

State Behavioral Health Planning Council

FY2016 Report to the Governor, State Legislature, and Judiciary



*Supporting behavioral health systems that are coordinated,
efficient, accountable, and focused on recovery.*

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INTRODUCTION

The Council would like to express our gratitude for the supportive actions of the Governor and the Legislature regarding the state's behavioral health system this past year. We appreciate the passage of legislation developing an Office of Suicide Prevention, funds for two (2) additional crisis centers, funding support for establishing four (4) additional community recovery centers, and support for the Jeff D. agreement by funding respite services and the Child and Adolescent Needs and Strengths (CANS) tool.

Actions such as these do not go unnoticed by advocates and we are grateful for your support in the continued improvement of Idaho's behavioral health system.

Idaho Behavioral Health Planning Council

The Idaho Behavioral Health Planning Council (BHPC) was established through the passage of Senate Bill 1224 in 2014. This bill amended Idaho Code 39-3125, see Appendix One (1), and replaced the previous "Idaho State Planning Council on Mental Health" with the "State Behavioral Health Planning Council." It also expanded the focus of the newly established council to include both mental health and substance use disorder issues. The Behavioral Health Planning Council was formally established as a new body on July 1, 2014.

As defined in both state and federal law, the purpose of the Council is to:

- Serve as an advocate for children and adults with behavioral health disorders.
- Advise the state behavioral health authority on issues of concern, on policies and programs, and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan.
- Monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis, as well as the effectiveness of state laws that address behavioral health services.
- Ensure that individuals with behavioral health disorders have access to prevention, treatment, and rehabilitation services.
- Serve as a vehicle for policy and program development.
- Present to the Governor, the Judiciary, and the Legislature by June 30 of each year a report on the Council's activities and an evaluation of the current effec-

tiveness of the behavioral health services provided directly or indirectly by the State to adults and children.

- Establish readiness and performance criteria for the Regional Behavioral Health Boards (BHB) to accept and maintain responsibility for family support and recovery support services.

In early 2014, the Planning Council began reorganizing its membership to cover the full-spectrum of mental health and substance use disorder services. This includes members from state agencies, private service providers and prevention programs, as well as consumers, family members, and others representing the diversity of Idaho citizens. This unique cross-section of individuals make up the Idaho Behavioral Health Planning Council (BHPC). A complete list of the membership is found in Appendix Two (2).

The diversity of the membership creates a broad knowledge base for the BHPC which allows us to work with and support many aspects of the behavioral health system. The bulk of the work done by the BHPC is completed by its workgroups. The BHPC workgroups include:

- Children's Mental Health,
- Crisis Centers and Recovery Centers,
- Prevention, Education and Legislation, and
- Regional Behavioral Health Board Support.

These workgroups are working on several projects including respite education, naloxone training, and supporting the regional Behavioral Health Boards (BHBs) during their transition to stand-alone boards.

The BHPC looks forward to continued active participation in the improvement of Idaho's Behavioral Health System. The membership is eager to partner with all of the system's stakeholders by sharing our knowledge, expertise, and lived experience in order to improve the lives of all Idahoans.

Regional Behavioral Health Boards

The Regional BHBs are a critical component to Idaho's transformed Behavioral Health System. The BHPC continues to support and encourage effective communication between the BHPC and each of the BHBs. Below are brief updates about the activities of each of the BHBs from the past fiscal year.

Region 1 Behavioral Health Board

The Region 1 BHB partnered with the Panhandle Health District and was approved by the BHPC as a stand-alone board in September 2015. During the course of the past year, the Board supported the opening of the Crisis Center for North Idaho in Coeur d'Alene, partnered with community organizations to provide Trauma Informed Care trainings to over 700 providers, and helped fund the regional Crisis Intervention Training for law enforcement personnel. They look forward to continued partnerships within the community as they work with local organizations to support the opening of the Kootenai Recovery Community Center in their region.

Region 2 Behavioral Health Board

In early 2016, the Region 2 BHB partnered with the North Central District Public Health. Highlights of the past year for Region 2 include the opening of the Latah County Recovery Center, successful Crisis Intervention Training for law enforcement personnel from across the region, and Youth Mental Health First Aid trainings conducted in several communities. The board is grateful for community partnerships that continue to support the future opening of the Nez Perce County Recovery Center in Lewiston later this year. They continue to advocate for increased use of Telehealth services, as well as a crisis center for Region 2.

