

Bureau of Substance Use Disorders

Update

Idaho Regional Advisory Committees

February 2009

Inside This Issue

- 1 Message from the Chief
- 1 Budget
- 1 Co-Occurring Disorders
- 2 Case Management
- 2 Recovery Support Services
- 2 Facility Approval
- 3 Prevention
- 3 Prevention Intervention
- 3 Prisoner Re-Entry
- 4 Mental Health
- 4 GAIN/WITS
- 4 Upcoming Events

"Treatment in parallel and separate mental health and substance abuse treatment systems . . . is remarkably ineffective"
—Drake and colleagues
(2004)

Message from the Chief

Welcome to the improved Bureau/RAC newsletter. This newsletter will be sent monthly during the second week of each month. In it, you will find information you can share with RAC members and other community stakeholders. I want to make sure this newsletter is useful to you so if you have suggestions for information you would like to see in the newsletter, you can email the information to gadzinsb@dhw.idaho.gov or woodwarj@dhw.idaho.gov.

Budget

As we hit mid legislative session I know the big topic on many RAC members' minds is the budget. As of the writing of this newsletter, the budget for SFY10 is still looking stable. What this means for providers is in December of 2008 we spent \$1,980,000 for substance use disorder treatment statewide. If the budget the Governor has recommended holds, the monthly spend would need to be \$1,970,000 per month. Although the budget has not been voted on in JFAC, we have heard no word that the Governor's recommendation will not be funded. So, I believe providers can feel as confident as they can with state funding staying stable.

Attached to this newsletter you will find your Regions most recent county utilization report. Although this is not a new report, it has been reformatted to reflect the current priority populations. You will be receiving these reports quarterly. If you have question on the report, please do not hesitate to contact me at gadzinsb@dhw.idaho.gov

Co-Occurring Disorders

VISION: A community-based system of services for persons with, or at-risk of, co-occurring disorders (COD) that promotes self-determination, empowerment, recovery, and the highest possible level of consumer participation in work, relationships, and all aspects of community life.

The Division of Behavioral Health is working to make our vision reality. To that end, between now and June 30, 2009, all substance use disorders providers and division mental health programs will be conducting baseline assessments to determine their status as co-occurring capable programs. If you have any questions, please contact Jean Woodward at woodwarj@dhw.idaho.gov or (208) 334-6610.

For those of you who attended last year's ICADD conference, Dr. David Mee-Lee needs no introduction. He is a talented and gracious trainer who laid a foundation for COD-capable treatment services in Idaho. As keynote speaker and trainer this year at ICADD, Dr. Mee-Lee will build upon that foundation as he addresses the ASAM criteria for COD-capable and adolescent COD-treatment.



Case Management

"The odds that case-managed clients reached a length of stay previously identified as associated with more successful treatment were 1.6 (outpatient programs) to 3.6 (short-term residential programs) times higher than the odds for non-case-managed clients."

Am J Public Health

We hear you! One of the most frequent issues that we have had raised by providers is the inconsistency between QP criteria, which allow for a trainee status, and CM that do not. Many have raised the question of how someone gets the requisite hours without allowing for trainee status. To address this issue, on February 2, 2009, DHW published the new CM standards that provide for CM trainees.

CM trainees, once trained and meeting all other criteria except the 1,040 hours can provide case management services under direct intensive clinical supervision with a learning plan.

Recovery Support Services

Treena Clark will be conducting a training for the Regional CRDS via video conferencing on February 23, 2009. The training will focus on RSS standards, the RSS Application process and providing technical assistance to RSS applicants. Following the training, the CRDS will serve as a point of contact for agencies in their region that are applying for approval as an RSS provider.

Facility Approval

Currently there are 64 agencies approved to provide substance use disorder treatment services with a total of 116 treatment sites across Idaho. The Department contracts with the Center for the Application of Substance Abuse Technologies (CASAT) to support the facility approval and renewal process. The Department is accepting applications from providers who have a desire to serve Adolescent Residential clients. Thank you for your commitment to serving our clients.

Prisoner Re-Entry

The Re-Entry Project is up and running. The purpose of the Project is to facilitate the offender's reintegration into the community. Case management is a critical tool in the reintegration process. Therapeutic Community graduates and Rider Re-Entry clients generally do not require treatment services, but case management gives them the needed support while they negotiate complex recovery systems of care.

