY, WI
Totals	4	3
Participates in State AOD Agency client level data system?	FL, RI	CT, IL, NH, NY, WI
Totals	2	5
Services provided are coordinated with State AOD Agency?	CT, IL, NY, WI	FL, NH, RI
Totals	4	3
Little or no involvement with the State AOD Agency or the service system it supports.	FL, NH	
Total	2	

Other Units of State Government Operating Treatment Services

Respondents: 18 States reporting 21 types of Units of State Government

- AZ: (1) Department of Economic Security, (2) Administrative Office of the Courts  
 AR: Department of Community Corrections  
 CT: (1) Judicial Branch, (2) Board of Parole, (3) Department of Veteran Affairs  
 GA: Board of Pardons and Parole  
 IL: Department of Mental Health  
 IA: Department of Human Services  
 LA: Supreme Court (adult and juvenile drug courts)  
 MD: Division of Parole and Probation  
 NM: Department of Health  
 NY: Office of Mental Health  
 NC: Administrative Office of the Courts  
 ND: Department of Human Services  
 PA: Department of Public Welfare  
 TN: Department of Mental Health  
 TX: State Hospital  
 UT: Drug courts  
 WA: Office of Community Development  
 WV: Regional Jail Authority

**Table 4**

<b>Question 4 subsections</b>	<b>Yes</b>	<b>No</b>
Required to meet State AOD Agency licensing/accreditation standards?	AZ (1), AZ(2), AR, CT(1), CT(2), IA, LA, MD, NM, ND, PA, UT, WA	CT(3), GA, IL, NY, NC, TN, TX, WV
Totals	13	8
Participates in State AOD Agency client level data system?	AR, CT(1), CT(2), IA, MD, NM, ND, PA	AZ (1), AZ(2), CT(3), GA, IL, LA, NY, NC, TN, TX, UT, WA, WV
Totals	8	13
Services provided are coordinated with State AOD Agency?	AZ(1), CT(1), IL, IA, LA*, MD, NM, NY, NC, ND, PA, UT, WA	AZ(2), AR, CT(2), CT(3), GA, TN, TX, WV
Totals	13	8
Little or no involvement with the State AOD Agency or the service system it supports	AZ(2), AR, TN, WV	
Total	4	

\*An exception was noted – please refer to the Individual State Profile for more detail.

### 3-4. Units of Local Government Operating AOD Treatment Services:

County (refers here to county operated jails, including those operated by the Sheriff's Office)

Respondents: 14 (AZ, FL, ID, IL, MD, MO, NH, NM, NY, NC, OH, UT, VA, WA)

**Table 5**

Question 4 subsections	Yes	No
Required to meet State AOD Agency licensing/accreditation standards?	AZ, FL, IL, NY, WA*	ID, MD, MO, NH, NM, NC, OH, UT, VA,
Totals	5	9
Participates in State AOD Agency client level data system?	AZ, IL, NY, WA*	FL, ID, MD, MO, NH, NM, NC, OH, UT, VA, ,
Totals	4	10
Services provided are coordinated with State AOD Agency?	AZ, IL*, MO, NY, OH, VA, WA*	FL, ID, MD, NH, NM, NC, UT
Totals	7	7
Little or no involvement with the State AOD Agency or the service system it supports	FL, ID,	
Total	2	

\*Exceptions were noted – please refer to the Individual State Profile for more detail.

### Other Units of Local Government Operating Treatment Services

Respondents: 19 States reporting 24 types of Units of Local Government.

AK: Tribal Authorities

CA: County Mental Health Authorities (2 counties)

CO: (1) Health Department within County and (2) within jails

ID: (1) District Court, (2) Magistrates Court

IL: (1) Counties, through the Department of Public Health, (2) Municipalities

KS: Sentencing Commission (local level correctional settings)

MD: County Health Departments

MI: (1) Community Mental Health Service Providers, (2) Local Health Departments, (3) Community Corrections Boards

MO: Juvenile/Family Court

NM: Tribal Authorities

NY: County mental hygiene agencies

OH: Community based correctional facilities

PA: Judicial system (drug courts in seven counties)

SC: Operated by local county commissioners

TN: Davidson County Drug Court

TX: Mental Health Community Centers

UT: (1) Judicial districts (drug courts), (2) County government

WI: County government

**Table 6**

<b>Question 4 subsections</b>	<b>Yes</b>	<b>No</b>
Required to meet State AOD Agency licensing/accreditation standards?	CA, CO(1), CO(2), IL(1), IL(2), KS, MD, MI(1), MI(2), MI(3), NM, NY, PA, SC, TX, UT(1), UT(2), WI	AK, ID(1), ID(2), MO, OH, TN
Totals	18	6
Participates in State AOD Agency client level data system?	CO(1), CO(2), MD, NY, SC, TX, UT(2), WI	AK, CA, ID(1), ID(2), IL(1), IL(2), KS, MI(1), MI(2), MI(3), MO, NM, OH, PA, TN, UT(1)
Totals	8	16
Services provided are coordinated with State AOD agency?	CO(1), CO(2), KS, MD, MI(1), MI(2), MI(3), MO, NM, NY, OH, SC, TX, UT(2), WI	AK, CA, ID(1), ID(2), IL(1), IL(2), PA, TN, UT(1)
Totals	15	9
Little or no involvement with the State AOD Agency or the service system it supports	CA, ID(1), ID(2), PA, TN	
Total	5	

**5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:**

Respondents: 38 States identified State level, local level, and/or State and local level purchasers of State AOD Agency treatment services (AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, LA, MD, MI, MO, NE, NV, NH, NM, NY, NC, ND, OH, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WY).

**Table 7**

<b>Purchaser of AOD Treatment Services</b>	<b>State level purchaser</b>	<b>Local level purchaser</b>	<b>State and local level purchaser</b>
Vocational Rehabilitation	NM, WY	CO, NE, NY, UT	OH
Totals	2	4	1
Probation Authority	CT, DE, HI, ID, MD, MO, NM, NY, ND	CO, OR, SC, UT	AZ, NE, NC, OH, VA
Totals	9	4	5
Parole Authority	CA, CT, ID, MD, MI, MO, NM, NY, ND, OR	CO, SC, UT	IA, NE, OH, VA
Totals	10	3	4
Correctional Authority	AZ, CA, CT, FL HI, ID, KS, LA, NM, NY, ND, OR, PA, RI, TN, VT, WA	CO, IA, UT	IL, MO, NE, OH
Totals	17	3	4

Child Welfare	AZ, CA, CT, HI, IL, NV, NH, NM, ND, RI, TN, TX, WA, WY	CO, IA, NE, NY, OR, PA, UT	MI, OH, VA
Totals	14	7	3
Drug Courts	AR, CT, GA, HI, NV, NY, ND, TN	AL, AZ, CA, CO, FL, ID, IN, LA, MO, NE, OR, PA, SC, TX, UT, VA, WA, WY	IA, MD, NM, NC, OH
Totals	8	18	5
Juvenile Justice	AR, AZ, CT, FL, ID, IL, MD, MO, NV, NH, NY, ND, TX, WA	AL, CO, IA, NE, NC, SC, UT, VA	NM, OH, OR
Totals	14	8	3
Courts (other than juvenile, family, and drug)	MD, ND	NE, OH, VA, MO	NM
Totals	2	4	1
TANF/Welfare to Work	AZ, AR, DE, FL, GA HI, ID, IL, KS, LA, MD, MI, NV, NH, NM, TN	CA, CO, NE, NC, OR, SC, TX, TX, UT	NY, OH
Totals	16	9	2
Tribal Authorities	ND	CO, ID, MI, NE, NC, TX, WA	NM
Totals	1	7	1
Other Authorities	CO, KS, NM: Disability authority under brain injury waiver	AR: Local disability authorities  IL: 708 Boards (taxing authorities) for Mental Health and 553 Boards (taxing authority) for Public Health.  OH: Disability authority under brain injury waiver; also, hearing impaired.	NY (not specified)
Totals	3	3	1

**6. How services identified in Question 5 are purchased:**

Respondents: 37 States identified how services are purchased by units of government identified in Question 5 (AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, LA, MD, MI, MO, NE, NV, NH, NM, NY, NC, ND, OH, OR, PA, SC, TN, TX, UT, VT, VA, WA, WY).