Region 3 Behavioral Health Board

In the past year, the Region 3 BHB partnered with the Southwest District Health. The Board is also actively working with the Southwest District Health Statewide Health Innovation Plan (SHIP) Manager to create Patient Centered Medical Homes. The Board created Provider and Children's Mental Health subcommittees and their members are actively working with the Region 3 BHB Executive Board to address the needs and gaps in the region. More recently, the Board put together a Crisis Center subcommittee to

work collaboratively with community organizations to support placement of the next crisis center in Region 3. The Region 3 BHB sponsored scholarships to the Idaho Conference on Alcohol and Drug Dependency conference, supported Crisis Intervention Team trainings, participated in the Children's Mental Health Awareness Week poster contest, supported a golf program for youth in the juvenile justice system, and promoted Recovery Day.

Region 4 Behavioral Health Board

The Region 4 BHB partnered with the Central District Health Department to serve the behavioral health needs of Ada, Boise, Elmore and Valley counties. The board made great strides in its organization and houses three (3) active committees including a Wellness and Recovery Committee, Youth Behavioral Health Committee, and Provider Committee. With representation by a diverse group of skilled individuals, the board plans to implement a comprehensive data collection process that will determine ways in which the region's needs and gaps can be addressed. This is a motivated board that plans to actively seek grants and affect positive change for Region 4 consumers of behavioral health services.

Region 5 Behavioral Health Board

Over the past year, the Region 5 BHB filled all of its board positions and completed a board orientation process. They also supported mental health awareness activities in the Twin Falls, Wood River Valley, and Mini Cassia areas. A strong working relationship has been established with South Central Public Health. The Region 5 BHB looks forward to being able to support and partner with a new behavioral health crisis center in their region during the next year.

Region 6 Behavioral Health Board

The Region 6 BHB continues to move toward supporting recovery in their region by educating the public about mental health issues and encouraging communication between service and support providers within their region. Their children's mental health (CMH) subcommittee is reaching out to local school districts through a newsletter. Behavioral health board members seek to educate legislators and other government officials on behavioral health issues within the state and the region. The Region 6 BHB seeks

greater connections between all providers of behavioral health services and a reduction of silos in order to increase support for those in recovery.

Region 7 Behavioral Health Board

In September 2015, the Region 7 BHB, through a contract from Idaho Department of Health and Welfare's (IDHW), Division of Behavioral Health (DBH), partnered with Eastern Idaho Public Health (EIPH) for the provision of administrative and support services to the board. This partnership is working well. In December, a grant of nearly \$15,000 from the Blue Cross Foundation for Health was awarded to the Region 7 BHB/EIPH for a regional community engagement project focusing on children's mental health issues, allowing the board to facilitate education to individuals throughout the region and connect them with resources to assist children with mental health needs. This outreach occurred in Clark, Bonneville, and Teton Counties, with events scheduled in Lemhi, Bingham, and Butte Counties in the coming months. The Region 7 BHB is also excited about the funding awarded to support the recovery center (Center for HOPE) in Eastern Idaho and continues to work to support its efforts to serve as a resource to individuals with mental health or substance use issues in Eastern Idaho.

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SUCSESSES DURING 2015-2016

Crisis Centers

In 2014, the Idaho Legislature awarded funding for one crisis center to be located in Idaho Falls. The following year, additional funding was awarded and a crisis center opened in Coeur d'Alene. During the 2016 session, the legislature awarded funding for two additional centers, one in Twin Falls and the other in Boise. While the most recent additions are still in the planning/implementation phase and the doors have not yet opened, the original centers have provided crisis services for hundreds of Idahoans, helping them avoid incarceration or a visit to the emergency department. These diversions have helped individuals through moments of crisis, preserving their dignity, and have saved Idahoans significant tax dollars in circumvented legal and medical costs.

The chart below represents the number of people served in the crisis centers. These figures represent an unduplicated count.

	Idaho Falls	Coeur d'Alene*	Combined
Dec 1, 2014-June 30, 2015	377		377
July 1, 2015-April 30, 2016	506	307	873
Unique clients (unduplicated)	873	307	

*The Coeur d'Alene center did not open until December, 2015.

Recovery Centers

Four (4) recovery centers were funded with Millennium Funding during the 2015 session. Those centers, located in Moscow, Emmett, Caldwell, and Boise, opened in 2015 and continue to serve individuals seeking recovery. These centers operate on a shoestring budget, heavily utilizing volunteers to provide day-to-day services. The centers all received additional financial support during the 2016 session (again, Millennium fund-

ing) and each center is actively pursuing alternative sustainable funding. Also during this session, Millennium Funding was granted for four (4) new centers:

- Coeur d'Alene,
- Lewiston,
- Pocatello and
- Idaho Falls.

All four communities are working hard to open their doors during 2016.

