

Bureau of Substance Use Disorders Update Idaho Regional Advisory Committees

June 2009

Inside This Issue

- 1 Message from the Chief
- 1 Budget
- 2 Rule Re-Write
- 3 GAIN/WITS
- 3 Prisoner Re-Entry
- 4 Case Management
- 4 Data and Research
- 4 New on the Web
- 4 Upcoming Events

Message from the Chief

Just recently the Federal Government released the 2006/2007 National Survey on Drug Use and Health results. This survey looks at State level substance use, abuse and dependence. Many of you will remember during ATR, H&W talked about 66,000 Idahoans are considered dependent on illicit drugs and/or alcohol. The new survey results show that number has dropped to 59,000. This is a significant drop and is a direct indication of prevention and treatment working in Idaho. When you overlay the number of clients we will serve in Fiscal Year 2009, over 14,000, Idaho ranks number one for percentage of persons served who are dependent on alcohol and/or illicit substances. I want to thank all of you for your hard work and dedication to Idaho citizens - keep up the good work!

Budget

As we close out the budget for fiscal year 2009 I want to let you know we have done a great job spending all the funds available. As we cannot carry any funds over into the next fiscal year, this is exactly the position we want to be in.

During the last ICSA Executive Operations meeting we set the preliminary target for the fiscal year 2010 budget. These recommendations will go to the full ICSA for adoption or change. The preliminary numbers, by percent of budget available, for each of the priority populations are:

Child Protection and Pregnant and Parenting Women:	10%
Drug Courts:	25%
IDOC clients:	25%
Misdemeanants:	23%
Adolescents:	15%
Other*	2%

* Medicaid clients that do not fall into one of the other priority populations

Rule Re-Write

In the correspondence from Bethany Gadzinski dated May 13, 2009, the review period for the draft of IDAPA Rule 16.07.20 was extended. The Rule will be presented to the Board at its August 17th, 2009 meeting. This decision was made to give the Department more time to work with stakeholders and gather further comments to improve the Rule before presenting it to the Board. Over the past several weeks the staff from the Bureau of Substance Use Disorders has worked with the Regional Advisory Committees (RAC's) to gather comments and answer questions. In addition, we took written comments at Idaho Conference on Alcohol and Drug Dependency (ICADD). The Department has also received written comments as per the instructions in the April Newsletter.

A communication to the field will go out when the revised draft of the rules is available for review. Following are some **Frequently Asked Questions** regarding the rule rewrite process:

Is anybody allowed to attend the meeting on August 17th? Yes. Please plan on attending the afternoon session which begins at 1:00 p.m. The meeting is scheduled to be held at Idaho Department of Health and Welfare – 450 W. State Street 10th Floor Conference Room – Boise.

What happens when the rule goes before the board? It will be presented by Behavioral Health staff, discussed by the Board members, and voted on. They will ask if anyone from the public would like to make a comment about the rule.

What happens if the board accepts the rule? The rule will be prepared to send to the 2010 Legislature as a temporary rule. It will be reviewed by the 2010 Legislative committees and either approved or rejected.

What happens if the board does not accept the rule? That depends on why the Board rejects it. They may just want parts of it changed. However, if they reject the rule, you may be resubmit the rule - with changes - as a temporary rule at the November Board meeting.

Following the Board's acceptance of the rule, is there a comment period? Yes. 21 days beginning October 7, 2009 ending on October 28, 2009.

If approved by the Board, when do the rules go into effect? September 1, 2009.

What if we do not like the rules and want them changed after the Board approves them? The temporary rule can be amended when the rule is ready to go Pending. That will be the next opportunity to present them to the Board of Health after the 2010 Legislative session. Once the Board approves the rule, you cannot change it until you get ready to go Pending and it is presented to the Board of Health again.

How is it determined when the rules will be voted on by the Legislature? The Legislature usually reviews rules within the first week or two of the session. They must be done by the end of January. The Chairperson for each committee sets the agenda for when a docket will be reviewed. We won't know that until next January.

As referenced in the April 2009 Newsletter, the Substance Use Disorder Bureau embarked upon the task of rewriting the **IDAPA 16.06.03 – Alcohol and Drug Abuse Prevention and Treatment Programs** standards. The Department has received written comments in reference to suggestions to the revised rules and appreciates the feedback from those who have submitted comments. Please continue to offer your comments and include suggestions on alternative methods for addressing any issues you have comment on.

You may access the draft on the web by visiting: <http://www.substanceabuse.idaho.gov> Scroll to **Rules** and click on **IDAPA 16.07.20 DRAFT ALCOHOL AND SUBSTANCE USE DISORDERS TREATMENT AND RECOVERY SUPPORT SERVICES FACILITIES AND PROGRAMS** or by visiting <http://www.healthandwelfare.idaho.gov/site/3428/default.aspx> and clicking on the designated link.

Prisoner Re-Entry

Adapted from Addiction Science & Clinical Practice. *Interventions to Promote Successful Re-Entry Among Drug-Abusing Parolees*. NIDA publication Vol. 5 No.6. April 2009.

"Each year, more than 600,000 people leave prison and re-enter the Nation's communities. Within 3 years of their release, more than two-thirds of these individuals are rearrested..." (Mumola and Karberg, 2006). These data are staggering, and beg the question, what can we do about it?