**Table 8**

<b>How services are purchased</b>	<b>State</b>
Services are purchased only from State AOD Agency licensed/accredited providers.	AL, AR, CA, CT, DE, FL, GA, IN, IA, KS, NC, ND, OR, SC, TN, VT
Total	16
Services are purchased from State AOD Agency licensed/accredited providers and individual practitioners, e.g., physicians, psychologists, social workers, etc.	CO, IL, NE, NV, NH, NY, UT, WA, WY
Total	9
Services are purchased from State AOD Agency licensed, accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving individuals with special needs.	AZ, HI, LA, MD, MI, MO, NM, OH, PA, TX, VA
Total	11
Services are purchased without regard to State AOD Agency licensure/accreditation.	ID
Total	1

**7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system.**

Respondents: 30 States estimated the percentage of clients included in the State AOD Agency client level data system under the purchase arrangements identified in their response to Questions 5 and 6 (AL, AZ, AR, CA, CO, DE, FL, GA, HI, IL, IN, IA, KS, LA, MD, MO, NV, NH, NM, NC, ND, OR, PA, SC, TN, TX, UT, VT, WA, WY).

**Table 9**

<b>Percent</b>	<b>State</b>
0-19%	AL, AZ, AR, FL, IN, LA, MO, NH, NM, OR, PA, TN, TX, VT
Total	14
20-39%	CA, DE, GA, IA, NC, UT
Total	6
40-59%	CO, NV, WY
Total	3
60-79%	HI, MD, ND, SC, WA
Total	5
80-100%	IL, KS
Total	2

## II. MEDICAID AOD TREATMENT SERVICES

### Describe the Medicaid arrangement that governs the provision of AOD treatment services in State:

1. AOD services are limited to those required as a condition of State participation in the Medicaid program, e.g., inpatient hospital services and adolescent treatment when identified through Early and Periodic Screening.

Respondents: 15 (AR, CO, CT, GA, ID, IN, NE, NV, NM, OH, PA, TX, UT, WV, WI)

**Table 10**

<b>Question 1 subsections</b>	<b>Yes</b>	<b>No</b>	<b>In some cases</b>
Are clients served included in the State AOD Agency's client level data reporting system?	CT, OH, PA, UT	GA, ID, IN, NM, WV, WI	AR, CO, NE, NV, TX
Totals	4	6	5
Is there a process in place to coordinate or supplement those services with others supported by the State AOD Agency?	CT, OH, PA, UT	AR, GA, ID, IN, NE, NV, NM, WV, WI	CO, TX
Totals	4	9	2

2. Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates.

Respondents: 25 (AL, AK, AZ, CA, DE, FL, HI, IL, IA, KS, ME, MD, MI, MO, NH, NY, NC, OR, RI, SC, TN, VT, VA, WA, WY)

**Table 11**

<b>Question 2 subsections</b>	<b>Yes</b>	<b>No</b>	<b>In some cases</b>
Are clients served included in the State AOD Agency's client level data reporting system?	AL, AK, AZ, CA, FL, IL, IA, KS, ME, MI, MO, NC, OR, SC, TN, VT, WA, WY	DE, MD	HI, NH, NY, RI, VA
Total	18	2	5
Is there a process in place to coordinate or supplement those services with others supported by the State AOD Agency?	AL, AZ, CA, FL, IL, IA, ME, MI, MO, NY, NC, OR, SC, TN, VT, WA, WY	AK, DE, HI, KS, MD	NH, RI, VA
Totals	17	5	3

3. Other Medicaid arrangements (please explain):

Respondents: 2

LA: Medicaid does not reimburse for substance abuse treatment services for adults or for juveniles in the State of Louisiana.

ND: The full range of substance abuse treatment is offered under the State plan, and any Medicaid recipient is eligible.

### III. HEALTH CARE REFORM

1. Are AOD treatment services for public clients provided under managed care mechanisms in which the State AOD Agency does not participate financially?

Respondents: 41 (AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MI, MO, NE, NV, NH, NM, NY, NC, ND, OH, OR, PA, RI, SC, TN, TX, UT, VT, WA, WV, WI, WY – VA did not answer)

**Table 12**

<b>Response</b>	<b>State</b>
Yes	CA, CT, DE, FL, HI, IL, MD, MI, MO, NV, NM, NY, PA, RI
Total	14
No	AL, AK, AZ, AR, CO, GA, ID, IN, IA, KS, LA, ME, NE, NH, NC, ND, OH, OR, SC, TN, TX, UT, VT, WA, WV, WI, WY
Total	27

2. How does the extent of covered services compare with those supported through the State AOD Agency?

Respondents: 13, of a possible 14 – NV reported that the answer is unknown (CA, CT, DE, FL, HI, IL, MD, MI, MO, NM, NY, PA, RI)

**Table 13**

<b>Response</b>	<b>State</b>
About the same	DE, MD, MI, PA, RI
Total	5
Varies with plan	CA, IL
Total	2
Less extensive	CT, FL, HI, MO, NM, NY
Total	6

3. If a public client in managed care is in need of services beyond those provided by a plan are they routinely referred to services supported through the State AOD Agency?

Respondents: 11 of a possible 14 – CA and RI did not answer, NV reported that the answer is unknown (CT, DE, FL, HI, IL, MD, MI, MO, NM, NY, PA)

**Table 14**

<b>Response</b>	<b>State</b>
Yes	CT, FL, IL, MI, MO, NM, NY, PA
Total	8
No	DE, HI, MD
Total	3

## Appendix C - Individual State Profiles

### “Identification and Description of Multiple Alcohol and Other Drug Treatment Systems”

## ALABAMA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult institutions.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the services system it supports.

The respondent noted that “State AOD Agency involvement has just begun, working to reduce prison overcrowding by expanding community substance abuse treatment.”

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: None identified.

Local level: Drug courts, juvenile justice.

State and local level: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%.

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency’s client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services are not provided for public clients under a managed care mechanism that excludes State AOD Agency financial participation.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients and notes that “adequate treatment resources are not available to sustain drug court efforts when seed funding expires.”

## ALASKA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult institutions.
- Treatment services are required to meet AOD Agency licensure/accreditation standards (approval).
- Participates in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

b) Tribal Authorities

- Operates treatment services in clinics and “recovery camps.”
- Treatment services are not required to meet AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are sometimes coordinated with those supported through the State AOD Agency.
- Some tribes and tribal health corporations operate AOD programs with little or no State involvement, and others receive State AOD grants.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

None identified.

6. Since no purchasers of AOD treatment services were identified in the answer to Question 5, Question 6 does not apply.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: See note for Question 6.

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency’s client level data reporting system. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services are not provided for public clients under a managed care mechanism that excludes State AOD Agency financial participation.

4. The State AOD Agency Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients, but did not elaborate.

## ARIZONA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Arizona Department of Corrections

- Provides funds to State AOD Agency for services to parolees.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) Arizona Department of Economic Security (responsible for child welfare/cash assistance):

- Operates Outpatient/Residential treatment.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Provides data to the State AOD Agency client level data system on Medicaid clients only.
- Services provided are coordinated with those supported through the State AOD Agency.

