

Stimulant Use TRUST Project
Frequently Asked Questions
November 24, 2020

1. We are a Drug Medi-Cal certified Level 1 Outpatient Treatment Program, not an Intensive Outpatient Treatment program. Would we still be eligible or not?

This project is intended for specialty drug programs. However, if you can provide proof that your program can meet the level of intensity required for TRUST you may apply. Your application should provide justification that you can meet the intensity level required.

2. What is the structure of the program, meaning in a week what is expected of the client participation wise?

The requirement is 2 sessions per week for 12 weeks. Ideally, one session in the beginning of the week and one at the end (one individual and one group).

3. Will this PowerPoint be available? if so, can you please provide the links?

Yes, this PowerPoint will be made available on the OASIS TTA website.

<http://www.uclaisap.org/oasis-tta/html/hub-and-spoke-administrative-support-ahp.html>

4. What if we start with 40 participants but they do not engage for the full 12-weeks?

We understand not everyone will complete the 12 weeks. The TRUST manual was created to examine how to promote retention. Individuals who complete the admission session will be counted towards the required, 40 participants.

5. If an agency has multiple locations may they apply for each individual site for the grant?

Yes, but there should be an application for *each physical location*. We are looking at variations in population served and geographic location. You should specify how multiple applications from one site meet the requirements for a diverse population of project participants being sought. Also note: the requirement is for 40 participants *per site*, not 40 participants, collectively.

6. Are we meant to have clients already enrolled in our program? Or is there time for the recruitment and enrollment of eligible clients allowed/expected?

We expect new patients entering treatment to be enrolled in the project. They would need to be coming into treatment for a new treatment episode. We are not looking for individuals already being treated for stimulant use in your program to be transferred over to the TRUST project protocol.

7. Will the IOP program need to enroll 40 patients every 12 weeks with a total of 400 patients served at the end of the 18 months.

No, it is 40 patients total for each site; sites may conclude the enrollment more quickly than the full project period of 18 months.

8. Do we need to have 40 to start service delivery or are we continually enrolling over the 8-9 months? How many individuals should be in a group at a time?

The expectation is continual enrollment; you do not need to have 40 patients to start. We expect that within 8-9 months you will be able to enroll 40 patients.

9. What are the motivational incentives like? Do programs have choice about what the incentives are?

How you promote incentives is up to your program. We will provide suggestions. In general, prices range from \$5 and the maximum of \$25 per incentive/reinforcer.

10. Could we utilize this in Collaborative Court Programs or would this skew the outcomes of engagement? We would use this with other curriculum also.

Yes, it can be combined. The core treatment component is the Trust program. We understand people may need other treatment or services to address the whole person.

11. Can programs augment the incentives with donated rewards beyond the \$75?

No. Federal Medicaid regulations only allows \$75. The issue is not due to where funding comes from; it is how much you are incentivizing individuals to engage in care because of a concern with coercion and Medicaid fraud in the past. This could be an issue if you are audited. Therefore, we have added additional evidence-based practices, other than just contingency management.

12. When a patient enters the program will they be a patient of the Pilot and a patient of the IOP program- meaning the patient will receive additional services beyond the 2x sessions a week?

We are leaving this up to you as the provider and the clinical needs of the patient.

13. Are the 12 weeks intended to be completed in the same level of care, or can counties link together two levels of care? Say 8 weeks in residential and the remaining weeks in outpatient, this would be based on medical necessity.

No, this program is *only based in outpatient care*. The TRUST program is not designed for inpatient care. If you are in IOP and are stepped down, that is acceptable.