

# BEHAVIORAL HEALTH

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



April 2014, Issue 3

## Behavioral Health success in the Legislature

By Ross Edmunds  
Division Administrator



Ross Edmunds

The 2014 session of the Idaho Legislature was hugely successful for Idaho's Behavioral Health system. I'd like to personally thank Gov. C.L. "Butch"

Otter and our Idaho legislators for making Behavioral Health a priority and supporting policy initiatives that we have been working for years to implement. I'm excited to start the work that is ahead.

- Legislators passed a Behavioral
- Legislation to establish Behavioral

Health transformation bill that has been in the works for several years. With the passage of this bill, which aligns state statute with current practice, we can continue our work to integrate the existing mental health and substance use systems into a unified state Behavioral Health system. Regional Behavioral Health Boards have already started to form and will have greater control and responsibility over their local systems. The legislation prepares the Behavioral Health system for necessary and positive changes in Idaho's healthcare system.

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IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**





Photo by Fiona Brunstad

Health Crisis Centers was also approved this year. This piece was heavily supported by the governor, community partners and law enforcement. A crisis center serves its community 24/7, 365 days a year, as a place where people in a mental health or substance use crisis can go voluntarily, receive an assessment and de-escalate. Focused on risk reduction and discharge planning, a crisis center

will allow Idahoans in behavioral health crisis the opportunity to get the services they need without going to the emergency room or being taken to jail. *Read more on page 3*

- The Legislature approved funding for a student loan repayment program at the two state psychiatric hospitals that will allow us to recruit more high-quality providers. The program targets physicians, psychologists and mid-level practitioners, and it has already been positive for our recruitment efforts.
- The Division of Behavioral Health passed rules to establish a criminal history background check waiver process for individuals seeking

employment in the substance use disorder and mental health realms, including certified peer specialists and recovery coaches who are part of a participant’s treatment team. These individuals have valuable first-hand experience with mental illness or substance use that they volunteer to share with other people with similar illnesses. This is a universally accepted, evidence-based practice. While these peers want to help others who may be struggling, some were not previously able to work in this field because they could not pass a criminal history background check. These rules provide a mechanism for them to be able to apply for a waiver. *More in the next edition.*

## Updates from the Office of Drug Policy

**By Elisha Figueroa**  
**Administrator, Office of Drug Policy**  
**Grant Update**

After being awarded a Strategic Prevention Framework State Incentive Grant (SPF SIG) on August 1, 2013, the Office of Drug Policy hit the ground running to put a plan in place to distribute these grant funds to community organizations seeking to implement environmental strategies. The SPF will almost double the amount of federal prevention funding in Idaho communities and our goal is to have funding awarded to communities beginning August 1. The new Prevention Block Grant announcement was released

February 1, with bidders’ conferences held on February 10, 12, and 17. This opportunity closed March 14 and funding of prevention providers will begin July 1.

**Policy Update**  
Senate Bill 1379 will update Idaho’s Controlled Substances Statute to include all currently known and any yet-to-be-developed drugs within the “2C” class, the “25 NBOMe” class, and the “substituted amphetamine” class. These often go by street names such as Smiles and N-Bomb or are referred to as fake LSD. Several overdoses have been reported from these drugs throughout the state, and they are suspected to have been a

contributing factor in the death of a Lewiston youth. Because these drugs can be changed very quickly to avoid statutory restrictions, Idaho has successfully used the approach of banning classes of drugs to avoid the need for special legislative sessions each time a new drug in a class emerges as a threat to public safety.

House Bill 396 will require all Idaho healthcare workers who prescribe controlled substances to register for the Prescription Monitoring Program. Similar laws in other states have been shown to significantly increase the use of these valuable data systems.

# Community Crisis Centers: Taking the first steps

**By Casey Moyer**

**Policy Unit Program Manager**

As Ross, our division administrator, mentioned earlier in this newsletter (*see page 1*), this legislative session has been a big one for the Division of Behavioral Health. Going into the session, we had a myriad of legislative and rule-related items for review, approval and, in some instances, funding.

