



IDAHO DEPARTMENT OF
HEALTH & WELFARE

SUBSTANCE USE DISORDERS NEWSLETTER

June/July 2011

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SUD PROGRAM UPDATES

Kathy Skippen

I recently attended the National Association of State Alcohol and Drug Abuse (NASADAD) annual meeting and discovered what drinking from a fire hose must be like. For three and half days we were in meetings with the Substance Abuse and Mental Health Services Administration (SAMHSA) where they presented one change after another regarding their expectations on how treatment services will be provided for mental health and substance use disorder (SUD) clients. Because federal block grant funding for SUD services is awarded from SAMHSA, it necessitates paying attention to what they say.

Even though, from an Idaho perspective, the Affordable Care Act (ACA) is unsettled law, at a national level changes are being made at a rapid pace. For the following items, you are getting how I heard the discussion, so please keep in mind the "fire hose" comment as you read, and understand I could be wrong in my interpretation.

SAMHSA is putting heavy emphasis on prevention. This is to align their efforts more closely with what is going on with primary health care. The U.S. Department of Health and Human Services (HHS) is targeting wellness as a way to hold down health care costs. For SAMHSA this translates as prevention services. They talked at length about an expectation for primary health care providers to do

Like a welcome summer rain, humor may suddenly cleanse and cool the earth,
the air and you.

Langston Hughes

extensive screening with patients in a number of areas that would obviously be considered health issues. I would use diabetes and cholesterol screens as examples, but they will be expecting them to do screenings for substance abuse and mental health issues as well. For us the question then becomes what happens to the people who screen with problems? I don't think we know.

SAMHSA and the Centers for Medicare and Medicaid Services are both divisions of HHS and are obviously working in tandem to make changes to the health care system. This means hours were spent on presentations pertaining to Medicaid. They anticipate huge numbers of currently uninsured individuals becoming covered under Medicaid. There is discussion regarding what services will be eligible under Medicaid, what credentialing is needed to provide those services and what are the implications on the workforce in SUD treatment. Because Idaho is a participant in the lawsuit against the federal government regarding these issues, we have no way of knowing how all of this will affect how services are provided here...but I think it is safe to say there will be changes regardless of the lawsuit outcome, because some of what is being changed is under their prevue to change...ACA or not. Again however, I can't tell you how any of this will affect us two years from now.

The last major area covered at the meeting was data collection. For any of you who love the time when you saw clients, recorded notes, billed for the treatment and filed a manila file folder...that will become a fond memory. A laser beam of focus is on what works and what doesn't and we must have outcome data to prove it. I don't see any retreating from their efforts to have everyone using electronic health records (EHR) and creating methods of collecting data on client outcomes being required. In Idaho, providers are in a much better place on this, than those in many states, as our intent is provide the WITS client management system for your use. FEI is currently in the final stages of certifying WITS as an EHR with the federal government, so this is the one meeting discussion where I probably felt more comfortable than many.

We are definitely in uncertain times. I was raised on a Quarter Horse ranch and spent a number of years training horses for a living. I'll use a horse term here: Cinch up tight! The ride ahead is going to be an interesting one.

QUALIFIED SUBSTANCE USE DISORDER PROFESSIONALS

John Kirsch

GAIN Clinical Interpretation Training DVD

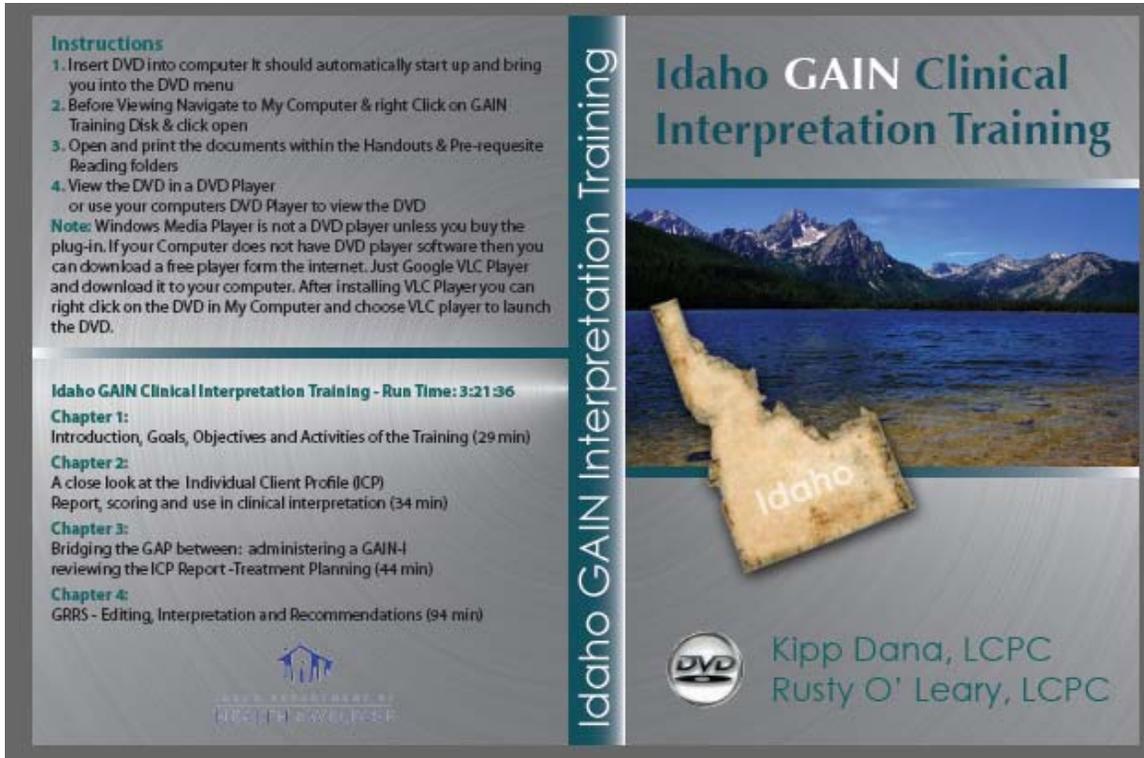
The GAIN Clinical Interpretation Training has been made into a DVD for provider use in training GAIN Site Interviewers on-site.

