

INTERAGENCY EXECUTIVE OPERATIONS COMMITTEE ON SUBSTANCE ABUSE PREVENTION AND TREATMENT

LOCATION: ODP Conference Room

DATE: Friday, 3/06/09

TIME: 9:00 am

ATTENDANCE: Bethany Gadzinski, Sharon Harrigfeld, Matt McCarter, Kathy Skippen, Amy Holly-Priest, Bruce Christopherson, David Barnes, Debbie Field, Gary Crow, Jennifer Conrad, Norma Jaeger, Ron Denis, Gayle Hines

CHAIRPERSON: Debbie Field – Administrator

TOPIC	DISCUSSION	ACTION
Welcome		
Minutes	Kathy Skippen made the motion to approve the minutes, Norma seconded. Motion passed.	
Review of GAIN SS Prototype	<p>Ron Denis, Chief Architect of GAIN SS Prototype presented the Short Screener that FEI has launched in WITS and will be used as a protocol for the nation to follow. We get this opportunity to view it first.</p> <p><u>Instructions and recommendations:</u></p> <ul style="list-style-type: none"> • Ron showed the new user interface (they are still working on getting this added into the WITS website). • Changes will be made to a larger font and contrasting colors. • They can design to fit your plan, i.e., can do a progress report by tracking in problem solving court. WITS will have two options, 1) whether to use with BPA (has all their current intake forms, has all the ASAM information and will be in WITS by July 1) or 2) whether to use GAIN SS alone. • For schools, will do a pop-up menu or screen reminder that doesn't allow progression beyond the SS. If there is a training issue for giving rights or access to the SS, since they cannot get into Chestnut, it may be possible to have an information page to move forward by clicking "move forward". It is possible that they can have a drop-down box to make a referral. History of client will always be available through the client record. • Within two weeks GAIN SS will be deployed, and can be tested according to the requirements. It will be available for use by the end of March in Idaho. • Ron requested that anyone who wants to be on a pilot test to let them know. <p><u>Analysis is needed for:</u></p> <ul style="list-style-type: none"> • Need to analyze what questions are to fit Idaho configuration of WITS and decide how to proceed with FEI. • BPA concern: not sure how it will work at the moment because of ASAM placement criteria regarding moving people on and making a recommended level of care placement. That is something that is not in here, yet. Initially and 	<ul style="list-style-type: none"> • Bethany to send over the Scope of Work and contract with FEI, along with the Performance Matrix in the FEI. • Discussion of GAIN SS to continue at SATCC. • Our next EOC meeting will have a distinction between BPA's role as our management services contract and what others can do to streamline the upfront procedure to move forward with what BPA will then take and do with that information. After this is done, Amy said we could provide a written request to BPA that is very specific, they will respond to it.

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	<p>currently BPA does a GAIN assessment, plus ASAM criteria to get the client in the right level of care initially. First, clients go to residential or detox, if needed, and next the GAIN I is done in combination with the outset of their treatment episode. BPA makes the determination whether it is outpatient, IOP or residential and detox.</p> <ul style="list-style-type: none"> - Currently, we do the GAIN regarding level of care in ASAM that is not going to be in WITS, (one concern about eliminating the phone call is that numerous times the juvenile probation officers do not always meet the requirements to submit the information on their own, since they are not clinicians and cannot make placement recommendations into the system). - There are 3 pathways into the system. In the pathway whereby phone calls can be placed completely; clinicians are the ones providing all the information. Drug courts pathway is a good example of that. Direct coordinators work with providers to get the GAIN Q information or GAIN I information which is largely clinical information and make a recommended level of care placement, usually IOP, and then submit that information to BPA. We make the data entry and enter those clients into the system. Another difference in that system vs. the rest of the system is that the drug courts have their own pot of money and since this management is done a little bit differently for this system, we can place them into that funding source with their dedicated funds and dedicated slots for those clients for those levels of care. - The rest of our contract is census management and making sure there are slots available for people who are entering. If we changed the Scope of Work whereby people did their own placement, referral sources and direct traffic into different levels of care (especially when it is residential), there would be a large portion of adolescent referral, then this management gets a little displaced. If we remove some of the controls that are in place and we don't have a good sense of where adolescents are or where the census is, it becomes a lot more difficult to manage if there is not a centralized function or regional function. So, that is partly why the juvenile probation officer and other referral sources go through one place in order for the clinical requirement to provide data and attest its validity and accuracy for sense of management purposes. <ul style="list-style-type: none"> • Per Kathy - Initially the purpose of WITS was to eliminate the time that people are spending on the 800 call. When we first started down this road it that we needed the Short Screener in and that is what we are working on, need to have the TEDS, NOMS and SATCC which we have done. Now we have something additional, this is a SATCC issue. Need to go through what those questions are and if we need to vamp to somewhat degree what the intake process is so maybe that will be what we do. We need to find out the process in totality. • SS is a process to streamline and move it forward for proper standardization for 	