Respite Funding

The 2016 Legislature demonstrated its support of the Jeff D. settlement agreement by increasing the respite budget for CMH to almost \$1 million. Respite is defined in Idaho Administrative Procedures Act (IDAPA) 16.07.37 Children's Mental Health Services as "time-limited care provided to children" during "circumstances which require short term, temporary care of a child by a caregiver different from his usual caregiver. The duration of an episode of respite care ranges from one (1) partial day up to fourteen (14) consecutive days."

During the process of writing the Jeff D. agreement and implementation plan it was noted that current respite services are not adequate for families of children with serious emotional disturbance (SED). This additional funding provides opportunities for changes to be made to the current respite model that will allow respite services to be accessible and effective for all families of children with SED in Idaho.

Office of Suicide Prevention

Thanks to the 2015 and 2016 Legislatures and the Governor, suicide prevention in Idaho received a boost in funding and awareness. The 2015 Legislature tasked the Health Quality Planning Commission (HQPC), headed by Dr. Robert Polk, with finding a way to reduce the state's suicide rates. After inviting commentary from various prevention groups and reviewing efforts nationwide, the HQPC asked for, and received, an appropriation of nearly \$1 million. This appropriation will:

- Fund 60% of the Idaho Suicide Prevention Hotline (ISPH),
- Create the Office of Suicide Prevention in the IDHW, Division of Public Health,

- Provide suicide prevention training for middle and high schools, and
- Produce suicide prevention awareness campaigns.

Naloxone Education

During the 2015 legislative session, a law passed that increases the accessibility of opioid antagonist medications that literally reverses overdoses caused by opiates. It is not often we can point to a policy and say with certainty that it will save lives, but that is exactly what this new law will do. This year, the Office of Drug Policy (ODP) and Idaho's Prescription Drug Workgroup worked diligently to educate prescribers, pharmacists, and the public about the new law through trainings, newsletters, on-line videos, print materials and the media. Discussions were also held with law enforcement agencies and schools regarding Naloxone programs and how they may be incorporated into and benefit these types of organizations. These education and awareness efforts will continue throughout the next year.

Children's Mental Health Reform Project (CMHR)

On May 17, 2016, the United States District Court of Idaho approved the Jeff D. Implementation Plan. The approval of the Implementation Plan was the first step in the Jeff D. Settlement Agreement that was approved by the court in June 2015. The plan, which is the foundation for Idaho's CMHR Project, outlines the steps that will be taken to improve access to mental health services for approximately 9,000 children with SED in Idaho. Some of the highlights of the plan include:

- a Child and Family Team approach to treatment planning (a process which increases parent and child voice,
- improving communication between all professionals involved in the child's treatment),
- new services designed to provide a complete spectrum of community-based treatment for children and families,
- increased parent and youth involvement in system design and improvement, and
- new strengths-based assessment process.

At the system-level, the plan creates cross-system partnerships that will develop a new infrastructure for communication and collaboration on children's mental health cases.

This will allow all of the systems which touch a child to operate in-sync in order to facilitate and coordinate ongoing services and supports for as long as the child and family need them. The results will be a system that more efficiently uses state dollars while more effectively serving children and families.

CHILDREN'S MENTAL HEALTH

Prevention

Training and Education

Many of the Regional BHBs across Idaho supported educational and training opportunities on various children's mental health topics during the past fiscal year. Some of these trainings included Youth Mental Health First Aid, Trauma-Informed Care, and educational programs using a unique format to bring regional experts on a variety of CMH topics into rural communities. The Idaho Federation of Families (IFOFF) for CMH continues to host monthly webinars on topics related to CMH that are available for parents and professionals to view from their home or office.

Respite Funding

The additional funding for respite that was approved during the 2016 Legislative Session will allow regions to provide more comprehensive and family-driven respite services. Previously respite services were only available to families whose child had an open case with CMH. Recent changes made to the respite process, as well as the additional funding provided by the legislature, will allow any child with a SED to access funding for respite services. Removing this barrier and increasing access to these services is a huge support for Idaho families.

Idaho Lives

The Idaho Lives Project (ILP) is a program of the Idaho State Department of Education and Suicide Prevention Action Network of Idaho (commonly known as SPAN Idaho), funded from a three-year Substance Abuse and Mental Health Services Administration (SAMHSA) Garrett Lee Smith (GLS) grant. Over three years the project trained 38 secondary schools with Sources of Strength, the only peer-based best-practice program proven to reduce all types of risky behaviors over the lifespan, including suicidal behavior. Sources are listed on SAMHSA's National Registry of Evidence-based Programs and Practices. Another portion of the program addressed clinical training in Assessing and Managing Suicide Risk as most university programs and licensing boards do not require mental or medical professionals to have any suicide-specific training. The trainer, Dr. David Rudd, well known for his work nationally with the military, provided training to over 1,600 Idaho providers. In addition to these two (2) programs, the ILP trained juvenile justice centers in awareness and intervening with suicidal juveniles. This project

will continue for the next few years in a reduced capacity to train secondary schools with Sources of Strength.