##### c) Arizona Administrative Office of Courts (responsible for adult probation)

- Provides Outpatient/Residential treatment.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data collection.
- Services provided are not coordinated with those supported through the State AOD Agency.
- There is limited to no involvement with the State AOD Agency or the service system it supports.

#### 3-4. Units of local government operating AOD treatment services:

##### a) County jails (funded through 1.b)

- Operates treatment services in jails.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority, child welfare, juvenile justice, TANF/Welfare to Work.

Local level: Drug courts.

State and local level: Probation authority.

#### 6. Services identified in the answer to Question 5 are purchased only from State AOD Agency licensed/accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving individuals with special needs.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Between 0-19%

## II MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in Arizona:

Expanded AOD treatment services are provided under Medicaid waivers in which the State participates. Clients served are included in the State AOD Agency's client level data system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III HEALTH CARE REFORM

- 1-3. AOD treatment services are not provided for public clients under a managed care mechanism that excludes State AOD Agency financial participation.
4. The State Director is aware of efforts to obtain AOD treatment services for the enrolled drug court client, and states that limited dollars are managed by the local courts. At the present time, coordination occurs at the local level.

## ARKANSAS

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Correction

- Provides treatment in 2 therapeutic community settings.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the services system it supports.

b) Department of Community Correction

- Provides treatment in 4 therapeutic community settings.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the services system it supports.

c) Department of Community Corrections/Drug courts (this was considered as part of Community Corrections in the Response Summary)

- Provides treatment through the drug court system.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the services system it supports.

3-4. Units of local government operating AOD treatment services: None identified

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Drug courts, juvenile justice.

Local level: TANF/Welfare to Work, other disability authorities (city tax revenue purchases residential treatment services for adult residents of the city).

State and local level: None identified.

6. Services in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19% (5%).

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in Arkansas:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through Early and Periodic Screening). Clients are included in the State AOD Agency's client level data reporting system only if they are in a state-funded treatment program.

### III. HEALTH CARE REFORM

1-3. AOD treatment services are not provided for public clients under a managed care mechanism that excludes State AOD Agency financial participation.

4. The State Director is aware of efforts to obtain AOD treatment services for the enrolled drug court client, and states that the Department of Community Correction has placed clients on a waiting list when residential treatment is needed.

## CALIFORNIA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Corrections

- Provides treatment in 18 prison settings.
- Is not required to meet State AOD Agency licensure/accreditation standards (this is in the process of being addressed).
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency or the service system it supports.
- Has little to no involvement with the State AOD Agency or the system it supports.

##### b) Youth Authority

- Operates treatment in all institutions except recreation centers and camps.
- Is not required to meet State AOD Agency licensure/accreditation standards (this is in the process of being addressed).
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.
- Has little to no involvement with the State AOD Agency or the system it supports.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Mental Health

- Operates addiction treatment facilities in two counties (Stanislaus and Los Angeles).
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency .
- There is little to no involvement with the AOD Agency or the services system it supports.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Parole authority, correctional authority, child welfare (Department of Health Services group homes).

Local level: Drug courts, TANF/Welfare to Work.

State and local level: None identified.

#### 6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

#### 7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 20-39%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under a managed care mechanism in which the State AOD Agency does not participate financially. The extent of covered services varies with plans. Methadone detox services are not funded by the State AOD Agency's Drug Medi-Cal program, but are funded by the State Department of Health Services Medi-Cal program.

4. The State Director is aware of efforts to obtain AOD treatment services for the enrolled drug court client. Recently, these services have expanded from 49 to 58 counties.

## **COLORADO**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates treatment in all prisons (public and private system/adults).
- Treatment services are required to meet AOD Agency licensure/accreditation standards (the State AOD Agency Director notes that all criminal justice entities and ADAP use a common standardized offender assessment).
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

##### b) Department of Corrections (Private prisons/adults. This setting was not included in the Response Summary, since it is privately operated.)

- Operates treatment in private prisons.
- Is not required to meet State AOD Agency licensure/accreditation standards (this is in the process of being addressed).
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency or the service system it supports.

##### c) Department of Human Services/Division of Youth Corrections

- Operates treatment in all committed youth programs.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Health Department

- Operates treatment within the Health Department.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated through the State AOD Agency.

##### b) Health Department/County jails

- Operates treatment within the county jails.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated through the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Other disability authorities, e.g., services to visually disabled or learning impaired (Brain injury waiver).

Local level: Vocational rehabilitation, probation authority, parole authority, correctional authority, child welfare, drug courts, juvenile justice, TANF/Welfare to work, tribal authorities.

State and local level: None identified.

6. Services in #5 are purchased from State AOD Agency licensed/accredited providers and individual practitioners, e.g., physicians, psychologists, social workers, etc.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 40-59%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through early and Periodic Screening), plus a small (\$200,000 per year) benefit for pregnant and 2 months post-partum women. That benefit goes through ADAD to ADAD funded programs. These clients are included in the State AOD Agency's data reporting system, and identified as receiving Medicaid eligible services and other SA treatment services. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency. Because the Medicaid monies flow through ADAD to ADAD funded programs these programs can and do provide substance abuse services that are not covered by Medicaid monies.

## III. HEALTH CARE REFORM

1-3. AOD treatment services are not provided for public clients under a managed care mechanism that excludes State AOD Agency financial participation.

4. The State Director is aware of Drug Court efforts to obtain AOD treatment services for enrolled drug court clients. ADAD participates in training drug court professionals. Drug courts, for the most part, utilize licensed programs.

## CONNECTICUT

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Correction

- Operates treatment services for adult inmates (16+).
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency (regional coordination).

##### b) Judicial Branch/CSSD

- Operates treatment services for probationers.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency (there is a pilot program collaboration in contract).

##### c) Board of Parole

- Operates treatment services for parolees.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.

##### d) State Department of Veteran Affairs

- Operates treatment services in Veteran's Hospital.
- Treatment services are not required to meet AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.

##### e) Department of Children and Families, involved and non-CPS

- Operates treatment services for youth in residential and community settings.
- Treatment services are required to meet AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system (community providers only).
- Services provided are coordinated with those supported through the State AOD Agency (through regional caseworkers).

#### 3-4. Units of local government operating AOD treatment services:

Not applicable (there are no county units operating in the State, and local welfare is now under State administration).

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, parole authority, correctional authority, child welfare, drug courts, juvenile justice.

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the Department of Public Health, which is the State's licensing Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Not estimated.

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under a managed care arrangement in which the State does not participate fully. The managed care organizations cover the same behavioral health services as the fee-for-service Medicaid program. The extent of covered services is less extensive. If a public client is in need of services beyond those provided by a plan, they are routinely referred to services supported by the State AOD Agency. There is no formal mechanism for this.

4. The State Director did not respond to the question regarding AOD treatment services and drug courts.

## **DELAWARE**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult institutions.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little or no involvement with the State AOD Agency or the services system it supports.

3-4. Units of local government operating AOD treatment services:

None identified

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, TANF/Welfare to Work.

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 20-39%

### **II. MEDICAID AOD TREATMENT SERVICES**

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are not included in the State AOD Agency's client level database. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency. However, Medicaid recipients who are participating in the Medicaid managed care program can be "carved-out" and into the State AOD Agency system.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under a managed care mechanism in which the State AOD Agency does not participate financially. The extent of covered services is about the same as those supported through the State AOD Agency. A public client in managed care who is in need of services beyond those provided by the managed care company is not routinely referred to services supported by the State AOD Agency. Clients can be "carved out" of the managed care system on a case-by-case basis if specific criteria are met.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients, which is occurring through the TASC program.

## **FLORIDA**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Children and Families (Mental Health)

- Operates treatment in State hospitals.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the services systems it supports.