The governor's State of the State address included a recommendation to fund three community behavioral health crisis centers as a statewide pilot. A variety of legislative activities during the session resulted in the passage of a Community Crisis

Center statute, passage of Community Crisis Center administrative rule, and approval of funding through a trailer bill for \$2.1 million to establish one center in Idaho. We have a great foundation to begin the exciting and slightly daunting task of selecting a site and operationalizing a community crisis center. To help inform us of need, existing resources, data and other important factors, the Department will release a Request for Information (RFI) for Coeur d'Alene, Boise and Idaho Falls. This RFI will solicit responses to a variety of questions designed to help us determine where the best fit for the center will be. Additionally, the



**This photo was taken at the Billings, Mont. Community Crisis Center.**

responses to the RFI will assist in formulating the Request for Proposal (RFP), which is the state's formal bidding process for the contract for Community Crisis Centers. Our goal remains to move quickly and establish this much-needed link in the continuum of care.

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## WITS system enhancements and changes

**By Casey Moyer**

**Policy Unit Program Manager**

WITS (Web Infrastructure for Treatment Services) has been undergoing some rather significant changes behind the scenes, which will result in some visual changes shortly.

As mentioned in our January newsletter, testing of the new User Interface (UI) is currently under way. Once finalized and pushed to production, the login screen and subsequent screens will have an updated look and feel to them. In the latest WITS release,

a Substance Use Disorders (SUD) clinical dashboard is now available for use, and trainings and documents are available. Check out [WITS.idaho.gov](http://WITS.idaho.gov) for details.

### **What's an IWUG?**

The Idaho WITS User Group (IWUG) is a conference call forum made up of state and provider agencies that get together every other Thursday to share information regarding WITS. Staff from the Idaho Supreme Court, Idaho Department of Juvenile Corrections, Idaho Department of Correction, and the

Idaho Department of Health and Welfare are always on the call and are able to answer questions that you may have.

WITS, like any web-based electronic health record, is always making changes, so there are always updates on the latest bug fixes, enhancements, and upcoming work items. If you cannot attend the call, fear not – minutes from each call are posted on the IWUG page at [WITS.idaho.gov](http://WITS.idaho.gov). If you are a WITS administrator for your agency, get registered and find out the latest and greatest.

# Supporting Recovery in Idaho

**By Rosie Andueza**

**Operations Unit Program Manager**

A lot of exciting work has been happening in the recovery realm.

On March 24-27, a Recovery Community Organization (RCO) Workshop was held in Boise and attended by about 50 individuals from across the state. The workshop was facilitated by Connecticut Community for Addiction Recovery (CCAR) and was intended to help Idaho develop an RCO.

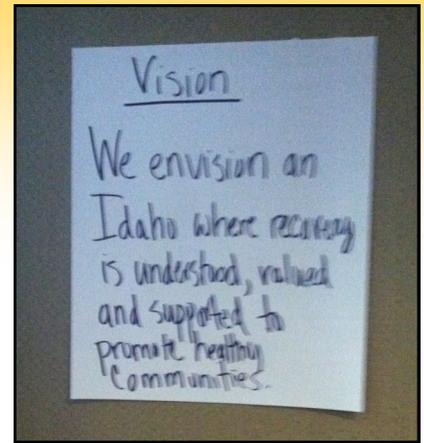
The goal of the RCO is to serve as the umbrella organization under which local activities, such as community recovery centers and other supportive services, can operate.

We recently held a meeting in Caldwell to begin the discussion of a community-driven recovery center and a group of stakeholders is ready to move forward, so establishing an RCO that can

help in this process is a high priority.

By the end of the three-day workshop, Idaho did in fact end up with the foundation for an RCO, named "Recovery Idaho." So far, we have an initial group of eight board members selected from the workgroup, with two more from the community who will hopefully be recruited soon and the potential to add others. The workgroup also drafted a vision statement and the outline of a mission statement, and made decisions related to the Recovery Idaho's by-laws. Next steps are for the board to finalize the work done during the workshop and apply for 501(c)(3) status so Recovery Idaho can operate as a non-profit entity.

Recovery Idaho will encompass recovery from both substance use and mental health disorders. We will continue to keep you posted on the progress of Recovery Idaho.



**During March, workshop participants developed a draft vision for Recovery Idaho, a developing Recovery Community Organization.**

In addition to the RCO Workshop, CCAR also facilitated another training of trainers for recovery coaching during March, bringing Idaho's total number of recovery coach trainers to 25. Additionally, 21 Recovery Coach trainers have now been trained in Ethical Considerations for Recovery Coaches. This new ethics training is an enhancement to the existing recovery coach training.

