

SUBSTANCE USE DISORDERS NEWSLETTER

October 2012

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Read a feature about Jennifer Romero, Executive Director of Restored Paths in Coeur d'Alene



CHANGES CONTINUE AT CENTRAL OFFICE

Kathy Skippen

It has been an eventful few months since our last SUD Program newsletter. I'll jump right into the changes: The Division of Behavioral Health is being reorganized. Previously the Division had programs for Children's Mental Health, Adult Mental Health and Substance Use Disorders. You have all heard our Division Administrator, Ross Edmunds, discuss transformation, and it was decided we can't expect the RACs and Mental Health Boards to integrate if we can't do it in our own office. We are now divided into units that address the need for specialization based on function rather than populations served. We have units for Quality Assurance/Automation, Policy, Data and Operations.

When I announced this at a RAC meeting, it apparently created concern on the part of some providers that the SUD Program was going away. We are reorganized but certainly not gone. As a provider I doubt you will see any differences in how business is done. The changes are internal. There are other changes you will be interested in as well:

- Ryan Porter has taken a new position as the Behavioral Health and Quality Assurance Coordinator for the Idaho Supreme Court. He did a great job at DHW and I'm sure he will do the same for the Courts.
- Michael Bartlett is moving to the Policy Unit. His position with ATR will be filled. Again, from the outside things should remain the same.

• I have asked to move from the SUD Program Manager position to a Program Specialist position. My reasons are many and would probably vary depending on what day you ask me, but the basics are that I want to have a new focus. I have been involved in the "trenches" of SUD treatment since being the Program Manager at ODP. I was at ODP for two years, spent one year at DHW as the BPA Contract Manager and two more as the SUD Program Manager. I grew up on a Quarter Horse ranch, so I truly know the meaning of the saying "Rode hard and put away wet," and for those who have been working with SUD treatment for the same period, I won't need to explain the reference. The last five

years of SUD treatment have seen services expand quickly, struggle to stabilize and then change drastically because of how treatment funds were appropriated. I am being given the opportunity to focus on helping regions move to a Recovery Oriented System of Care and be involved in the Department's transformation effort, and it seemed like a great move and one that my heart is truly in. I have to say contract management is a "been there, done that" job for me, so managing the Operations Unit was less appealing than being part of the vision of moving the Division forward toward transformation/integration.

Terry Pappin is moving to the Policy Unit and will be very involved with our federal block grant. We are working with the Office of Drug Policy and their expertise to assist in the management of Primary Prevention. We do not exactly know what this will look like in the end, but having prevention as a primary focus within the Governor's Office is a great thing for all involved in prevention.



Terry has been involved during her time at DHW with the block grant, and brings a wealth of knowledge regarding it to her new job duties. Elisha Figueroa and her staff at ODP will do a great job with prevention, so again it feels like all will come out winners with the changes being made.

These are big changes within DHW Central Office, but when I look at the changes providers have been asked to make over the last five years, this is small potatoes. The goal for all of us is to see our clients in a holistic way. As an extension to that, we need to see how you deliver services and how we do business in the same way. The days of being able to resist change are behind us. We are currently in the process of writing an RFP for a new managed services contractor for SUD treatment and the Medicaid RFP for a managed care contract is on the street. As I quoted Dylan in the last newsletter (and now changed slightly): "The times they are still a changin'."

PROPOSED IDAPA RULE CHANGES

Treena Clark

Proposed changes to IDAPA were published in the Idaho Administrative Bulletin on Wednesday, September 5, 2012, and a public hearing concerning the published dockets was held on Thursday, September 13, 2012. This is the first time the Department has conducted a public hearing via videoconferencing and it was a huge success!

A big thank you to our Community Resource Development Specialists for their assistance with the public hearing and to everyone who attended! Here are the next steps:

- The DHW Rules unit will provide the SUD program with copies of all comments received at the end of the public comment period.
- The SUD program will review the comments received and determine what, if any, revisions will be made to the proposed changes.
- A communication in response to the public hearing and comments received will then be sent out. The
 communication will include information on any changes made and/or clarification needed on proposed
 changes.

The proposed changes will be presented to the Board of Health and Welfare on Thursday, November 8, 2012. During the open portion of the Board meeting (usually in the afternoon), interested members of the public can attend and offer testimony to the Board on any rule docket before them, prior to their vote on it. All the dockets will be on the agenda and will be presented one by one. Prior to voting on each docket, the chair will ask if there is anyone who would like to testify. To testify, individuals just need to come to the meeting on that day and sign up to testify on the sign-in sheet.

