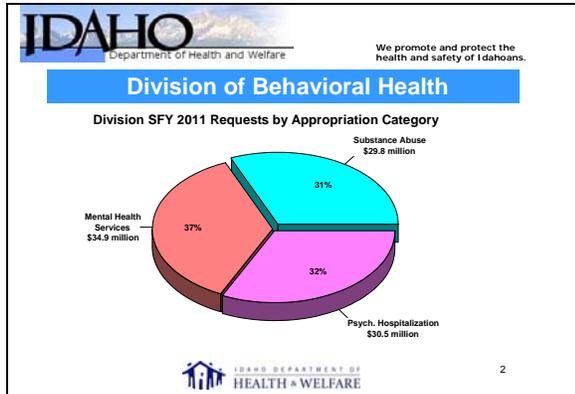


JOINT FINANCE AND APPROPRIATIONS COMMITTEE
DEPARTMENT OF HEALTH & WELFARE
DIVISION OF BEHAVIORAL HEALTH
KATHLEEN ALLYN, ADMINISTRATOR

SUBSTANCE ABUSE & TREATMENT

January 20, 2010



As I mentioned before -- the Division of Behavioral Health has three different Legislative appropriation categories: Mental Health Services, Substance Abuse Treatment and Prevention and Psychiatric Hospitalization.

This time I will be talking with you about Substance Abuse Treatment & Prevention which begins at p. 2-104 of the LBB and which constitutes about 31% of the Division's budget. I would note, the \$28.9 million you see for Substance Abuse and the other slides in this presentation includes a separate request to the Millennium fund of \$1.86 million dollars in treatment

funds. That request from the Interagency Committee on Substance Abuse can be found in the LBB at p. 6-180.

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Substance Abuse Treatment & Prevention LBB 2-104

- Prevention programs
- Treatment services
- Regulatory work
 - Program certification
 - Tobacco inspections
 - DUI evaluator licensing

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The Division's Bureau of Substance Use Disorder Services includes prevention programs, treatment services, and some regulatory work such as program certification, tobacco inspections and DUI evaluator licensing.

The delivery system for prevention programs and treatment services is privatized. The Department contracts with private entities to administer state networks of prevention and treatment providers.

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Substance Abuse Treatment & Prevention

- Prevention programs in 42 counties
- 63 treatment providers at 101 sites
- 58 recovery support service providers at 130 sites, of which 31 are faith-based

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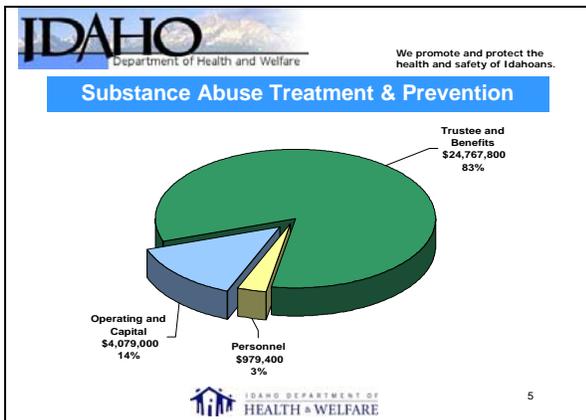
Currently, Idaho has state-approved prevention programs in 42 counties. Programs include education of youth and parents, mentoring and after school programs, life skills programs, and community coalition building.

Idaho has 63 state approved substance use disorder treatment providers at 101 sites. Treatment providers deliver levels of care ranging from residential treatment to intensive outpatient treatment, outpatient treatment, and treatment in halfway houses.

In addition, there are 58 stand-alone Recovery Support Service providers at 130 sites, of which 31 are

faith-based providers. Recovery Support services include adult safe and sober housing, drug testing, case management, child care and transportation.

By far the majority of the clients in the substance abuse program is either in or re-entering the community from the criminal justice system. I know Office of Drug Policy Administrator Debbie Field will be presenting to you in February about funding for substance abuse treatment services so I won't be addressing that. I will be talking about certain operational aspects of the Substance Abuse Program within the Division.



