



IDAHO DEPARTMENT OF HEALTH & WELFARE

SUBSTANCE USE DISORDERS NEWSLETTER

January 2013

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Photo by Marj Sanderson

“Learn from yesterday, live for today, hope for tomorrow.”

Albert Einstein

A NEW START IN 2013

By Kathy Skippen

I am very glad to see 2012 end. Federal elected officials couldn't agree on anything; there was a divisive election; Hurricane Sandy brought tragedy to the eastern seaboard; and then the year ended in heartbreaking violence. It was a year that needed to end. 2013 has to be better.

The heartbreak of the Newtown, Conn., shootings brought renewed attention to behavioral health issues. Though lawmakers and citizens may fight over gun regulations, I hope all can agree we need more attention paid to behavioral health. The issues created when services are not available to those who need them are costly in both human terms as well as financial ones.

The costs to individuals, families and communities are incalculable. The cost of dealing with untreated behavioral health issues in our criminal justice system, however, can be calculated. Ask any county sheriff and he or she will be able to give you the average daily rate to hold someone in jail, and can probably also tell you what percentage of their inmates are there because of substance use and/or mental health issues. Certainly, the Idaho Department of Correction can do the same.

Clearly however, by the time citizens are arrested and incarcerated, we have missed an opportunity to intercede when it would be most helpful to both the individual and to society as a whole. When details came out about the young man who was the shooter in Newtown, it was personally painful.

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As young acquaintances described him, one could picture the isolation he was experiencing. We will never know what the outcome might have been if his experience could have been different.

In this newsletter I have talked about moving toward developing recovery-oriented systems of care for our communities. And though I have talked in terms of supporting those in recovery, 2012 has shown me we need to do our best to create communities that are willing to look at themselves in an unflinching manner to really evaluate what is needed by all of their members. It is clear we can't afford, in financial or human terms, to remain blind to the human pain and community issues that surround us. We must be willing as individuals to address our own fears of involvement, speak up and participate. If we see a mother and son struggling, regardless of their financial status, we need to have the forethought and courage to reach out to them. As communities we must be willing to invest in developing the relationships among organizations to build safety nets for those who need them. And government, whether local, state or federal, must partner with all involved to make available the services individuals, families and communities can't provide on their own.



In this vein, the Division of Behavioral Health has been awarded a Transformation Transfer Initiative Grant from the National Association of State Mental Health Program Directors. The grant will fund the training of substance use disorder recovery coaches as well as training trainers, for sustainability of the program. It will fund training for regional representatives in action plan identification, planning and implementation. There will also be an effort to develop a Behavioral Health Recovery Toolkit that includes a focus on trauma. Finally, we will hire two half-time peer specialists to assist in the operations of the program. Our goal in this effort is to be a good partner to the communities in our state.

We must all work on these issues together, as I don't think any of us want another year ending like 2012. I am so sorry Newtown had to suffer such unexplainable pain. What I hope is that communities everywhere can use their experience to move toward a more supportive place for all.

IDAHO'S MENTAL HEALTH IS ALL OUR RESPONSIBILITY

IDHW Division of Behavioral Health Administrator Ross Edmunds wrote the following op-ed article for Idaho newspapers.

In media coverage of the horrific tragedy at Sandy Hook Elementary School in Newtown, Conn., I heard repeatedly, "Somebody has to do something." As the Idaho Department of Health and Welfare's Administrator in charge of the state mental health system, and more importantly as the father of three young children who attend a public elementary school, I believe we all can do something.

Given effective care, a person with mental illness is no more likely to be violent than anybody else.

Mental illness is a chronic disease, like diabetes and asthma. There is not a cure, but it can be treated and managed. I believe that hope can be as powerful as treatment. Hope that they will find help. Hope that someone will show them compassion. Hope that they can be a part of a community rather than just a spectator.

Any one of us can help create that hope. If we all take the responsibility to reach out to a neighbor, a friend, a family member, or a co-worker that we see struggling, we can be a part of the solution. Showing we care and asking, “Are you okay?” and teaching our children to do the same, can have immeasurable impact. We can all watch for the warning signs.