DHW will send out the agenda with times and location as soon as it becomes available. Published dockets are available on the Idaho Department of Administration website at: adminrules.idaho.gov/bulletin/index.html (Click on "Bulletin Volume 12-9, September 5, 2012")

WITS PILOT PROVIDER UPDATE

Denise Williams

Nineteen providers have committed to completing a WITS pilot project. The majority of the pilot projects cover client populations from DHW and the Department of Juvenile Corrections. Client populations from the problem solving courts and Department of Corrections are also evolving. The WITS team at DHW is training pilot providers to use the electronic health record as well as the billing system in WITS. The Department

continues to receive valuable input, which is shaping the future of WITS for the provider community.



WITS TRAINING – DOWNLOADING A GRRS CORRECTLY

The WITS Help Desk continues to receive calls pertaining to GAIN-I summary reports (GRRS) that will not download correctly into WITS. Most of these calls stem from providers completing a second GAIN-I without first closing the Intake record on an old treatment episode. To avoid this problem, please follow these steps before completing a GAIN-I:

- 1. Complete a search in WITS on the Client List screen to verify if a client record already exists in your agency in WITS.
- 2. If a client record does exist, review the Episode list to identify the number of treatment episodes for the client.
- 3.Make sure each treatment Episode is closed by reviewing the Intake, entering an end date, and clicking the Save & Close action item.
- 4. Once all treatment Episodes have been closed, start a new episode of care and complete a new Intake.
- 5. The record is now ready to complete a new GAIN-I that should download correctly into WITS.

WITS SECURITY

DHW is now reviewing agency staff access in WITS to verify the last time each user logged into the system, aiming to tighten security access.

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Each agency will be sent a list of staff members who have not logged into WITS in the past 90 days for possible WITS account revocation. Agencies will be asked to verify which staff are no longer employed by the agency. Access to WITS will be revoked for all staff identified by the agency. Staff can avoid losing access to WITS by logging into the system once every 89 days.

The security forms for non-pilot providers for WITS and GAIN are maintained on the IDHW website at www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/ WITSGAIN/tabid/781/Default.aspx under Forms.

WITS Help Desk

The DHW Central Office continues to support providers through the WITS Help Desk. The WITS Help Desk can be contacted by calling 208.332.7316 or by emailing DBHWITSHD@dhw.idaho.gov. WITS Help Desk support is available to answer calls Monday through Friday, 8 a.m. to 5 p.m. MST.

IDAHO VOICES IN RECOVERY GROUP ON FACEBOOK

In an effort to begin to organize a Recovery Community Organization in Idaho, a Facebook Group called Idaho Voices in Recovery has been started. This group is for people in recovery from addiction from alcohol and other drugs, including prescription and over-the-counter drugs, family members, friends and allies. This group will give people in recovery a voice in



legislation and policies that impact their lives. It will also be a mechanism to share articles, local events and other information with others throughout the state. Please join us by going to Qrs.ly/b62d9hf, or just scan the QR code to the right with your smartphone. For more information contact Melanie Curtis at mcurtis@shipinc.org or 208.407.0455.

LINKING ADDICTION TREATMENT WITH OTHER MEDICAL, PSYCHIATRIC TREATMENT SYTEMS

William Hazle, M.D., FASAM, Medical Director Business Psychology Associates

Recently the Idaho Department of Correction invited me to meet with the staff from their district teams. I appreciated the opportunity to hear about some of the issues they face in their regions and for us to discuss the disease model of addiction and the importance of linking addiction treatment with other medical and psychiatric treatment systems. The dialogue was fun and informative so I'd like to summarize it for you:

When you understand what's really happening with addiction, you realize that good people can do very bad things, and the behaviors of addiction are understandable in the context of the alterations in brain function. Addiction is not, at its core, just a social problem or a problem of morals. Addiction is about brains, not just about behaviors.

