

Rule Re-Write

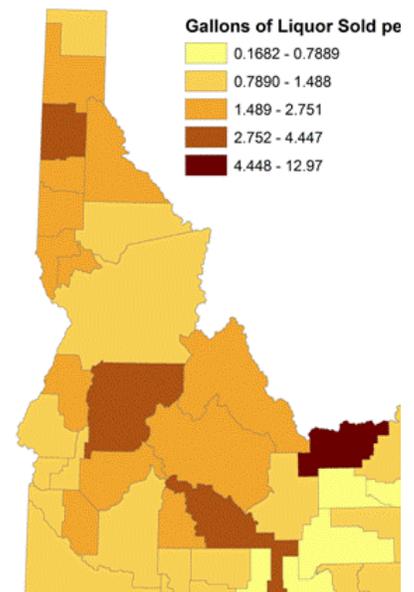
The Rule will be presented to the Board at its August 17th, 2009 meeting. This decision was made to give the Department more time to work with stakeholders and gather further comments to improve the Rule before presenting it to the Board. Over the past several weeks the staff from the Bureau of Substance Use Disorders has worked with the Regional Advisory Committees (RAC's) to gather comments and answer questions. In addition, we took written comments at Idaho Conference on Alcohol and Drug Dependency (ICADD). The Department has also received written comments as per the instructions in the April Newsletter.

A communication to the field will go out when the revised draft of the rules is available for review.

As referenced in the April 2009 Newsletter, the Substance Use Disorder Bureau embarked upon the task of rewriting the **IDAPA 16.06.03 – Alcohol and Drug Abuse Prevention and Treatment Programs** standards. The Department has received written comments in reference to suggestions to the revised rules and appreciates the feedback from those who have submitted comments. Please continue to offer your comments and include suggestions on alternative methods for addressing any issues you have comment on.

Data and Research

The SEOW is currently in the process of producing a statewide surveillance system under the direction of the Interagency Committee on Substance Abuse's Prevention Sub-committee. As part of that task one of the several variables being collected and analyzed is per capita liquor sales. In conjunction with the Idaho State Liquor Division, the SEOW has produced a statewide review by county of the gallons of liquor sold per capita. Maps like this will be produced for each of the surveillance system variables and will be used in tandem to help determine issues for the Prevention Sub-committee to address. (The variables being collected were identified by Hawkins and Catalano and documented in their 1992 work entitled Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention.)



Gallons of liquor sold per capita by county.

Case Management FAQs

- Our recovery support services agency (RSS) is having trouble working with treatment provider agencies that are not coordinating with our case managers. Is there something that can be done?**

Unfortunately, we hear about this too often. Most substance use disorders clients can benefit from case management (CM) services. Sometimes treatment providers (TX) want to keep CM services internal. To those providers, the issue isn't whether or not the client gets CM, but from whom. It is required that all providers, TX and RSS, coordinate their services in a manner that maximizes client outcomes. Whether CM is provided by TX or RSS provider agencies, CM includes linking clients with outside services providers. If CM does not link the client with outside services, there is no need for CM. We will begin auditing CM charts by the end of this calendar year. One of the audit points will be the number of outside linkages the client receives from the case manager.

Prisoner Re-Entry

Developing a Recovery-Oriented System of Care

The following is an excerpt from the article, *Recovery-Oriented Care for Drug-Abusing Offenders*. Heaps, M., Lurigio, A., Rodriguez, P., Lyons, T., Brookes, L. *Addiction Science & Clinical Practice*. National Institute on Drug Abuse. Vol. 5 No. 1. April 2009.

"For most addicted individuals, sustained recovery requires long-term involvement in abstinence-directed activities and support networks (Brewer, 2006; Vaillant, 1995). Accordingly, clinicians and researchers have begun to develop recovery management models that incorporate interventions for use across the many stages of personal growth, setbacks, and transformation that individuals pass through on the way to long-term recovery (White, Kurtz, and Sanders, 2006). In our view, these approaches will realize their full potential only if they can be integrated into a broader recovery-oriented system of care. Such a system will match treatments and support services to individual needs, provide an appropriate mix of incentives and sanctions, engage clients in treatment with beneficial effects that are cumulative across treatment episodes, and link clients to ongoing support in the community. It will coordinate the delivery of services throughout the recovery process, from detoxification and treatment to ongoing support for a productive, drug-free life in the community; coordinate ancillary services, such as employment and housing assistance; and help clients achieve a phased integration or reintegration into employment, education, and family relationships based on their stage in recovery (McLellan et al., 2005).

...A recovery-oriented system for this population [drug-abusing offenders] must balance interlinked issues of public safety and public health to facilitate clients' recovery from criminality as well as drug abuse. Together with fulfilling the general requirements for a recovery-oriented system, it must:

- hold clients responsible to both the criminal justice and treatment systems;
- integrate each client's recovery into a legal framework and identify the most critical points of intervention to satisfy both community safety and case-processing needs;
- provide access to evidence-based drug treatment interventions suitable for individual offenders at each stage of their recovery and justice processes; and
- ensure that clients do not receive isolated interventions and fragmented care, but coherent care that builds cumulatively toward sustained recovery."