Mental illness can cause a person to have disorganized thoughts and difficulty differentiating what is real from what isn't. People with mental illness often struggle to find purpose in life and cannot see where they fit into their communities. A person with mental illness is much more likely to hurt themselves than someone else, which is also tragic.



The more we allow individuals with mental illness to live in the shadows, be ignored, and go without treatment, the greater the chance they will view themselves as outsiders. Any person disregarded to a great extent can be unpredictable, whether they have mental illness or not.

The mental health laws in Idaho and nationally are built around the premise of self-determination. The exception to this is when a person with mental illness is at imminent risk of life-threatening harm to themselves or someone else, or is disabled to the point of not being able to meet their own physical health and safety needs. This is a legal process that requires a judge to effectively order them into treatment. However, individuals can access care voluntarily and services are available to meet the needs of Idaho's citizens. If you know or see someone that needs help, please don't assume someone else will assist them. Together, if we accept the responsibility for the mental health of our communities, we can have an impact and hopefully prevent tragedy in Idaho.

Please call the 2-1-1 Idaho CareLine or visit www.211.idaho.gov to get more information or to ask for help. If you need to talk to someone because you feel unsafe, call the Idaho Suicide Prevention Hotline at 1-800-273-TALK (8255).

A NEW FACE IN BEHAVIORAL HEALTH: ROSIE ANDUEZA

By Rosie Andueza

As the new Operations Program Manager in Behavioral Health, I would like to take this opportunity to introduce myself.

While I am new to this division, I have been with the Idaho Department of Health and Welfare since 1998. My most recent assignment was that of Program Manager for Idaho's SNAP (Food Stamps) and TANF (cash assistance for low income families) programs. Prior to serving in this role, I served in many different capacities: Eligibility Examiner, Supervisor, Contracts and External Resources, and Management (both at the programmatic and operational levels).

I am a graduate of the University of Oregon (go Ducks!) and the Idaho Certified Public Manager's program. I have two wonderful kids who occupy my free time. I also take pleasure in reading, the outdoors and just enjoying life, one day at a time.

I am very excited about my new role in substance use and mental health. I am very passionate about these issues and feel that by working together, we can build a more comprehensive and accessible system to assist individuals struggling with these behavioral health issues.



THE FUTURE OF WITS

By Denise Williams

The Department continues to receive questions about the future of WITS and the impact on the provider network. Recently, all providers were notified that Idaho is in the process of implementing the Web



Infrastructure for Treatment Services (WITS) System for the SUD Services Delivery System. These changes are necessitated by federal health care reform requiring electronic health records to be associated with all billing for Medicaid and Medicare services by 2014, and by State legacy systems that are antiquated and lack integration among internal systems, adversely affecting the ability to meet business needs, health information technology needs, and goals. WITS will provide an electronic patient data system for Idaho's provider network at no cost to providers and meet the federal electronic health care record requirements. WITS also provides a means to collect and report Treatment Episode Data Set (TEDS) and National Outcome Measures (NOMS) required by the federal government for substance abuse populations tied to federal funding.

In July of 2013, all providers will be required to utilize WITS for billing. From a technical perspective, billing in WITS is linked to a client record so providers will need to complete a progress note and additional data elements to be able to complete a billing record in WITS. Effectively, this means providers will have to use

WITS as an electronic health record to bill for services. To meet this objective, training for all SUD providers is planned for Spring 2013, with full implementation by July 1, 2013. Training for the managed service contractor will also be provided in the summer of 2013.

NEW PILOTS

The Department is preparing to start a new WITS pilot this month with a standalone recovery support service provider utilizing WITS for case management. These pilots enable the Department to determine needs and enhancements that will be required by other recovery support service providers and case managers in the provider agencies. The Department will continue to keep you apprised of the progress of these pilots as WITS moves forward in Idaho.

Please continue to direct questions to the WITS Help Desk at 208.332.7316 or dbhwitshd@dhw.idaho.gov.

IDAHO TOBACCO PROJECT MARKS SUCCESSFUL YEAR

By Terry Pappin

It was a very successful year for the partnership between the Idaho Tobacco Project and tobacco retailers. In 2012, for the second year, Idaho's retailer compliance rate exceeded 93%.

