

BEHAVIORAL HEALTH

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



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Division conducting SUD outcomes report

By Dan Greenleaf
Program Specialist

The Division of Behavioral Health (DBH) is conducting a baseline outcomes report for a segment of the publicly funded clients in Idaho. This report will provide information on the changes that are taking place in the lives of clients from the time of their admission to Substance Use Disorder (SUD) treatment through the time of their discharge

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from services. The report measures many important factors about the overall functioning of the clients receiving treatment. Some of the topics covered in the report include: frequency of substance use, employment, living situation, income, recent arrests, and mental health. These measures are consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Federal Treatment Episode Data Sets (TEDS) and National Outcome Measures (NOMs).

The information will be analyzed to provide guidance on developing the

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IDAHO DEPARTMENT OF
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follow-up survey that will be launched in the coming months. A workgroup has been formed to implement the follow-up survey, consisting of staff from the Idaho Department of Correction, Idaho Department of Juvenile Corrections, Idaho Supreme Court, Idaho Department of Health and Welfare, and Business Psychology Associates.

The follow-up survey will provide additional information about how sustainable the changes made during SUD treatment are over the course of the following year. The Division will be collecting the information from the clients through the provider network at regular intervals after discharge from treatment services. The

information will provide data for a longitudinal study on the effectiveness of SUD treatment in the lives of the clients receiving services. The information can provide assistance in making data-informed decisions regarding SUD treatment to enhance the overall benefits of treatment to the clients and the community.

Navigating the SHIP- The Idaho Healthcare Coalition

By Gina Westcott

HUB Administrator

Idaho was piloting the waters of healthcare reform long before the passage of the Affordable Care Act (ACA). Dating back to 2007, Idaho recognized the need to transform our volume-based healthcare system to a value-based system that focuses on outcomes. Since then, Idaho stakeholders from across professions and across our state have set about transforming our healthcare system. On Feb. 25, 2014, Gov. Otter's Executive Order 2014-02 established the Idaho Healthcare Coalition (IHC) to guide Idaho's healthcare system transformation

efforts to a well-integrated model focused on patient health outcomes. Under the leadership of Chairman Dr. Ted Epperly, president and CEO of Family Medicine Residency of Idaho, and Co-Chairwoman Denise Chuckovich, deputy director for the Idaho Department of Health and Welfare, the IHC is charged with implementing the State Healthcare Innovation Plan (SHIP) and overseeing the Medicare and Medicaid Innovation (CMMI) State Innovation Model Test Grant for \$40 million over 4 years. The IHC members include providers, payers, policy makers and consumers. The IHC meets on a monthly basis to convene policy level



discussions regarding system improvements and to assure consistency and accountability for statewide health metrics. The IHC oversees six workgroups, seeks feedback from four advisory groups and supports the activities of the Regional Health Collaboratives. For more information on the IHC, its membership and the goals of the SHIP please visit ship.idaho.gov.

WITS Idaho Updates

By Michelle Buskey

WITS Supervisor

In September 2015, the WITS Help Desk began offering a new training on IT Security for Providers. This

training covers cyber-attack statistics, methods, targets, threats, and both specific and best practices that can be instituted to mitigate the chance of being infiltrated. The

training focuses on the No. 1 vulnerability: the user. Given the highly sensitive nature of information maintained by substance use disorder

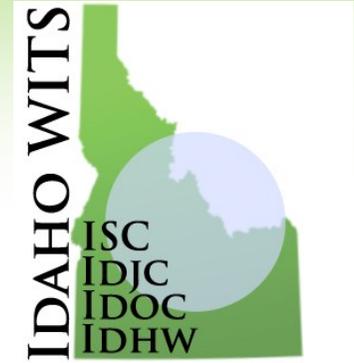


providers and the level of sophistication employed by hackers, the need to educate users is critical to protecting clients.

The target date for implementation of the WITS Enhanced Architecture (EA) – Staff Module is Nov. 2, 2015. The EA project will upgrade the WITS architecture to take advantage of more modern technology and development

standards. We anticipate two major changes, the first is a redesign of the Staff Module, and the other is the move to have a single sign-on for WITS and for SSRS. The new staff structure will increase the ease-of-use for agencies to manage staff and will simplify staff arrangement. The SSRS upgrade will provide increased reporting abilities. Trainings on the new staff module will be announced

later in October.



Transformation: Progress is Being Made!

*By Kathy Skippen
Program Specialist*

Four Regional Behavioral Health Boards have entered into agreements with their health districts and have created new paths forward in the work to achieve transformation in their regions. Regions 1, 3, 4 and 7 are now operating with signed contracts. Regions 2, 5 and 6 are in varying

stages of creating transformation agreements they believe will work best for them.