Idaho Youth M.O.V.E. (Motivating Others through Voices of Experience)

Idaho Youth M.O.V.E. is a state-wide group of diverse, motivated youth who wish to make a positive change in their communities. They advocate for youth rights and are the voice for mental health and the need for services in the systems where they serve. They work towards empowering youth to be equal partners to enact change. Idaho Youth M.O.V.E. has grown and now has chapters in Boise, Pocatello, Gooding, and Nampa as of 2016, with plans to establish groups in Northern Idaho in the upcoming summer. The groups help develop leadership, advocacy, pro-social behavior, and community.

Intervention

Child and Adolescent Needs and Strengths (CANS)

As part of the Jeff D. Implementation plan, Idaho will utilize a new tool in the assessment for children with a SED. The CANS is a communication tool that is used by various child-serving systems in all 50 states. It is designed to support decision-making in the child's treatment plan, as well as assist in quality improvement measures for the system. Idaho will implement an electronic version of the CANS that can be utilized across child-serving systems. While full implementation of the CANS tool will not occur until 2018, training of clinicians and creation of the digital platform are already beginning.

Trauma-Informed Efforts in Foster Care

Over the past several years, the DHW has been focused on enhancing their practice in assessing and treating trauma. Through the Title IV-E Child Welfare Waiver Demonstration project, they have implemented research-based programs and strategies to serve children, youth, and families involved in the child welfare system. These efforts will assist the program in improving overall well-being, reduce length of time in care, increase placement stability, achieve more timely permanency, and reduce congregate care for children and families served. These researched-based programs include the implementation of the Nurturing Parent Program and the CANS tool, and the expansion of Family Group Decision Making that includes fidelity measures.

Idaho Department of Juvenile Corrections

In the past twenty years, there have been significant steps to strengthen collaboration and coordination in Idaho's juvenile justice system under Idaho's Juvenile Corrections Act. The success of this collaboration is most apparent in the numbers we have seen. As the 10– to 17-year-old population increases, there has been a decline in arrests, bookings, and commitments to state custody. This is tangible evidence of the ongoing efforts to take a strong developmental approach to juvenile justice through increased understanding of adolescent development and building services in communities.

Treatment

Idaho Caregivers Alliance

The largest workforce caring for people with mental illness, particularly children with emotional disturbance, is family members. These caregivers are often unrecognized and invisible, in spite of saving the state millions of dollars each year. The unseen cost of this caregiving is the toll it can take on family members. While they generally welcome their responsibilities, sometimes the demands are so overwhelming that the related stress causes problems with health, employment and family dynamics, and relationships. Access to critical information or an occasional break from caregiving means the difference between providing a stable and nurturing environment or one that can break a family apart. The strength of these family caregivers is impressive but it also has limits.

There are various resources that can inform and sustain family caregivers:

- Information about available services for their child or family member, provided in easy to understand terminology.
- Assistance from a person knowledgeable about the service system that can help guide families through the first steps or when a crisis occurs.
- Training for the caregivers themselves on strategies they can use to take care of themselves.
- Occasional time away from 24/7 caregiving to refuel and recharge their batteries.
- Flexibility at work that can accommodate caregiver demands, particularly those that are unexpected.

Pockets of support are available in some Idaho communities but these are isolated, fragmented, and may have narrow eligibility requirements. A framework that adequately supports family members to meet their caregiving responsibilities is needed. The BHPC works in partnership with the Idaho Caregiver Alliance, the SHIP and others to develop plans and seek funding and resources to build that framework.

Family Support Services

As of May 2016, Family Support Services is a Medicaid billable service that will benefit families of children with a mental health disorder. The IFOF conducted three (3) 40-hour trainings across Idaho in which 71 parents/care takers with “lived experience” were trained and recommended to IDHW, DBH for certification as Certified Family Support Partner (CFSP). These individuals will be employed in the community by mental health provider agencies. The role of a CFSP is to support, educate and mentor parents that are navigating various systems as they seek appropriate care for their children.

Jeff D. Implementation Plan

The approval of the Jeff D. Implementation Plan in May 2016 was a huge step forward for Idaho’s Children’s Mental Health system. This plan outlines the services that will comprise a complete spectrum of care for children with a SED, with a focus on community-based services. While the State will be using a phased-in approach to rolling out the new and enhanced services across the state, these services can be expected as early as 2017, beginning with enhanced respite care and a newly developed partial hospitalization service.

