

ICSA BUDGET SUB-COMMITTEE

LOCATION: GoToMeeting

DATE: Monday, 3/16/2009

TIME: 1:00 – 4:00 pm

ATTENDANCE: Bethany Gadzinski, Laurie Hancock, Norma Jaeger, Kathy Skippen, Gayle Hines, Debbie Field, Shane Evans, Roger Brown, Sara Stover, Amy Holly-Priest, Jane McClaran, Matt McCarter, Nathan Drashner, Scott Johnson

CHAIRPERSON: Kathy Skippen

TOPIC	DISCUSSION	ACTION
Approval of Minutes		<ul style="list-style-type: none"> • Norma Jaeger moved to accept the minutes, Matt McCarter seconded the motion.
Outcome Snapshot/Background Information – Laurie Hancock	<p><u>Outcome:</u></p> <ul style="list-style-type: none"> • The remaining treatment budget for Adult and Adolescent is \$11,336,049 • Less Unspent Federal Medicaid (2,248,400) • Remaining Budget Excluding Medicaid 9,087,649 • Remaining Months is 4 • Average balance per month is \$2,271,912 which means that we are on target for spending of 2.1 M. <p><u>Background:</u></p> <ul style="list-style-type: none"> • There were 855 client discharges in the month of March and 1600 in April of 2008. • NBRI will be doing the follow-up assessments and surveys. • “Who are the ineligible” report wasn’t identified in BPAs contract. Laurie is waiting to hear what the cost would be from BPA to do the report on ineligible. Per Amy, BPA is working on a change order request for the department to get the number of programming hours it will take to adjust this report to provide that data. Then it will put it in its final form and sent over to DHW. • With this report the numbers that come from BPA is based on service. We are never going to be able to tie our fiscal reports to BPA reports. This group as a team needs to decide what we want to look at and this was what we decided to look at and when you start to compare what our fiscal reports are showing or what we paid out, it is never going to match or tie. Concern is at some point we need to look at is the information we are getting on the snapshot, how does it really match up with reality. 	<ul style="list-style-type: none"> • Laurie, Norma, Amy, Pharis and Kathy to meet together to discuss how the outcome snapshot is assembled. • Shane made the motion to accept the Snapshot, Scott Ronan seconded. Snapshot has been accepted and will be sent on to the ICSA group.

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	<ul style="list-style-type: none"> Note that the background Snapshot cannot be read at face value since its expenditures are 1-1/2 months behind drug court expenditures. 	
Output Report/Data Review – David Barnes/Nathan Drashner	<p><u>Output:</u></p> <ul style="list-style-type: none"> Now have data from BPA and just have it uploaded into the warehouse over the week-end. Did preliminary work with it this morning, still not to the point, yet, of having a report put together in the same format I have for Bethany. Should have the report in the next couple of days. Am not sure about the quality of the data, yet, because he hasn't been able to see the entire data for the output report. The report will auto-generate when it is done. 	<ul style="list-style-type: none"> Bethany to send out the NOMS report when this meeting is over.
Waitlist – Bethany Gadzinski	<p>Waitlist numbers are down from 12 adolescents to 7 in adolescents. Adults have gone up a little today, maybe in adult care. 314 on waitlist. Per Amy, the protocol for redirecting clients of sense of management process, we're not placing more clients on the waiting list for treatment. We're giving clients access to community-based referrals rather than putting them on the waiting list. For general clients to because of pensive (35.00) management and budget constraints, we are not wait listing them. So, you will not see the list go up other than provider capacity. General felons and general clients are being redirected to community-based referrals and not being placed on the waiting list and will show up as ineligible.</p>	
GAIN SS Use Budget Implications – Kathy Skippen	<p>Kathy showed a list of those who can be possible users of the GAIN SS.</p> <ul style="list-style-type: none"> Schools (counselors/SROs/administrators) county jails mental health drug court coordinators public health districts <p>When we open it up for others to use, we want to make sure the budget committee has imputed to this about what costs to assume and how they will affect our ongoing monitoring of the budget.</p> <p><u>Ramifications:</u></p> <ul style="list-style-type: none"> What might be the cost to the department to have more users using WITS because of the SS (cost of assessments and treatment)? Think about how we are going to pay for this. 	