3-4. Units of local government operating AOD treatment services:

a) County

- Operates intake, screening, assessment, outpatient treatment, case management, and treatment within the county jail system.
- Treatment services are required to meet AOD licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.
- There is little or no involvement with the State AOD Agency or the services system it supports.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority, juvenile justice, TANF/Welfare to Work.

Local level: Drug courts.

State and local level: None identified.

6. Services in #5 are purchased only from providers licensed/accredited by the State AOD Agency

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with other supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under a managed care mechanism in which the State AOD Agency does not participate financially. The extent of covered services is less extensive than those supported through the State AOD Agency. If a public client in managed care is in need of services beyond those provided by a plan they are routinely referred to services supported by the State AOD Agency.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. The State AOD Agency coordinates budget requests with the State Courts Administrator to provide treatment services for expanding drug courts and those losing federal funding. Some local drug courts get separate funding for case managers and assessors from the county or through Federal grants.

## GEORGIA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in some institutions.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.

b) Department of Juvenile Justice

- Operates treatment services in some institutions.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.

c) Board of Pardons and Parole

- Operates outpatient treatment services.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

Not applicable

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Drug courts, TANF/Welfare to Work.

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency. Purchasing funds include Substance Abuse Prevention and Treatment Block Grant (SAPTBG) dollars, and TANF funds.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 20-39%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program, e.g., inpatient hospital services and adolescent treatment when identified through Early and Periodic Screening. Clients served are not included in the State AOD Agency's client level data reporting system. There is no process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under a managed care mechanism in which the State does not participate financially.

4. The State Director is aware of Drug Court efforts to obtain AOD treatment services for enrolled Drug Court clients. Funding for the treatment component of a Drug Court has been contracted by one of Georgia's thirteen Regional MHMRSA Boards.

## **HAWAII**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

None identified.

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, correctional authority, child welfare, drug courts, TANF/Welfare to Work.

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased from licensed/accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving individuals with special needs.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 60-79%

### **II. MEDICAID AOD TREATMENT SERVICES**

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment systems are provided under one or more Medicaid options or waivers in which the State participates. Clients served are not included in the State AOD Agency's client level data reporting system, unless clients are treated under a State AOD Agency contract. There is no process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### **III. HEALTH CARE REFORM**

1-3. AOD treatment services for public clients are provided under one or more Medicaid options or waivers in which the State does not participate financially. The covered services are about the same, but authorization for access to covered services is less extensive. If a public client in managed care is in need of services beyond those provided by a plan, they are not referred to services supported through the State AOD Agency. The State AOD Agency tries to avoid paying for services that the managed care plan should offer.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. Drug courts contract with standard AOD non-profits and also deliver some treatment services.

## IDAHO

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Correction

- Operates treatment services in institutions and communities.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the service system it supports.

##### b) Department of Juvenile Corrections

- Operates treatment services in institutions and communities.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the service system it supports.

The State AOD Agency Director noted that the lack of coordination has been recognized and they are working on establishing coordination.

#### 3-4. Units of local government operating AOD treatment services:

##### a) County government (Sheriff's Department)

- Operates treatment services at the Ada County Jail.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the service system it supports.

##### b) District Court

- Operates treatment services for drug courts.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the service system it supports.

##### c) Magistrate Courts

- Operates treatment services for drug courts.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency.

- There is little to no involvement with the State AOD Agency or the service system it supports.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, parole authority, correctional authority, juvenile justice, TANF/Welfare to Work.

Local level: Drug courts, tribal authorities.

State and local level: None identified.

6. Services identified in #5 are purchased without regard to State AOD Agency licensure/accreditation.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Not estimated

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients served are not included in the State AOD Agency's client level data reporting system. There is no process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under a managed care arrangement in which the State AOD Agency does not participate.

4. The State Director is not aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients.

## ILLINOIS

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Funds AOD treatment services in institutions.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) Department of Children and Family Services

- Operates assessment referral, case management tracking.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### c) Department of Mental Health

- Operates treatment services in State hospitals and community mental health agencies, detoxification, and some co-occurring.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

The State Director notes that acute care is licensed under the Department of Health under hospital licensure rules.

#### 3-4. Units of local government operating AOD treatment services:

##### a) County, local jails

- Operates treatment services in county jails.
- Treatment services are required to meet State AOD Agency licensing/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Upon an offender's release, services provided are sometimes coordinated with those supported by the State AOD Agency.

##### b) County, Departments of Health

- Operates treatment services through local health departments.
- Treatment services are required to meet State AOD Agency licensing/accreditation standards.
- Participates in State AOD Agency client level data systems if they receive funding from OASA.
- Services provided are coordinated with those supported through the State AOD Agency if they receive funding from OASA.

##### c) Municipalities

- Operate outpatient treatment facilities.

- Treatment services are required to meet State AOD Agency licensing/accreditation standards.
- Participates in State AOD Agency client level data systems if they receive funding from OASA.
- Services provided are coordinated with those supported through the State AOD Agency in some cases through linkages with community based programs.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Child Welfare (support only) corrections, both adult and juvenile, and Public Health.

Local level: 708 Boards (taxing authorities) Mental Health, and 553 Boards (taxing authority) Public Health.

State and local levels: Correctional authority.

6. Services identified in #5 are purchased from State AOD Agency licensed/accredited providers and individual practitioners (e.g., physicians, psychologists, social workers, etc.).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 80-100%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency. Not all AOD services are covered. OASA has authority for certification of providers and services, management over Medicaid appropriation and approval of payment. Funding is shared for adults and youths between contract funds and Medicaid.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under one or more Medicaid options or waivers in which the State does not participate financially. The extent of covered services as compared to State AOD Agency services varies with the plan, depending on what the HMO offers. A public client in managed care who is in need of services beyond those provided by the plan is referred to services supported through the State AOD Agency. Many leave HMOs if they need extensive AOD services, and go to fee-for-service Medicaid. OASA will then pick them up.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled clients. OASA funds a juvenile drug court in Peoria and they are aware of other drug courts throughout the State.

## INDIANA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in State prisons.
- Treatment services are not required to meet AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the services system it supports.

3-4. Units of local government operating AOD treatment services:

None identified

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: None identified.

Local level: Drug courts.

State and local level: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through Early and Periodic Screening. Clients served are not included in the State AOD Agency's client level data reporting system. There is no process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services are not provided for public clients under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State AOD Agency Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. Those services are purchased from local certified substance abuse treatment providers.

## IOWA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult institutions and community based programs.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Community based treatment services participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

b) Department of Human Services

- Operates treatment services through the Mental Health Institute.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

None identified

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level only: None identified.

Local level: Correctional authority, child welfare, juvenile justice.

State and local level: Parole authority, drug courts.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 20-39%

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients, and characterizes them as being “sometimes successful.”

## **KANSAS**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult correctional facilities.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

b) Sentencing Commission (juvenile corrections)

- Operates treatment services in State and local juvenile correctional facilities.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

a) Kansas Sentencing Commission

- Operates treatment services in local level correctional settings.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority, TANF/Welfare to Work, Other Disability Authorities (for hearing impaired).

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 80-100%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data system. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is not aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients.

## LOUISIANA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates adult only treatment services.
- The Louisiana State AOD Agency does not license providers – this is a function of the Department of Health and Hospitals (DHH). However, any entity providing AOD services in Louisiana is required to be licensed by DHH.
- Does not participate in State AOD Agency client level data system.
- One prison contracts for halfway house beds with the Louisiana State AOD Agency. This is the extent of coordinated services.
- There is little to no involvement with the State AOD Agency or the service system it supports.

b) Supreme Court

- Operates adult and juvenile drug courts.
- See note in a) regarding the licensing of AOD service providers.
- Does not participate in State AOD Agency client level data system.
- Some drug courts utilize State AOD Agency facilities.
- Drug courts are actively involved with the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

None identified

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority, TANF/Welfare to Work.

