

BEHAVIORAL HEALTH

Quarterly news
and updates from
the Idaho
Department of
Health and Welfare



July 2016, Issue 12



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division developing new respite care program

By Treena Clark
Program Manager

During the 2016 legislative session, the Idaho Legislature appropriated \$857,000 to the Division of Behavioral Health to increase the availability of and access to necessary respite care services for Idaho families with children experi-

encing a Serious Emotional Disturbance (SED).

Respite care is defined as “a temporary break from caregiving responsibilities.” Parenting children with SED is very challenging, and often parents do not get a break because they have exhausted their support system. Without the support respite care provides, many families are forced to admit their child to long-term stays in a hospital or treatment center, away from their friends, family and the community. The additional funding will allow the divi- ➔

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sion to begin to address challenges within the current respite care model and to transform Idaho's respite care program into a model that provides desperately needed relief for Idaho families. The division has spent the past sev-

eral months meeting with families, providers, community partners and other stakeholders to identify strategies for developing and implementing a transformed respite care program. The division is currently working with a highly skilled project

manager, [Klaus Hermann](#), to facilitate and develop an effective project plan for implementation and operationalization of the respite care program. Information will be made available as the transformed respite care program develops.

Division seeks stakeholder input on peer certification

*By Treena Clark
Program Manager*

For the past several years, the Division of Behavioral Health has been working with families, consumers, advocates, community partners and other stakeholders to establish standards to support the development of peer services in Idaho. In September 2015, the division began implementation of the certification requirements in those standards by serving as the

certifying entity for peer support specialists and family support partners. The division is now seeking to promulgate certification standards into IDAPA rule to ensure continued certification for individuals providing peer support specialist and family support partner services. This new rule will be based on the certification system that is currently in place; however, the division is reaching out to parties affected by the

certification rule to gather input on areas that could be



improved or where change is needed. You can e-mail input to BHIDAPAQuestions@dhw.idaho.gov. The proposed certification rule will be presented during the next legislative session and, if approved, will take effect on July 1, 2017.

IDAPA changes became effective July 1

By Division of Behavioral Health staff

The Division of Behavioral Health conducted a statewide negotiated rulemaking process last year that resulted in two substantial changes to IDAPA rules and became effective July 1, 2016:



- The division now offers Behavioral Health program approval under IDAPA 16.07.15. This new rule replaces existing substance use disorder facility approval rule, IDAPA 16.07.20, which was repealed as of July 1, 2016.
- IDAPA 16.07.17 – Alcohol and Substance Use Disorders Services has been updated to include substance use disorders recovery support services and treatment programs and requirements, including: case management;

alcohol and drug screening; child care; transportation; life skills; staffed safe and sober housing for adolescents; and staffed safe and sober housing for adults.

Please refer to [the memo](#) that was released by the Division of Behavioral Health on June 22, 2016, for more specific information regarding impacts of these rule changes based on provider type, and for details on who to contact with additional questions.

SHIP Health Information Technology update

By Casey Moyer

SHIP Operations Manager

In addition to transforming primary care practices into the patient centered medical homes, the State Healthcare Innovation Plan (SHIP) seeks to improve the health information technology (HIT) infrastructure of Idaho.



Project Goals 2 and 5 of the SHIP plan include efforts to connect clinics to the Idaho Health Data

Exchange (IHDE) and our new analytics vendor, HealthTech Solutions (HTS).

Using clinic-supplied data, Idaho Health Data Exchange will allow other healthcare providers to access important patient information in real time – improving access to health information and providing a more complete picture of the patient to more effectively render treatment services.

HealthTech Solutions will use some of this same data to generate clinic dashboards able to monitor and report in a timely manner patient quality measures including diabetes care, weight assessments, and smoking cessation intervention, just to name

a few.

It will take several years to build, connect, test, and fully implement this system with 165 SHIP clinics.

The Clinical Quality Measure Workgroup has been meeting recently to refine the 16 clinical quality measures that will be used for the SHIP project. When completed, providers will have increased access to patient records and decision support tools for effective clinical practice. The HIT workgroup is overseeing implementation of Goals 2 & 5.