Next Steps for Children’s Mental Health

- There are limited services and supports in Idaho for **transitional age youth**...those between the ages of 16 and 24 who will lose (or have already lost) their services through CMH. This transitional age is challenging for any young adult, and those struggling with emotional and behavioral challenges are at risk for more serious mental health and substance use issues without appropriate support and treatment.

- The approval of the Implementation Plan for the Children’s Mental Health Reform Project (Jeff D.) was undoubtedly an exciting step forward for Idaho’s children and families. This new system relies heavily on the involvement of parents, professionals, and other stakeholders. Because of this, **education about and engagement in the CMH Reform Project** is a critical next step in order to ensure the success of the project in the coming years.
- Idaho continues to experience a shortage of child and adolescent psychiatrists. And while this shortage is found nationwide, in Idaho we continue to see families driving up to four hours from their home to access needed psychiatric services. By continuing to create a solid foundation for consistent and responsive **psychiatric Telehealth services**, we can increase the accessibility of this service.

ADULT MENTAL HEALTH

Prevention

Training and Education

Many of the Regional BHBs across Idaho supported educational and training opportunities on various adult mental health topics during the past fiscal year. Some of these trainings included Crisis Intervention Training for local law enforcement officers, Mental Health First Aid training, and a variety of suicide prevention trainings.

Idaho Suicide Prevention Hotline

In 2015, the ISPH answered 4,866 calls from Idahoans; of these callers, 1,015 were from young people age 10-24. Because of the high number of youth callers, a limited pilot project was added that allows for text and chat; funding provided from the Legislature will allow text and chat to be available throughout Idaho this fall. Approximately 617 of the hotline calls 2015 were from Idaho military members or their families. In addition to taking calls from people in crisis or needing help for someone who is in crisis, the ISPH began work with St. Alphonsus to make follow up calls to suicidal patients after their release from the emergency room or the hospital. Research has proven that follow up after a hospital visit can save suicidal patients' lives. The ISPH also offers free posters and cards that show the call number and the warning signs for suicide.

Recovery Centers

The Community Recovery Centers that have been supported through Millennium Funds provide opportunities for those in recovery from a mental health crisis to find services that will continue to help support them in their recovery journey. These services include National Alliance on Mental Illness support groups, sober entertainment (movies, game nights, bowling, etc.), phone banks, veteran support groups, smoking cessation, crisis support for families, grief support, art therapy, free counseling, and peer mentorship. They also offer referrals to and assistance accessing housing, medical assistance, transportation, and employment.

Intervention

Crisis Centers

Crisis centers are currently open in Idaho Falls and Coeur d'Alene, with additional centers in Boise and Twin Falls planning on opening in the coming months. These centers have provided crisis services for hundreds of Idahoans over the past two years. They have helped individuals avoid incarceration or a visit to the emergency department, and these diversions not only save Idahoans significant tax dollars, but also preserve the dignity of the individual experiencing the crisis.

Treatment

Peer Support Specialists

Peer Support Specialists are individuals who use their own lived experience with mental illness to provide empowerment and encouragement to support the recovery of others experiencing mental health disorders. Peer support is based on the belief that recovery is possible for everyone. It is a strengths focused, peer-driven, highly effective non-clinical service provided to individuals in recovery from mental illness. Peer Specialists have the unique opportunity to share their own recovery story in their professional setting, which contributes to a strong and trusting relationship with those they serve. There are currently 170 trained and certified peer support specialists in Idaho and 75 peers are trained each year. Peer support is an evidence-based practice that helps prevent individuals from returning to jail and/or state hospitals, and the behavioral health system could greatly benefit from increased training availability.

SHIP

The DBH staff conducted onsite surveys on behalf of the SHIP Behavioral Health Integration Workgroup between October 14 and December 14, 2015. Forty-seven patient-centered medical homes (PCMH) enrolled in the Idaho Medicaid Health Home Program participated. A majority of these primary care clinics offered co-located or semi-integrated behavioral health services. The survey highlighted a solid foundation for behavioral health integration throughout the state, as well as opportunities to further extend integration as clinics transition to PCMH practices in the months and years to come.

Next Steps for Adult Mental Health

- Idaho's rural and frontier areas continue to struggle with a lack of access to psychiatric care. Creating stable **psychiatric Telehealth programs** should be a priority for supporting Idaho's behavioral health system.
- There has been much discussion about the "coverage gap" - the 78,000 Idahoans who lack any form of health insurance coverage. They do not qualify for traditional Medicaid and earn too little to qualify for assistance on Idaho's insurance exchange. Many in this "coverage gap" struggle with treatable behavioral health issues, but due to their lack of insurance are not able to access treatment that supports their recovery. This lack of consistent mental health treatment leads to crisis situations that not only cost significant taxpayer money but also create trauma for the individual and make recovery difficult. Finding **a solution for the "coverage gap"** will improve access to care for many adults with mental illness.