A review of current literature indicates that there are some key principles to effective prisoner re-entry treatment.

1. **Match the problem severity to treatment approach.** In other words, the higher the risk of future criminal behavior or drug relapse, the more intensive the programming.
2. **Criminogenic needs.** Promising areas of focus include: pro-criminal attitudes, pro-criminal associates, impulsivity, risk taking, limited self-control, poor problem-solving skills, poor education and employment skills, and drug and alcohol use disorders.
3. **Behavioral and social learning techniques.** These include: modeling, graduated practice, role playing, reinforcement, resource provision, and detailed verbal guidance and explanations (making suggestions, giving reasons, cognitive restructuring). In addition, treatment staff should relate to their clients with warmth, flexibility, and enthusiasm, but with clear messages about the unacceptability of pro-criminal attitudes, behaviors, and associations.
4. **Cognitive-behavioral therapy and relapse prevention interventions.** CBT addresses the distorted thinking processes and patterns ("criminal thinking"), and relapse prevention helps offenders to identify high-risk situations for drug use and crime, to develop and practice coping skills to deal with these situations, to create or strengthen social support systems, and to promote feelings of self-efficacy.
5. **Case Management.** Offenders may need assistance with housing, education, employment, transportation, family issues, medical and mental health problems, and documentation.

GAIN/WITS

WITS/GAIN Interface - Target Date remains as July 1, 2009.

Coming your way:

A WITS/GAIN Tutorial:

A Tutorial (a merging of the WITS TIP Sheet from the WITS/GAIN Interface Training and the Chestnut Health Systems Tutorial, "Getting Stared with the GAIN ABS") is in final edit, preparatory to making it available to you on the DHW Website. It will also be disseminated via the BPA Network and other authorized agencies.

Users: It is recommended that you download the Tutorial into a hard copy to be kept at your work station. **This is a step by step job aid for your personal use.** Use this prior to going to your Agency Administrator as per the following:

WITS/GAIN Agency and User Tiered Support System

Tier One – Agency Administrator – Assigned in each user Agency.

Users go to Agency Administrators to resolve issues they individual can't resolve from the Tutorial.

Tier Two – BH Help Desk (DHW/BH will have 4).

Agency Administrators will go to the BH Help Desk to resolve issues they individual can't resolve

Tier 3 – FEI Help Desk.

BH Help Desk s will go to the FEI Help Desk to resolve issues they individual can't.

Approved Agencies (BPA Network Treatment Providers, BPA, DOC, DJC)

Get your required WITS/GAIN Interface paperwork to Michelle Buskey ASAP, so that you, and approved agency, may be approved. If you need an **Instruction Packet**, please e-mail your request to Michelle Buskey at: buskeym@dhw.idaho.gov

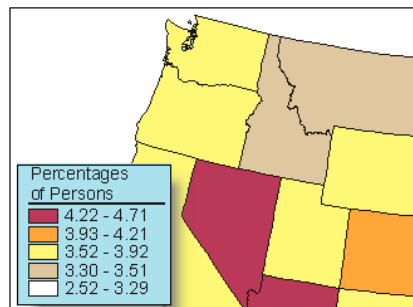
Case Management FAQs

- **Why do I have to attend a case management training before I can provide case management services?** While many substance use disorders case managers have CM experience and/or training, our experience is that most do not. In addition, there is no consensus among providers on what constitutes case management. Therefore, we implemented the training as a means of assuring that everyone has a common basic set of knowledge and skills, a common definition of what constitutes case management, and a common vision for what we can achieve when case management is rigorously implemented.
- **Do I have to use the CM forms on the website or can I use my own?** The CM forms are required. They provide for standardization of documentation that allows for more intuitive documentation, data collection, and continuous quality improvement processes.
- **Do I have to have a separate CM client file or can I put my CM notes in the treatment file?** No, you don't have to have a separate client CM file, but you may. If you put your CM notes in the treatment file, please make a separate CM section. Don't mix the CM notes with the treatment notes.

Data and Research

According to the 2005 and 2006 NSDUHs, Idaho and Montana are the states showing the lowest percentage of persons using illicit drugs other than Marijuana. This is an encouraging observation that we can hope to maintain over the coming years.

Illicit Drug Use Other Than Marijuana in Past Month among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2005 and 2006 NSDUHs



JUNE 2009						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY 2009						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST 2009						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/ 30	24/ 31	25	26	27	28	29

New on the Web

The Department website is being restructured. The new website address will be www.healthandwelfare.idaho.gov. If you have bookmarked other pages (i.e. Mental Health, Medicaid, etc) on the current DHW site, they will no longer work after May 30. You will need to go to the main web address (above) and bookmark the new URL.

Any suggestions for improvement of the site are greatly appreciated. Let us know how we can make this website reflect your communication needs.

Upcoming Events

- ASAM Training (June 24, 2009)
- Clinical Documentation Training (June 25, 2009)
 - ♦ Both trainings will be at State Hospital South in Blackfoot

GAIN/WITS on-line July 1

- Grant Writing Clinics
- July 20-21 in Boise
 - July 23-24 in Pocatello
 - July 27-28 in Moscow