Additional information is available at www.ship.idaho.gov/WorkGroups/HITWorkgroup/tabid/3044/Default.aspx.

Youth Empowerment Services (YES) update

By Pat Martelle

Project Manager

The Idaho Implementation Plan has been approved in district court, as required by the settlement agreement filed last summer in the Jeff D. class action lawsuit. Both the implementation plan and settlement agreement can be viewed at a website dedicated to the Children's Mental Health Reform Project: YES.idaho.gov.

Stakeholders can also use the website to submit questions, review news articles, and track important dates as they are posted to the calendar.

The state has four years to achieve

the objectives listed in the implementation plan. The work will be mapped out in greater detail in the Children's Mental Health Reform (CMHR) Project plan that will be published on the website in the fall. The Intergovernmental Team (IGT) has been chartered by the Idaho Behavioral Health Cooperative and will serve as part of the governance structure over the implementation work. A nomination process is currently underway to secure the membership that is representative of stakeholders' interests and that meets the terms of the Jeff D. Settlement Agreement. The IGT will convene for the first time in July.



The Services and Supports workgroup has analyzed 13 of the services/supports listed in the Settlement Agreement. Taking these analyses into account, the Clinical Advisory workgroup will make the final recommendations on the definitions of the services/supports that will comprise the children's continuum of care.

The Workforce Development

workgroup leadership has updated the purpose and scope of the work of this team. They intend to leverage and build on existing efforts across Idaho to build the healthcare workforce that Idaho's children need, specifically in the field of mental health.

The CANS workgroup is working with Dr. John Lyons, of the Praed Foundation, and Dr. Nate Israel, of Chapin Hall, to finalize the clinical profiles that will be used to identify children with serious emotional disturbance and children who need intensive services.

The Quality Management Improvement and Accountability (QMIA) Committees are being formed at this time. The Division of Behavioral Health will be forming the Automation and Transition workgroups later this year.

Youth Empowerment Services QMIA plan developed

*By Candace Falsetti
Program Manager*

As part of the Jeff D. Settlement Agreement, there is a requirement for a Quality Management, Improvement, and Accountability Plan (QMIA) Plan. The QMIA Plan was developed during the implementation planning phase. The plan describes the development of a collaborative, cross-system practice, performance monitoring, and a clinical quality improvement system. The QMIA Plan explains how Idaho's child serving systems will monitor, assess, and report on the progress toward the execution of the commitments set forth in the Jeff D. Settlement Agreement. The QMIA Plan is founded upon the following definition of quality of

care by the Institutes of Medicine: *"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."*

The QMIA Plan was developed by a workgroup (the QMIA Plan Development Workgroup) which included representatives from the Divisions of Behavioral Health, Medicaid, and Family and Children's Services (FACS); the Idaho Department of Juvenile Corrections (IDJC); and the Idaho Department of Education; as well as families and mental health providers. The QMIA Workgroup met between September 2015 and March 2016. Agencies

designated representatives who were knowledgeable about quality assurance, quality improvement, or quality review processes for the QMIA Workgroup. The plaintiffs asked to be and were included on the workgroup as their time permitted.

The QMIA Plan addresses the goals, objectives, tools, resources and feedback mechanisms that will be used. Implementation of the QMIA Plan will begin in the month following acceptance of the Implementation Plan by the Court. All of the core components of QMIA Plan will be in place by approximately March 2022. The plan will soon be made available on the Youth Empowerment Services website: yes.idaho.gov.

Is Substance Use Disorder (SUD) treatment in Idaho effective?