Given the privatized nature of the program, 83% of the funds for the SFY 2011 recommended budget are in Trustee & Benefits. That percentage includes the \$1.8 million Millennium Fund request. Fourteen percent of the budget is in Operating costs and 60% of those Operating costs or about \$2.5 million is used for the treatment provider network contract with Business Psychology Associates or BPA. About 10% of Operating costs or about \$400,000 is used for the prevention provider network contract with Benchmark.

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Substance Abuse Treatment & Prevention

Legislative Intent Language:

- Section 4. Millennium Fund Intent Regarding RADAR Funding
- Section 5. GAIN Provider Training
- Section 6. Statewide Media Campaign for Underage Drinking

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Legislative Intent:

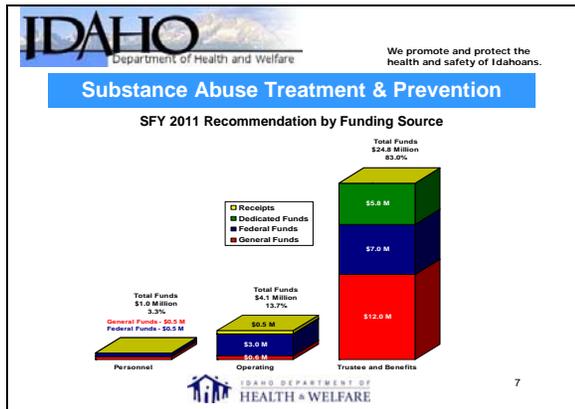
There were several items of Legislative Intent language applicable to the SFY 2010 appropriation that I want to get back to you about.

Section 4 of House Bill 315 on Millennium Fund Intent Regarding RADAR Funding – provided that the Division's Substance Abuse program use its operating budget to fund the costs of the Regional Alcohol Drug Awareness Resource (RADAR) network center's distribution of information materials on tobacco and drug use prevention and cessation. The Division provided \$25,000 in operating funds to RADAR to

purchase substance use disorder prevention materials that go to schools and communities throughout Idaho.

Section 5 on GAIN Provider Training – provided that the Division’s Substance Abuse Program utilize **up to \$140,000** of its operating budget for GAIN provider training. The Division has budgeted \$73,000 for training on the GAIN assessment instrument used in the substance abuse program. Current plans are as follows: contract for 8 statewide trainings on GAIN in March and April; provide this same training in May at the Idaho Conference on Alcohol and Drug Dependency; conduct at least two GAIN Site Interviewer trainings in Late May/Early June; and contract to provide some quality assurance reviews of GAIN assessors.

Section 6 on Statewide Media Campaign for underage drinking – provides that the SA program will budget at least \$50,000 for the youth and adult media campaign on underage drinking. The SA program is working with the Office of Drug Policy and the Interagency Subcommittee on Prevention to implement this campaign in the spring.



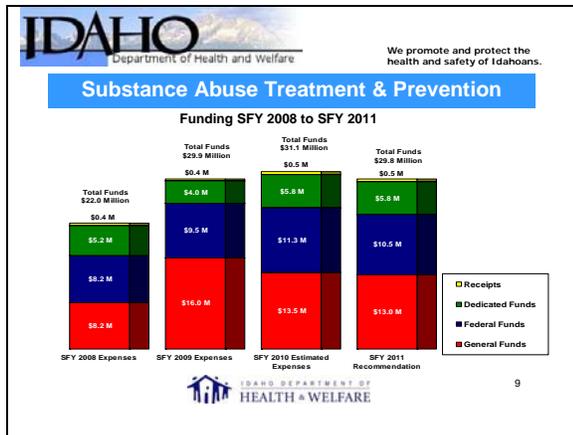
We were also asked to discuss the impact of the holdbacks on programs. As I discussed earlier, the Substance Abuse program is a privatized system. Both prevention programs and treatment services are managed through private networks of providers. As you can see from this slide, most of the Substance Abuse budget is in Trustee and Benefits.

You can also see most of the funding for the Substance Abuse budget comes from State General Funds. While there are substantial amounts of dedicated and federal funds, the largest source of funding, particularly in Trustee & Benefits, is state general fund.