Local level: Drug courts.

6. Services identified in #5 are purchased from licensed, accredited facilities and specialty providers, (e.g., psychiatric facilities, services, and those serving individuals with special needs.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Medicaid does not reimburse for substance abuse treatment services for adults or juveniles in the State of Louisiana.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. Each drug court autonomously contracts with providers to obtain AOD treatment services.

## MAINE

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

The State AOD Agency Director in Maine responded to the questions in Part I with this paragraph:

“All publicly funded treatment is funded through the Maine Office of Substance Abuse, including Medicaid, beginning in October. We contract directly with providers with no substate planning unit or local government in between. All services are contracted, and we do not operate any programs. Even the prison and drug court programs are contracts with provider organizations...and [they] do not have their own treatment dollars.”

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency’s client level data system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency. Beginning in October of this year, the Maine Office of Substance Abuse will be responsible for Medicaid “seed” and all agencies receiving Medicaid “seed” will be required to contract with them.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients and comments: “Drug court treatment is funded through the Maine Office of Substance Abuse. They always want more funding than is available, but we control the funds and treatment needs are determined by us.”

## MARYLAND

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates adult only treatment services.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) Division of Parole and Probation

- Operates adult only treatment services.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Anne Arundel County Bureau of Corrections

- Operates treatment services at detention centers.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are not coordinated with those supported by the State AOD Agency.

##### b) County Health Departments

- Operate outpatient and residential treatment services.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, parole authority, juvenile justice, courts (other than juvenile, family, and drug), TANF/Welfare to Work.

Local level: None identified.

State and local level: Drug courts.

#### 6. Services identified in #5 are purchased from licensed, accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving individuals with special needs.

#### 7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 60-79%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are not included in the State AOD Agency client level data system. There is no process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under managed care mechanisms in which the State AOD Agency does not participate financially. The extent of covered services is about the same as those supported through the State AOD Agency. A public client who is in need of services beyond those provided in the plan is not referred to services supported by the State AOD Agency.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. There has been successful coordination among probation, court, treatment, state attorney, and public defender offices.

The respondent also notes that “Maryland’s alcohol and drug treatment system is becoming more sophisticated and complex as it seeks to serve clients involved in a variety of public systems, including health, welfare, child welfare, and the criminal justice system. Since increasing numbers of agencies are involved in funding and overseeing delivery of treatment services, an elevated level of Statewide coordination will improve the alcohol and drug system’s ability to deliver effective services.

To achieve this increased level of coordination, a new Drug and Alcohol Council has recently been formed. This Council is separate from the State AOD Agency. Maryland is in the process of collecting the kind of data requested in this NASADAD survey. Specifically, one State survey is looking at local county funding for substance abuse treatment, separate from the SAPT Block Grant. A second State survey responds to specific areas of legislative interest relating to addiction treatment capacity, funding, and types of treatment for targeted populations. Results from these surveys should be available in January 2002.”

## MICHIGAN

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates treatment services in prisons, outpatient community-based settings, and in residential community-based settings.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Community Mental Health Service Providers

- Operates outpatient, intensive outpatient, and methadone treatment services, and conducts assessment and referral.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) Local Health Departments

- Operates outpatient, intensive outpatient, and methadone treatment services, and conducts assessment and referral.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### c) Community Corrections Boards

- Operates outpatient, intensive outpatient, and residential treatment services.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Parole authority, TANF/Welfare to Work.

Local level: Tribal authorities.

State and local level: Child welfare.

#### 6. Services identified in #5 are purchased from licensed, accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving individuals with special needs.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Not estimated.

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under managed care mechanisms in which the State AOD Agency does not participate financially. The covered services are about the same compared to those supported through the State AOD Agency system. A public client in managed care who is in need of services beyond those provided by a plan is routinely referred to services supported through the State AOD Agency.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. The State Director comments: "Michigan has a very active drug court program that is run through the State Court Administrator's office. They are funded with grants from the federal government. Currently, the Family Independence Agency, the State AOD Agency, and the State Court Administrator's Office are working on piloting 'Family Drug Courts for Child Welfare Clients.' "

## MISSOURI

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates treatment services in adult institutions.
- Some treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

The State AOD Agency Director notes that “Corrections Adult Institutions that contract with providers do have to be certified. DC- run programs do not have to be certified; some are voluntarily certified.”

##### b) Youth Services (juvenile justice)

- Operates treatment services in Juvenile Correctional Facilities.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.
- Little or no involvement with the State AOD Agency and the service system it supports.

#### 3-4. Units of local government operating AOD treatment services:

##### a) County Courts

- Operates treatment services in residential and outpatient treatment settings related to county administered jail system.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) Juvenile/Family Court

- Operates treatment services in Juvenile Detention Facilities.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, parole authority, juvenile justice.

Local level: Drug courts, courts (other than juvenile, family, and drug).

State and local level: Correctional authority.

6. Services identified in #5 are purchased from licensed accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving people with special needs.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%.

## II. MEDICAID AOD TREATMENT SERVICES

1-3. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with those supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under managed care mechanisms in which the State AOD Agency does not participate financially. Services provided are less extensive than those supported through the State AOD Agency. If a public client is in need of managed care services beyond those provided in a plan they are routinely referred to services supported by the State AOD Agency.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. The State Director commented: "Services provided have to be clinically justified regardless of drug court stipulations."

## NEBRASKA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult prisons.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.

The State AOD Agency Director notes that "there are attempts to coordinate/understand community facilities."

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: None identified.

Local level: Vocational rehabilitation, child welfare, drug courts, juvenile justice, courts (other than juvenile, family, and drug) TANF/Welfare to Work, tribal authorities.

State and local level: Probation authority, parole authority, correctional authority.

6. Services identified in #5 are purchased from State AOD Agency licensed/accredited providers and individual practitioners (e.g., physicians, psychologists, social workers, etc.).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Not identified.

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through Early and Periodic Screening). Clients served are included in the State AOD Agency's client level data reporting system if the provider is also a State AOD Agency provider. There is no process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. During the 2<sup>nd</sup> and 3<sup>rd</sup> years of these efforts, there have been some apparent successes, but there needs to be scientific studies.

## NEVADA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult prisons, and in therapeutic communities.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the service system it supports.

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Child welfare, drug courts, juvenile justice, TANF/Welfare to Work, tribal authorities.

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased from licensed accredited facilities and specialty providers, e.g., psychiatric facilities, services, and those serving people with special needs.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 40-59%

### II. MEDICAID AOD TREATMENT SERVICES

1-3. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients are included in the State AOD Agency client level data system only if the facility receives funding from the State AOD Agency. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency, except in the case of pregnant women's services.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under managed care mechanisms in which the State AOD Agency does not participate financially (Medicaid only). Whether or not the covered services are less extensive, more extensive, or about the same compared to those supported through the State AOD Agency system is unknown, although the State Director notes that they are not constrained in providing services based on ASAM patient placement criteria. A public client in managed care who is in need of services beyond those provided by a plan can get the needed services through the State AOD Agency supported system, but whether or not they are referred is unknown.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. The State Director comments: "They are working with some of our providers, but the dollars do not necessarily follow the client."

## NEW HAMPSHIRE

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates treatment services in adult correctional institutions, the Academy Program (Diversion), and for probation and parole groups.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the service system it supports.

##### b) Division for Children, Youth, and Families

- Operates residential and outpatient adolescent treatment services.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards. The Director notes that the adolescent treatment programs will eventually need to be accredited (new legislation).
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.
- There is little to no involvement with the State AOD Agency or the service system it supports.