*By Rosie Andueza
Program Manager*

In the world of publicly-funded Substance Use Disorder (SUD) treatment in Idaho, we currently measure many things: how many people start treatment; how many

complete; what is the primary drug of choice; what is the average cost? However, to date, we haven't been measuring the true impacts of that treatment. Does it actually work? Are folks maintaining their sobriety after treatment? We don't currently

know. But, things are about to change! The Idaho Department of Health and Welfare (DHW) and the



Idaho Department of Juvenile Corrections (IDJC) are excited to announce the implementation of the Follow-up Survey. Starting July 1, 2016, all clients funded through DHW and IDJC will be included in the Follow-up Survey for outcome collection. This data will be collected at 30 days, 6 months and 12 months following discharge from treatment and will contain

information on variables including sobriety, employment status, housing and recidivism, to name a few. Over time, this data will give us the information necessary to make programmatic changes to improve the effectiveness of SUD services. The provider network will play a vital role in the implementation and successful completion of the follow-up surveys.

In addition to providing us with necessary data to make changes to the system, this process will also put providers back in touch with clients who may need additional help after completing treatment and may, in some instances, help keep people on the track of recovery. We will be reporting on the results of this outcome data collection in future editions of this newsletter.

Introducing SUD treatment in school settings

*By Rosie Andueza
Program Manager*

Between 2013 and 2014, 8.4 percent of 12-17-year-olds in Idaho reported using illicit drugs in the past month and 12.2 percent of 12-20-year-olds in Idaho reported binge alcohol use, according to the [Behavioral Health Barometer from the Substance Abuse and Mental Health Services Administration. \(SAMHSA\).](#)

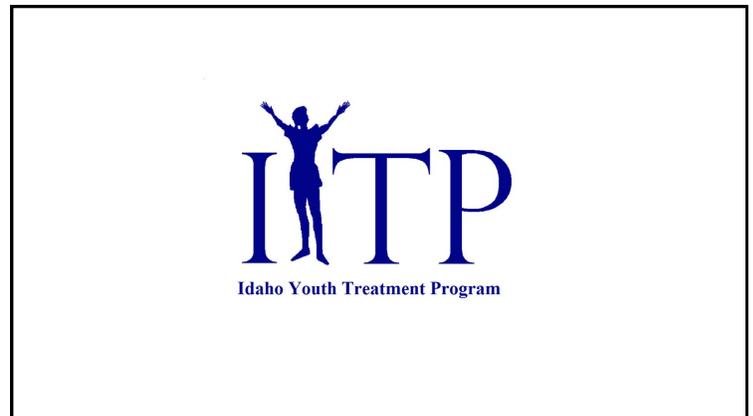
Providing access to substance use disorder (SUD) treatment at an early age may assist in steering our youth down a healthier path of recovery and avoiding years of illness. The Division of Behavioral Health is happy to announce an opportunity for SUD treatment to be immersed in Idaho high schools and alternative schools.

The Idaho Youth Treatment Program (IYTP) is a project based upon the evidence-based Adolescent Community Reinforcement Approach (A-CRA) treatment model.

This model is a behavioral intervention geared toward 14-24-year-olds that seeks to replace environmental contingencies that have supported

alcohol or drug use with pro-social activities and behaviors that support recovery.

The Idaho IYTP grant runs out in 2017. To make access to the A-CRA treatment model sustainable beyond the life of the grant, the division is offering schools and schools districts in Idaho a unique opportunity to have select staff trained in the model. Training costs (\$7,500 per person) will be covered by the grant. Additionally, schools will be eligible for a staggered cost reimbursement to allow for the costs associated with staff entering into the project. Once



trained and certified, staff will be able to provide this evidence-based practice in the school setting as needed. Ongoing clinical supervision will be financially supported by the division.

Only 11 school staff will be accepted into the training program.

Applications are due no later than July 15, 2016. For more information, visit the IYTP website at <http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/IdahoYouthTreatmentProgram/tabid/3446/Default.aspx>

Planning council report analyzes state of behavioral health in Idaho

By Jennifer Griffis

State Behavioral Health Planning Council Chair

The Idaho Behavioral Health Planning Council submits an annual report to the Governor, Legislature and Judiciary regarding the current state of behavioral health in Idaho. The planning council uses updates from agencies and organizations working in the behavioral health system, as well as Needs and Gaps Analyses submitted by each of the Regional Behavioral Health Boards, to complete the report.

