January 2015, Issue 6

2015 Idaho Legislative Session Begins

By Ross Edmunds
Division Administrator

The 2015 Idaho Legislative Session has begun and the Governor has released his budget recommendations. If you listened to Gov. Otter’s State of the State address, you undoubtedly heard his recommendation for funding another behavioral health crisis center. The Behavioral Health Crisis Center of Eastern Idaho has been operating for just over a month and has already demonstrated its effectiveness. (Read more on page 2). As you will recall, the crisis center approved last fiscal year was identified as a pilot. While only one month of data is a limited evaluation period, we believe it is demonstrating success and hope to receive approval for an additional center this session. If approved and funded by the Legislature, the location of this second crisis center would be determined through a competitive process. The Governor has asked for the Legislature to allow hearings on the...
findings from the Medicaid Redesign workgroup. While there continues to be disagreement on the best solution to provide healthcare to Idahoans from zero to 100 percent of the poverty level, the Governor is asking to move the conversation forward.

The Division of Behavioral Health has a relatively light legislative agenda. We are proposing small changes in Mental Health Administrative Rule to clarify timeline requirements of assessments and treatment planning, to outline the service array accurately, and to simplify eligibility criteria. The only proposed statute change makes small modifications to I.C. Title 39, Chapter 3. The transformation legislation last year combined the Regional Mental Health Boards and the Regional Advisory Committees (RACs) over substance use disorders. The legislation will take the RACs out of Idaho Code.

The only other major areas I would like to make you aware of are the Statewide Healthcare Innovation Plan (SHIP) and the Justice Reinvestment Initiative (JRI). The SHIP is driving the move in Idaho from a quantity-based system (fee for service) to a quality-based system that incentivizes wellness.

The JRI is an effort to make improvements to the corrections system through the application of best practices in supervision and the use of other sentencing alternatives. I would encourage you to look into each of these initiatives as they will have meaningful and lasting impacts on individuals with behavioral health disorders.

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**Behavioral Health Crisis Center of Eastern Idaho Opens**

*By Brenda Price*

*Crisis Center Coordinator*

It’s been an exciting and busy time for us here at the Crisis Center! We had a public tour the afternoon of December 12th and had more than 200 people show up to tour the facility. We held a soft opening that night and our first client came in within two hours. This gentleman had used the emergency room in the past for crisis services. The crisis center staff members were able to help him through his crisis in a couple of hours and he was able to go home.

At this point, about half of the crisis center clients come in on their own or with a family member or friend. About half are brought in by law enforcement. We have had clients from Bonneville County as well as Madison County. A number of people have been brought by friends, community-based rehabilitation services (CBRS) workers or other support workers for a quick tour of the facility, so they will feel safe coming in if they have a crisis in the future.

In the first two weeks, we had 32 unique clients complete the process to be entered into Web Infrastructure for Treatment Services (WITS). Approximately the same number simply called in to ask about our services. Of the 32 clients, a couple have come in more than once and a few have come in once and then chose to leave, only to return after deciding they really did want our help.

We are grateful for this opportunity to help people find help and hope in their recovery.
Access to Recovery IV (ATR IV)

ATR IV is here! As previously announced, Idaho was one of only five states to receive the Access to Recovery IV Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This three-year grant will provide Substance Use Disorder (SUD) treatment services for: 1) families involved in Child Welfare Court; 2) veterans who have committed a crime and are on supervised probation; and 3) individuals experiencing homelessness. Referral sources for these services include the Idaho Department of Health and Welfare’s Division of Family and Children’s Services (FACS), Veterans Court Coordinators and Misdemeanant Probation Officers. Additionally, community-based service providers will refer homeless individuals and families. The division has been working hard to launch these services and successfully piloted four cases in December. ATR services are now available for all eligible individuals. We will keep you posted on the success of the program in future newsletters. For more information, please see the ATR website at atr.dhw.idaho.gov.