Under the signed contracts between the Division of Behavioral Health and the health districts, the Division will provide \$50,000 in funding per region per year for the ongoing support of the Regional Behavioral Health Boards under their new local partnerships. The funding will help

support the boards as they work to meet the unique behavioral health needs of their local communities. We are now entering a new period of the process: Contract monitoring. Region 4/Central District Health have now been under the new contract for a three months and they, along with Central Office staff, will be meeting to evaluate how things are going.

Mental Health Peer Supports

*By Stephanie Hoffman
Program Specialist*

According to Merriam Webster, a peer is one who is of equal standing with another, and support means to show approval of someone by giving assistance to that individual. A peer who has lived experience with mental illness or a co-occurring disorder and is stable in his/her recovery provides a valuable, unique service. Peer Supports are evidence-based services that are performed

by Certified Peer Support Specialists (CPSSs) and Certified Family Support Partners (CFSPs). CPSSs are adults with lived experience who provide peer supports to other adults living with mental illness or co-occurring disorders. CFSPs are parents or guardians who have raised or are raising a child with mental illness or co-occurring disorders and now, utilizing this experience, assist others who are raising children with mental illness or co-occurring

disorders. In Idaho, the CPSS system has been in existence since 2008. Jannus, Inc. holds the training contract for CPSSs and Agency Readiness Training. After hearing from providers who employ CPSSs and from CPSSs themselves, we have re-evaluated our training and certification program and are in the midst of establishing a vision and a roadmap for the future of CPSSs. Some of the changes that have occurred include: ➡

- Separating certification from training
- Making enhancements to the training
- Adding Agency Readiness Training for providers and CEU events
- Establishing an in-house certification process (*See related article below*)
- Developing a Peer Supports webpage that can be found through the Division's mental health and substance use disorders webpages

The CFSP program contract has recently been awarded to the Idaho Federation of Families for Children's Mental Health and began Oct. 15, 2015. This contractor is responsible for curriculum development, training of Family Support Partners, and

Agency Readiness Training. Other enhancements and an evaluation process for this project are being determined. The certification process of CFSPs will also take place in-house. This is an exciting endeavor for Idaho and one that is greatly needed as family members navigate a variety of systems to help their children with mental illness live lives that reach their highest potential.

UPDATE

As an update to the April newsletter article regarding the Transformation Transfer Initiative grant from the National Association of State Mental Health Program Directors, the project is moving forward with much energy. The grant was established so that CPSSs may earn an additional certificate in three endorsement areas: Co-Occurring Disorders,

Behavioral Health Crisis Centers and Criminal Justice. Jannus, Inc. won the contract for this year-long project. Stakeholder groups for Co-Occurring Disorders and for Crisis Centers have been held thus far to develop curriculum for these endorsements. A third group for Criminal Justice is scheduled to meet in October. Trainings for each area and train-the-trainer sessions will be held in the months ahead. As CPSSs have become more widely used throughout the state, their value has been recognized. Professional certifications, along with the three endorsement certificates, will provide for a more skilled workforce.

Peer Support Specialist Certification

*By Jennifer Eason-Barnett
Program Specialist*

On Sept. 1, 2015, the Division of Behavioral Health began accepting applications for Peer Support Specialist Certification. Certified Peer Support Specialists (CPSS) are an integral part of the behavioral health support system for those affected by mental illness and in the process of moving toward recovery. To date, the Division has received approximately 25 applications and is reviewing about 5-8 applications per week.

Individuals who received Peer Certifications granted by Jannus (formerly Mountain States Group) prior to Sept. 1, 2015, who wish to retain Idaho's Peer Support Specialist Certification, will need to apply for certification prior to Dec. 31, 2015.

To obtain additional information and an application for certification please go to: <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>



You may call 208-639-5720 or send an email to PeerSpecCert@dhw.idaho.gov if you have additional questions about the certification applications or processes.

REST: Resilience and Emotional Support Team

*By Judith Scarborough,
Medical Reserve Corps of North
Idaho, Unit Leader*

Wouldn't we all like a little more REST in our lives, especially in the middle of an emergency response? The Medical Reserve Corps (MRC) of North Idaho provides REST through its Resilience and Emotional Support Team. The team formed in 2013 and is modeled on a team of the same name developed by the New York City MRC, with their permission. The founders devised the REST acronym as a way to destigmatize mental health assistance. Who can argue with

“Resilience and Emotional Support?” The mission of our REST volunteers is to provide emotional support to survivors after a disaster. REST members could serve at a shelter, family assistance center, or at the disaster site as needed, and are trained to provide psychological first aid to those in distress. We accept mental health professionals as well as nurses and civilians on the team. After a twelve-hour training program taken over two days, REST volunteers are eligible to be deployed in the field. Training exercises further prepare them for service.

