

IDAHO DEPARTMENT OF HEALTH & WELFARE ■ REGION II  
*Regional Advisory Committee on Substance Abuse*

MAY 6, 2009 ■ 9:00AM – NOON ■ 3<sup>RD</sup> FLOOR CONFERENCE ROOM ■ LEWISTON STATE OFFICE BUILDING

MINUTES

**ATTENDEES:**

Neil Williams, Darrel Kipp, Charlie Spencer, Gary Grothe, Debbie Winchester, Dean Allen, Beverly Fowler, Dennis Gray, Christine Winter, Dana Boyd, Barbara Wityczak, Vicki Malone, Melinda Sonnen, Tanya McElfresh, and Cary Dingman.

**DEPARTMENT OF HEALTH & WELFARE UPDATE:**

**Regional Director Reorganization:**

Tanya McElfresh reported that, effective June 12, 2009, the DHW Regional Director positions throughout the state will be hubbed, which means:

- Tanya will become the Regions 1 & 2 (North Hub) Director as well as the State Tribal Liaison
- Ross Mason will become the Regions 3 & 4 Director and will oversee the ISSH SW Campus Integration
- John Hathaway will become the Regions 5, 6 & 7 Director and a Legislative Affairs Liaison
- Under this new structure, the CRDS positions will be housed under the Division of Behavioral Health and managed, not by the local BH Program Manager, but by a newly created Behavioral Health QA position in Boise. It appears that the two regional CRDS positions that are currently vacant will be filled in the near future.

**WELCOME AND CHAIR REPORT:**

**IDAPAA Substance Use Disorder Rule Changes:**

Pharis Stanger and Sherry Johnson from DHW Central Office were on the phone to listen to the dialogue, suggestions and changes by Region 2 RAC attendees. Copies of the IDAPAA temporary rule changes were emailed out to RAC members prior to the meeting. Comments and suggestions included:

- Bev Fowler with ChangePoint indicated that it is becoming increasingly difficult to attract good/qualified people to fill vacant positions. She has concern about the DD and MH provider reimbursement rates being different than that of SUDS provider reimbursement rates. She would like things to move to a place where DHW can actively help and provide needed support and technical assistance for providers; she feels that they have good advocates with BPA across the state and would like to see similar advocacy with DHW. Having LSI included in the assessment is overkill. If providers do have to do LSI, she would like to have training on how to integrate, feels that it's redundant with the assessments that are already required to administer.
  - Pharis indicated that LSI is a critical tool for criminal justice so it would likely need to remain. He also indicated that these IDAPAA rules are temporary and have been sent out for comment and they are going to the board on 5/21. They currently have no public meetings scheduled; they would go into effect on 7/1. They can still receive comments until they become permanent.
- Christine Winter with Susan Call's Case Management indicated that she didn't see anything in the temporary rules about the case manager trainee allowance, specifically that a case manager can oversee a trainee as they fulfill their 1,040 hours of treatment focused training. (Sherry indicated that it should be listed in the updated rules and that they would forward those out to the RAC in the near future.) Christine also mentioned that the required Case Management Training is causing significant problems for those providers who don't live in the Boise area. There is a significant need for more training to be offered in the

outlying regions, or that DHW should allow providers to hire and supervise those individuals prior to taking the Case Management training.

- Dana Boyd with Riverside Recovery thought that the TB testing change from “every year” to “every three years” was a step in the right direction. She would like to see it eventually go to “every five years”. The process is fairly cumbersome to get clinical supervisors. Dana thought there was some confusion regarding the definition of an adolescent. Some consider an adolescent 14-18 years of age; some all the way up to 21 years of age; Dana felt that an adolescent should start at age 12.
- Darrell Kipp with Nimiipuu Health mentioned that he would like to see minority status listed in the IDAPA Rules which would allow native certification. He indicated that many other states allow this.
- Dean Allen with BPA indicated that another issue might be the transportation units in locations we don't have bus and/or taxi service available; the new requirements would require that the transporter be licensed through SUDS, which could take 4-8 weeks.
- There was also mention of two organizations who submitted RSS Provider applications 6 months ago who are still awaiting approval.
  - Cary indicated that she has been working with Central Office to create an RSS Approval Checklist and that it is her understanding that the CRDS's in each region have been trained and have begun to assist providers with the application process in an attempt to make the process happen more quickly and efficiently. When the new Region 2 CRDS is hired, this will become their responsibility.
- There was also mention that Clinical Supervision will be another impediment – it has become an exercise in compliance; we need to look at how we can streamline locally; clinical supervision is essential, but we need some flexibility.
- Someone indicated that SUD is a specialized field and providers had to “jump through hoops” to be trained on the GAIN and now “kids” going to school at LCSC are being trained on the GAIN. Providers are frustrated with DHW's double standards (IE: different reimbursement rates for MH and SUD providers; rules changing overnight, etc.)
- Melinda indicated that she would forward all these comments in a letter and send to Boise
- The group would like to compare reimbursement rates, credentialing requirements, licensure and training requirements, etc. for MH and SUD providers.