The adaptations in the brain that result from chronic drug exposure are long lasting and must be viewed as a chronic disease such as hypertension, diabetes and asthma. This perspective modifies our expectations of treatment and provides a new understanding of relapse. First, as with other chronic medical diseases, the discontinuation of treatment will likely result in relapse. Second, this should not be interpreted as a failure of treatment but instead as a temporary setback because of lack of compliance or tolerance to an effective treatment. In fact the rates of relapse and recovery in the treatment of drug addiction are equivalent to those of other medical diseases.¹

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Because various brain circuits (reward, motivation, learning, inhibitory control and executive function) are associated with disruptive behavior, it indicates the need for a multimodal approach in the treatment of the addicted individual. Therefore interventions should not be limited to inhibiting the rewarding effects of a



drug, but should also include strategies to strengthen or build alternative reinforcers like social strengthen inhibitory control circuits and executive function, decrease conditioned responses, and improve mood if disrupted. A recognized approach is the pharmacologic combination of and behavioral interventions, which might target different underlying factors and therefore collaborate well. For example, addiction treatments that use behavioral interventions would be more effective if complemented with medications that could help the patient remain drug free. In addition, patients in addictive disorder treatment commonly experience medical and psychiatric problems, which can distract from recovery and increase relapse Effective linkage may benefit individuals with risk. substance use problems when issues related to addictive disorder are not addressed in primary care and mental health settings, when medical and mental health issues are not addressed in addictive disorder treatment, and when the patient is seen in two or more of these settings but no effective communication between or within the systems occurs.

A few benefits of SUD clients being referred to other medical and psychiatric services:

- Improves addictive disorder treatment outcomes by improving patient well-being in terms of addictive disorder severity and medical problems
- Reduces stigma about addictive disorder issues among medical providers and enhances medical providers' appreciation of the value of addictive disorder treatment
- Creates support for reimbursement parity for addictive disorder services
- Develops ongoing quality improvement efforts within addictive disorder programs
- Reduction in costs of HIV incidence and other healthcare, incarceration and other criminal justice expenses and loss of productivity^{2,3}
- Improves health outcomes

Community-based case management and availability of transportation—assistance has been found to effectively link substance-depended patients to needed services. ⁴ This emphasizes the need for a case manager to coordinate the linkage of the services on the patient's behalf that may or may not be available at every SUD treatment provider's office or funded through the Idaho Substance Use Disorder System.

Reference: Principles of Addiction Medicine, Fourth Edition, by the American Society of Addictions Medicine

¹ McLellan AT, Lewis DC, O'Brien CP, et al. Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. JAMA 2000; 284: 1689-1695

² Friedmann PD, Hendrickson JC, Gerstein DR, et al. Do mechanisms that link addiction treatment patients to primary care influence subsequent utilization of emergency and hospital care. *Med Care* 2006; 44(1):8-15

³ Schermer CR, Moyers TB, Miller WR, Bloomfield LA. Trauma center brief interventions for alcohol disorders decrease subsequent driving under the influence arrests. J Trauma 2006; 60(1):29-34

⁴ Friedmann PD, Lemon SC, Stein MD, et al. Linkage to medical services in the Drug Abuse Treatment Outcome Study. Med Care 2001; 39:284-295

COMMUNITY INPUT INSTRUMENTAL IN DESIGNING NEW YOUTH SURVEY

Over the past few months, members of the State Epidemiological Outcomes Workgroup (SEOW) have helped spearhead an effort to develop a replacement to the Idaho Substance Use, Safety, and School Climate Survey.

In the past, the survey alternated each year with the Youth Risk Behavior Survey to monitor behavioral health risk factors in Idaho youth. Because of budget shortfalls, the school climate survey was eliminated in recent years, and a new survey is being designed to fill the gap. To do this, SEOW staff worked with the Idaho Department of Education, the Office of Drug Policy (ODP), other IDHW personnel, and representation from the Community Coalitions of Idaho. Input from the community was instrumental in ensuring the new survey collects all needed data points, while looking forward to future development. The process was reviewed with the assistance of the Center for the Application of Prevention Technologies in coordination with other technical expertise from the Idaho Prevention and Treatment Research Workgroup.

Currently, SEOW and ODP staff are organizing cognitive group interviews with high school and junior high school students across the state to review the relevance of the project as it now stands. The partners are optimistic that a final tool will be ready by the end of the year.