##### c) New Division of Juvenile Justice Services

- Operates residential and outpatient adolescent treatment services
- Treatment services are required to meet State AOD Agency licensure/accreditation standards. The Director notes that the adolescent treatment programs will eventually need to be accredited (new legislation).
- Does not participate in the State AOD Agency client level data system.
- Does not coordinate services with the State AOD Agency or the service system it supports.
- There is little to no involvement with the State AOD Agency or the service system it supports.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Some County houses of correction

- Operate treatment services in jail settings.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.

- There is little to no involvement with the State AOD Agency or the service system it supports.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Child welfare, juvenile justice, TANF/Welfare to Work.

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased from State AOD Agency licensed/accredited providers and individual practitioners (e.g., physicians, psychologists, social workers, etc.)

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system, only if services are delivered through the Division of Alcohol and Drug Abuse Prevention and Recovery Contractor. There is not a process in place to coordinate or supplement those services with those supported by the State AOD Agency, except in the case of pregnant women's services. These services are coordinated by the women's treatment specialist. The current focus is on opiate addicted pregnant women accessing methadone services.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate fully.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. There is a new pilot drug court initiative in three jurisdictions for juveniles. The State AOD Agency is involved in this initiative.

## NEW MEXICO

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates prison based therapeutic communities.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) Department of Health

- Operates treatment in three State facilities through community based contracts.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 3-4. Units of local government operating AOD treatment services:

##### a) City/County government

- Operates treatment services in jails and some outpatient settings.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported through the State AOD Agency.
- At the level of city government and in some counties there is little to no involvement with the State AOD Agency or the services system it supports.

##### b) Tribal

- Operates treatment services in residential and outpatient treatment settings.
- Residential treatment facilities only are required to meet State AOD Agency licensure standards.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Vocational rehabilitation, probation authority, parole authority, correctional authority, child welfare, TANF/Welfare to Work.

Local level: None identified.

State and local level: Drug courts, juvenile justice, courts (other than juvenile, family and drug), tribal authorities.

#### 6. Services identified in #5 are purchased from licensed, accredited facilities and specialty providers (e.g., psychiatric facilities, services, and those serving individuals with special needs).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients are included in the State AOD Agency client level data system only when they are accessing the non-Medicaid service system. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency. Only non-Medicaid reimbursable services are provided to Medicaid eligible persons.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under managed care mechanisms in which the State AOD Agency does not participate financially (Medicaid only). The covered services are less extensive compared to those supported through the State AOD Agency system (there is a limited benefit under Medicaid). A public client in managed care who is in need of services beyond those provided by a plan are routinely referred to services supported through the State AOD Agency.

4. The State Director is aware of efforts to obtain AOD treatment services for enrolled drug court clients. Drug courts need to purchase services directly, or refer to the State AOD system.

## NEW YORK

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Correctional Services

- Operates treatment services in adult correctional facilities.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) Office of Children and Family Services

- Operates treatment services in youth facilities.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### c) Office of Mental Health

- Operates treatment services in psychiatric centers and community facilities.
- Is not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 3-4. Units of local government operating AOD treatment services:

##### a) County jails

- Operates treatment services in county jails.
- Is required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

##### b) County Mental Hygiene Agencies

- Operates treatment services in a variety of settings.
- Is required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, parole authority, correctional authority, drug courts, juvenile justice.

Local level: Vocational rehabilitation, child welfare.

State and local level: TANF/Welfare to Work, other disability authorities (not specified).

6. Services identified in #5 are purchased from State AOD Agency licensed/accredited providers and individual practitioners (e.g., physicians, psychologists, social workers, etc.)

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Not estimated.

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system in some cases (some hospitals do not report data). There is a process in place to coordinate those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services are provided for public clients under a managed care system in which the State AOD Agency does not participate financially. Covered services are less extensive than those supported through the State AOD Agency. A public client in managed care in need of services beyond those provided in the plan is routinely referred to services supported by the State AOD Agency.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. The New York State Office of Court Administration has a major initiative to expand drug courts throughout the State and has participated in joint sessions with the State AOD Agency.

## **NORTH CAROLINA**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Correction

- Treatment operated in Adult Institutions.
- Treatment services are required to have Department of Corrections accreditation, but not State AOD Agency accreditation/licensure.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with the State AOD Agency.

b) Administrative Office of the Courts

- Treatment operated through adult and adolescent drug courts.
- Treatment services are required to have Administrative Office of the Courts accreditation, but not State AOD Agency licensure/accreditation.
- Does not participate in State AOD Agency client level data system.
- Services provided are coordinated with the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

a) Sheriff's Department

- Operates treatment services in a limited number of jails.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Services provided are not coordinated with the State AOD Agency.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: None identified.

Local level: Juvenile justice, TANF/Welfare to Work, tribal authorities.

State and local level: Probation authority, drug courts.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 20-39%

### **II. MEDICAID AOD TREATMENT SERVICES**

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency client level

data system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AAOD Agency does not participate financially.

4. The State Director is aware of efforts to obtain AOD treatment services for enrolled drug court clients. Initially, drug courts had funding to purchase private treatment. As Federal funds have declined, they have been picking treatment through the public sector. They are especially interested in Medicaid reimbursement in adolescent and family courts.

## **NORTH DAKOTA**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections and Rehabilitation

- Operates treatment services at the North Dakota State Penitentiary, Missouri River Correction Center, James River Correction Center, and the North Dakota Youth Correction Center.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services are coordinated with those supported through the State AOD Agency.

b) Department of Human Services

- Operates inpatient treatment services in North Dakota State Hospital, and outpatient treatment services at regional human services centers.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services are coordinated with those supported through the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Probation authority, parole authority, correctional authority, child welfare, drug courts, juvenile justice, courts, tribal authorities.

Local level: None identified.

State and local level: None identified.

North Dakota notes that “through the North Dakota Department of Human Services we work with those agencies to provide publicly funded treatment for their clients.”

6. Services identified in #5 are purchased only from State AOD Agency licensed/accredited providers.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 60-79%.

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

The full range of substance abuse treatment is offered under the State plan, and any Medicaid recipient is eligible.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under a managed care mechanism in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. The State's regional human services centers are involved with drug courts as a consultant and treatment provider.

## **OHIO**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

#### **1-2. Units of State government operating AOD treatment services:**

##### **a) Department of Rehabilitation and Correction**

- Operates treatment services in 34 adult prison facilities.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services are coordinated with those supported through the State AOD Agency.

##### **b) Department of Youth Services**

- Operates treatment services in 5 youth correctional facilities.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards except for one facility, the Freedom Center.
- Does not participate in the State AOD Agency client level data system, except for one facility, the Freedom Center.
- Services are coordinated with those supported through the State AOD Agency.

#### **3-4. Units of local government operating AOD treatment services:**

##### **a) Sheriff's Office**

- Treatment services operated in county jails.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards, although 2 facilities are partially certified.
- Does not participate in the State AOD Agency client level data system.
- Services are coordinated with those supported through the State AOD Agency.

##### **b) Community-based correctional facilities**

- Treatment services operated in community/regional jails.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services are coordinated with those supported through the State AOD Agency.

#### **5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:**

State level: None identified.

Local level: Courts (other than juvenile, family and drug courts), other disability authorities (traumatic brain injured, hearing impaired).

State and local levels: Vocational rehabilitation, probation authority, parole authority, correctional authority, child welfare, drug courts, juvenile justice, TANF/Welfare to Work.

6. Services identified in #5 are purchased from State AOD Agency licensed/accredited facilities and specialty providers (e.g., psychiatric facilities, services, and those serving individuals with special needs).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Unknown

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program, e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency. AOD services are part of the rehabilitation option under the Single State Agency State plan.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for the public client are not provided under a managed care mechanism in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. There are a total of 37 drug courts (including 5 within family courts) in Ohio.

