Message from the Administrator:
Legislative Preview

By Ross Edmunds,
Division Administrator

Happy New Year! I hope you all had an enjoyable and safe holiday season and are as excited as I am to begin a new year with hope and continue our work toward transforming the behavioral health system in Idaho.

As the 2017 Idaho Legislative Session gets under way, there are many recommended enhancements to the behavioral health system in Idaho. There are several new Idaho legislators and a few missing familiar faces. This presents a significant opportunity to work with our state leaders on the importance of effective behavioral health care in Idaho.

The Department of Health and Welfare has several budget requests,

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legislation, and administrative rules before the legislature this session. I am including a general overview of the initiatives and requests for this upcoming session.

**Expanding Hospitalization Capacity**
One of the larger and growing challenges of the past several years is the hospitalization of Idaho’s mentally ill. State hospitals are often at capacity, which requires patients to be treated in community psychiatric hospitals, causing them to operate at or near capacity. When community psychiatric hospitals are at capacity, emergency departments at large hospitals and critical access hospitals do not have appropriate mechanisms to treat patients needing a hospital level of care. Therefore, the division is working to expand the capacity of state hospitals and establish programming to better care for the more dangerous patients, which has seen a consistent increase over the past several years. For example, there has been an increase of over 250% in the number of people committed to the Department and found not competent to stand trial.

**Treating the Felony Probation Population**
The Department is requesting resources to provide treatment to the felony probation population. This request is connected to the Legislature’s Justice Reinvestment Initiative (JRI) and was generated through a gap analysis performed by Western Intermountain Commission on Higher Education (WICHE). This gap analysis is required as a part of the JRI legislation passed a couple years ago. Based on that gap analysis, the Department is requesting necessary resources to provide effective mental health treatment to the felony probation population.

**New System of Care for Children**
The Youth Empowerment Services (YES), which is the system being developed as a result of the Jeff D lawsuit settlement agreement, is requesting resources to effectively implement the system. There is a substantial amount of design, training, technology and systems development, and infrastructure to be developed in the coming years. The YES program will result in a complete redesign of the children’s mental health system for children with serious emotional disturbance in the state of Idaho. This is a once-in-a-generation transformational effort that, if done as designed, should create one of the most effective children’s mental health systems in the country. *Read more about the YES project on page 3.*

**Boise and Twin Falls Crisis Centers**
The Department is requesting the resources necessary to fully fund the two additional crisis centers which were partially funded last legislative session. The Twin Falls crisis center opened in late November and an operator for the Boise crisis center is currently being sought through an RFP. The Twin Falls and Boise crisis centers are the third and fourth crisis centers in the state of Idaho. The success of the crisis centers has been phenomenal and the division will continue to seek the ultimate goal of a crisis center in each region of the state.

**Administrative Rules**
In terms of administrative rules and legislation related to behavioral health, the Department has a few items this session. The IDAPA proposals include necessary changes to enable implementation of YES programs and continue the work on formalizing the peer support specialist and family support partners certification processes. The three pieces of legislation include clarifying requirements regarding psychiatric advanced directives, clarifying timelines for notification of discharge for committed patients, and updates to the Regional Behavioral Health Services Act.

It will be a busy session, and with your support we are hopeful to continue our transformational efforts and lead to a stronger, more effective behavioral health system in Idaho.
YES Project Update: Estimating Class Membership

By Pat Martelle,
Project Manager

One of the requirements of the settlement agreement from the Jeff D. class action lawsuit is for the state to estimate the expected range of Class Members; children with functional impairment and serious emotional disturbance (SED) who will access services in the new system of care.

Historically, this calculation was based on a 5% estimate of the population. The challenge to meeting the agreement requirement was that each child-serving system that is a party to the lawsuit operates different automation systems, collects different sorts of data, and names variables differently. There is no common identifier of children and youth across systems. The partners in the Youth Empowerment Services (YES) project, The Departments of Health and Welfare, Education and Juvenile Corrections, formed a Data & Reports committee to address the challenge.

The Division of Behavioral Health contracted with Boise State University (BSU) to provide the initial determination based on proxy indicators and a literature review of how many children are statistically expected to have SED in the general population. Later, BSU conducted additional estimations informed by utilization data. Since the utilization data was incomplete (due to the differences in systems), the QMIA Data & Reports committee determined a methodology for making the estimate based on different proxy indicators than those used by BSU. The results of the estimations are:

- BSU estimate: 5.59% to 7.35% = 24,120 and 31,715
- Data and Reports committee estimate = 21,000 (rounded)
- DBH historical method of using prevalence estimate of 5% = 21,574

The QMIA Data and Reports Committee is working collaboratively across systems to finalize this estimate and will publish the final report when it is completed.