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## Attend the 30th year of ICADD May 12-15

The Idaho Conference on Alcohol and Drug Dependency (ICADD) will return for its 30<sup>th</sup> year in 2014.

Pre-conference workshops begin May 12 and the general conference is slated for May 13-15 at Boise State University (BSU).

Held in BSU's Student Union

Building, ICADD 2014 will feature education and training for substance abuse and dependence professionals and educators in behavioral health care, criminal justice and recovery support.

The schedule includes keynote speakers, breakout sessions, exhibits, AA and NA meetings and a

showing of the documentary "The Anonymous People" on the evening of May 14.

There is also a maximum of 24 Continuing Education Units available at ICADD 2014.

For registration and more information about ICADD 2014, visit [www.attendicadd.com](http://www.attendicadd.com).

# Integrating Idaho's Behavioral Health Planning Council

**By Martha Ekhoﬀ**  
**Chair, Idaho Mental Health Planning Council**

Following the passage of Behavioral Health system transformation legislation in the 2014 session of the Idaho Legislature, the Idaho State Planning Council on Mental Health is excited to continue the process of integrating into a comprehensive state Behavioral Health Planning Council.

An integrated Behavioral Health Planning Council is encouraged by the Substance Abuse and Mental Health Services Administration (SAMHSA) and will help move Idaho closer to the goal of a transformed

Behavioral Health System of Care. The current State Planning Council on Mental Health began creating strategies for development of the Behavioral Health Planning Council following the 2013 legislative session, when transformation legislation was introduced but not passed. With the support of the Division of Behavioral Health in October 2013, the council's executive committee and representatives from the substance use disorders community gathered for a two-day meeting to develop the structure and membership for the new Behavioral Health Planning Council. The workgroup focused on

the federal requirements for membership and the federal planning council responsibilities. In January 2014, the newly developed structure and membership was presented to the existing Planning Council on Mental Health, which accepted the plan and approved it to move forward. With the passage of transformation legislation this year, we're now ready to take the next steps.

The members of the council recognize that the integration will be hard work, but it will be beneficial for the citizens of Idaho who struggle with behavioral health issues, as well as their families and friends.

## Region 6 Spotlight: Promoting lifestyle changes

**Michele Osmond**  
**Program Manager, Region 6**

Information and encouragement promoting healthy lifestyles seems to be everywhere. We are no exception in Region VI, consumers and staff alike. The East HUB's Biggest Loser Contest has 40 percent of the Division of Behavioral Health staff battling (and losing) for the coveted title. Staff can be found running stairs or laps at Holt Arena during breaks. Leading the charge for healthy lifestyle changes is Carl Glover, Peer Specialist with the Region VI ACT team. At the encouragement

of Judge Dunn, our Mental Health Court judge, Carl has organized walking groups several times a week to various community parks and hot spots around Pocatello. Carl, who was awarded the Vocational Rehabilitation Person of the Year for 2013, is a former consumer of mental health services. He now spends his days supporting others in their recovery journey and helping Mental Health Court participants earn additional tokens by joining the walking groups. Conjointly with the University of Idaho Extension Office, cooking and nutrition classes are also now being held weekly for consumers



**Division of Behavioral Health Regions**

wanting to enhance their culinary knowledge and skills. The Extension Office provides useful kitchen items for class members to use during class and take home at the end of the eight-week session. The best part of the class according to one →



ACT Team attendee is "getting to take home anything we make. It's really good and, and I made it!"

The month will wrap up with the start of a 12-week Health & Wellness group promoting and teaching skills for healthy living. Region VI and the Pocatello SPAN chapter are working together on the first "Not One More.....Race" community fun run in the fall.

This 5K/10K run/walk promotes suicide prevention and awareness. Consumers and staff participating in any of the healthy lifestyle change programs will have their entrance fee waived. It seems like the only thing left to do after all this change is decide which running skirt to wear.

## Passion for client success drives Lighthouse for Recovery

**By Jon Meyer**  
**Technical Writer**

Employing just four people, Bill Slaven's Lighthouse for Recovery may seem small, but the size of the staff doesn't limit their passion for helping clients succeed.