Pregnant Women and Women with Children (PWWC) Network

Another area of focus has been expansion in the area of PWWC services. First, eligibility for this population has been expanded to include pregnant women and women with children under the age of 12 (previously, the children had to be under the age of 3 for mom to qualify for services under this category). Second, Business Psychology Associates (BPA) has created a specialty network for the PWWC population. This specialty network will provide expanded services for this population, including gender-specific treatment, coordination of medical care for mothers and children, child care while women are receiving services, therapeutic interventions for children, and sufficient case management and transportation to ensure women and their children have access to the services provided. BPA has been working closely with the SUD provider network to solicit providers who are interested in offering these expanded services. Providers selected in each region will be trained in January. Specialized services will begin February 1, 2015. For more information, please contact BPA at 1.800.922.3406.

Idaho Youth Treatment Program (IYTP) Update

By Rob Christensen

IYTP Project Coordinator

The Idaho Youth Treatment Program (IYTP) a project of the Division of Behavioral Health, recently hosted a technical assistance site visit by a team from Georgetown University and JBS International. A four-year grant to Idaho from the Substance Abuse and Mental Health Services Administration (SAMHSA),...
IYTP provides an opportunity for transitional aged youth, 18-24 year olds, with substance abuse and co-occurring disorders to participate in an evidence-based treatment program. The program incorporates positive behavior development with the youth and their families. Clinicians, who have been trained and certified in the Adolescent Community Reinforcement Approach (ACRA) have been providing treatment over the past year at two pilot sites, one in Region II (Lewiston) and one in Region IV (Boise). The grant also provides for expansion of the evidence-based treatment into other regions across the state. With the recent award of an additional three-year contract for services to Business Psychology Associates, which oversaw the successful service provider activities in the first year of the grant, actions are already under way for expansion into Region III to begin in early 2015. By the end of the grant period, all Department of Health and Welfare regions will have the ACRA model in place.

The site visit team was impressed with the level of diversity of youth-serving agencies as part of an IYTP advisory council. The team provided very useful suggestions for synchronizing funding streams, adapting policy development, and increasing professional capacity amongst providers in building sustainability for this valuable resource to serve Idaho young people.

For more information contact Rob Christensen, 208.334.6546, or Business Psychology Associates, 1.800.922.3406.

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**Behavioral Health Planning Council Embraces Transformation**

*By Teresa Wolf*

*Behavioral Health Planning Council*

**NOTE: This article contains guidance for Idaho’s Regional Behavioral Health Boards.**

“Transformation” has been the buzz word for the Behavioral Health Planning Council for the last several years. Now, it is a reality. Transformation will provide opportunities for the seven Regional Behavioral Health Boards (RBHBs) to make systematic changes in individual communities across Idaho.

In August 2014, members of the newly formed council met and an outline was established for the council’s role, direction and how to best accomplish its expanded responsibilities. New subcommittees were formed and several documents were developed to assist the RBHBs in moving forward with their transformation and readiness efforts. Readiness criteria documents have been uploaded to the council’s website for use by the RBHBs in their development efforts.

The council met January 5, 6, and 7, 2015, to advance its direction and priorities. New officers will be appointed by the Governor within the next few months. There was much discussion about the Readiness Application process. As a result of this discussion, a letter from the council will be sent out to encourage decision making on the direction of the individual RBHBs.

The Gaps and Needs Analysis is a very important reporting piece for the council. This document provides information to help the council understand regional and statewide needs. The Gaps and Needs Analysis is a legislative requirement and it...
is vitally important that it completely reflects the actual issues that need to be addressed within each individual region. This document needs to be returned to the council by April 24, 2015, to ensure the regional information is included in the council’s annual report to the Governor and Legislature. This is a very exciting time for Idaho as the change and development needed to establish services at the local level takes place. Transformation is a reality. With the support of the Department of Health and Welfare, it is now up to the RBHBs and the council to make it happen.