SHIP Update: The Idaho Integrated Behavioral Health Network

By Gina Westcott,
Hub Administrator

The State Healthcare Innovation Plan’s (SHIP’s) Patient Centered Medical Home (PCMH) Fall Learning Collaborative was held October 25. During the collaborative, the Idaho Integrated Behavioral Health Network presented to over 55 attendees who wanted to learn more about how clinics can develop and strengthen networking between providers of behavioral health services. The network is a newly developed professional learning collaborative designed to enhance and support the growth of Integrated Behavioral Health programs and to assist in team-based care management of co-morbid medical and behavioral health conditions in the primary or specialty care clinics. Nearly a year ago, Behavioral Health Consultants from Family Medicine Residency of Idaho, Terry Reilly Health Services and St. Luke’s Health Partners first met to conceptualize a profes-
A professional forum that would serve to develop networking and clinical training opportunities for providers of behavioral health services as well as advocate for best practices for integrated care. Often, the work demands of a Behavioral Health Consultant, Social Worker or Counselor are unique within the world of mental health and there are also very few Behavioral Health Consultants in Idaho, which can be professionally isolating.

To date, the network has held 3 successful meetings between local Treasure Valley Behavioral Health Consultant professionals and hopes to expand the Idaho Integrated Behavioral Health Network concept to other parts of the state where PCMH clinics are providing behavioral health services. To learn more about the network, please contact Gina Westcott, westcotg@dhw.idaho.gov.

Rule for Certification of Peer Support Specialists and Family Support Partners Now In Effect

By Treena Clark, Program Manager
The Division of Behavioral Health has been working on a new chapter of IDAPA rule that establishes the qualifications and requirements needed to be certified as a Peer Support Specialist or Family Support Partner. The rule establishes the administration of certification including enforcement and actions for denial, revocation, or suspension of certification.

Certified Peer Support Specialists are people who have experienced a mental illness and recovery and are well positioned to support others who are seeking recovery. Peers offer hope and encouragement by sharing their experiences and knowledge. They create opportunities for recovering individuals to live satisfying and meaningful lives.

Certified Family Support Partners are people who can provide direct caregiver-to-caregiver support. They have lived experience raising a child with mental illness, navigating multiple child-serving systems, and assisting the child in developing the resiliency needed for recovery.

This new chapter of rule is based on the certification system that is currently in place and will ensure that certification for Peer Support Specialists and Family Support Partners remains available. The division has adopted IDAPA 16.07.19 and the rule was put into effect January 1, 2017, as temporary rule. The rule is now pending review by the 2017 Idaho Legislature for final approval. The temporary rule adopted by the division can be found on the Department of Health and Welfare’s website at SUD.dhw.idaho.gov, or by clicking here.

Peer Support Specialist, Family Support Partner trainings to begin

By Stephanie Hoffman, Program Specialist
“Progress is impossible without change.” - George Bernard Shaw.
If Mr. Shaw is correct, then the Division of Behavioral Health is making great progress with the peer services system of Idaho. In 2017, Certified Peer Support Specialist (CPSS) and Certified Family Support Partner (CFSP) trainings will be administered through the community college network’s health programs’ workforce development initiative. This will ensure that trainings occur throughout the state on a regular basis.

Through Memorandums Of Agreement (MOAs) with colleges, such as College of Western Idaho, North Idaho College, Eastern Idaho Technical College, College of Southern Idaho and others (not Boise State University, University of Idaho or Idaho State University), the division will begin with CFSP training in late January or early February at the College of Western Idaho. Other colleges will then follow suit.

The division will aim to start CPSS trainings at the colleges this coming
summer. The college network is eagerly anticipating this change by recognizing the importance of peer services. Other training providers who have been recognized by the division will continue to schedule trainings around the state. These agencies schedule their trainings independently of the division and they provide this information to providers. For more information about CPSS and CFSP trainings, please check the website here. For specific questions, email stephanie.hoffman@dhw.idaho.gov.

To learn more about Recovery Coach training, another peer service, please visit Recovery Idaho’s website here, e-mail recoveryidaho.training@gmail.com or call 208-488-1818.

Upcoming request for proposals for Idaho Tobacco Project support

By Terry Pappin, Program Specialist
All tobacco retailers within the state of Idaho are required to hold a tobacco retailer permit to legally sell tobacco products. The Division of Behavioral Health’s Idaho Tobacco Project is responsible for management of this program. The Tobacco Project works with a contractor for the maintenance and support of the tobacco permitting and retailer training websites, conducting retailer compliance inspections and for the development of training materials. Because the current contract can no longer be extended, the division will be releasing a Request For Proposals (RFP). The division intends to have a new contract in place no later than July 1, 2017. The Tobacco Project contract funding has historically come from a combination of state general funds, the Idaho Millennium Fund and Substance Abuse Prevention and Treatment Block Grant monies.