## **OREGON**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

None identified.

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Parole authority, correctional authority.

Local level: Probation authority, child welfare, drug courts, TANF/Welfare to Work.

State and local level: Juvenile justice.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

### **II. MEDICAID AOD TREATMENT SERVICES**

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### **III. HEALTH CARE REFORM**

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. Courts either refer to funded providers or purchase additional services from providers.

## **PENNSYLVANIA**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

#### **1-2. Units of State government operating AOD treatment services:**

##### **a) Department of Corrections**

- Operates treatment services in 26 adult institutions, and 14 community corrections centers.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- There is little or no involvement with the State AOD Agency or the system is supports.

Pennsylvania notes that the Department of Corrections provides drug and alcohol treatment in all of its facilities. Approximately 15,000 inmates are participating in drug and alcohol treatment programs within this system in Pennsylvania.

##### **b) Department of Public Welfare**

- Operates inpatient and outpatient treatment for adults and adolescents.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with the State AOD Agency.

#### **3-4. Units of local government operating AOD treatment services:**

##### **a) Judicial system**

- Operates treatment services for enrolled drug courts clients in 7 counties within Pennsylvania.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little or no involvement with the State AOD Agency or the system is supports.

Pennsylvania notes that there are no standards for drug courts. They vary throughout the State based on target populations, sanctions and diversions. Drug courts do provide access to continuum of alcohol, drug, and to other related treatment services.

#### **5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:**

State level: Correctional authority.

Local level: Child welfare, drug courts.

State and local level: None identified.

6. Services identified in #5 are purchased from licensed, accredited facilities and specialty providers, (e.g., psychiatric facilities, services, and those serving individuals with special needs, in the case of drug courts)

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program, e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients served are included in the State AOD Agency's client level data system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency. There are also some expanded AOD treatment services. Partial hospitalization is provided and supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under managed care mechanisms in which the State AOD Agency does not participate financially. The covered services are about the same when compared to those supported through the State AOD Agency system (there is a limited benefit under Medicaid). A public client in managed care who is in need of services beyond those provided by a plan is routinely referred to services supported through the State AOD Agency.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients, and refers to the responses in the section concerning non-SSA treatment services other than Medicaid.

## **RHODE ISLAND**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services within prisons, contracts with private practitioners in community programs and in licensed facilities.
- Whether or not treatment services are required to meet State AOD Agency licensure/accreditation standards varies.
- Whether or not the program participates in the State AOD Agency client level data system varies.
- Services provided are coordinated with the State AOD Agency in terms of service development. Service delivery is not coordinated.

b) Department of Children, Youth and Families

- Operates treatment services in State licensed programs, and in programs out of State for (limited) for court-ordered services.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with the State AOD Agency in terms of service development. Service delivery is not coordinated.

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority (includes probation and parole), child welfare.

Local level: None identified.

State and local level: None identified.

6. The State AOD Agency Director indicated that this question does not apply in their case.

7. The State AOD Agency Director indicated that this question does not apply in their case.

### **II. MEDICAID AOD TREATMENT SERVICES**

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. In most cases, clients served are included in the State AOD Agency client level data reporting system. All clients admitted into licensed programs are

required to be reported to the AOD Agency Client Information System. The data system does not include Medicaid clients covered under the 1115 waiver who are admitted elsewhere. This is a limited number of clients. The State did not indicate if there is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are provided under managed care mechanisms in which the State AOD Agency does not participate financially (under the 1115 waiver mentioned above). The covered services are about the same when compared to those supported through the State AOD Agency system. The State Director did not indicate whether or not a public client in managed care who is in need of services beyond those provided by a plan is routinely referred to services supported through the State AOD Agency.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. The State Director comments: “[There is a] strong liaison, evaluation, referral, placement, case management system provided by the State AOD Agency to the Adult Court System.”

## **SOUTH CAROLINA**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult correctional institutions.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- There is little or no involvement with the State AOD Agency or the system it supports.

3-4. Units of local government operating AOD treatment services:

a) Counties

- Local county commissioners operate treatment services.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported through the State AOD Agency.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: None identified.

Local level: Probation authority, parole authority, drug courts, juvenile justice, TANF/Welfare to Work.

State and local levels: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 60-79%

### **II. MEDICAID AOD TREATMENT SERVICES**

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. They are currently working with the State's Department of Corrections to establish adult drug court services.

## TENNESSEE

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates treatment services in prisons.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little or no involvement with the State AOD Agency or the system it supports.

##### b) Department of Mental Health

- Operates treatment services in mental health psychiatric institutes.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little or no involvement with the State AOD Agency or the system it supports.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Davidson County Drug Court

- Operates a residential treatment unit.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with the State AOD Agency.
- There is little or no involvement with the State AOD Agency or the system it supports.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority, child welfare, drug courts, TANF/Welfare to Work.

Local level: None identified.

State and local level: None identified.

#### 6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

#### 7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 20%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency client level data system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is not aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients.

## TEXAS

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Criminal Justice

- Operates treatment services in adult prison and community correctional settings.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Partial participation in the State AOD Agency client level data system.
- Services provided are partially coordinated with those supported by the State AOD Agency.

##### b) Department of Youth Corrections

- Operates treatment services in youth institutional settings.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Partial participation in the State AOD Agency client level data system.
- Services provided are partially coordinated with those supported by the State AOD Agency.

The State AOD Agency Director notes that “TCADA receives client data on funded clients, collaborates on some programmatic issues.”

##### c) State Hospital

- Operates treatment services in State hospital settings.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported by the State AOD Agency.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Mental Health/Mental Retardation Community Centers

- Operates treatment services in clinics.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Child welfare, juvenile justice.

Local level: Drug courts (Austin only), TANF/Welfare to Work (in one county), tribal authorities (one tribe).

State and local level: None identified.

6. Services identified in #5 are purchased from licensed/accredited facilities and specialty providers (e.g., psychiatric facilities, services, and those serving individuals with special needs).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

## II. MEDICAID AOD TREATMENT SERVICES

1-3. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program, e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). The exception is in Dallas, where Medicaid is managed under a waiver by a MMC company called Northstar. They have a comprehensive array of treatment services that go beyond the State Medicaid plan. Clients served are not included in the State AOD Agency's client level data system, with the exception of those covered by Northstar in the Dallas area. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency, again with the exception of those provided in the Dallas area by Northstar.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is "very aware" of drug court efforts to obtain AOD treatment services for enrolled drug court clients.

## UTAH

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections

- Operates treatment in adult prison settings.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards, but there are requirements for program/professional licensing.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency (high degree of coordination).

The State AOD Agency Director notes that “most prison-based services are funded with AOD dollars, however, this department also has several grants through the United States Department of Justice (USDOJ)/Byrne grants, too.”

##### b) Drug courts

- Operates community-based treatment (Utah notes they have “concerns over the direct federal funding – planning and implementation fund”).
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

#### 3-4. Units of local government operating AOD treatment services:

##### a) County government

- Operate treatment services at the community level.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

##### b) Judicial Districts

- Operate federally funded drug courts.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported by the State AOD Agency.

##### c) County (jail-based)

- Operate federally funded treatment in county jails
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency level client data system
- Services provided are not coordinated with the State AOD Agency

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: None identified.

Local level: Vocational rehabilitation, probation authority, parole authority, correctional authority, child welfare, drug courts, juvenile justice, TANF/Welfare to Work.

State and local level: None identified.

6. Services identified in #5 are purchased from State AOD Agency licensed, accredited providers and individual practitioners (e.g., physicians, psychologists, social workers, etc).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 20-39%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program, (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients served are included in the State AOD Agency's client level data system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under a managed care mechanism in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients.