### How Does The Division of Behavioral Health Work?

*By Jamie Teeter*

*Behavioral Health Bureau Chief*

Behavioral health is a term that covers the full range of mental and emotional well-being, from the basics of how we cope with the day-to-day challenges of life, to the treatment of mental illnesses, substance use disorders and other addictive behaviors. The Division of Behavioral Health promotes community awareness and education; coordinates, develops, and implements community-based wellness; and manages intensive community-based and inpatient behavioral health services. A primary function of the division is to manage federal and state funds to aid those members of our community most in need.

We receive funding to operate two state hospitals; seven regional mental health programs for adults and children; a substance use disorder treatment system which we contract out to a network manager; and a budget for community hospitalization. The hospitals and regional mental health programs employ state staff to work with clients in crisis, court-ordered individuals, and those without resources to pay for services. The substance use disorder system is funded by treatment dollars managed and distributed to private providers through our contract with Business Psychology Associates (BPA). We also have a Central Office in Boise that is divided into four interconnected programs that support the state system.

- **The Policy Unit** has several duties: 1) administrative rules and statute analysis, 2) grants management and innovation projects, 3) creating behavioral health system standards, and 4) creating program-specific policy for program operations within the division.

- **The Operations Unit** is responsible for: 1) management of substance use disorder services including the BPA and Chestnut (GAIN) contracts, 2) Recovery Coaching and infrastructure support for recovery centers, 3) SOAR, 4) communications (newsletters, internal and external web resources), and 5) Regional support for seven Behavioral Health Boards.

- **The QA Unit** is responsible for: 1) quality assurance of all division programs activities, 2) quality assurance of Idaho’s Behavioral Health managed care contractors, and 3) authorization of targeted behavioral health services.

- **The Automation Unit** is responsible for: 1) upkeep of the WITS electronic health record, 2) providing WITS help desk support and 3) data management and reporting.

The division is constantly involved in implementing new and effective processes. Supporting our community always comes first here, whether it’s providing assistance with the technical side of the WITS system, or the people based peer-support specialist program that trains and empowers members of our community to help others one-on-one.

We believe there is always an opportunity to help make a difference.
Region 2: Unique In Its Beauty And Services

By Joyce Lyons
Region 2 Program Manager

Region 2 is a beautiful place to work and live, encompassing a vast area of snow-capped mountains, rivers, canyons, cities, and farmland in green, gold, white or brown depending on the season. In certain places you have a 100-mile view to four states, making it what we think is one of Idaho’s best kept secrets.

Behavioral Health services in Region 2 are also unique in their ability to cover this large area and provide crisis interventions and care to adults and children, as well as supporting three separate Mental Health Court Programs. Our team is outstanding. We do not have a Mobile Crisis Team, but we do have a Mobile Forensic Assertive Community Treatment Team (FACT Team). This team pools knowledge, skills and ability to provide all mental health services, facilitate groups and manage relationships with our community partners. The Mental Health Court programs in Region 2 have about a 95 percent success rate with a FACT team of eight covering the entire region.

Most small organizations need to have lots of overlap to be successful. Region 2 shines in that area. Region 2 Behavioral Health has two clinical supervisors who share supervisory responsibility across programs. The Children’s Mental Health Program includes five Master’s level clinicians; one is primarily assigned to the Parenting with Love and Limits (PLL) program. The Adult Mental Health Program consists of seven clinicians, two psychosocial rehab specialists, two social workers and a nurse. We use our strengths. We are now a combined after-hours crisis response team, where on-call coverage is shared across the two programs. We are in the process of developing the protocols and flow for an integrated intake team. This has generated a bunch of enthusiasm as we are actually planning to co-locate.

Region 2 is a very intense place to work and play. We enjoy our jobs. We take the time to enjoy the beauty of our surroundings and we provide excellent care to our families. Please come and visit when you're in the neighborhood. If you call ahead, we'll plan a potluck. This group is always ready to celebrate the great things in life.

