

INTERAGENCY EXECUTIVE OPERATIONS COMMITTEE ON SUBSTANCE ABUSE PREVENTION AND TREATMENT

LOCATION: ODP Conference Room

DATE: Friday, 2/06/09

TIME: 9:00 am

ATTENDANCE: Bethany Gadzinski, Sharon Harrigfeld, Matt McCarter, Shane Evans, Sharon Burke, Kathy Skippen, Debbie Field, Gayle Hines

CHAIRPERSON: Debbie Field – Administrator

TOPIC	DISCUSSION	ACTION
	Special designation for WITS next time on the agenda.	Matt accepted the minutes, Bethany seconded. Motion passed.
Welcome	Debbie is filling in for the First lady on an executive board on the “Leadership to Keep Children Alcohol Free” educational seminar at Washington, DC. February 8-9.	
Review of Budget	<ul style="list-style-type: none"> • Legislative of Idaho counties and cities will introduce the beer, wine and revenue tax next week. • A Millennium Fund committee will be meeting next week to discuss the Governor’s recommendation of the Millennium Fund. They will be rethinking the Millennium Fund on how to look at prevention, since they haven’t been getting outcomes. • The reduction of the Millennium Fund was 2.1M to 1.97M. We are in pretty shape for our budget, we just have to stay the course and do what we got to do. • Biggest move in the budget is that there would only be 1.8M that would be a one-time per Governor’s recommendation. It is moving it all into the base slowly but surely. 	
<p style="text-align: center;">EXECUTIVE OPERATIONS COMMITTEE LISTED REPORTS FOR ICSA</p> <p><u>GAIN PATHWAY</u></p> <ul style="list-style-type: none"> • <i>GAIN Pathway building</i> • <i>University GAIN course work and certification</i> • <i>Update on GAIN SS in WITS</i> • <i>Communication Plan</i> • <i>Follow Up Plan</i> 	<p><u>Educational account</u> - code 43 under education</p> <p>Per Matt, Ken Perry asked to repeal, since it hasn’t been funded correctly for years in the way it should have been. There has never been a dedicated amount. Sharon Harrigfeld said the money for that can’t be spent on printing; it can only be spent on radio and TV. The year the partnership got involved, it was getting it into schools. The marketing money from the EUDL group went to strengthen the message to get out.</p> <p><u>Problem:</u></p> <ul style="list-style-type: none"> • The problem is with the holdbacks (may be from the money source) and there is no consistency. <p><u>Solution:</u></p> <ul style="list-style-type: none"> • It needs to be repealed and be coordinated within the ICSA. • Bethany Gadzinski said all that money should come (code education and youth of education). We need to look at legislation. 	<p><u>GAIN SS:</u></p> <ul style="list-style-type: none"> • Bethany Gadzinski to look at the real time data timeline of the expectations and whether we need additions or deletions and bring to the next meeting. • Bethany will send out the Scope of Work to committee members. • Bethany Gadzinski to keep our committee informed by cc on emails relating to BPA. • Bethany will send Dave Barnes’ memo to Kathy on how he

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<p>COMMUNITY TREATMENT DELIVERY SYSTEM</p> <ul style="list-style-type: none"> • <i>Prison re-entry update and discussion of any changes or modifications needed</i> • <i>Treatment for Felony clients – should we move to IOP, even if ASAM says Residential, along with strong case management and supervision</i> • <i>19-2524 and the process for assessment based on recommendations from the early December meeting of stakeholders.</i> • <i>Misdemeanant treatment protocol – is it working?</i> • <i>Potential for treatment in jails</i> 	<p><u>GAIN SS:</u> Discussion was on finding solutions in obtaining good numbers for GAIN.</p> <p><u>Problem:</u></p> <ul style="list-style-type: none"> • BPA’s system does not follow a patient through the system, but instead it starts and stops with each process. This results in gaps within the reports. For example, a report will show that residential is less successful than outpatient. Without a system with continued tracking of the patient’s process, the result wouldn’t show accurate numbers. • BPA’s system doesn’t capture entry/exit dates, only raw billing data. • We need accurate reports. • We need current data, then we can work on getting past data. • Trouble matching billing with clients • Coding issues <p><u>Solution:</u></p> <ul style="list-style-type: none"> • WITS is needed for BPA or • Give BPA the criteria we need so we can get accurate numbers. <p><u>Update on GAIN SS per Kathy:</u> Attended a meeting with the SS and FEI. It was built on a new format – “SILVERLIGHT.” In the business world, it would be competitive to flash. It is the newest thing from Microsoft, is very informative and easy to use.</p> <ul style="list-style-type: none"> • One very good feature is in viewing information, instead of clicking on information, run a curser over information to view. • It is the first software “Silverlight” has created on this platform. This is where WITS is headed, etc. They will be showing the public that this was created for the State of Idaho. This will be their showpiece. • The cost for them to put the GAIN access into WITS is \$26,000. • Regarding confidentiality of students in schools, “Silverlight” provides the option of saving a child’s record or deleting it. <p><u>GAIN Pathway Building:</u></p> <ul style="list-style-type: none"> • We are at the point to do a pathway for SS. Everyone is waiting for the SS system to be locked; everyone is waiting to go forward. • Norma is shepherding the SS, etc. After we receive Shane’s utilization plan, we’ll get Norma’s response and finish the pathway. <p><u>Kathy ICADD – ICADD Legislative meeting:</u></p> <p><u>Problem:</u></p> <ul style="list-style-type: none"> • The providers haven’t received the rate increase for a few years. 	<p>needs BPA to move forward so we can rectify the problem.</p> <ul style="list-style-type: none"> • Bethany to draft responses to these questions I put to Amy. Can do a response by using our EOC committee. <p><u>GAIN Pathway Building:</u></p> <ul style="list-style-type: none"> • Shane is to send Debbie his utilization plan on his SS utilization process.

