Agenda – Treatment and Recovery Support Providers Meeting August 19, 2008

* Update on the RFP including review of changes in the new management contract that impact providers (known at this time)

The RFP is being reviewed at the Division of Administration. Answers have been received from bidders. No decision has been announced yet. Information will be shared as soon as it is known by email to the RAC distribution list. This will be an agenda item for the RAC meeting September 10, 2008.

* 19-2524 issues discussion

There are three agencies (Ascent, New Hope and Walker Center) with individuals cleared to be able to do GAIN I assessments at the Ada County Jail.

The process is that the assessment should be completed within 14 days of the GAIN I assessment professional receiving the referral. If a situation arises where the assessment can not be completed within the 14 days, the professional should contact BPA so that they can be in communication with the PSI

The issue of GAIN I assessment time costs, including travel time to and from facilities for incarcerated clients, is in process of being resolved. Details will be announced when finalized. Expect those details to be sent out by BPA.

This topic will be on the agenda for the September 10, 2008 RAC meeting.

* Referral of clients discharged from state psychiatric hospitals (number of referrals, process)

Landis Rossi reported that clients with substance abuse disorder issues whom are being discharged from the state psychiatric hospitals are priority populations. Currently of the individuals being discharged from region 4, about 50% have a co-occurring disorder (about 15 individuals at this time). The directors of the state hospitals are working on improvements to the process.

Suzette Driscoll reported that BPA works closely with the state hospital discharge planner (with the client in the room) to facilitate referral and connection to treatment in the community at discharge.

General discussion included funding sources for services, both Medicaid and state funding. BPA screens and vouchers the provider of choice.

* GAIN, update on progress and discussion of timeline issues (delays in getting assessments completed)

Discussion on GAIN centered around three areas

A. Training Needs – more training opportunities are needed. Brief discussions on the changes to the training methods for Idaho were held; no formal announcements have been made regarding any approved changes.

B. GAIN I implementation – discussion continued on the challenges encountered in the actual delivery of services including: no shows, access to incarcerated individuals, length of time been between assessment referral and actual completion. Concerns include the ability to initiate treatment during the sometime 2-3 week gap between referral and completion of the GAIN I (longer if the client is a no show to the first scheduled appointment).

One suggestion was to change the client's perception of the assessment to view it as the first step of the treatment process and to find ways to reward clients for following through quickly (from PO's and other involved in the client's care).

C. GAIN I capacity – as follow up to the last meeting, there has been discussion but no definitive answers on how RSS providers, trained to do GAIN I assessments can be utilized to help ease the bottle neck that currently exists for assessments.

Suzette encouraged the providers to respond to the survey that was recently sent out on behalf of DHW requesting feedback on the GAIN. Providers are encouraged to take the time to complete and return the survey along with any comments. Surveys are due back August 22, 2008.

All of these aspects of GAIN will be on the September 10 agenda.

* Case Management discussion
Discussion centered around three areas:

A. Clarification of categories - There is a need to clarify the case management activities that RSS providers can do. A facility can be licensed to provide basic and intensive case management and have staff whom have completed the state training. If they have a case manager supervisor on staff and do not provide clinical case management services, are they meeting the requirements for case management with no clinical case management supervisor on staff.

There is a need to have case management supervisors listed with BPA in addition to clinical supervisors.

B. Communications – A need for a clear communications system for the changes to be implemented exists. An example of confusion is case management forms. Individuals who attended case management training at ICADD were told the forms would be coming in the future but have not received updated information. Individuals trained in July were told to use the forms on the Web site. Provider communications have been coming from BPA, but no information about changes in case management forms has been provided by the department for distribution to providers. PWWC case managers have directive to use PWWC forms in place of some case management forms. The point of this example is not criticism; rather it is to illustrate the level of confusion that currently exists.

A second communications issue emerged during the case management discussion. Currently the state Web site is not up to date for Recovery Support Providers and their services. Specially the region 4 page includes information on a provider no longer in business and is missing a provider approved for a variety of services. BPA is sharing a spreadsheet with IDOC weekly so that POs have current information.

C. Regular training opportunities – Providers need to have an idea of when training opportunities will be available (case management, GAIN I, and other trainings mandated). Helpful information would include length of time (1/2 day, all day, or multiple day) and anticipated time of year (month) so that providers can make staffing plans.

This will be a topic on the September 10, 2008 RAC meeting agenda.