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	<p>proper level of care and placement.</p> <ul style="list-style-type: none"> We are getting TEDS, NOMS data and the GAIN SS that can be done through probation officers or jail, but at this stage the GAIN SS processes them and then goes to BPA to get the additional questions asked on the ASAM criteria for placement. After that we will sort through that process. Currently, there isn't a discrepancy on the scope for allowing people and probation officers to do whatever. We can streamline the process for doing a GAIN SS and perhaps the TEDS and NOMS demographic table and then move forward for the ASAM placement criteria to forward to BPA. 	
<p>Review of Budget-Output Snapshot Kathy Skippen, David Barnes</p>	<p>Review of Budget: BPA is managing to the appropriate budget level, so financially we are right where we ought to be. Two issues that came up that need discussion, 1) number of 800 plus people who have not been able to get into treatment. One of the questions we need to be looking at is to analyze that number of people to find out who they are and why they are not getting into treatment, since that may be the number that helps us in further budget decisions on what is needed out there but is not being addressed. 2) we need to find out about the 50 plus people who were on the waitlist, but not in an alternate level of care. We need to find out the reason for the ineligibles.</p> <p>Output Snapshot: We had data run last night that would have put those codes into our data base. So we do have the data from BPA. We've also been working with FEI in getting those codes and definitions that are required to do the output report. Expectation is for getting the new information as far as tracking spending with population. As soon as the data run is successful, then the codes will be in our data base which will allow us to produce the outlook report that ICSA has been looking for. Then when we are able to sync the data up a little bit better with BPA, the numbers will accurately reflect the dollars that are reported by Laurie Hancock. If the data run works, we will be able to produce that report in a week or two. We just need to check the accuracy at this time.</p>	<ul style="list-style-type: none"> Bethany is going to send out the current waitlist. Add these issues that are stated in the column to the left to the SATCEE agenda. If all goes well, David Barnes will be giving an output report at our next ICSA meeting for April 29th.
<p>EXECUTIVE OPERATIONS COMMITTEE LISTED REPORTS FOR ICSA</p> <p>A. Framework and Protocol for GAIN SS users</p> <ol style="list-style-type: none"> Who should be allowed to access the assessment? Expectations Training Group Discussion <ul style="list-style-type: none"> SATCC Issues needing resolution (Group discussion) 	<p>Framework and Protocol for GAIN SS Users</p> <ol style="list-style-type: none"> Probation officers, Vocational Rehab, county sheriff/jail booking, veterans administration, if a user conducts the GAIN SS, one person in each K-12 school, BPA, Problem Solving Court Administrator, Drug Court Coordinators We need a video or U-Tube training that is constantly accessible, 24/7, through the web, in that way a person can print out their own training certificate. <p>SATCC - BPA Contract update</p> <ol style="list-style-type: none"> Continued issue on who gets contacted, 1) if it is a government entity that we have concerns about and 2) if it is one of the private provider agencies. If there are contractual issues whether it is legal implications or financial implications, who gets contacted? We haven't had any resolution of that in SATCEE. We need to nail down how incentive payments have been used and what we want it to be used for. We need to have something concrete about the incentive payment. 	<ul style="list-style-type: none"> Bethany to bring to the next meeting the document that states the BPA incentive payment plan. Debbie would like everyone to keep her posted via email on what issues we need to keep on the front burner. Debbie to send members her quadrant list. Bethany to draft something with BPA to offer this system for a webinar survey to all our providers in agencies. We are

