

INTERAGENCY EXECUTIVE OPERATIONS COMMITTEE ON SUBSTANCE ABUSE PREVENTION AND TREATMENT

LOCATION: ODP Conference Room


DATE: Friday, 7/10/09

TIME: 8:00 am

ATTENDANCE: Sharon Harrigfeld, Kathy Skippen, Amy Holly, Debbie Field, Sarah Woodley, Laurie Hancock, Scott Ronan, Gayle Hines, Jane McClaran, Ike Kimball, Shane Evans, Norma Jaeger, Sharon Burke, Amanda Iverson, Matt McCarter

CHAIRPERSON: Debbie Field – Administrator

TOPIC	DISCUSSION	ACTION
<p>Welcome Minutes</p>	<p>It was requested that the reference to BPA be removed from the first paragraph of the June 1st meeting minutes. Sharon Harrigfeld approved the minutes as amended, Shane Evans seconded the motion. Motion carried.</p>	
<p>SATCC</p>	<p>Recount of SATCC meeting from June 30th. SATCC meeting will be the third Tuesday monthly. <u>Notes from June 30, 2009 SATCC meeting:</u></p> <ul style="list-style-type: none"> • DHW would like to see concurrent reviews done on those clients on the waiting list to see if those in an alternative level of care are responding positively at that level and can stay at that level. • DHW/BPA/providers will all need to have a clear plan for use of Medicaid to fully utilize appropriation. • The follow-up surveys started in March, BPA will send the data files on follow-ups to DHW, DHW is responsible for doing reports from the data. <p>July 10th SATCC notes:</p> <ul style="list-style-type: none"> • BPA billing will be changed whereby the services will be linked directly with BPA's bill. Any service that cannot be linked will be left out, until there is a link. This will enable giving IDOC a good report on what they have spent. Every two weeks there will be a report showing IDOC what is spent. The BPA billing is on incurred, but not reported. IBNR (Incurred, But Not reported) is the calculation of what hasn't happened yet, but what will incur. The goal is to reach a number for the budget by population and manage to it. • Follow-up surveys: BPA was asked to do the follow-up surveys, but not the reporting. Individuals who complete the survey are given a choice of a \$20 gas card, or \$20 grocery card, or a choice to donate it back to the system; 10% are 	<ul style="list-style-type: none"> • Kathy Skippen will forward the follow-up survey questions to committee members. • Kathy Skippen or Bethany Gadzinski to let Debbie know of an established meeting regarding plan of action for Medicaid. • Kathy Skippen to bring a plan of action for Medicaid training before the 29th.

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	<p>donating the rewards back to the system.</p> <p>Medicaid:</p> <ul style="list-style-type: none"> • Providers need to be educated in filling out Medicaid forms. • Qualifications for Medicaid need to be examined for limitations and definitions to our system, and other possible issues. Details need to be worked out before implementing through meetings. • Need a PR campaign system with educating providers on filling out forms and to give them good incentives. • There is a possibility of adopting a model similar to Medicaid format from a state's policy purposes for all our services; a stop gap review point for all our SS and other services. There is the possibility of adopting BPA's business model for these economic times. • As far as budgeting Medicaid, it would have its own separate column. In that way if we have to adjust it, it will be adjusted by population. The question would then be, how do we track it monthly for population? It is spread by population and percentage. • In looking at the Medicaid plan; it must be clarified who is responsible in tracking for units, credentials, referrals and eligibility. • Possible incentives for providers may be to offer \$2 more an hour for Medicaid clients. <p>Management of populations and budgets:</p> <ul style="list-style-type: none"> • On a quarterly basis ICSA will review the data again and make a judgment if any case count categories should change with the intent that we could reallocate halfway through the year. 	
<p>Budget and Census Management 2010 Budget allocation discussion:</p>	<p>Management of populations and budgets:</p> <ul style="list-style-type: none"> • The group developed a proposal budget population to be approved by ICSA. • On a quarterly basis ICSA will review the data again and make a judgment if any case count categories should change with the intent that we could reallocate throughout the year. <p>ICSA FY10 Proposed Budget:</p> <div style="text-align: center;">  ICSA FY10 Proposed Budget.xls </div>	<ul style="list-style-type: none"> • Sharon Burke will revise the budget for ICSA review and approval and report to the committee monthly on expenditures as compared to budget by population.