In March 2015, a full-scale exercise simulated a general population shelter for evacuated residents after their town flooded. The REST volunteers responded to scenarios played by MRC actors and provided psychological first aid as indicated. Twenty-seven MRC volunteers participated in this exercise, which showcased their skills, and left them asking for more trainings and exercises.

We welcome any interested volunteers – MRC of North Idaho serves the five northern counties. Training is free, CEUs are offered, and we provide lunch!

“The Day the Silence Ends”

*By Rosie Andueza
Program Manager*

“The Day the Silence Ends” — This was the theme for Unite to Face Addiction, a first-of-its-kind rally held on the National Mall in Washington, D.C., on October 4, 2015. The purpose of the rally was to bring attention to the issue of addiction in this country. The rally included many national figureheads, including Patrick Kennedy, U.S. Surgeon General Vivek H. Murthy, and Dr. Oz. Additionally, many famous musicians, including Steven Tyler, Joe Walsh and Sheryl Crow performed, lending their support for a reduction in stigma and the

acknowledgment of addiction as a disease.



**U.S. Surgeon
General Dr. Vivek
Murthy**

ever surgeon general's report on addiction next year. This is extremely exciting considering that since the Surgeon General's 1964 report on smoking was released, the rate of smoking among U.S. adults

An estimated 30,000-40,000 people were in attendance. During the rally, the surgeon general announced that his office will be issuing the first

has plummeted from 42% to 18%. As our nation faces a heroin/opioid epidemic (46 overdose deaths/day, more than are caused by



**At the Unite to Face
Addiction rally**

car accidents), and addiction to all substances continues to impact 1 in 3 families, acknowledgment of this health crisis at the uppermost levels is critical to implementing solutions. Focusing on addiction as a

disease, and not a moral failing, is a shift this country must make. Just over a week prior to this national rally, Idaho's recovery community held its first ever rally on the Capitol steps on Friday, Sept. 25, 2015. Elisha Figueroa of the Office of Drug Policy read the Governor's Proclamation, declaring September as Recovery Awareness Month in Idaho. Elisha was followed by many people in recovery, who shared their stories of hope. Boise Chief of Police Bill Bones and Rep. Melissa Wintrow also made brief speeches regarding addiction and its impacts on Idaho. This event shows promise of growing and making



At the Unite to Face Addiction rally Oct. 4 in Washington D.C.

recovery from addiction more visible, giving voice to those who have struggled with addiction and hope for those who still do. Both of these events, held at state and national levels, give promise that addiction is finally getting the attention it needs; that recognition of addiction as a disease is finally happening; that stigma is no longer going to be a barrier for those who are suffering; and that the day the silence ends has finally arrived.

Feature: Many changes for State Hospital South in 129 years

By Tracey Sessions

Administrator, State Hospital South

State Hospital South has incurred many changes since opening its doors 129 years ago.

Back in 1886, four years before Idaho became a state, the Idaho Insane Asylum was established and began providing primarily custodial care to its "inmates." Inmates worked on the farm, in the garden, orchards, dairy, and shops. They made bricks and then used those bricks to expand their facility. They even made most of their own bedding and clothing. Being able to provide for themselves, and working outdoors on the farm, is credited for "earlier

and more frequent recoveries, the greater degree of mental content, and sound health." In 1931, with patient dignity in mind, Idaho Insane Asylum became State Hospital South; inmates became patients. SHS was making strides toward greater staffing levels and improved interventions, but they didn't account for political unrest, and the war years had a devastating impact on the hospital. Many hospital staff went off to war, so the hospital had few employees and no medical personnel. Scarce material resources, gross neglect, and starvation were commonplace. Public opinion of the hospital became

derogatory. It's unfortunate that such a negative stigma still lingers after all these years, especially since the hospital has improved by leaps and bounds. SHS has always been progressive in providing care. In the 1950s, SHS was a test site for Thorazine, the first antipsychotic medication. The revolution of antipsychotic medication contributed to the demise of more primitive and invasive treatments and markedly decreased the patient population of state hospitals around the country. In 1963, Congress passed the Community Mental Health Act, and Idaho was one of the first states

in the nation to have a full comprehensive community mental health service program.

In the 1980s, community support programs were developed, and SHS began the Fair Weather Lodge Program right on campus. This transitional program, for patients to move from hospital care to living together with several roommates, was so successful that it developed across the state, supported by community case management services.