I observed the recording session and became acutely aware of how valuable this DVD resource could be to a provider agency, for both training clinicians who have not previously been to the GAIN GRRS Editing and Interpretation Training, but also as a refresher course and ongoing training tool for clinicians who have previously attended the training.

The DVD will be made available for checkout from RADAR or a provider may purchase the DVD for \$25.00 each. An order form will be disseminated shortly to all providers or your may

use the attached link <http://www.healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=ZaLSz6gUMw%3d&tabid=105&mid=2858>.

The following is a view of the DVD package which includes Instructions for previewing handouts and reading assignments, along with Chapter headings and playing time for each chapter.



GAIN Site Interviewer Training and Certification

GAIN Site Interviewer Training Workshops have been incorporated into the Addiction Studies Contracts for SFY 2012. A schedule of two day workshops will be determined in late summer. The goal is to make available a GAIN Training Workshop, on an IDEAS school campus in Idaho, once every two months throughout the academic year.

QA Critique Leading to GAIN Certification:

QA costs for Chestnut Health Systems is \$1,000.00 per participant, of which \$300.00 will be subsidized by the Department for up to 6 participants per school. The remaining \$700.00 QA costs will be borne by the participant.

Participant selection priorities will be: first - employed Department Qualified Substance Use Disorders Professionals (QSUDPs) or Department Qualified Substance Use Disorders Professional Trainees (QSUDPTs); second - Certified substance Use Disorders Professionals or substance use disorders professional trainees as per IDAPA 16.07.20 (subsections 218 or 223) and; third - students in their final semester of addiction studies courses preparatory to taking their ISAS certification test.

WITS/GAIN

Treena Clark

We continue to work on requirements and modifications for the Standard WITS system and testing of modifications for ATR WITS.

WITS Core Clinical User Document

We have posted a draft of the SUD Provider Core Clinical User Guidance document on the Department's website. This document covers the Idaho WITS Core Clinical Modules with an emphasis on modules within WITS that are used to collect TEDS/NOMs and other State data on substance use disorders clients. The modules included in the document are:

- Client Profile
- Client Intake
- Program Enrollment
- GAIN Assessment*
- Admission
- Treatment Plan
- Progress Notes
- Discharge

Please note that this is a draft of the training document for clinical modules developed for Idaho WITS. We expect that there will be fixes needed, things not working as expected and changes recommended and will continue to update and make changes to this document as needed.

Providers are encouraged to use the manual to become more familiar with WITS and provide feedback to the Department. If you are interested in an onsite walkthrough of the modules in the manual or would like to submit comments or suggestions, please e-mail Treena Clark at clarkt@dhw.idaho.gov

Technical Assistance/Helpdesk

It has come to our attention that many providers do not know who to contact for help with WITS issues or have been unable to reach someone when help is needed. Below is a list of individuals who may be contacted for Technical Assistance/Helpdesk support:

Denise Williams williamsd@dhw.idaho.gov 208-334-4940	Michelle Buskey buskeym@dhw.idaho.gov 208-334-5765	Deb Bailey Baileyd@dhw.idaho.gov 208-334-0642
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ATR-3

Michael Bartlett

As of May 16, 2011, military service members are able to access all ATR funded services. BPA reports that they have been receiving screening calls from military service members and referral sources have been active in identifying potential clients. Military population clients are self-referred and do not need to be directed to BPA for screening by any identified referral source. DHW distributed ATR marketing materials to several distribution points throughout the state and continue to receive requests from other entities for marketing materials as well. BPA and DHW have been coordinating with Idaho National Guard to implement regional provider training in regards to working with this population. BPA will be sending out further notifications to providers regarding this issue.

DHW, BPA, and IDJC have been working together to implement ATR services for the adolescent population. Adolescents will be able to access currently funded ATR services while the adolescent safe and sober housing program develops. BPA and DHW continue to prepare for the implementation of adolescent safe and sober housing prior to provider recruitment and program approval. DHW and BPA will be sending out a provider notification regarding the implementation of services for this population shortly.

NEWSLETTER QUESTIONS

Please forward questions regarding this newsletter to Danielle Miller millerd@dhw.idaho.gov. The newsletter can be found on-line at <http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/tabid/105/Default.aspx> under the heading SUDS Newsletters.