

## Questions & Answers

1. *What is the intended number of people to be trained for the FAIR team?* The county expects to have one licensed supervisor and a minimum of four clinicians. In the future, a single supervisor can serve up to seven clinicians.
2. *How many families will be served?* An average caseload is 8 to 10 cases once the team is fully functional. At times, the team can accept a larger combined caseload of between 12-15 cases if the team is experienced and if there is the right combination of high need cases and families further along in the process/pending discharge.
3. *How many families would be impacted in a year?* Approximately, 110 families per year per team depending on the size of the team
4. *What is the budget amount in mind?* This service is primarily Medicaid reimbursed. Additional expenses would be negotiated via a contract between the county and the identified provider. Implementation costs will be covered by DHS/OYFS.
5. *Who are the families who are most appropriate?* The team does not treat individuals who are solely using marijuana or alcohol. FAIR serves a range of families, with a range of needs. Parents who are experiencing opioid and/or methamphetamine addiction are the most responsive to this treatment. Parents can be any age. It is nice for caseloads to have a combination of cases with higher levels of severity (e.g., active daily use of substances, IV route of administration) and some with lower levels (e.g., a parent who has used substances in the last year, but who is currently negative but at-risk for relapse). FAIR is for families where the child(ren) either remains in the home or there is still a possibility of a return-home plan for at least one child.  
  
FAIR is not appropriate for parents with serious mental health conditions including schizophrenia or active psychosis. If a parent has experienced a recent suicide attempt, it is best for the parent to have achieved stability for at least 2 weeks prior to initiating FAIR.
6. *When there is a need for a referral for medication, how is the coordination handled?* FAIR does not limit individuals if they need a higher level of treatment, including medication management. FAIR will help individuals navigate the medication management system, develop plans to adhere to their medication protocols, and coordinate with prescribers to ensure accurate reports of client response. Many individuals involved in FAIR seek medication for mental health symptoms (e.g., depression, anxiety) or opioid treatment (e.g., methadone, suboxone). The team also will assist families in going through or accessing other treatment if needed. FAIR works to support individuals at the time of discharge from detox or residential treatment. While they are in treatment, they will coordinate with the treatment provider to support the treatment provider's skills and messages.

7. *What happens when a child in the home presents with a need for mental health services?* If a child has their own needs, one of the FAIR team members may open a file on the child, but more likely they are referred to an agency that will embrace collaboration with FAIR. The team will continue with parent skills training and could participate in joint sessions with the other provider as needed. In respect to child reunification, FAIR also supports youth transitioning back into the home and they can assist with that transition.
8. *Is there on-call/crisis work involved in the program?* FAIR is available 24 hours per day with most after-hours issues being handled via phone or text message. It is rare for workers to respond in-person after business hours. The team works to establish boundary issues with parents and the Lane County team reports a relatively good work/life balance.
9. *What is your sustainability, were you able to get reimbursement to sustain the program?* It took the Lane County FAIR team approximately three years from start-up to become financially stable. The Oregon Social Learning Center has a cost capacity calculator to help determine how many clients need to be served for the agency to achieve sustainability. DHS/OYFS has begun some preliminary work to explore reimbursement rates/codes. One of the identified challenges may be reimbursement for urinalysis. The county will problem solve and support the resolution of this through our partnership with the identified provider.
10. *Do you bill both the Drug & Alcohol and Mental Health systems?* Yes, dually licensed programs can bill in both systems. Clients would have a chart for both their substance abuse and mental health diagnosis in each system. It is most useful, in terms of hiring, to hire clinicians that can meet both requirements.
11. *Have you encountered barriers to incentivizing contingency management?* Barriers were not identified as FAIR bucks are liberally earned and used to purchase a variety of donated goods at the FAIR store. The donation process for the FAIR store was purposefully developed to address the barrier of costs associated with contingency management.
12. *Are there any barriers to providing services in various locations?* Some reimbursed activities have location codes that prevent the codes from being reimbursed for services delivered out in the community. The county will work with our local Medicaid provider to negotiate any frequently used codes for FAIR where this might be the case.