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	<ul style="list-style-type: none"> • It could be a flood of very short-term service clients to access treatment that don't necessarily translate into long-term detention, like jails for instance, some systems aren't connected to someone like a probation officer or are getting supervision. Schools may be certain categories of individuals such as those who are under a counselor or school administrator where there is some of that leverage to keep people engaged. This may be where we initially place the gateway on those supervising agents rather than on the individual themselves. • Make sure the BPA is notified and that the provider gets the authorization for the GAIN I in Operational processes engaging in additional referral sources and providers. • Use a flowchart for GAIN SS, GAIN Q and GAIN I to show possible users what they are being used for, how they are being used and where they are being used. 	
<p>ICSA Grant Review Policy – Final Approval – Kathy Skippen</p>	<ul style="list-style-type: none"> • Reviewed the ICSA Grant Review Policy. • Scott Johnson made a motion that we recommend that this policy be passed by ICSA, Debbie seconded the motion. Motion passed. 	<ul style="list-style-type: none"> • ICSA Grant Review Policy to be sent to the ICSA members. • Send out an ICSA member list.
<p>Prevention Strategic Plan Update – Debbie Field/Matt McCarter</p>	<ul style="list-style-type: none"> • Need to assess the status of a statewide prevention framework and to identify groups that are ready to take advantage of this immediately. <ul style="list-style-type: none"> - Possibly identify a laundry list of stakeholder groups, coalitions and state agencies involved in prevention to find a tool, mechanism or framework to use. - Need to identify key components, i.e., data assessment in terms of identifying hotspots; not only population wise, but geographically, - find out where are the hotspots, - find out what behaviors to focus on and what data to observe. - Find out every data piece in prioritizing issues, address what is true to form, what is consistent messaging with regard to prevention activity? • Each committee member is committed to doing research in identifying the framework from other states. The research will provide a snapshot or 	

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	<p>framework that we can provide to the ICSA Subcommittee and ICSA for feedback.</p> <ul style="list-style-type: none"> EUDL is moving forward with a tabloid for underage drinking. 	
JFAC Budget Update	<ul style="list-style-type: none"> Our budget will be examined in JFAC this Wednesday. Debbie shared an email sent to her from Senator Werk this morning. Rep Burgoyne and Cliff Bair sent a letter to Joint Legislature Oversight Committee asking them to research the treatment needs for substance abuse. 	
Review DU Timeline 2011 – Allocation Timeline 2010 – Kathy Skippen	<p><u>Timeline 2011</u> These are the things that came out of policy that we set for this committee to establish DU's.</p> <ul style="list-style-type: none"> Any new or enhanced SUD prevention or treatment services must come before the BSC for recommendation and ICSA for approval. In April review appropriations and solicit input from all members on DU's under consideration for 2011 budget requests. What meetings need to be arranged between IDHW and partner agencies to provide accurate and timely information for DU's. What DU information will your agency have ready for May BSC meeting. <p><u>Allocations for 2010</u></p> <ul style="list-style-type: none"> What will the process be and how do we address the needs of the individuals in mental health courts with co-occurring substance use disorder treatments for those individuals. ICSA needs to consider if there is a means of allocating some funding specifically for that particular need? Currently, this has been billed to the Drug Court funds partly as a matter of convenience, maybe. Because up until now that fund was adequate to supply those needs. As we get to next year, 2010, that fund will not be able to meet those needs. If could shift those folks to other categories but then we lose the ability to recognize those services and to be accountable to those services. When is the appropriate time to talk about these issues? Need to know what the appropriation is. Should know by our April 29th meeting. 	<ul style="list-style-type: none"> Come prepared for the April meeting listing the needs that some of us would like H&W to consider or the Department of Corrections in thinking about their decision units for the coming year. Put together a preliminary bullet list of these are the things we were thinking about going forward with, then we can do a yea or nay on them. Maybe have a certain dollar amount attached to the list. At minimum we'll be asking for whatever is a one-time that any of us holdback. That will be the minimum starting point (replacement one-time) for H&W. We will then go from there depending upon what the stakeholders want. We need to recognize that all of our needs may not be identified in two weeks or four weeks and leave it open for people to submit preliminary decision ideas – we just don't want to close the door before we look at the impact of FY10 appropriation has on the FY11's budget. Kathy will send it out to you.
Adjournment		