* Transportation discussion

Discussion on transportation issues was brief. One provider noted that multiple clients are need to have a cost effective situation for providing transportation with agency purchased vans (insurance, maintenance, etc) and staff drivers. Another provider is finding success contracting with a cab company for transportation.

* Day Care and Recovery Support Services.

Brief discussion was held on how RSS groups and working with day care facilities for services. A copy of the state guidelines for child care were distributed (and are last pages of this summary). On approach is to provide child care so long as the parent does not leave the child at the facility (child care provided while parent attends treatment or group) as the license requirements are less stringent when the parent in on site.

* Rule Changes
Discussion included the need for providers to review and comment on the IDAPA rule changes for substance abuse services. The anticipated posting date is around October 1, 2008. There is a 7-10 day window for comments. This will be a topic on the September 10, 2008 RAC meeting agenda.

*Recovery Month Activities – September 4-5, 2008 are the dates for Recovery Month activities. Fliers will be posted to the RAC Web page. There will be a Recycle Art Show in conjunction with the downtown art activities of First Thursday and a block party with music, activities and information on Friday. Anyone wanting more information should contact SHIP (331-0900). Everyone is encouraged to publicize the events for all ages.

In addition to the items noted above for the September 10, 2008 RAC Meeting agenda, the following items will be included

Fiscal update for both the current fiscal year and anticipated decision units for next legislative session,

Timelines for changes expected in the next year such as

- DD CAT
- Re entry
- Training topics, times

MINIMUM STANDARDS FOR CHILD CARE

Child Care programs provide care and supervision to a client's child (ren) while the client is participating in clinical treatment and/or recovery support services.

Child Care Services

Care, control and supervision provided by an individual, other than a parent, during part of a twenty-four (24) hour day to a client's child (ren), less than 13 years of age, while the client is attending a treatment appointment or recovery support service.

Standards

General Standards

1. Programs seeking approval for child care services shall meet the general requirements set forth in the Standards Manual for Recovery Support Service Providers.

Additional Standards

1. In addition to the general standards for recovery support service providers, Child Care programs must meet the following standards:

    a. Individuals providing child care services or who have unsupervised direct contact with children in care must have a current Criminal History Check. Checks must be conducted by the Idaho Department of Health and Welfare.

    b. The organization shall follow State regulations for reporting incidents of child abuse and/or neglect.

    c. Child care providers must be licensed and meet the Idaho Administrative Procedures Act (IDAPA) Rules 16.06.02 *Rules Governing Standards for Child Care Licensing.* A copy of these rules can be found at:

        http://adm.idaho.gov/adminrules/rules/idapa16/16index.htm

    d. Child Care programs may request a waiver a waiver for child care licensing in accordance with the following:

        i. The request for waiver must be in writing;

        ii. Care is exclusively for child(ren) of parent(s) who are simultaneously in the same building.

    e. Child Care programs must submit a written statement that the program will comply with the minimum standards for health and safety established by the Idaho Department of

Health and Welfare, Idaho Administrative Procedures Act (IDAPA) Rules 16.06.02 *Rules Governing Standards for Child Care Licensing.*

f. Child Care programs will be expected to provide the following services and perform the following tasks:

   i. Provide services at a time and location that is suitable for the client to attend clinical treatment or recovery support services;

   ii. Provide a setting that promotes and ensures the health, well-being and safety of the child(ren) in care.

g. Providers maintain current certification in pediatric rescue breathing and first aid.

h. Immunization records are kept on-site and made available to the health department officials for viewing at all times for all children in the program.

i. Health and safety standards for hand washing are practiced before and after child care routines including: diapering; assisting children in the bathroom; wiping noses; administering first aid; preparing food and eating meals.

j. Foods given to children are kept at proper temperatures and not subject to contamination.

k. Medicines, cleaning products and other dangerous substances and articles are kept away from children at all times.

l. A functioning smoke alarm and fire extinguisher are adequately installed and kept in the area where children are cared for. Two exits are determined to be adequate in case of emergency and a plan for escape exists and is practices.

m. A telephone or other means of communication is working at all times and made available in the event of an emergency.

n. The minimum age for child care providers is eighteen (18) years.

o. No one living in the place where child care I provided or employed in the child care program has any physical or mental condition that poses a health risk to a child receiving care.

p. No one living in the place where child chare is provided or employed in the child care program has been sentenced or received delayed sentencing for any of the following crimes: homicide; kidnapping; prostitution; arson; assault; aggression; indecency; physical or sexual abuse of a child; nor have they been the subject of a complaint of abuse or negligence of a minor.

q. Posting of license in a conspicuous place at the day care program is required.