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<ul style="list-style-type: none"> • Definition of Successfully Completing Treatment (Group Discussion) <u>IDHW discussion: Bethany Gadzinski</u> • BPA Contract update • Potential for pre-treatment while a 19-2524 client is awaiting sentencing • Intervention Services – BPA has declined to provide a proposal for SFY09 • Treatment Best Practices Review of Executive Summary of Empirically-Supported Treatments for Substance Abuse Disorders (study conducted by ISU Phil’s Peter Vik and Tony Celluci requested by DHW Heather Wheeler) • Management of the Drug Court Budgets • WITS and GAIN implementation update • Post Discharge Follow-up Surveys – update • Treatment in Juvenile Detention Center Update • Protocol/Rule for Notification • Adolescent Treatment and Intervention Services • 20520(i) pathway • Waitlist – Sharon Harrigfeld • GAIN/IDOC protocol – 	<p>Debbie shared her <u>Quadrant To Do</u> list.</p> <p>Definition of Successfully Completing Treatment We need to have more time in the agenda to look at coordination of treatment for people and probation and treatment for the courts. The juvenile side of it follows behind the adult side. We need clarity of understanding to what is going on around the state, since it is not consistent. It should be highly important on the “to do” list, even though there are less clients.</p> <p>Treatment Best Practices Review of Executive Summary of Empirically-Supported Treatments for Substance Abuse Disorders.</p> <ol style="list-style-type: none"> 1. How are we doing in our training in the monitoring of best practice report cards for all the providers who are out there? Received the draft report card from BPA. BPA’s timeline for having that completed is the end of this month. 2. Suggestion: Need to develop a system audit and are we committed to implementing that we agreed need to be in the system. For instance, medicated assistance treatment. Not aware of anything in the system regarding medicated assistance treatment. Develop an audit tool to figure out what is our system doing to implement a particular group of evidence based practices. 3. Do we want to have a system state level for H&W that goes back in and checks the work that BPA is doing? 4. What tools are used to assess the work that BPA does? This could be used as an audit tool for the department when we are looking at the quality of work being done by BPA. 5. Bethany shared the draft of a report tool that BPA also looks at. Not sure whether they have a standard of what good treatment looks like. Debbie says there are best practices out there (use a meth matrix for your meth substance abusers) how are we knowing whether they have been trained properly, if they are using it, what the results are or whether they are required to use any particular curriculum. <u>Suggestion:</u> with best practice and EOC, maybe have a joint meeting with best practice committee to decide the best implementation process and what things we should be focusing on or practicing in the system? The adolescent group used the ASAM criteria blank format to give to BPA (Pharis has to look at it). Each site would fill out the services for adolescents; show what services they are using, then we can look at the comparisons between counties. Debbie says is it possible to build a survey for this using GoToWebinar. Ask them what best practice treatment they are offering in their facility for clients? What are you doing on your intensive outpatient clients and your outpatient clients? How are you utilizing the units that you have been approved for and what is it? That would 	<p>looking at a fill-in-the-blanks, instead of multiple-choice. We can then collect the information and use it in our EOC meetings to really develop and tune into at a specific time and place. This will be done before our next EOC meeting. Next, we will have ICAD to track the training necessary for all the providers to get them into another level. Hopefully, we can have a report done in six weeks.</p>

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<p>Shane Evans</p>	<p>be a BPA thing and Bethany will put it on the agenda to talk about. We need to know where our money went and monitor it. Where do we want this system to go?</p> <p>6. Sharon Harrigfeld shared the blank ASAM criteria form. If BPA fills out the data for each of the adolescent programs, we would have a better understanding of what was going on. We are looking for what is currently being used, where are they offering the services, how are they offering outpatient treatment, what kind of interventions are they doing and are they offering outpatient treatment. We want to develop a continuum of care for the adolescents in which IDJC can plug in at our institutions as well.</p> <p>(study conducted by ISU Phil's Peter Vik and Tony Celluci requested by DHW Heather Wheeler)</p> <ul style="list-style-type: none"> • Study needs more research, <p>Management of the Drug Court Budgets</p> <ul style="list-style-type: none"> • This will be open for discussion in SATCEE meeting prior to the ICSA meeting in EOC. Pharis has developed a very useful and detailed reporting tool that we will be able to use for drug courts across the state. The tool is able to monitor the expenditure of the money and list what the payment is for. Previously, we haven't had any reasonable access to be able to get treatment expenditures in a timely way or level of detail that individual courts could really monitor. So in terms of how we had monitored in the past and how we will be able to monitor in the future is a huge difference. We can talk a bit more at SATCC and if need be, we can talk further at EOC. <p>WITS and GAIN implementation update:</p> <ul style="list-style-type: none"> • Moving to the new data system of WITS/GAIN on July 1st to show discharges, instead of transfers. It will show the success of residential. Responsibility of residential is that they send to their next level of care. This will be information for Federal. <p>BPA Contract update:</p> <ul style="list-style-type: none"> • BPA contract entails Scope of Work along with the performance matrix. The contract is very specific in managing the network, paying the bills and getting the data over to us. The BPA contract is monitored constantly. One issue of the contract is the data and having it reported like we want for WITS. Slow down was because Mental Health and Substance Use Disorder was melded into one project, so they have to be worked on at the same time and not independently. 	

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	<p>Adolescent Treatment and Intervention Services and 20520(i) pathway:</p> <ul style="list-style-type: none"> • Bethany said we need EOC Pathway of Adolescent. <p>Potential for pre-treatment while a 19-2524 client is awaiting sentencing:</p> <ul style="list-style-type: none"> • Will be talked about at SATCEE and the 19-25-24 committee. • Will bring a proposal to EOC for the next meeting. 	
Strategic Prevention Plan Update – Matt McCarter		
New Business		
<p><u>Next ICSA Quarterly Meeting</u> <u>Schedule</u> Wednesday, April 29th Wednesday, July 29th Wednesday, October 28th</p>		
<i>Meeting adjourned.</i>	Our next meeting will be Friday, April 3 rd .	