Office of Consumer and Family Affairs contract

By Stephanie Hoffman, Program Specialist
To fulfill certain block grant requirements, the Division of Behavioral Health contracts for services that assist consumers who are living with a mental health diagnosis, and their family members. The Office of Consumer and Family Affairs (OCAFA) builds partnerships with consumers, families, communities and providers to give voice to consumers and their family members for the purpose of improving behavioral health service delivery, planning, implementation and assessment, and to promote recovery and wellness. OCAFA performs a variety of outreach activities that include, but are not limited to:

- Connecting with and collaborating with stakeholders and consumer groups to discern concerns regarding adult behavioral health services.
- Providing outreach by establishing structures and formats for increasing adult consumers’ and family members’ voices in areas of leadership, empowerment, planning, policy, service delivery, and developing educational activities.
- Providing technical assistance and informational materials for adult consumers and their family members to understand and navigate the behavioral health system in Idaho.
- Educating professionals on recovery-oriented practices,
Throughout history, when an area was claimed or conquered, a flag was “planted”. Idaho has proclaimed the reality of recovery and invested in eight recovery community centers. We have planted flags in eight communities throughout the state, including those exiting state hospitals and entering communities. These centers stand as bright beacons in the lonely darkness of mental illness and addiction. Today, centers are open in Coeur d’Alene, Moscow, Lewiston, Caldwell, Emmett, Boise, Pocatello, and Idaho Falls. These flags of recovery, 

Comprehensive Behavioral Health Assessment Tool Research

By Alacia Handy, Program Specialist

The Idaho Department of Correction, Idaho Department of Health and Welfare, Idaho Department of Juvenile Corrections, and the Idaho Supreme Court (aka: “The Partners”) have begun research on comprehensive behavioral health assessment tools that may be considered as an alternative to the GAIN I instrument in the future. The GAIN I is currently Idaho’s standard substance use disorder and co-occurring mental health assessment.

The first step in this research was an online survey that took place October 19 through November 4, 2016, to identify recommendations and considerations that should be taken into account. The survey gathered feedback from 109 respondents regarding the different scenarios in which the tool would be administered, the populations that would be served using the tool, preferences for the common statewide behavioral health assessment, and suggestions on tools that already exist that utilize the American Society of Addiction Medicine (ASAM) Criteria and are appropriate for co-occurring disorders.

The next step is to develop a clinical advisory workgroup that includes representatives from around the state, as well as tribal representation, to review the survey results and make recommendations from a clinical perspective. Workgroup members will act as liaisons between local area providers, the populations they work with, and the Partners, gathering input and disseminating information accordingly.

Once selection of the workgroup members is finalized, we will communicate who the individuals are via the Regional Behavioral Health Boards, as well as by sending a memo to the BPA Health provider network.

Eight Recovery Community Centers and a statewide Recovery Community Organization

By Norma Jaeger

Recovery Idaho Executive Director

Throughout history, when an area was claimed or conquered, a flag was “planted”. Idaho has proclaimed the reality of recovery and invested in eight recovery community centers. We have planted flags in eight communities throughout the state, proclaiming a rightful place for recovery.

These centers stand as bright beacons in the lonely darkness of mental illness and addiction. Today, centers are open in Coeur d’Alene, Moscow, Lewiston, Caldwell, Emmett, Boise, Pocatello, and Idaho Falls. These flags of recovery,
Recovery Idaho takes over Recovery Coach training

By Rosie Andueza,
Program Manager

The Division of Behavioral Health has been the primary provider of Recovery Coach training and Ethics for Recovery Coaches in Idaho since 2013. In that time, the division provided training for more than 500 individuals. Michael Armand, a division staff member, personally presented more than 90 percent of the many, many sessions we hosted. But times, they are changing!

The division offered its final Recovery Coach related training in November 2016. However, this training is still available in Idaho. Recovery Idaho will host its first Recovery Coach training in January 2017 and plans to offer this training in various locations across the state throughout the year.

For more information, please go to www.recoveryidaho.org.

Medical Reserve Corps seeks behavioral health volunteers for earthquake exercise

By April Theberge,
Program Specialist

Disaster preparedness planners and responders rely on experiences gained through exercises to prepare for effective disaster response. State and local preparedness agencies in Idaho will be participating in a full-scale exercise May 8-12, 2017, called the Wasatch Wobble. The Wasatch Wobble is a hypothetical scenario based on a real-life threat in which a 6.5 earthquake occurs on the Wasatch Fault that runs from southern Idaho through Central Utah. There

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Division of Behavioral Health

Idaho Department of Health and Welfare

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will be damage in Idaho and thousands of the devastated Idahoans and victims fleeing to Idaho will need behavioral health support in addition to medical care and shelter.