Every region of the state expressed the need to resolve Idaho's limited access to **affordable, suitable, and sustainable housing**. They have identified problem areas that are especially critical in rural communities such as the lack of crisis beds, transitional, supportive and traditional housing. Housing is necessary to help assure success for those individuals who are or have been in treatment for behavioral health issues. Limited housing affects many aspects of the population including woman, children and individuals who are being released from the State Hospitals.

Shelter is a basic essential need that can assist individuals in their journey towards recovery, acceptance and success.

- Idahoans who are **lesbian, gay, bisexual, and transgender** are not a protected population and face the risk of being denied services, employment, and housing based on their gender identity or sexual orientation. Without these protections, Idahoans who are gay and transgender are more susceptible to behavioral health issues but can be denied services when seeking help; this creates an accessibility concern. All Idaho families need to be able to earn a living and provide for their families, have access to services and housing without fear of being turned away.

SUBSTANCE USE DISORDERS

Prevention

Office of Drug Policy

Substance abuse prevention in Idaho has seen continued growth and success during the past year. Seventeen (17) Idaho communities are now receiving funds through the Office of Drug Policy's Strategic Prevention Framework (SPF) Grants program to implement population level prevention strategies. The SPF program also provides funds for six (6) law enforcement agencies to conduct operations to enforce underage drinking laws and curb prescription drug misuse. In addition, 46 prevention providers statewide were awarded funding from the Substance Abuse Prevention and Treatment block grant to deliver evidence-based prevention programs in their communities.

Recovery Centers

The Community Recovery Centers that have been supported through Millennium Funds provide opportunities for those in recovery from a substance use disorder to find services that will continue to help support them in their recovery journey. These services include life skills training, smoking cessation, drug testing, recovery coaching, case management, childcare, help accessing safe and sober housing, and support in finding Substance Use Disorders (SUD) treatment options.

Youth Drug and Alcohol Prevention Coalitions in Idaho

There were 14 Idaho prevention coalitions that attended the Community Anti-Drug Coalitions of America Coalition Academy and graduated in Washington, D.C. this year. This is an extensive three-week training that was held over the course of a year, in Boise. Eleven (11) additional coalitions just completed the course and will graduate in February 2017. There are currently 29 active prevention coalitions that are working with the Community Coalitions of Idaho (CCI), a statewide coalition of coalitions, and the Idaho Office of Drug Policy, to address youth substance abuse.

The CCI members are working to address the growing problem of prescription drug misuse, alcohol use and marijuana use among youth. Several coalitions will be addressing the prescription drug misuse problem by providing prescription drug collection programs and educating physicians of the importance of using the Prescription Monitoring System. They will also use media, billboards, and social media to raise awareness

of this increasing issue and implementing a variety of activities in communities across the state. Our coalitions have been effectively implementing strategies to decrease underage drinking, marijuana use, vaping, and many other drug related trends.

Intervention

Naloxone

The education and awareness efforts surrounding the use of Naloxone to treat opioid overdose continues to positively impact the potential of this policy to save lives. The Office of Drug Policy (ODP) and Idaho's Prescription Drug Workgroup continues to educate prescribers, pharmacists, and the public about the new law various methods. These efforts to educate all of the individuals and organizations that could potentially benefit from the understanding of Naloxone will continue throughout the next year.

Treatment

In FY 16, DHW's Division of Behavioral Health managed nearly \$7 million in combined federal block grant and state dollars for treatment and recovery support services. This money served different populations, including Intravenous Drug Users, Pregnant Women and Women with Children, Adolescents, State Hospital patients returning to the community, Supervised Misdemeanants, parents involved with child protection, mental health clients, and certain problem-solving courts ("drug courts"). This year, the DHW was able to provide services to a new category: Idahoans who fall under 100% of federal poverty guidelines. These services helped bridge the Idaho's Medicaid expansion gap. However, demand outweighed supply and services for this population were terminated before year's end.

Other highlights include:

- Telehealth SUD services in the publically funded network were made available this year.
- There has been an increase in the numbers of individuals accessing treatment who claim heroine/opioids as their primary drug of choice, indicating a rise in use of these drugs in our state.
- Recovery Coaching is now a reimbursable service in this system."