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	<p>The Snapshot was given by Sharon Burke:</p> <p>It was requested that BPA report their data for us based on check date and by IBNR, since it would line up with our appropriation. The committee agreed that this would be a more helpful comparison. BPA can put an estimate in, but until we have some more time behind us, the estimates could be more off than we like. This would be an excellent guide for agencies to make adjustments on their referral recommendations that monitor who is sent to the system by priority population. We need a fact sheet on correct data to give everyone, including providers, which will improve our transparency.</p> <p>This question needs to be resolved: Clarification is needed on who is responsible for re-entry money.</p>	
GAIN/WITS	<p>WITS/GAIN Update:</p> <p>The WITS/GAIN went live on July 1st and went quite well.</p> <ul style="list-style-type: none"> • The Helpdesk only received 20-30 calls from the providers. Main calls were how WITS, BPA and data warehouse fits together. • The one wish was that BPA was involved in the process much sooner. • On the substance abuse side there are still questions with IDOC and BPA. The providers are using it. <p>GAINS will be used with different cultural people using the SS. Language and cognitive ability and age were the problems with cultural differences. We can be accommodating to these folks, but there is a greater need system-wide. ICSA needs a simple policy to accommodate these people. This is a very small exception to the rule. There is the need to check on legal issues, and the Judiciary's obligation with regard to this issue. Patti Tobias asked to review the draft policy.</p>	<ul style="list-style-type: none"> • ODP will research the concept of drafting a policy for exceptions to the GAIN for different cultures.
EVALUATION PLAN	<p>Scott Ronan made a motion, Sharon Burke seconded the motion, to have a <u>detailed</u> evaluation plan submitted to the EOC from the ISEOW/Outcomes/MOA workgroup with timelines and reporting recommendations by "priority" populations to include:</p> <ol style="list-style-type: none"> 1. Performance measures <ol style="list-style-type: none"> A) outputs report B) employment/education/drug test results/retention C) follow-up 2. Evaluation of Processes <ol style="list-style-type: none"> A) follow-up B) 19-2524 C) etc. 3. Evaluation of Outcomes <ol style="list-style-type: none"> A) criminal recidivism B) treatment follow-up. 	<ul style="list-style-type: none"> • Scott Ronan will draft and submit a sample policy to ICSA and EOC.

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	<p>This draft evaluation plan will be given to the next EOC meeting on August 7th. Motion passed.</p> <p>ICSA By-Law Review: The ICSA By-Law's were reviewed. Needed changes:</p> <ul style="list-style-type: none"> • Designee's who don't attend meetings for 3 consecutive meetings will be dropped from the quorum vote. • Adhoc will be part of the voting system and will be added to the Bylaws. Give the definition of Adhocs and the expectations of Adhocs. • Adhoc (at large) that don't attend meetings regularly can be replaced; will add to the Bylaws. • Should electronic voting be added to the Bylaws? • Need to complete Article 7. • Article 5 – break out the two statutes. (bullets to numbers to statutes). 	<ul style="list-style-type: none"> • The by-laws will be revised for the next EOC Meeting.
<p>Substance Abuse Treatment for Individuals in Mental Health Court</p>	<p>Substance Abuse Treatment for individuals in Mental Health Court – if it is covered and where it will be covered in the budget.</p> <ul style="list-style-type: none"> • BPA was tracking substance abuse treatment for individuals in Mental Health Court under a special category, but a decision was made a month ago to qualify them under other sources and pay for them under other sources. Once BPA started doing that, the visibility of the Mental Health Court people was lost. The Mental Health Court needs to be reestablished and a new approval request needs to be submitted quickly to BPA. BPA stated that they will reinstate the process in which they were doing before, however, instead of the funding being specialty court it will be the "New Felony Population" category. This will be tracked under the "New Felony Mental Health Court" population category. 	
<p>New Business</p>	<p>Strategic Prevention Plan meeting: The goal is to devise good strategies through media. Monthly meeting dates are held in the Borah 2nd Floor conference room on:</p> <p>August 21st September 17th October 15th November 19th December 17th</p>	
<p>ICSA Quarterly Meeting Schedule Wednesday, August 19th Wednesday, October 28th</p>		
<p><i>Meeting adjourned.</i></p>	<p>Our next meeting will be Friday, August 7th at 8:00 a.m. – 4:00 p.m.</p>	