[ACTION ⇒ Christine Winter to research DHW reimbursement rates and will forward to RAC members](#)

#### **Nominations of Region II RAC Vice-Chairman:**

Melinda reported that Duncan Leonhardy with Benchmark had to decline serving as our Region 2 Vice Chairman due to a Benchmark conflict. There was another nomination of Scott Douglass.

[ACTION ⇒ Melinda to ask Scott Douglass if he would be interested in serving as Region 2 RAC Vice Chair](#)

#### **BEHAVIORAL HEALTH UPDATE:**

- Vicki distributed Adult Mental Health program brochures which outlines the services offered in Region 2.
- Bethany reported that 90% of the Adolescent Treatment budget has already been spent for the year and it is likely that it will run out before the end of the year, mostly due to the costs of residential care. Adult Treatment budget is right where they feel it should be to last the remainder of the year.
- Weeks & Veitri reported that the adolescent population that they are treating has doubled in a very short period of time.
- Mental Health budget has not been set for the next fiscal year, but it isn't looking good. Vicki currently has a vacant position in Orofino and will have an Administrative Assistant position in Lewiston which will be vacant at the end of June, with no plans to fill at this time.
- Vicki has two staff people that are CDAC Certified for Co-Occurring; discussed what each of the different MH programs are and what they do. Vicki has staff in the Lewiston, Orofino, Moscow and Grangeville offices. They serve as a conduit to SHN/SHS for those who are a danger to self or others. They do assessments for commitment to the state hospitals. Recently hired Peer Support Specialists, persons who have mental illness who can serve as a mentor to clients.

## **NIMIIPUU HEALTH SERVICES REPORT:**

- Darrell indicated that they have a trainee position and a MH Director position currently available.
- He would still like to establish a distinction for minorities in IDAPA Rules as he feels that they are exclusionary and are almost discriminatory. He would also like to see a member of the tribe have voting rights on ICSA.
  - Charlie mentioned that ICSA is regulated by statute and mandates which organizations have voting rights. Maybe Darrell's concern could be added as an agenda item to one of the upcoming ICSA meetings. Charlie indicated that he felt that they would be best heard if all the tribes in Idaho to become a united voice; a united voice would have more leverage than one single voice / one single tribe.
  - Melinda indicated that she will forward Darrell's comments in her Region 2 RAC Chair report.
- Darrell continues to attend the RAC Meeting to keep updated on all the new SUDS rules and regulations – it's mostly for survival purposes.

## **BPA REPORT:**

- Dean reported that BPA would be hosting a reception on Tuesday night during the ICADD Conference in Boise from 4:30pm – 7:00pm at BSU.
- They will be holding regional training 1x per quarter in different parts of the state and are currently working on the ability of having webinar trainings for case management and other trainings to help reduce the need and expense of traveling to trainings.
- By July they should have a training schedule for the upcoming fiscal year.
- WITS/GAIN Interface will be web-based for providers
- Call volume has sky-rocketed after the first of the year; they have had mandatory over time on nights and weekends until two weeks ago and are currently caught up on call returns.
- Due to the high number of participation, they have had to restrict to the priority population.

## **SUBCOMMITTEE UPDATES:**

- Sherry and Paul submitted a written report as they were unable to attend the meeting. The Detox Committee met on 4/16; working on options for funding and development of grant partners; will be touring near-by detox facilities. Group requested that Sherry present their PPT slideshow at next RAC Meeting.

[ACTION ⇒ Cary to contact Sherry Greenup and ask her to present her Detox PPT Slideshow at July RAC Mtg](#)

## **OTHER BUSINESS:**

- Melinda mentioned that she would like to send a letter of support to the Region 1 RAC as they will be losing their "full time" regional director and would like to offer support and assistance during their transition.
- Charlie mentioned that he has concern that, with the new reorganization, that the level of support by the Regional Directors for ALL the RACs will likely be reduced significantly as all the new hubbed Regional Directors will not have the time and effort to put into it as they have in the past.
- Some of the providers indicated that they would rather not send a letter, that they would prefer less involvement by DHW in the RAC.
- There were comments about the dwindling participation at RAC meetings and some providers indicated that it's difficult to attend community meetings because if they aren't at work and doing the job they're paid to do, they're not getting paid.
- There was discussion about no longer having "SUBCOMMITTEES", but instead having "WORKGROUPS" who would work on specific tasks and projects. It's important to have individual voices, but the group voice is important, too. Current projects will include:
  - Prevention Presentation
  - Adolescent Wrap-Around Services

- National Recovery Month "Hands Across the Bridge" Event
- Debbie reported that New Bridges Church will provide transitional housing which will be available thanks in part to the federal stimulus funds beginning in September. There will be an on-site resident manager; YWCA will be the administering agency; no restriction with regard to substance abusers, former inmates, etc.
- Dean mentioned that Brad Bramlet might need a capacity study for his transitional housing unit. If so, they would need permission from the RAC to hold the study. The RAC approved the study and will send a letter of support.

ACTION ⇒ Melinda to write a letter to Pastor Brad Bramlet at New Bridges Church indicating the Region 2 support of a Capacity Study.

**NEXT RAC MEETING:**

July 1, 2009, 9:00am - Noon, 3<sup>rd</sup> Floor Conference Room, Lewiston State Office Building

*Minutes respectfully submitted by Cary Dingman on 5/13/09*