Holdbacks:

- 2 state staff laid off
- \$350,000 Gen Fund reduction in Operating
- \$223,000 Gen Fund reduction in T&B

To meet holdbacks, the Bureau of Substance Use Disorders laid off two staff members and reduced Operating Costs by \$350,000 in General Funds. Trustee and Benefits was reduced by \$223,000 in General Funds.



As you can see from the slide between SFY 2009 and 2010, some loss of General Funds was made up by an increase in dedicated funds from the Millennium Fund. Those funds were used exclusively for treatment services.

WITS

One of the strategies we have implemented to better manage the substance abuse program is to implement certain modules of the WITS program to facilitate data collection and reporting. As I mentioned before, on the substance abuse side of Behavioral Health, we have a management services contractor (BPA), 62 contracted providers with 102 facilities providing substance abuse services around Idaho. All of the providers must have the ability to access WITS and now they can.

That strategy is also applicable to the rest of the Division. The action you took during the 2008 Session to provide funds to the Division to implement clinical management systems was timely. With the federal move to electronic health records, the Division is well positioned to comply with anticipated requirements relating to such systems. As of now, the seven Regional mental health clinics are linked by an electronic health records and clinical management system in WITS, the psychiatric hospitals have the VistA system, and the substance abuse providers are entering significant client assessment data into WITS.

The next step is to integrate all of this data through a data warehouse. This is the basis for the first Decision Unit I am presenting in relation to Substance Abuse Treatment & Prevention

If you would please turn to p. 106 in the LBB, you will see a section that is entitled “**20. Data Warehouse Programming.**”

The Substance Use Disorder program can receive federal funds for the submission of complete and accurate National Outcomes Data. To qualify, the Division of Behavioral Health submits data to the federal contractor responsible for data submission. If the data meets certain accuracy measures, the federal Substance Abuse and Mental Health Administration, or SAMHSA, awards the program up to \$75,000 every six months.

After substantial work by the Division, Department IT staff and the Division’s management services contractor, the Division was able to submit data that qualified for these funds for the first time in SFY 10. The Division requests on-going spending authority in Operating Funds for \$150,000 in federal funds to help finance the development of a data warehouse for Division of Behavioral Health data.

The warehouse is intended to receive and integrate data from the new WITS systems developed for the Bureau of Substance Use Disorders and the Bureau of Mental Health (that I discussed earlier) and the new VistA system at the state psychiatric hospitals that I will be discussing shortly. The integrated data will provide more comprehensive information about Division clients and the services they receive, whether they are in substance abuse services, mental health services, psychiatric hospital services or all of them. The data warehouse will facilitate the coordination of services, promote efficiencies, and provide management information for quality improvement.

This project also lays the foundation for future integration of other relevant data bases from both inside and outside the Department. I hope you will approve this federal spending authority. This project is vital

to make effective use of program data and, without this funding, the data warehouse project will be significantly delayed.

SEOW

Finally, also on p. 106 of the LBB, there is a request entitled “**13. State Epidemiology Outcome Grant.**” This budget request is for continued spending authority of \$200,000 for the federal State Epidemiological Outcomes Workgroup or SEOW contract. This request also includes continued authority for 3 limited service FTEs that work on this contract. The contract is currently in the fifth year of a six-year contract period.

As part of the contract, the Department formed a work group of state agencies that are involved in preventing or treating substance abuse and addiction. The workgroup sets the contract’s investigational priorities and now functions as a part of the Interagency Committee on Substance Abuse.

The basic purpose of the group is to develop information about drug consumption patterns in Idaho, prevalence, differences by age, race and gender, consequences of use, and national and state comparisons.

Your approval of continued authority to participate in this federal contract will allow continued research on substance abuse and consequences in Idaho. Again, the request is for continued authority to spend federal contract funds. There is no impact on General Funds.



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Joint Finance-Appropriations Committee

**Division of Behavioral Health
Substance Abuse Treatment &
Prevention**

**Kathleen Allyn
Administrator**

January 20, 2010



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QUESTIONS?