This is an important component in a comprehensive tobacco prevention system. By delaying the age of first tobacco use from under age 15 to over age 17, the likelihood that individuals will escalate to illicit drug use drops from over 50% to less than 25%.



THE ROLE OF THE HEALTHCARE SETTING IS EXPANDING. ARE YOU READY?

William Hazle, M.D., FASAM, Medical Director

Sandy Colling, GBA, PHR, Director of Public Sector Accounts

Business Psychology Associates

According to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA), one out of five American adults suffers from a mental illness and 68% of patients with Serious Mental Illness (SMI) have at least one co-occurring medical condition or Substance Use Disorder (SUD). Healthcare reforms have potential for improving care to this population but also put pressure on healthcare providers to manage complex populations with a higher quality of care but at lower costs. Many patients treated for substance use disorder (SUD) do not achieve lasting recovery from a single episode of treatment and require continuing care. In a randomized study of SUD participants by the Center for Health Care Evaluation (CHCE), the analyses indicated significant benefit of telephone case monitoring at three-months follow-up for both psychiatric symptom outcomes and percent days abstinent for drugs and alcohol. Further study is needed to see lasting results.



Telehealth provides a new method of healthcare delivery that could improve care and can support healthcare providers in treating patients with SMI and physical conditions as well as substance use disorders. Patients benefit from daily reinforcement of their treatment plan and from knowing they are connected to their care team. Providers are able to monitor and quickly identify when patients are in need of assistance.

It is no secret that in Idaho it's tough to access psychiatrists and other specialists. IDHW and BPA are working closely on problem solving and will be providing information in future issues of this newsletter or announcements on how you can utilize telehealth technology in your practice for SUD clients.

A major concern that has already surfaced is the problem of HIPAA HITECH regulations and compliance. Browse the Behavioral Health Innovation Comparisons website (www.telementalhealthcomparisons.com) and see the different vendors and technologies they have to offer.

Some basic questions that should always be asked are:

- Does the agency/company say they are HIPAA compliant?
- Do they have a Business Agreement that states they will provide a service that meets HIPAA and HITECH Regulations?
- How will the company notify the provider or patient that there has been a breach in the security of the system?

In addition, the Department of Health & Welfare and some critical access hospitals have an established telemedicine network and are identified on the following websites. You may consider partnering with them to utilize their technology. Below are some resources:

- **Idaho Department of Health & Welfare Telemedicine Network** — Contact your local Community Resource Development Specialist.

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- **The Northwest Regional Telehealth Resource Center** — The NRTRC provides technical assistance in developing telehealth networks and applications to serve rural and underserved communities. The NRTRC leverages the collective expertise of 33 telehealth networks in Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming to share information and resources and develop new telehealth programs. Their web site includes some video clips about telemedicine.
Web: www.nrtrc.org and www.nrtrc.org/new-to-telehealth
- **Cooperative Telehealth Network** — The Hospital Cooperative is a network of not-for-profit hospitals in southeastern Idaho and western Wyoming. Since 1994, they have provided benefits to members through shared resources, services, and information. They help member facilities by providing educational and networking opportunities, assistance with grant development, and negotiating group purchasing agreements. With support from public and private sources, the Cooperative Telehealth Network operates to deliver educational and clinical services to rural areas using state-of-the-art telenetworking technologies.
Web: www.hospitalcooperative.org
- **North Idaho Rural Health Consortium TeleHealth Network** — NIRHC TeleHealth Network has provided educational and administrative meeting time to share resources and experience.
Web: www.nrtrc.org/about/network-profiles/nirhc/?phpMyAdmin=vichiftijGJeWiYFL-nEUkhi1o9
- **Idaho Institute of Rural Health** — Their vision is to provide programs to increase access to healthcare; enhance quality of care and health outcomes; improve the professional quality of life for providers; and seek to close the gap in health disparities— particularly among rural populations— by enhancing access to technology, endorsing a diversity of ideas, and encouraging cultural competency.
Web: www.isu.edu/irh/resources/telehealth.shtml
- **Saint Alphonsus Outreach Program** — At the Outpatient Telepsychiatry Clinic, psychiatrists act as consultants and work in conjunction with the primary care providers at partnering facilities. The program was designed to improve access to psychiatric services. The clinic utilizes Remote Presence technology and/or videoconferencing technology. Partnering hospitals include Clearwater Valley, St. Mary's, Sringa General, Fruitland Health Plaza, Cascade Medical, Walter Knox Memorial, Eagle Health Plaza, West Valley Medical Center and Saint Alphonsus Medical Centers.
Web: www.saintalphonsus.org/Outreach/outreach.aspx

