



Idaho Department of Juvenile Corrections

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SHARON HARRIGFELD
Director

May 24, 2011

To: Behavioral Health Cooperative

From: Sharon Harrigfeld, Director
Frank Riley, Community Operations and Program Services Administrator
Sharon Burke, Substance Use Disorder Program Manager
County Planning Team

Re: Juvenile Justice SUD Service Delivery System

Effective July 1, 2011, state general fund dollars appropriated to support substance use disorder (SUD) services for juveniles in Idaho will be divided among the Idaho Department of Health and Welfare, the Idaho Department of Juvenile Corrections and the Judiciary. This legislative action provides both a great challenge and a great opportunity.

Promoting Responsible Government

The Idaho Department of Juvenile Corrections is collaborating with Idaho Counties, with the Judiciary and with other agencies to build a responsive service delivery system for adolescents with substance abuse treatment needs. Those state funds appropriated to IDJC for substance abuse treatment are dedicated to serve juvenile justice involved youth at the community level. The department and the counties have a successful history of collaboration in meeting the needs of juveniles, victims and communities in the juvenile justice arena. The legislative appropriation provides an opportunity to incorporate substance abuse treatment into the structure.

Empowering Idahoans

The service delivery system for adolescents will be administered locally through District Boards. The department and counties have developed mutually agreed upon guidelines for providing a written plan to manage these funds. Providing appropriate services in the community has been established in research nationally as the best opportunity to ensure the safety of the community and to avoid the negative impacts of incarceration of lower risk juveniles. Partnership with counties will provide the best opportunity to identify and authorize appropriate levels of service for juveniles in the justice system who need SUD treatment. County juvenile justice personnel and managers are in the best position to prioritize the utilization of these very limited resources.

Cooperation with the courts regarding orders under 20-520(i) will be critical to managing the budget within the existing appropriation. The system redesign, as proposed below,

will allow county juvenile justice stakeholders and IDJC to use and measure the results of this valuable resource more effectively. The intent is not to duplicate an established delivery system, or to duplicate administrative functions and costs but to streamline the assessment and case planning process by allowing county and district juvenile justice staff to make decisions about SUD services for juveniles that they already serve. With that responsibility will also go the responsibility, with IDJC, for managing that system within the appropriation provided.

Despite the change in appropriation for SUD services, the Department remains committed to the partnerships established in the Behavioral Health Cooperative and to the standards and principles for SUD services adopted by that group (ICSA) in the past. A review of the attached Guidelines will make that commitment clear. The Department has established one temporary position to oversee the development and implementation of district plans. The need for additional positions will be determined by the scope of change indicated in the plans submitted by the districts.

Below is a brief outline of the redesign for juvenile justice adolescents not involved in problem solving courts.

I. Client Intake and Service Coordination

Similar to the process already utilized by the state judiciary in managing drug courts, this function will be assumed primarily by county juvenile justice personnel with oversight by District Boards. Each district will establish its own process for completing a standard client intake packet. The information in this packet will help to collect data necessary for population management and outcome evaluations and will be critical to identifying the correct target population and funding stream. Case management decisions about levels of care, the duration of care as well as reauthorization or termination of services will be handled by counties through their District Boards.

II. Treatment Authorization

The existing voucher system will be enhanced to more clearly define service and cost limits for each juvenile served. This function will be closely associated with the Service Coordination function defined above and will be the responsibility of those making case decisions, primarily county juvenile justice staff with confirmation by the District Board. IDJC will perform a review function with reporting back to districts relative to the status of their expenditures as obligated by voucher. This process will allow for a real time accounting of population and budget management.

III. Provider Network Management

Billing and payment of providers within the current BPA network will continue to be a function provided through the management services contract with BPA. The Department will remain actively engaged however in verifying charges and services received as a part of managing the payment process and to assure accurate financial tracking throughout the fiscal year. Other aspects of maintaining the provider network are already required of the management services contractor (BPA).

IV. Utilization Management (Population Management)

This function is also closely linked to the Service Coordination function defined above. Decisions made at the county and district level relative to level of care and duration of care will consider clinical needs as well as the availability of resources within the district. Ultimately the district board, working with participating counties and IDJC will be responsible for managing services within the appropriation. This will require real time reporting on the status of individual juveniles and on expenditures and will also require decisions to aggressively manage length of stay/resource utilization.

V. Quality Assurance

Managing the SUD provider network is a significant function of the existing contract with BPA. This will remain a primary function within that contract and IDJC will not attempt to duplicate that function. The scope and effectiveness of provider network management can be improved however if Behavioral Health Cooperative agencies collaborate with each other and with BPA to expand provider monitoring beyond matters of strict compliance to quality of program and services provided. This is an element of the Department's plan that will continue to evolve through the next year.

VI. Standardization / Outcomes

Much of the data required within the current system is related to reporting requirements from federal and other grant sources. That data tracking will remain a common element in evaluating and reporting on SUD process and outcomes. Additionally, Behavioral Health Cooperative members have been working together to identify other essential data that may be important for reporting outcomes for specific populations. Many of these data elements may also be common across agencies and populations served. The evolution of a more standardized service delivery system and the additional level of service/expense tracking to be provided by the Cooperative members will promote greater accountability. In addition, IDJC will utilize a portion of the appropriated SUD funds to contract with Boise State University to conduct an evaluation of the juvenile justice portion of the service delivery system.

We look forward to the challenge of building a system that most effectively meets the needs of justice-involved juveniles in our communities while coordinating with our partner agencies to achieve consistency and efficiency statewide.