Bill has been working in the substance use treatment field for 23 years and has been in recovery himself for almost 26 years. He ran a residential program for Road to Recovery in Pocatello for 14 years before starting Lighthouse for Recovery.

After all that time, Bill still recalls the triumphs of his clients with pride and admiration.

"In one case a man walked from jail in flip flops to the (safe and sober) house and begged to come in. He came from prison. He'd spent 14 years in prison. He had nothing," Bill said. "He's now married. He's purchased a home. He's got eight years sobriety. He drives a brand new truck. He's an excellent welder. He's living life. He's sponsoring other men in the AA program. He's doing very well. And that's just one

story of many."

While working for Road to Recovery, Bill saw that men weren't always able to access the treatment they needed, which motivated him to open the Lighthouse for Recovery safe and sober house in 2006 in Chubbuck. It started out as part of the Access to Recovery (ATR) program, and included recovery support services like case management, life skills and transportation.

Bill was later certified as an outpatient provider, and opened a Lighthouse for Recovery office in Pocatello offering outpatient and intensive outpatient services in 2008. In addition to ATR clients, they also work with DUI drug court clients, Medicaid clients and more.

"We're really very 12-step oriented. We do the matrix model, the cognitive self-change model, the MRT model. We have a pretty rounded treatment program," Bill said. "I put together an 18-week phase 1 program that addresses criminal thinking and addictive family roles and dynamics. It addresses the medical aspects of

alcohol and drug use on the body and it addresses relapse prevention." Bill added: "If a client doesn't understand the disease they have, they don't have a chance of fighting it. You can't manage something you don't understand."

As a person in recovery, Bill says he sometimes gets a uniquely rewarding perspective, being able to go to 12-step meetings and see clients who have remained sober. That helps drive his passion for the work Lighthouse for Recovery does.

"I'm of the philosophy that there's no such thing as a hopeless alcoholic or drug addict," he said.

A difficult part of Bill's work is having to turn away people every day who don't have the means to pay for treatment. He's hopeful the state can find ways to put more focus on substance use treatment to help the people who currently can't access the services they need.

"If it saves one person, it's a venture well worth it," Bill said about his passion for this field. "Any resources you put into that person, if they're successful, it's worth it."

# Words From Our Partners

## Introducing peer support services as a Medicaid benefit

At Optum Idaho, our goal is to help people enrolled in the Idaho Behavioral Health Plan access the outpatient mental health and substance use care services that are available to them through Medicaid. We are dedicated to working in partnership with providers and community stakeholders to implement an accountable, outcome-driven, recovery-centered system. We are currently working on several initiatives to help achieve the joint vision of the state and Optum Idaho to help people access the outpatient mental health and substance use services they need to reach recovery

and resiliency. One key initiative that we are working on is introducing peer support services as a Medicaid benefit. A peer support specialist is a key part of a larger treatment plan for a member, overseen by a licensed clinician. A peer support specialist is someone who has lived experience with mental health issues and is currently in recovery. Peer support specialists go through a certification process. This is the first time that peer support services are being offered as a Medicaid benefit. Their unique experience benefits members by:

- Supporting and educating members to be proactive in their care.
- Assisting members to develop a recovery plan and helping them in sustaining their recovery goals.
- Working with the existing peer support network to ensure members have access to peer support in their community.

For more information on Optum Idaho and the services offered, please contact Optum Idaho at 1-855-202-0973.

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

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## Implementing SUD network standards for evidence based practice

Evidence based practice (EBP), as defined by the National Association of Social Workers, is “a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services.” The Addiction Technology Transfer Center (ATTC) determined that “The advantage for service providers in using evidence-based practices is that there is a very strong probability that the specified