GAIN/WITS

The Department has extended the July 1 deadline to allow providers flexibility to manage their own client flow and allow time for users to become more adept at using the web-based service. The following timeline applies:

- **July 1, 2009 thru August 1, 2009** at least one half of all GAIN Assessments conducted, must be via the WITS/GAIN Interface. *Numbers will be audited via WITS.*
- **August 1, 2009 thru September 1, 2009** all GAIN Assessments conducted must be via the WITS/GAIN Interface. *Numbers will be audited via WITS.*
- **September 1, 2009 – October 1, 2009.** All clients who were active as of July 1, 2009 and all new clients entering the BPA Treatment Provider Network beginning on July 1, 2009, must be entered into WITS by October 1, 2009. *Instructions, permissions and protocols, allowing temporary read/write authority, to selected support staff, will be provided by August 1, 2009 to assist with this process.*

Training:

The WITS/GAIN informational website is up and running. Please add the following website address to your Favorites list. And, forward this to your staff WITS/GAIN Interface users.

<http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/WITSGAIN/tabid/781/Default.aspx>

Available on the Web site:

1. **Web Ex:** WITS training to navigate the WITS/GAIN Interface, you may view the entire presentation from you work station.
2. **User Guides:**
 - [WITS Idaho Tips | 2008](#) (use this first)
 - Getting Started with the GAIN ABS via the WITS/GAIN Interface (when you want more detailed instructions navigating the GAIN ABS)

We highly recommend that your staff download the 'user guide' and keep it by their workstations for ready reference.

On-site training has been made available on an as requested basis. Please e-mail John Kirsch at kirschj@dhw.idaho.gov with your request. Please provide your agency name, physical address, contact person, phone number, and e-mail. John will put you in contact with the trainer so arrangements may be made.

Evidence-Based Practice

The National Institute on Drug Abuse (NIDA) published the Second Edition of Principles of Drug Addiction Treatment - A Research-Based Guide (April, 2009). Principle #2 of 13 evidence-based principles: *No single treatment is appropriate for everyone.*

Despite this evidence, many [substance use disorders] treatment programs continue to provide fixed length of stay services for all clients, ranging from weeks to months in the same level of care; they do not use a flexible continuum of care as outlined in the ASAM Patient Placement Criteria (ASAM PPC-2R, 2001).

Whether the daily cost of a ... program is \$65/day or \$650/day or more, the cost implications of even a week's worth of unnecessary care are enormous. The waiting lists generated by non-individualized care and lengths of stay decrease access to care, increase the severity of those who cannot access care and increase the use of acute resources.

So what should determine when a person should be moved from one level of care to another? Answer: When their functioning has improved, so that they no longer need that service intensity. This is no different from how you would treat other chronic and potentially relapsing illnesses. The ASAM Patient Placement Criteria (PPC) provide guidelines for providers and payers of care to design and deliver services that promote individualized, assessment-driven and outcomes-driven care rather than program-driven and diagnosis-driven care.

Give all the care that a client needs-at a particular level of care, but not more than is needed, because that wastes resources. Don't give less than is needed because the client then deteriorates, and that is bad for their outcome as well as for costs.

Reprinted from *Tips and Topics from David Mee-Lee, MD.* Volume 7, No.3 June 2009 with permission from Dr. David Mee-Lee.

RADAR Resources

Free Videos for your Library

- ♦ SMASHED: Toxic Tales of Teens and Alcohol
- ♦ Transformation through Partnerships: Systems Change To End Chronic Homelessness. Adult 71 min. 2007 The DVD contains three videos:
 1. **Overview**, which provides a summary of the key concepts for strategic partnering as they are illustrated in the videos.
 2. **Ending Chronic Homelessness: DESC's Strategic Partnerships**, featuring the Downtown Emergency Services Center in Seattle, Washington.
 3. **Transformation, Recovery and Revitalization: Project Home's Community Partnerships**, featuring Project HOME in Philadelphia, Pennsylvania.

New Publications

- ♦ TIP 48: Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery
- ♦ TIP 49: Incorporating Alcohol Pharmacotherapies Into Medical Practice
- ♦ TAP 30: Buprenorphine: A Guide for Nurses
- ♦ Principles of Drug Addiction Treatment (2nd Edition), Revised April 2009

Summer Hours: 9a-5p on Mon, Wed, Thurs, Fri, & Tues by appointment
 208-426-3471, 1-800-93RADAR, <http://hs.boisestate.edu/RADAR>

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Upcoming Events

GAIN/WITS on-line July 1

- Grant Writing Clinics
- July 20-21 in Boise
 - July 23-24 in Pocatello
 - July 27-28 in Moscow