



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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TO: SUD PROVIDERS, DUI EVALUATORS AND STAKEHOLDERS

FROM: IDAHO DEPARTMENT OF HEALTH AND WELFARE

SUBJECT: SUD RULE RE-WRITE PUBLIC COMMENTS

On Wednesday, September 5, 2012, four dockets with proposed changes to SUD IDAPA rules were published in the Idaho Administrative Bulletin for public review. A public hearing concerning the published dockets was held via video conferencing on Thursday, September 13, 2012 and the public comment period was open through September 26, 2012.

The public comments received expressed an array of issues and provided thoughtful and valuable input. The Department is grateful to all of the members of the public who took the time to share their views. The Department has reviewed all comments received for substantive issues and new information. This response will focus on the substantive issues identified by the Department.

Many of the comments received were in regards to the repeal of the IDAPA 16.06.08 chapter for DUI Evaluators. According to Idaho Statute 18-8005 (11), "an alcohol evaluation" shall be conducted by "an alcohol evaluation facility approved by the Idaho department of health and welfare." The DUI Evaluator chapter repeal eliminates separate licensing for DUI Evaluators and standardizes IDAPA 16.07.20 as the single process for DHW approval of Alcohol and Substance Use Disorders facilities. The enclosed FAQ has been developed to address common questions and concerns regarding the DUI Evaluator chapter repeal.

Under the proposed changes to IDAPA 16.07.20, "Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs", the requirement for a qualified substance use disorders professional to have 1,040 hours of supervised experience is eliminated. However, the proposed changes also include revisions to Clinical Supervision requirements, including the addition of a professional development plan and a redefinition of Clinical Supervision. IDAPA 16.07.20 requires all qualified substance use disorders professionals to receive Clinical Supervision from a qualified Clinical Supervisor; the proposed changes allow a provider to hire professionally licensed clinicians without previous SUD treatment knowledge and experience but require the supervisor to provide training and rigorous clinical supervision via the required professional development plan.

The proposed changes to IDAPA 16.07.20 also include revisions to replace the Individualized Treatment Plan and Case Management Plan with a Service Plan. This change aligns with a recovery-oriented system of care and eliminates the need for two separate plans at an agency that is providing both SUD treatment and case management to a client. The expectation is that the development of the Service Plan will be a collaborative process with the clinician and the case manager at an agency that is providing both services. If an agency is providing SUD treatment only to a client, the Service Plan must be developed by a qualified substance use disorders professional. Subsequently, if an agency is providing case management only to a client, the Service Plan must be developed by a qualified case manager.

After much discussion, the SUD program has decided not to make any further revisions and will present the proposed changes to the Board of Health and Welfare as they are published in the Administrative Bulletin.

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, 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. The agenda for the Board meeting is included with this communication.

Published dockets are available on the Idaho Department of Administration website at:

<http://adminrules.idaho.gov/bulletin/index.html>

(Click on "*Bulletin Volume 12-9, September 5, 2012*")

Thank you.

**Repeal of IDAPA 16.06.08 Rules and Minimum Standards for DUI Evaluators and Revision of
Idaho Misdemeanor Criminal Rule 9.4
Frequently Asked Questions**

Question: If I become a state approved program to conduct DUI evaluations will I need to also become a contracted BPA SUD network provider?

Answer: DUI evaluation programs will not need to contract with BPA as a SUD network provider. BPA will not participate in the referral, authorization, clinical review, or claims adjudication processes.

Question: Will I need to conduct a GAIN-I assessment as a required tool of the DUI evaluation process?

Answer: Per the proposed changes to Idaho Misdemeanor Criminal Rule 9.4, the required assessment tools include the GAIN Short Screener (GAIN-SS), the Level of Service Inventory- Revised: Screening Version (LSI-R SV), and any other state approved drug-alcohol screening tool. The GAIN-I is not a required assessment tool for a DUI evaluation. The GAIN-I may be required if the evaluator recommends further assessment and evaluation which would be completed by the treatment facility that the client was referred to.

Question: If state approved facilities and programs can conduct DUI evaluations, won't there be ethical issues with those providers referring clients into their own programs?

Answer: This issue is addressed in Idaho Code section 18-8005 (11), "If treatment is ordered, in no event shall the person or facility doing the evaluation be the person or facility that provides the treatment unless this requirement is waived by the sentencing court, with the exception of federally recognized Indian tribes or federal military installations, where diagnosis and treatment are appropriate and available". The sentencing court has the authority to waive this requirement. Otherwise, evaluators are required to refer to an outside treatment person or facility.

Question: Will drug and alcohol abuse educational services no longer be allowed as a recommended level of care?

Answer: Drug and alcohol abuse educational services are part of the continuum of services for clients with substance use disorders. However, research indicates that educational services are not an effective intervention for clients that have moderate to high criminogenic risks/needs. Educational services do not provide the specific cognitive skills training needed to help these clients recognize errors in judgment that lead to substance

abuse and criminal behavior. DUI evaluators are expected to match recommended interventions to fit the needs of the client.