Idaho Department of Corrections (IDOC)

The IDOC budget for direct SUD services in FY16 is \$7,062,100. These funds provide community-based drug and alcohol treatment services for adult felons through a statewide private provider network. At the start of FY16, available treatment services included assessment, outpatient/intensive outpatient care and recovery support services (case management, drug testing, safe/sober housing, life skills and transportation). To improve offender outcomes, in January 2016, the IDOC added a 28-day residential treatment option to the service matrix. As the end of FY16 approaches, it is estimated that the private provider network will serve approximately 4,300 IDOC offenders.

Recovery Coaches

Efforts to increase the number of Idaho Recovery Coaches continue. To date, more than 400 coaches have been trained. Recovery Centers and treatment providers are beginning to employ coaches as they see the value of providing peer-to-peer services. Many, but not all, public funders of treatment are supporting the service. The Idaho Board of Alcohol/Drug Counselor's Certification now offers a certification for Recovery Coaching.

Next Steps for Substance Use Disorder Treatment

Medication Assisted Treatment (MAT)

In terms of DHW and next steps for MAT, the DHW is currently exploring options for funding this service using block grant and state dollars. Without additional funding, the introduction of MAT into our cadre of services will result in others not receiving treatment due to lack of funds. The Obama administration is promoting significant funding for states to combat the opioid crisis. Idaho continues to watch that proposal closely. Idaho currently has some MAT providers across the state and while some are receiving federal grant monies (from grants they have independently applied for), none are receiving state funding at this time.

IDENTIFIED BARRIERS

Each year the Regional BHBs submit a report to the BHPC detailing their successes, as well as the needs and gaps within their regions. Upon reviewing the reports, the BHPC recognized many statewide trends regarding barriers to both accessing services and maintaining recovery.

Barriers to Accessing Services

- Lack of consistent, reliable **Telehealth** services.
- Lack of **providers** (psychiatrists, as well as other behavioral health providers), especially in rural areas.
- Lack of access to services for **non-criminal justice, at-risk youth and adults**
- Lack of **collaboration among providers** about mental health and physical health needs (often due to system limitations, not the choice of the professional).
- Lack of access to insurance coverage for the "**gap**" **population**.

Barriers to Maintaining Recovery

- Lack of **housing**, including traditional housing (especially for women and families) and models with more supervision for high risk patients with complex medical and co-occurring conditions transitioning out of hospital settings.
- Lack of consistent, reliable **transportation**.
- Lack of **supported employment** for those with the most serious mental health challenges.
- **Stigma** often limits access to opportunities that are currently available.
- Lack of **family engagement** for youth during treatment (due to a variety of issues including not being able to take off time from work, lack of transportation for parents, lack of understanding about the treatment process, etc.).

CONCLUSION

In closing, the Council would like to once again thank the Governor and the Legislature for their supportive actions with regards to the behavioral health system this past year. Your support allows for the continued improvement of Idaho's behavioral health system.

As we look forward to the next fiscal year and beyond:

- The BHPC supports increased numbers of problem-solving courts which provide alternatives and treatment for those facing criminal charges complicated by their mental health diagnosis or substance use disorder.
- The BHPC supports collaboration with the Courts, Juvenile and Adult Corrections, and County probation to better meet the needs of those with a mental health diagnosis or substance use disorder in the criminal justice system.
- The BHPC supports the work of the regional BHBs and their collaboration with their local community networks to provide the mental health and SUD supports for adults, children, and families.
- The BHPC supports the investment in prevention programs and activities to reduce substance abuse and protect the health, safety and quality of life for all, especially Idaho's youth.
- The BHPC supports the work of crisis and recovery centers that provide resources to those seeking treatment and supports to aid their recovery.
- The BHPC supports the new system of care within CMH, which will more efficiently and effectively meet the mental health needs of Idaho's children diagnosed with a serious emotional disturbance.
- The BHPC supports efforts to decrease the "silos" within the behavioral health system and increase opportunities for shared communication, treatment, and recovery support for both children and adults.
- The BHPC supports increased use of peer support services within all aspects of Idaho's Behavioral Health system; including recovery support coaches, peer support specialists, and family support partners.
- The BHPC supports the continued development of consistent, sustainable Telehealth services within behavioral health.

There is much work left to do, but the Council remains hopeful that by working together we can continue to transform Idaho's behavioral health system into one that is responsive and effective.