Idaho preparedness planners have been working diligently to improve our ability to meet the behavioral health needs of victims such as these. To continue to improve this capacity, behavioral health is being integrated into this exercise. Behavioral health resources will be exercised in this event by requesting behavioral health volunteers through the Medical Reserve Corps (MRC). MRC volunteers throughout the state will be given the opportunity to have some practical experience that provides a better understanding of how behavioral health volunteers can assist and how they are requested. There is concern that there are not going to be enough behavioral health MRC volunteers to meet the needs of these hypothetical victims – you can help change that by registering to be an MRC volunteer at www.volunteeridaho.com. As an MRC volunteer, you can receive the training needed to help your community during a disaster and service is always voluntary.

Contact April Theberge at april.theberge@dhw.idaho.gov with any questions about registering to be an MRC volunteer.

Community Health Initiatives (CHI) Grant Awarded

By Optum Idaho

Optum Idaho is working in collaboration with the Idaho Department of Health and Welfare to further enhance the health and wellbeing of Idaho’s Behavioral Health Care system. By investing in the Community Health Initiatives (CHI) programs, we strive to develop accountable, outcome-driven and recovery-centered programs and services.

The first CHI Grant was awarded to St. Luke’s Health System (SLHS) and The REACH Institute. The grant will support the critical needs of children and adolescents with serious emotional disturbance (SED) throughout the state of Idaho by funding a total of $420,000 for provider engagement, training and support on evidence-based clinical interventions. A select group of providers who serve children and families supported by Idaho Medicaid health insurance will receive free training, case consultation, continued learning opportunities and access to provider collaboration throughout the duration of the project. Providers can also volunteer to collect and submit data to assess member outcomes and will receive an honorarium payment of $1,280 to compensate them for their time.

The project, “Transforming Idaho with Child and Adolescent Training in Evidence-Based Psychotherapies (CATIE)” is planned for two years (October 2016 – October 2018) and will support training programs facilitated by nationally renowned faculty through The REACH Institute.

One training session was held in Boise in December 2016. There are three more training sessions scheduled for 2017 which include the following dates and locations:

- **Pocatello**, April 21 & 22, 2017, Training spots open, Location TBD
- **Coeur d’Alene**, August 18th & 19, 2017 (Tentative), Location TBD

For questions, please contact Kate Wallace-Lebar at kate.wallace.lebar@optum.com. To register for upcoming classes, contact Lindsay Horgan, Administrative Assistant, St. Luke’s Behavioral Health at horganl@slhs.org or (208) 493-0360.

NOTE: Optum Idaho is Idaho’s Medicaid managed care contractor for Behavioral Health services.
**BPA Health sees steady increase in calls, authorization requests**

*By BPA Health*

This time of year, ideas develop about trends to watch for in health care and about what may occur at the federal and state level that could impact local services and programs. Highlights include emerging diseases, the damages of drug abuse, advances in bio-technology, the Medicare Access and CHIP Reauthorization Act of 2015, potential changes to the Affordable Care Act, and which companies will exit a market next.

For over 40 years, BPA Health has been on the forefront of behavioral health, delivering high quality services in Idaho and across the Northwest. In times of change, the confidence of local leadership and decision making at BPA Health is focused on positively serving its partners and constituents. BPA Health observes the national and local trends, yet with a day-to-day focus on data, analytics, and the needs of the people being served.

Since July 2016 and reporting through November 2016, BPA Health has seen a steady month-over-month increase in total phone calls, resulting in a 53% increase in call volume to the Customer Service Center. During this time, the average speed to answer remained at less than 30 seconds. During this same reporting period, the total number of authorization requests for Idaho Department of Health and Welfare and Idaho Department of Correction clients also increased steadily.

In 2017, BPA Health will continue to connect with the substance use disorder teams and providers with a focus on achieving shared goals. Information on training opportunities, partner engagement meetings, and other activity will be published routinely, too. Please visit our [website](http://www.bpahealth.com) or contact BPA Health Customer Service by calling 1-800-922-3406.

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**NOTE:** BPA Health is the management services contractor for Idaho’s Substance Use Disorder (SUD) treatment and RSS network.

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**Opportunities to Get Involved**

**Youth Empowerment Services (YES)**

Learn more about the YES project and opportunities to get involved and ask questions at [YES.idaho.gov](http://YES.idaho.gov).

**Peer Services**

You can now visit [Recovery Idaho’s website](http://www.recoveryidaho.org) for updates on Recovery Coach training.

Learn more about Certified Peer Support Specialists and Certified Family Support Partners at this site.

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