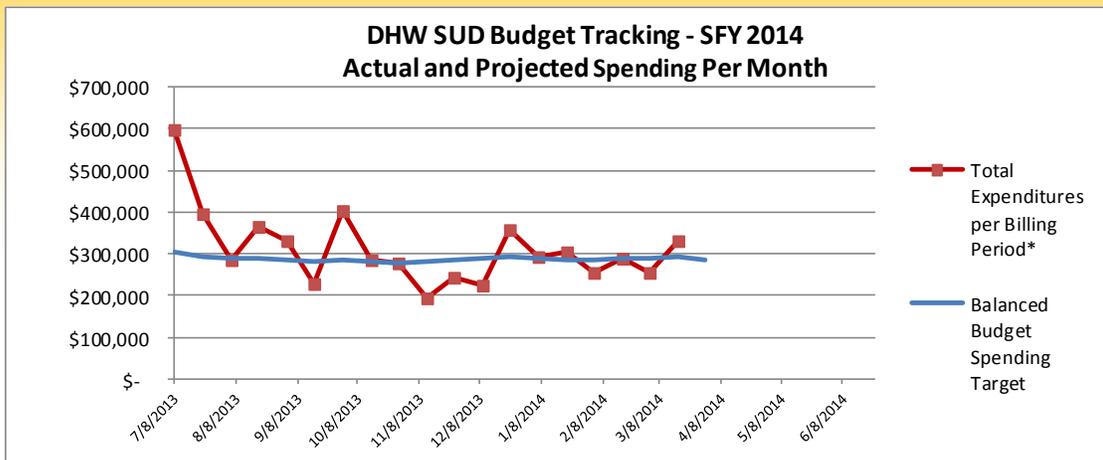
outcomes will be achieved. For providers working in a challenging field like substance abuse treatment, in which relapse is common for patients, the use of evidence-based practices can give them a decided edge as they work to help people overcome their addictions.” BPA is working with partners and providers to implement network standards for evidence based practice. BPA released a draft Evidence Based Practice Standards and Audit Tool for provider feedback in March and is piloting

the EBP audit tool with several providers in April. After the tool is finalized it will be implemented as a part of providers' regularly scheduled clinical chart audits. You can learn more about this process and provide feedback by reviewing evidence based practice materials on the [provider communication page](#) of BPA's website.

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

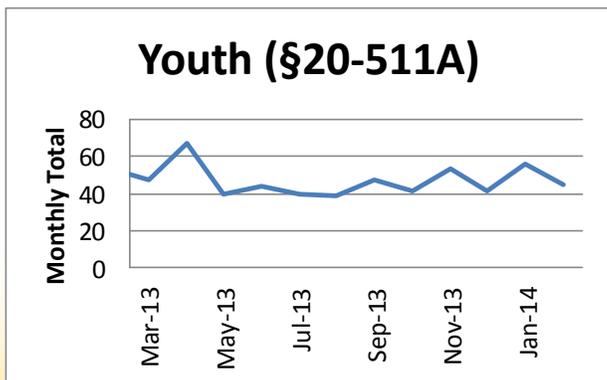
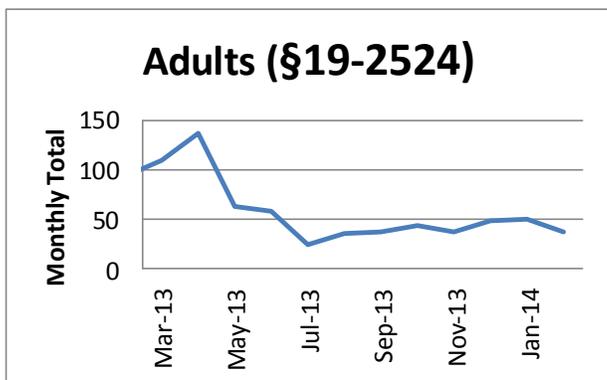
# Substance Use Disorder (SUD) program budget update



This chart shows Substance Use Disorder (SUD) year-to-date spending. The blue line is the running balanced budget spending target. The total treatment budget for the year is \$7.9 million. Based on spending year-to-date, targeted spending for subsequent bi-weekly invoice periods is about \$286,000.

**\* Note:** The first invoice of the fiscal year typically appears excessive because it often covers some charges from one or two invoice periods from the previous fiscal year. Subsequent invoices return to normal and only include two weeks of treatment charges.

## Court Ordered Mental Health Assessments



## Caregiver Survey

Informal caregivers in Idaho are invited to participate in a survey designed to gather information about the needs of caregivers. The results will be used to guide the actions of the Idaho Lifespan Respite Coalition. The survey is anonymous and participation will not affect any services or benefits a caregiver is receiving. Follow this link to take the survey:

<https://boisestate.az1.qualtrics.com/SE/?>

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