Appendix

Statute – IC 39-3125

TITLE 39
HEALTH AND SAFETY
CHAPTER 31

REGIONAL BEHAVIORAL HEALTH SERVICES

39-3125. STATE BEHAVIORAL HEALTH PLANNING COUNCIL. (1) A state behavioral health planning council, hereinafter referred to as the planning council, shall be established to serve as an advocate for children and adults with behavioral health disorders; to advise the state behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan; to monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address behavioral health services; to ensure that individuals with behavioral health disorders have access to prevention, treatment and rehabilitation services; to serve as a vehicle for policy and program development; and to present to the governor, the judiciary and the legislature by June 30 of each year a report on the council's activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state to adults and children. The planning council shall establish readiness and performance criteria for the regional boards to accept and maintain responsibility for family support and recovery support services. The planning council shall evaluate regional board adherence to the readiness criteria and make a determination if the regional board has demonstrated readiness to accept responsibility over the family support and recovery support services for the region. The planning council shall report to the behavioral health authority if it determines a regional board is not fulfilling its responsibility to administer the family support and recovery support services for the region and recommend the regional behavioral health centers assume responsibility over the services until the board demonstrates it is prepared to regain the responsibility.

(2) The planning council shall be appointed by the governor and be comprised of no more than fifty percent (50%) state employees or providers of behavioral health services. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall include representation from consumers, families of adults with serious mental illness or substance use disorders; behavioral health advocates; principal state agencies and the judicial branch with respect to behavioral health, education, vocational rehabilitation, adult correction, juvenile justice and law enforcement, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services or substance use disorders, and related support services; and the regional behavioral health board in each department of health and welfare region as provided for in section 39-3134, Idaho Code. The planning council may include members of the legislature.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion.

History:

[39-3125, added 2006, ch. 277, sec. 3, p. 849; am. 2014, ch. 43, sec. 7, p. 109.]

BHPC Membership by Region

Name	Position	Region	Email
Sandra McMichael	Consumer/SUD	1	smcmichael@bmc.portland.ihs.gov
Angela Palmer	Treatment Provider/SUD	1	angela.palmer@sequelyouthservices.com
Tammy Rubino	Community Coalitions	1	communitycoalitionsofidaho@gmail.com
Abraham Broncheau	Tribal	2	abebwolfis@gmail.com
Jennifer Griffis	Parent of Child/Adolescent	2	jengriffis@gmail.com
Elda Catalano	Hispanic	3	ecatalano@canyonco.org
Judy Gabert	SPAN Idaho	3	jpgabert@spanidaho.org
Rosie Andueza	Division of Behavioral Health	4	AnduezaR@dhw.idaho.gov
Evangeline (Van) Beechler	LGBTQ	4	ebeechler@gmail.com
Carol Dixon	Certified Family Specialist	4	cdixon@idahofederation.org
Jane Donnellan	Vocational Rehab	4	jane.donnellan@vr.idaho.gov
Jen Haddad	Family and Child Services	4	HaddadJ@dhw.idaho.gov
Magni Hamso	Physician	4	mhamso@trhs.org
Marianne King	Office of Drug Policy	4	marianne.king@odp.idaho.gov
Tiffany Kinzler	Medicaid	4	KinzlerT@dhw.idaho.gov
Greg Lewis	Corrections/Adult	4	glewis@idoc.idaho.gov
James Meers	Veteran	4	jmeers99@gmail.com
Julie Mitchell	Housing	4	juliew@ihfa.org
Jason Stone	Corrections/Youth	4	Jason.stone@idjc.idaho.gov
Rick Huber	Consumer/MH	5	rick2727272000@yahoo.com
Susan Hepworth	Consumer/Senior Adult	6	skhepworth53@gmail.com
Holly Molino	Treatment Provider/MH	7	holly@accesspointkids.com
Jon Shindurling	Judiciary	7	jshindurling@co.bonneville.id.us

Acronyms

Acronym	Meaning
BHB	Behavioral Health Board
BHPC	Behavioral Health Planning Council
CANS	Child and Adolescent Needs and Strengths Assessment
CCI	Community Coalitions of Idaho
CFSP	Certified Family Support Partner
CHMR	Children's Mental Health Reform Project
CMH	Childrens Mental Health
DBH	Division of Behavioral Health
DHW	Department of Health and Welfare
EIPH	Eastern Idaho Public Health
GLS	Garrett-Lee Smith grant
HQPC	Health Quality Planning Commission
IDAPA	Idaho Administrative Procedures Act
IDHW	Idaho Department of Health and Welfare
IDOC	Idaho Department of Corrections
IFOF	Idaho Federation of Families
ILP	Idaho Lives Project
ISPH	Idaho Suicide Prevention Hotline
MAT	Medication Assisted Treatment
ODP	Office of Drug Policy
PCMH	Patient-Centered Medical Homes
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SHIP	Southwest District Health Statewide Health Innovation Plan
SPF	Strategic Prevention Framework