The regional analyses provide the planning council a snapshot of regional issues and statewide trends within the behavioral health system. This year, the planning council identified several trends across the

state, including both barriers and successes.

Statewide barriers to accessing behavioral health services include inconsistent telehealth services, limited availability of psychiatrists and other behavioral health providers, lack of access for youth and adults that are at-risk but not yet involved in the justice system, systemic issues that limit collaboration between physical and mental health providers, and no insurance coverage for the “gap” population. Barriers to recovery include lack of housing, transportation, and supported employment. Additionally, stigma makes it difficult for individuals in recovery to access support services currently available.

Significant successes were also noted throughout the regions.

Regions held trainings and events to educate and promote behavioral health in communities. Recovery and crisis centers are seeing both anecdotal and quantitative successes. Improved communication and partnerships between agencies and organizations in the behavioral health system was noted across the state.

The planning council would like to thank the regional behavioral health boards for the information they provided for the report and for the excellent work they are doing within their regions.

[The complete planning council report can be reviewed here.](#)

Disaster Behavioral Health response in action in Idaho

By Cheryl Brower

IDHW Healthcare Preparedness and Response Program

Imagine 140,000 terrified people coming to Idaho, 7,000 of them in need of medical care and many more in need of help to cope with the trauma of lost family members, homes, jobs, pets, and more. That is the scenario that played out across Idaho for four days in early June as part of the Cascadia Rising exercise, a response to a hypothetical massive earthquake off the coast of Oregon and Washington. Hundreds of Idaho

emergency responders worked together to practice and fine tune their response during the realistic disaster scenario.

Division of Behavioral Health staff participated by reviewing response plans, training on emergency communications and decision making protocols, and brainstorming ways to mobilize behavioral health staff to assist. The need would be overwhelming. Only with advance planning and training can the proper steps be taken in the few hours available to begin to respond. More

behavioral health planning and training will take place

in the months to come to build on the lessons learned from the Cascadia Rising exercise.

As part of those next steps, DHW and local partners will host a Preparedness and Response Summit on July 20-22, 2016 in Boise.

Behavioral health professionals, public health districts, the Office of



Emergency Management, state agencies, county emergency managers, healthcare partners, EMS and fire agencies, and non-governmental agencies are invited to attend the free summit. In addition to public

health and medical topics, experienced behavioral health responders will present on crisis counseling needs after a mass shooting, in medical shelters, and in Idaho communities devastated by wildfires. [The](#)

[agenda can be found here if you would like to join us for all or part of the Summit!](#)

Contact April Theberge at theberga@dhw.idaho.gov if you have any questions.

Latah Recovery Center fills behavioral health need in N. Idaho

By Latah Recovery Center staff

The 2015 Legislature gave Idaho citizens with addictions and mental health issues a new alternative for help. They funded four recovery community centers for peer support. The Latah Recovery Center, in Moscow, Idaho, is one of those centers.

“The Center has been very well received in Moscow,” said program director Darrell Keim at the end of May. “We opened our doors on September 1, 10am. We had our first customer at 10:10.”

The organization’s vision is to create a culture of wellness and positivity that supports long-term recovery for those who face challenges from mental health and substance use disorders.

“We build our vision by providing a resource room full of addiction and mental health resources, peer and recovery coaching where trained people with addictions or mental health issues coach those newer in the recovery process, Recovery Telephone Services, a wide variety of classes and work groups and volunteering,” Keim said.

Steve Bonnar, executive director of Sojourners’ Alliance, a local provider of services for the homeless, said “We were very pleased to take on the cen-

ter as part of our overall mission.

They are now one of our programs.

The work we do with homeless dovetails with the support they provide with addiction and mental health issues. It’s providing a continuum of care.”

Keim has plenty of stories of lives changed: Increased sobriety lengths, friends made, suicides prevented.