IDOC probation and parole officers report that they greatly appreciate the support provided by case managers. Please make sure that you provide them with a weekly client report.

Offender Workforce Development (OWD)-Over the next year you will be hearing more about a new project related to prisoner re-entry. OWD is a community-based service to assist offenders in obtaining employment. We will keep you informed as the project takes shape.

If you have any questions about Re-Entry, please contact Jean Woodward at woodwarj@dhw.idaho.gov or (208) 334-6610.

Communities are receiving record numbers of individuals returning to their homes after a period of incarceration. The challenge facing local communities is how to prepare to receive these individuals in such a way that their dignity is affirmed, the community is safe, and they have a real opportunity to become contributing



Prevention

Prevention services are up and running across the state in 41 of Idaho's counties. All of our recurring services are evidence-based and we are on track to serve more participants than we have ever done before. Applications for funding will be coming out in March, using much the same process as we have in the past. Dates for the Prevention Institute have not been set, but as soon as the plans are firm, a note will be sent to the field and to the RACs. The state agencies responsible for prevention services are in the process of creating a state plan for prevention that will enable the state to develop a comprehensive system to effectively reduce illegal substance use and substance abuse in the state of Idaho. After portions of the plan are completed and approved by the interagency committee, they will be sent to RACS, coalitions and prevention providers for review and comment.



Prevention Intervention Services

Prevention Intervention services are also taking off. Services are now being provided at seven sites which have the ability to serve multiple communities. Adolescents are being referred by schools, parents, Juvenile Justice and other community agencies. Providers report that a high number of the adolescents who reported substance use prior to participation are doing so not for a high, but to self-medicate. These youth have major issues in their lives and the program appears to be addressing them. Our first cohorts have just completed the 6 month evaluation and the news is good. Approximately 67% of the cohort members have been contacted to date. Of those reporting, 67% report reduced acting out in school, 77% reported that participation in the program reduced negative behaviors, substance use and legal problems and over 92% states they would recommend participating in the program to a friend. Equally exciting is that 92% of parents also said they would recommend the program to other parents. We will have more cohorts reaching the 6 month mark by March, at which time we will have enough data to evaluate the early effects of the program. We will also conduct a 12 month evaluation to see if behaviors are maintained.



GAIN/WITS

****** Update – please note as you read through the information sent out recently that QP-Trainees CAN conduct the GAIN's as long as they have a clinical supervision plan noting they are performing this services**

A notification of the pending implementation for when Users may access the WITS/GAIN Interface Production Sites was sent to all User Agencies to including BPA Contracted Treatment Provider Network and State Agencies (DOC/DJC/DHW MH) on February 5, 2009.

The notification included two items:

1. A memorandum from Bethany Gadzinski acknowledging the efforts of private and public individuals and entities
2. A Welcome document providing an overview of the history of the project, an outline of current implementation schedules and information regarding future additions that are currently in the works.

Of particular interest to agencies and users is the time table for sending out instruction packets and formats which will allow users to access the production sites. **However, there has been a several day delay in beginning to send out the Packets due to a needed review of the Deputy AG for DHW of a required data sharing agreement.**

Beginning February 12, 2009, the roll out process to grant agencies and Users access the Interface Production Site commences. The Roll Out schedule of mailing packets to agencies will proceed as follows:

1. Packets will be sent to WITS/GAIN Interface Administrators at the Department of Correction and the Department of Juvenile Correction; Business Psychology Associates; and Mental Health Regional Program Managers at the Department of Health and Welfare.
2. Packets will be sent to Network Contract Treatment Providers who participated in the Beta Testing Process with the WITS/GAIN Interface, or have regularly served on committees to assist the State in implementing this technology.
3. Packets will be sent in a phased roll out, to all other Network Treatment Providers Packets over the next 8 weeks. Only licensed network treatment providers who currently have Certified GAIN-I Site Administrators, Certified GAIN-I Administrators, or Certified Local Trainers on staff will be included in the roll out."

MARCH 2009						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL 2009						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MAY 2009						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/ 31	25	26	27	28	29	30

Upcoming Events

ICADD – May 19-21

Case Management Training - TBD

Clinical Supervision Training - TBD