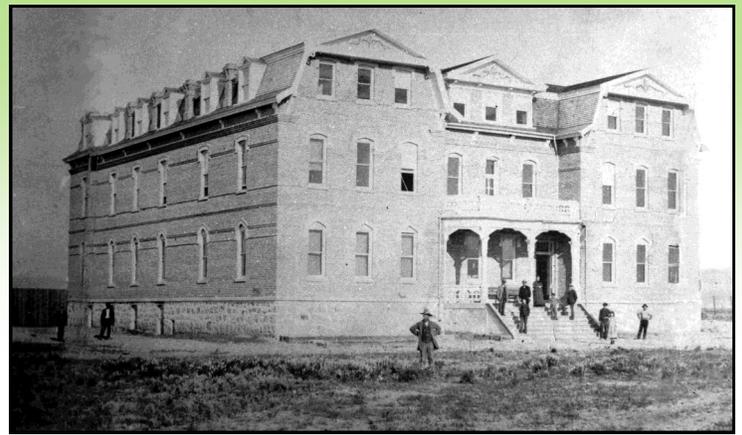
SHS achieved Joint Commission accreditation in 1998, which was an important step in assuring quality care for all patients.

Gone are the days of providing

primarily custodial care, scarce material resources, gross neglect, and starvation.

Today, treatment is provided by a team of licensed physicians, psychologists,

nurse practitioners, physician assistants, psychiatric nurses, counselors, social workers, recreational therapists, psychiatric technicians, dieticians, peer specialists and other trained professionals. All SHS employees are trained to use non-violent crisis intervention skills, as the hospital



A historic photo of State Hospital South.

seeks to minimize the need for patient restraint or seclusion. Today, SHS provides its patients a safe and healthy environment for growth, recovery and inclusion in their community. SHS strives to instill hope, preserve dignity and provide respect to all.

Contractor becomes BPA Health, Introduces New Website

By BPA Health

Since the company's inception in 1974, Business Psychology Associates has grown to serve over 500 organizations in the Northwest. We appreciate the partnerships that we've built throughout the years, and are excited to announce our updated brand and marketing materials to better serve customers. Starting in October, Business Psychology Associates will be doing business as BPA Health with a new look and feel that will extend to our website and printed materials. To simplify the transition, our URL remains BPAHealth.com and contact information will not change.

Our redesigned website gives clients and providers one-click access to all resources and functionality to meet their specific needs. Of particular interest on the website is our smart search provider lookup, featuring an enhanced user experience in the behavioral healthcare space, giving state-funded clients and referral sources easier and more comprehensive access to our statewide substance use disorder (SUD) provider network. The website also features customized content for our SUD Program referral sources and an interactive documents and resources search allowing stakeholders to quickly and easily

access information about the SUD Program.

Our promise to our partners, customers and members is to make lives better, organizations more effective and communities stronger. We appreciate your partnership in the business of behavioral health and look forward to introducing you to BPA Health.

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



Optum in the Community: InTouch Community Conversation

By Optum Idaho

In partnership with Idaho Federation of Families and Idaho Parents Unlimited, Optum Idaho held its first InTouch Community Conversation on Sept. 10, 2015, with keynote speaker Dr. Bill Sonis, Optum associate medical director and child psychiatrist.

The purpose of this event was to bring awareness and education around the critical topic of child behavior disruptive disorders and what treatment options are available for families. As part of the overall system transformation efforts in Idaho, it was also our goal

to deliver the message that every person has a voice and that caregivers in particular need to be aware of their options and expect answers from providers in what their child's diagnosis is and what treatments are available.

The event was live in Boise and was simulcast statewide to six additional regions to deliver the same message, at the same time, throughout the state. Optum Idaho leadership and staff were organized at the event locations and assisted with a moderated Q and A after the presentation.

Throughout seven regions, nearly

100 people attended the event. The event was well received and attendees were extremely appreciative for the opportunity to hear information on this important topic and how they can become more engaged consumers when it comes to their health care decisions. Several attendees also asked that Optum continues to provide more educational forums in the future. The recorded presentation is at www.OptumIdaho.com.

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

Opportunities to Get Involved

Regional Behavioral Health Boards

Idaho is home to seven Regional Behavioral Health Boards, with one located in each IDHW region around the state. Each board meets regularly to discuss local and regional behavioral health issues and needs. To learn more and view meeting times for each regional board, [click here](#).

Recovery Coach Trainings

New Recovery Coach trainings around the state are added regularly to the calendar on this site: recoverycoaching.dhw.idaho.gov.

Cost is \$50.

- Ethical Considerations for Recovery Coaches, Coeur d'Alene, Nov. 4-6, 2015

Regional Behavioral Health Board Contacts

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