“A man approached me about joining our board of directors. I asked why he was interested. His reply floored me,” Keim said. “He said ‘Because the center saved my life. I was planning to kill myself in September. Then I saw your picture and an article in the paper about the center opening. Knowing people cared, help was on the way, was enough to keep me going.’”

Initial support has been strong in Moscow. “I can’t tell you how many people have stopped me in town and thanked me for doing this. Everyone is impacted by the work we do,” Keim said.

Crucially, support is also showing up financially.

“We just had a fundraiser. It turned into a ‘who’s who’ of Moscow. County commissioners, mayors, law enforcement, business leaders, recovery community members ... We had over

150 people. We raised



over \$11,000 to support the center. People see the value of what we do.” The center’s initial data supports Keim’s assertion. From the opening date on Sept. 1, 2015, through the end of May 2016, the center made 304 referrals to local recovery resources; provided a variety of recovery oriented classes to 934 participants; had 2,888 people attend various anonymous 12-step groups; and offered 409 Recovery Coaching sessions. “Our volunteers are the magic that make it possible. We’ve had 3,269.25 volunteer hours!” Keim said.

Idaho’s Recovery Community Centers

Four Recovery Community Centers received start-up funding from Idaho’s Millennium Fund during the 2015 legislative session. Those four centers have now opened in Moscow, Emmett, Boise and Caldwell. An additional four centers received funding from the Millennium Fund during the 2016 legislative session. Those centers will be located in Lewiston, Coeur d’Alene, Pocatello and Idaho Falls.

Optum Idaho releases new Community Health Initiatives Grant

By Optum Idaho

Through collaborative efforts with DHW, Optum recently released the first Community Health Initiatives (CHI) Grant to improve member health.

The goal of the grant is to improve behavioral health outcomes among Idaho child and adolescent Medicaid beneficiaries with serious emotional disturbances (SED), by helping clinicians adopt and implement evidence-based psychosocial treatments. The grant will help Idaho's effort to transform its behavioral health care system by investing in accountable, outcomes-driven and recovery-centered programs and services.

The CHI Grant focuses on children and adolescents with SED to extend focused support to this member population and assist providers in treatment services. The grant will fund a total of \$420,000 for provider engagement, training, and support on evidence-based clinical interventions such as Cognitive Behavioral Therapy (CBT), Parent-Child Interaction Therapy, and Functional Family Therapy.

Applicants must demonstrate that they can work effectively with a sample of behavioral health care providers and identify facilitators and barriers to care, provider adoption and implementation of the practice.

Applicants must submit their proposals through an online process with BidSync at www.bidsync.com. Proposals must be submitted no later than **4 p.m. MDT Monday, Aug. 22, 2016**. One applicant will be selected by an independent committee composed of people across Idaho directly involved with the behavioral health care system by Sept. 26, 2016, and the award will be announced in October 2016. All questions related to the RFP must be submitted through the BidSync website or you may call 1-800-990-9339. The bid # is RFP 2016 0523.

NOTE: Optum Idaho is Idaho's Medicaid managed care contractor for Behavioral Health services.

BPA Health discusses audit updates and new specialty network

By BPA Health

Webinar on Audit Updates

In partnership with agency partners, BPA Health has streamlined expectations and restructured the audit process as a result of the new IDAPA rules that became effective July 1. The frequency of audits will now be based on prior audit performance as well as national accreditation status. This structure will allow BPA Health to provide additional technical assistance to providers who are new to the network or struggling to meet network standards. BPA Health Provider Network Management held a webinar recently to train on the new process. In the

webinar, DHW provides an overview of IDAPA changes and BPA Health reviews the updated audit process.

- Watch the [webinar](#) on new IDAPA rules and impact to BPA Health audit process.
- For more information on the IDAPA changes, please see [this communication](#).

IDOC, ISC and BPA Health Implement Criminal Justice Specialty Network

As a result of the Justice Reinvestment Initiative (JRI), the Idaho Department of Correction (IDOC), Idaho Supreme Court (ISC) and BPA Health are establishing an Adult Felony Criminal Justice Specialty Net-

work. The primary intent of the new provider network is to enhance offender outcomes, standardize program delivery, incorporate criminogenic risk factors within program placement, set expectations for urinalysis collection, and establish guidelines for progress reporting. Learn more about JRI, the University of Cincinnati Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) curriculum, and the Criminal Justice Specialty Network in this [FAQ](#).