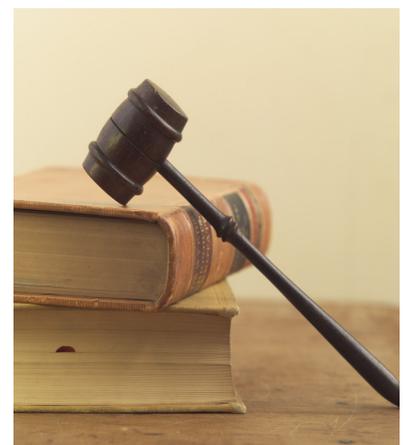
IDAPA RULE RE-WRITE

By Treena Clark

Proposed changes to IDAPA were approved by the Board of Health and Welfare on November 8, 2012 with one amendment. The Board requested the following change be made to IDAPA 16.07.20:

Section 218.01.k—Remove requirement for a Certificate of Proficiency for a “Psychologist” or a “Psychologist Extender”.

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The complete dockets of proposed changes were published in the September 5, 2012, Idaho Administrative Bulletin and are available on the Idaho Department of Administration website at:

adminrules.idaho.gov/bulletin/index.html

The Dockets with the proposed changes will now be presented to the 2013 Legislature for adoption as a Final Rule (date and time TBD). If approved, the new rules will take effect July 1, 2013.

Please check the Department's website for information from the public hearing held in September and DUI Evaluator Chapter Repeat FAQ: healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/tabid/105/Default.aspx

TIPS ON EDITING THE GAIN-I CORE RECOMMENDATION AND REFERRAL SUMMARY (GRRS)

By John Kirsch

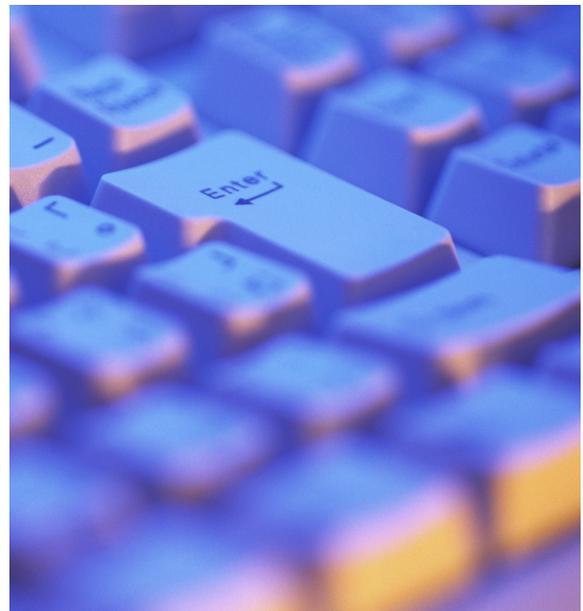
On October 1, 2012, the Behavioral Health Interagency Cooperative (BHIC) approved the GAIN-I Core as the default standard assessment for all state-funded treatment. They also agreed to allow the use of other GAIN assessment tools in certain situations.

The GAIN-I Core predates the development of the longer GAIN I Full. The Core, like the longer Full, is a standardized clinical assessment for diagnosis, placement, and treatment planning. The tool has sections covering background, substance use, physical health, risk behaviors and disease prevention, mental and emotional health, environment and living situation, legal, and vocational.

While the unedited Gain Recommendation and Referral Summary (GRRS) format of the Core and the Full are identical, the Core GRRS includes Missing Data cues that are not found in the GAIN-I Full GRRS report.