QUALIFIED SUBSTANCE USE DISORDER PROFESSIONALS

John Kirsch

GAIN Site Interviewer Training is scheduled at workshop locations throughout Idaho in Academic Year 2012/2013. This information is posted to the DHW SUD Website for future reference:

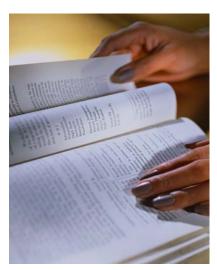
www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/ InformationforProviders/WITSGAIN/tabid/781/Default.aspx

Persons eligible to be reimbursed for participation in this project are:

- Currently employed Qualified Substance Use Disorders Professionals (QSUDP) or Qualified Substance Use Disorders Professional Trainees (QSUDPT);
- Approved Substance Use Disorders Professionals or Substance Use Disorders Professional Trainees as per IDAPA 16.07.20 (subsections 218 or 223) and;
- Students in their final semester of addiction studies courses preparatory to taking their ISAS certification test.

The DHW SUD program will reimburse \$300 each for up to 30 Site Interviewers who earn their GAIN Site Interviewer Certification through this program being coordinated by the DHW SUD Program. Reimbursement can be made to the new GAIN Site Interviewer or his/her sponsor.











MEET THE PROVIDER: JENNIFER ROMERO, EXECUTIVE DIRECTOR OF RESTORED PATHS

Jon Meyer

Nearly five years ago, Jennifer Romero opened Restored Paths in Coeur d'Alene because she saw a need for gender-based substance abuse treatment services in the community. Now, watching lives change for clients and their families continues to drive Romero to keep doing what she started.

"To see the effect it has on their lives and their children, it's just amazing," Romero, the agency's executive director, said.

After graduating from Eastern Washington University with a Master's in Social Work, Romero spent about seven years working at an outpatient chemical dependency agency in Coeur d'Alene, including about a year at the agency's helm before she left to open Restored Paths. Before starting her graduate work, she double majored in psychology and criminology at the University of Montana.

While Romero admits gender-based treatment is not the easiest business model — typically the women's groups are smaller — the approach using evidence-based curriculum and programs generates improved outcomes.

"All the groups are separated. All the curriculum is based on men and women and their individual needs. And we've had great success," Romero said. "The clients like it; they like the structure. The clinicians like the structure, but there's also room to bring in their own creativity and flair. The agencies that we work with like it because they know what's being taught."

Restored Paths will celebrate its fifth anniversary in November. They offer Level 1 and Level 2 intensive outpatient and outpatient services for adults and adolescents. The agency provides case management and life skills, as well as a parenting class called "Love and Logic." They are also Drug Court and DUI Court providers.

Romero applauds the work done by Idaho's Substance Use Disorder treatment providers to create community partnerships and integrate mental health and substance use services. She's proud that in Region 1, the Regional Advisory Committee on Substance Abuse and the Regional Mental Health Board have already combined in anticipation of a transformed Behavioral Health System of Care, helping to facilitate continued partnerships and address gaps in service.

At the same time, she's also has concerns about what the transformation could mean for providers and clients in need.

"We're concerned by combining these things — we know that mental health and substance abuse definitely intertwine— but there is a specialty component to both of them and we're concerned substance abuse may get lost," Romero said. "Nobody really knows what it's going to look like."

LOOK FOR THIS NEW FEATURE IN EVERY QUARTERLY NEWSLETTER

In each SUD newsletter, we will feature a different treatment provider in an effort to showcase the good things happening in each of our regions. Look for "Meet the Provider" again next quarter.

Resources

www.healthandwelfare.idaho.gov

Region 1

www.rac1.dhw.idaho.gov

Community Resource Development Specialist

Corinne Johnson 208.665.8817

Region 2

www.rac2.dhw.idaho.gov

Community Resource Development Specialist

Darrell Keim 208.882.6932

Region 3

www.rac3.dhw.idaho.gov

Community Resource Development Specialist

Joy Husmann 208.455.7108

Region 4

www.rac4.dhw.idaho.gov

Community Resource Development Specialist
Laura Thomas 208.334.6866

Region 5

www.rac5.dhw.idaho.gov

Community Resource Development Specialist

Beth Cothern 208.732.1582

Region 6

www.rac6.dhw.idaho.gov

Community Resource Development Specialist Brenda Price 208.234.7929 or 208.705.9145

Region 7

www.rac7.dhw.idaho.gov

Community Resource Development Specialist Brenda Price 208.234.7929 or 208.705.9145

Central Office

208.334.0642

substance used is order @dhw. idaho. gov