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

Region 5 celebrates Mental Health Awareness month

By Curtis Johnson
Region 5 Clinician

Three years ago, the staff at Region 5 Behavioral Health decided they wanted to be more proactive celebrating Mental Health Awareness Month, which is held every May. Some of this year's events included free mental health screenings, a 5K Fun Run, a banquet celebrating people who have overcome mental health challenges, a panel discussion about fighting stigma, and an event called "Painting from the Heart" where participants painted tiles to be placed in the Mental Health Crisis Center upon its completion. In total, there were 14 events that took place in Region 5.

The mental health screenings took place at the Perrine Bridge, where the assistant mayor of Twin Falls,

Suzanne Hawkins, presented the Mental Health Awareness team a proclamation declaring May Mental Health Awareness Month for the city of Twin Falls. The 5K Fun Run was held on the College of Southern Idaho's campus, followed by a Kid's Wellness Event after the race. The Mental Health Wellness Banquet had its largest turn out ever, with 34 people nominated. The banquet honors community members who have overcome or are managing their mental health symptoms. The guest speaker was former College of Southern Idaho coach Jeff Duggan, who gave a motivational talk on fighting symptoms of depression.

This year's events were met with incredible support from the community and the staff at Region 5 Behavioral Health. We look forward



Region 5 celebrated Mental Health Awareness Month in May with a variety of events, including a proclamation and painting tiles for the behavioral health crisis center.

to building on our successes of this year and incorporating new events that celebrate wellness next year.

National Recovery Month is just around the corner:

Mark your calendars for September 2016

By Division of Behavioral Health staff
September is National Recovery Month! The 2016 National Recovery Month theme, "Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!" highlights the importance of families, communities, and individuals sharing stories of recovery to encourage others to seek treatment, share their stories, and



National Recovery Month

Prevention Works • Treatment is Effective • People Recover

SEPTEMBER 2016

make a personal connection with the recovery movement. Recovery Month celebrates people in long-term recovery and recognizes the dedicated workers who provide prevention, treatment, and recovery support services. The Division of Behavioral Health hopes to work with the Governor's office again this year to announce a proclamation declaring September as Recovery Month.

Please visit SAMHSA's website to view the toolkit and other materials that will make it easier to promote Recovery Month in Idaho.

The division would like to create a list of statewide events for our website sud.dhw.idaho.gov, as well as

submit Idaho events to be listed on SAMHSA's website. If your community has planned activities for Recovery Month, we would love to hear from you. Please submit a list of events, with all the information attendees would need, to Crystal Campbell at campbelc@dhw.idaho.gov by July 31.

As the events are occurring, we would like to post pictures, videos, and any media coverage to our website. Activities might include:

- Collection of poems and stories
- Comedy show or concert
- Community BBQ
- Kicking Substances with Kickball tournament
- Mud run

- Obstacle course (overcoming obstacles in your life)
- Photo/poster contest
- Promotional materials (flyers, posters, bracelets, t-shirts, etc.)
- Screening of recovery awareness movies
- Venue for people to share their stories

E-mail campbelc@dhw.idaho.gov with photos, videos, or links to media coverage.

The division would also like to encourage you to contact your local media outlets and inform them of any events you may have planned. SAMHSA has provided some [sample media and promotional materials here](#).

Opportunities to Get Involved

Peer Support Connections Conferences

There will be three, two-day conferences held in August and September for certified peer service workers in Idaho (certified peer support specialists, certified recovery coaches, certified peer recovery coaches and certified family support partners):

- [Idaho Falls: Aug. 5-6, 2016](#)
- [Boise: Aug. 25-26, 2016](#)
- [Coeur d'Alene: Sept. 8-9, 2016](#)

[Follow this link to register.](#)

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