Chestnut Health Systems recommends the following procedures when editing the missing data cues in the GRRS generated by the Gain-I Core:

- Clinicians should use their experience and clinical judgment to determine whether or not it is important to capture the missing information.
- On a case-by-case basis, the clinician should consider the relevance of the missing information to each client's situation.
- If it is decided that additional information should be collected outside of the assessment, then it is recommended the clinician make a note in the client's file and add the information into the GRRS.
- If it is decided that the missing information is not crucial to collect for treatment planning then the prompt or paragraph can be removed from the GRRS report.
- The intake clinician who conducts the assessment can also add a recommendation within the GRRS for the treatment clinician to follow-up and collect specific information at a later date. This could be done by adding a note within the GRRS under the "Prompt" section(s) which would allow treatment staff to be quickly and easily notified of any area(s) in the client's situation that need further assessment for treatment planning.





MEET THE PROVIDER: BEVERLY FOWLER, EXECUTIVE DIRECTOR OF CHANGEPOINT

By Jon Meyer

The bonds that develop between clients of ChangePoint’s two treatment centers in Lewiston and in Orofino still amaze Executive Director Beverly Fowler.

Clients do more than just hold each other accountable at ChangePoint. They have work parties to help one another with things like moving, painting, or yard work. They help each other with rides to meetings, groups, and other appointments. Clients participate in activities like an annual skydiving trip, group barbecues, sober softball team, and sober bowling teams, as well as campouts and other activities with the AA community. After graduating, they’ll come back to have coffee with current clients and share their accomplishments and stories.

“That’s the most rewarding thing,” Fowler said. “These guys come in to show us their new babies; they show us their college report cards or share that they’ve received a promotion at work. We’ve become more like their family than their treatment center.”

Fowler describes ChangePoint, which she opened with Dennis Gray in Lewiston in 2006 and expanded in recent years with an Orofino location, as “small, but very focused.” They offer intensive outpatient and outpatient services, as well as drug testing and case management.

In 2008, ChangePoint, the first state-licensed faith-based substance use disorder treatment center in Idaho, received the Honor of Hope award from the White House.

In her role, Fowler finds it extremely fulfilling to see clients find the potential in themselves, and discover who they really are through developing a recovery-based lifestyle.

Fowler completed her graduate work in counseling psychology at Lewis & Clark College in Portland after receiving a bachelor’s degree in social science from the Vancouver, WA branch of Washington State University.

After completing her graduate studies, Fowler worked at the Portland VA Medical Center in the inpatient treatment unit, and for an Oregon psychiatric hospital. She also worked for Multnomah County, OR, overseeing 14 sites that provided drug and alcohol treatment services, before coming to Idaho in 2002.

At ChangePoint, Fowler emphasizes their focus on linking clients by recovery community involvement, which helps clients establish a long-term support structure.

“Our people hold each other so accountable,” Fowler said, “They’ll call each other out on risky thinking or behaviors even if it goes against the street code that most of them have lived by much of their lives. Once that process is established, we just have to sit back and let them do the work. It’s wonderful.”

LOOK FOR THIS NEW FEATURE IN EVERY QUARTERLY NEWSLETTER

In each SUD newsletter, we will feature a different treatment provider in an effort to showcase the good things happening in each of our regions. Look for “Meet the Provider” again next quarter.

Regional Resources

www.mentalhealth.idaho.gov

Region 1

www.rac1.dhw.idaho.gov

Community Resource Development Specialist

Corinne Johnson 208.665.8817

Region 2

www.rac2.dhw.idaho.gov

Community Resource Development Specialist

Darrell Keim 208.882.6932

Region 3

www.rac3.dhw.idaho.gov

Community Resource Development Specialist

Joy Husmann 208.455.7108

Region 7

www.rac7.dhw.idaho.gov

Community Resource Development Specialist

Brenda Price 208.234.7929 or 208.705.9145

Region 4

www.rac4.dhw.idaho.gov

Community Resource Development Specialist

Laura Thomas 208.334.6866

Region 5

www.rac5.dhw.idaho.gov

Community Resource Development Specialist

Beth Cothorn 208.732.1582

Region 6

www.rac6.dhw.idaho.gov

Community Resource Development Specialist

Brenda Price 208.234.7929 or 208.705.9145

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