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Partner Submission: BPA Achieves URAC Reaccreditation

By Business Psychology Associates

In September 2014, Business Psychology Associates (BPA) achieved reaccreditation in Health Utilization Management (HUM) through URAC, an independent, nonprofit organization well known as the leader in promoting healthcare quality through its accreditation, education, and measurement programs. Accreditation and compliance with URAC’s CORE and HUM standards provides the critical infrastructure, guidance, and resources that organizations like ours pursue to ensure efficient and effective processes and high-quality services and products.

Our URAC accredited Utilization Management Program is an integral component of BPA’s quality management program, which is at the heart of the services we provide the Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Corrections and Idaho Supreme Court through the Substance Use Disorder Treatment and Recovery Support Services Network contract. It ensures quality and operational efficiency across the continuum of care. The Utilization Management Program strives to ensure timely access to the right care, at the right time, for the right reason and addresses the major treatments, interventions, and diagnostic modalities.

NOTE: BPA is the management services contractor for Idaho’s Substance Use Disorder (SUD) treatment and Recovery Support Services (RSS) network.
**Partner Submission: Local Partnership Brings Free Mental Health First Aid Training to Rural Idaho**

*By Optum Idaho*

Optum’s goal is to help people facing a mental health or substance use issue reach long-term recovery. By training people to assist someone facing a mental health crisis, we increase the chances that the person in need gets help. To that end, Optum has partnered with The Speedy Foundation to bring Mental Health First Aid to communities throughout Idaho. Mental Health First Aid is a day-and-a-half long course that teaches participants how to recognize the most common signs of mental illness, how to identify warning signs that indicate an individual may be at risk of harm or suicide, listen non-judgmentally, give reassurance, and encourage the person to seek professional help. Through this partnership, The Speedy Foundation is funding 10 training sessions taught by certified MHFA instructors from Optum Idaho. The organizations are focused on offering courses in rural areas where people may have limited access to mental health resources. Their goal is to give people in these communities the tools to identify and support individuals in distress, and to help them get connected to professional care.

To get involved with MHFA training and help raise awareness about upcoming courses in your area, visit [The Speedy Foundation](#) website for more details and to download course flyers. Course registration information is also available from Optum Idaho at [www.optumidaho.com](http://www.optumidaho.com) or 208.914.2013.

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

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### Court Ordered Mental Health Assessments

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**Note:** Data was obtained from the Mental Health Dashboard. To view more data on the Public Dashboard, [click here](#).

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### Regional Contacts

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<tr>
<th>Region 1</th>
<th>Community Resource Development Specialist Corinne Johnson, <a href="mailto:JohnsoC2@dhw.idaho.gov">JohnsoC2@dhw.idaho.gov</a></th>
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<tr>
<td>Region 2</td>
<td>Community Resource Development Specialist Darrell Keim, <a href="mailto:KeimD@dhw.idaho.gov">KeimD@dhw.idaho.gov</a></td>
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<td>Region 3</td>
<td>Community Resource Development Specialist Joy Husmann, <a href="mailto:HusmannJ@dhw.idaho.gov">HusmannJ@dhw.idaho.gov</a></td>
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<td>Region 4</td>
<td>Community Resource Development Specialist Laura Thomas, <a href="mailto:ThomasL@dhw.idaho.gov">ThomasL@dhw.idaho.gov</a></td>
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<tr>
<td>Region 5</td>
<td>Community Resource Development Specialist Erica Estes, <a href="mailto:EstesE@dhw.idaho.gov">EstesE@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Region 6</td>
<td>Contact Program Manager Michele Osmond, <a href="mailto:OsmondM@dhw.idaho.gov">OsmondM@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Region 7</td>
<td>Interim Community Resource Development Specialist Monica Martin, <a href="mailto:MartinM@dhw.idaho.gov">MartinM@dhw.idaho.gov</a></td>
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Your feedback is important to us. Click here to tell us what you want to see in this newsletter.