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	<ul style="list-style-type: none"> • Paperwork is killing them. • Every time they group they have to do a progress report and then how to do the treatment. <p>Solution:</p> <ul style="list-style-type: none"> • Let them move to a weekly progress report. • If groups were recorded and the recordings were saved, instead of pulling files, pull recordings for audits. May not work because of confidentiality, competency of provider, from business model it is appropriate, however. Note: WITS pre-populates a group. <p>WICHE:</p> <p>The Governor signed an executive order last week to establish a transformation work group on a work week to deal with mental health for the WICHE report.</p> <ul style="list-style-type: none"> • Designated players are on that committee and we have added the mental health planning council to chair that. • Who chairs it has not been determined. • Debbie was asked to be active in the membership part of it. • ODP may change its name. • We have quarterly meetings now with ICSA. This function will take place between ICSA meetings and they will be designing the plan. We will continue to have meetings with ICSA and this meeting will be in-between. <ul style="list-style-type: none"> ○ Have to have product set by December 2009. Two things have been done that were required before December 2009: 1) A plan was made with WICHE workgroups mission and 2) a plan was made for coordinated efficiency of behavioral health infrastructure with their responsibilities, it was made clear with leadership authority in action, and there was provision for stakeholder participation in development and evaluation. • Several names were suggested as good candidates for chairing the committee. 	
<p>Strategic Prevention Plan Update</p>		
<p>New Business</p>	<p>Sharon Harrigfeld would like to look at the community treatment delivery system regarding critical issues on funding for adolescents. County has problems with: 1) accessing the funds, and 2) follow through with the funds is on-going.</p> <p>Problem:</p> <ul style="list-style-type: none"> • Adolescents are being held at their facilities longer than they need to be. The work hasn't been done in the communities, which results in the adolescents not coming home. 	<ul style="list-style-type: none"> • By the time this group meets next month, Sharon Harrigfeld is hoping to have the whole continuum of care and will have met with BPA. She will define that continuum of care and what happens with each one of those and what is available. She will

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	<ul style="list-style-type: none"> • There hasn't been a push for the recovery support services with the juveniles, like there has been for the adults. The utilization isn't there. • No emphasis has been put on the process of utilization. It is a workforce development issue, since the department is making all the case management people to perform as if they were clinicians. • There is also a bottleneck; one of the problems is in getting these services extended more extensively to juveniles. IDOC is swamping the system with people that need recovery support system for the adults; however, they don't have enough people that are qualified to do the case management for juveniles. • <u>Solutions:</u> <ul style="list-style-type: none"> • This group needs to take a stance on looking at the problems and make recommendations. • We need clarification on roles and responsibilities and a strong case management system for our juveniles. • We need to sit down with RSS about the juvenile piece; it needs to be delineated. • Can we get transportation without having BPA authorized case management? Perhaps the juvenile probation office could request transportation or child care or whatever else they might need. <p><u>Outside programs i.e., "Love and Limits"</u></p> <p>"Love and Limits" - instead of using a therapist, they train and coach families on good management skills. They would like to give a talk at our meetings.</p> <p>Possibly, we need to bring Catholic, Lutheran, LDS and other outside drug programs to our meetings. We can share the tools we have adopted, if they are interested.</p>	<p>find out if the adolescent services is counseling outpatient or is the same as frontier outpatient and if they are different, how are they different and as a result of their differences which ones are working better.</p> <ul style="list-style-type: none"> • Debbie to add this on to the next agenda. <p><u>Outside programs:</u> Debbie will add "Love and Limits" to our next Agenda.</p>
<p><u>Next ICSA Quarterly Meeting</u> <u>Schedule</u> Wednesday, April 29th Wednesday, July 29th Wednesday, October 28th</p>		
<p><i>Meeting adjourned.</i></p>	<p>Our next meeting will be meeting Friday, April 3rd, starting at 8:00 am – 11:30 am.</p>	