## VERMONT

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment through probation and parole offices.
- Treatment services are required to meet State AOD Agency standards for licensure/accreditation.
- Does not participate in the State AOD Agency client level data system
- Services provided are coordinated with those supported by the State AOD Agency

3-4. Units of local government operating AOD treatment services:

None identified

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority.

Local level: None identified.

State and local level: None identified.

6. Services identified in #5 are purchased only from providers licensed/accredited by the State AOD Agency.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 0-19%

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level database. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. Referrals to State AOD Agency providers have increased.

## **VIRGINIA**

### **I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID**

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in adult institutions.
- Treatment services are not required to meet State AOD Agency standards for licensure/accreditation., but this is under negotiation.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

b) Department of Juvenile Justice

- Operates treatment services in adolescent correctional facilities.
- Treatment services are required to meet State AOD Agency standards for licensure/accreditation.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

3-4. Units of local government operating AOD treatment services:

a) Sheriff's Office

- Operates treatment services in local jails and regional detention centers.
- Treatment services are not required to meet State AOD Agency standards for licensure/accreditation., but this is under negotiation.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: None identified.

Local level: Drug courts, juvenile justice, courts (other than drug courts, family and juvenile), TANF/Welfare to Work.

State and local: Probation authority, parole authority, child welfare.

6. Services identified in #5 are purchased from licensed/accredited facilities and specialty providers (e.g., psychiatric facilities, services, and those serving individuals with special needs).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: Not estimated

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are not included in the State AOD Agency's client level database, unless they are served in the public AOD treatment system, which is generally the case. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency, except for in the case of pregnant and post-partum women. In this case, the formal coordination mechanisms in place need to be improved between the "private" obstetrician and the treatment provider. Although the State legislature funded expansion and regulations were drafted to support expansion, the State Medicaid Agency has not engaged in a formal regulatory process. Since this has not occurred, and it is necessary to promulgate regulations, no new services are operational.

## III. HEALTH CARE REFORM

1-4. The respondent did not address the questions in Section III.

## WASHINGTON

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

#### 1-2. Units of State government operating AOD treatment services:

##### a) Department of Corrections (Adult)

- Operates treatment services in prisons, and in community based continuing care.
- Treatment services are required to meet State AOD Agency standards for licensure/accreditation.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

##### b) Juvenile Rehabilitation (Youth Corrections)

- Operates treatment services in correctional settings and in community based continuing care.
- Treatment services are required to meet State AOD Agency standards for licensure/accreditation.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

##### c) Office of Community Development

- Operates treatment services in prisons and jails, funded by federal grant (RSAT).
- Treatment services are required to meet State AOD Agency standards for licensure/accreditation (not by federal requirement).
- Does not participate in the State AOD Agency client level data system, but the agencies are attempting to address this issue.
- Services provided are coordinated with those supported by the State AOD Agency.

Washington State notes that Federally funded treatment that is not through the SSA should require State accreditation and reporting through the State AOD Agency database.

#### 3-4. Units of local government operating AOD treatment services:

##### a) Counties/City

- Treatment services are required to meet State AOD Agency standards for licensure/accreditation.
- Participates in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency.

Washington State notes that most local government services are funded through the SSA – but some jails (very few jail programs) claim to have services not funded by the SSA. In these cases, treatment services are not required to meeting AOD Agency standards for licensure/accreditation, they do not participate in the State AOD Agency client level data system, and services provided are not coordinated with the State AOD Agency.

#### 5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Correctional authority (prison based), child welfare (some outpatient and urinalysis), juvenile justice.

Local level: Drug courts (some outpatient and urinalysis through direct Federal funds), tribal authorities (some Indian Health Service money other than SSA).

State and local level: None identified.

6. Services identified in #5 are purchased from State AOD Agency licensed/accredited providers and individual practitioners (e.g., physicians, psychologists, social workers, etc.).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 60-79%

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients. State funding for drug courts flows through the SSA.

## WEST VIRGINIA

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Division of Corrections

- Operates treatment services in correctional centers.
- Treatment services are not required to meet State AOD Agency standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported by the State AOD Agency, but this is being explored.
- There is little to no involvement with the State AOD Agency or the service system it supports.

b) Division of Juvenile Services

- Operates treatment services for youth in the West Virginia Industrial Home.
- Treatment services are not required meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported by the State AOD Agency, but this is being explored.
- There is little to no involvement with the State AOD Agency or the service system it supports.

c) Regional Jail Authority

- Operates treatment in regional jails.
- Treatment services are not required meet State AOD Agency standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported by the State AOD Agency, but this is being explored.
- There is little to no involvement with the State AOD Agency or the service system it supports.

3-4. Units of local government operating AOD treatment services:

None identified.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

None identified.

6. Since no purchasers of AOD treatment services were identified in the answer to Question 5, Question 6 does not apply.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: See note for Question 6.

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients served are included in the State AOD Agency client level data reporting system. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is not aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients.

## WISCONSIN

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in one correction center for adults and in three halfway houses.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are not coordinated with those supported by the State AOD Agency, but this is being explored.

b) Department of Health and Family Services

- Operates treatment services in a residential center for the dual-diagnosed.
- Treatment services are not required to meet State AOD Agency licensure/accreditation standards.
- Does not participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency, but this is being explored.

3-4. Units of local government operating AOD treatment services:

a) County government

- Operates treatment services in residential and outpatient treatment settings.
- Treatment services are required to meet State AOD Agency licensure/accreditation standards.
- Participate in the State AOD Agency client level data system.
- Services provided are coordinated with those supported by the State AOD Agency, but this is being explored.

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

None identified.

6. Since no purchasers of AOD treatment services were identified in the answer to Question 5, Question 6 does not apply.

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: See note for Question 6.

## II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

AOD services are limited to those required as a condition of State participation in the Medicaid program (e.g., inpatient hospital services and adolescent treatment when identified through EPSDT). Clients served are not included in the State AOD Agency client level data reporting system. There is not a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

## III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under managed care mechanisms in which the State AOD Agency does not participate financially.

4. The State Director is not aware of drug court efforts to obtain AOD treatment services for enrolled drug court clients.

## WYOMING

### I SOURCES OF NON-SSA TREATMENT SERVICES OTHER THAN MEDICAID

1-2. Units of State government operating AOD treatment services:

a) Department of Corrections

- Operates treatment services in the State penitentiary and in the Women's Prison
- Treatment services are not required meet State AOD Agency standards
- Does not participate in the State AOD Agency client level data system
- Services provided are not coordinated with those supported by the State AOD Agency, but this is being explored
- There is little to no involvement with the State AOD Agency or the service system it supports

3-4. Units of local government operating AOD treatment services:

None identified

5. Units of State and local government other than any substate planning and administrative units funded through the State AOD Agency that purchase AOD treatment services:

State level: Vocational rehabilitation, child welfare

Local level: Drug courts

State and local level: None identified

6. Services identified in #5 are purchased in some cases from State AOD Agency licensed/accredited providers and individual practitioners (e.g., physicians, psychologists, social workers).

7. Percentage of clients treated under the purchase arrangements that are included in the State AOD Agency client level data system: 40-59%

### II. MEDICAID AOD TREATMENT SERVICES

1. Describe the Medicaid arrangement that governs the provision of AOD treatment services in the State:

Expanded AOD treatment services are provided under one or more Medicaid options or waivers in which the State participates. Clients served are included in the State AOD Agency's client level data reporting system. There is a process in place to coordinate or supplement those services with others supported by the State AOD Agency.

### III. HEALTH CARE REFORM

1-3. AOD treatment services for public clients are not provided under a managed care arrangement in which the State AOD Agency does not participate financially.

4. The State Director is aware of drug Court efforts to obtain AOD treatment services for enrolled drug court clients, and notes that drug courts purchase these services from the State AOD Agency.