Crisis Center Will be Located In Idaho Falls

A new regional behavioral health crisis center will be located in Idaho Falls, Gov. C.L. “Butch” Otter announced June 26 at the Idaho Falls Regional Airport. Idahoans experiencing a behavioral health crisis often are incarcerated, hospitalized or treated in hospital emergency departments because an appropriate level of care to meet their needs is unavailable. The crisis center will be a place to go voluntarily and where people in crisis will be able to access services they need, get stabilized and leave with a treatment plan.

“Our plan is for the state to provide start-up funding and then to build community partnerships for long-term sustainability,” Governor Otter said. “This crisis center – and others we hope to develop – will be modeled on the best practices of other states where such plans have been successful. We’re hoping for similarly encouraging outcomes here, with communities joining in these investments as they see declining use of local emergency rooms, hospital beds and jail cells.”

A committee of professionals including behavioral health, finance and research considered responses to a request for information from three communities: Idaho Falls, Boise and Coeur d’Alene.
The decision to place the crisis center in Idaho Falls was based on the outstanding community and legislative support from the Idaho Falls area and surrounding eastern Idaho community. Data gathered from this center’s operations will be used to evaluate the need and resources necessary to set up other centers in other communities if the funding is available.

“It was an extremely difficult decision to make because there is a great need in all three of these communities for a crisis center,” said Ross Edmunds, administrator for the Division of Behavioral Health at the Idaho Department of Health and Welfare. “We’re grateful for the funding we received. We anticipate the information gathered from the center will demonstrate the effectiveness of the model and lead to the development of additional crisis centers in the state.”

The Idaho Legislature appropriated $1.52 million in ongoing State general funds and $600,000 in one-time federal money for the center in the 2014 session. Once it is established, the center will be accessible to all residents on a voluntary basis. It will operate around the clock, every day of the year and will be available to provide evaluation, intervention and referral for people experiencing a crisis because of serious mental illness or substance use disorder. An episode of care at a behavioral health crisis center is no longer than 23 hours and 59 minutes.

### Substance Use Disorder (SUD) Program Updates

*Updates by Rosie Andueza, Operations Unit Program Manager*

**SUD Budget: Good news!**

The Substance Use Disorders (SUD) treatment budget finished State Fiscal Year (SFY) 2014 with a slight surplus. That surplus will be carried forward to the SFY 2015 SUD treatment budget. In addition to ending the year in the black, the Division of Behavioral Health received an increase of nearly $2 million in our block grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Historically, we have spent nearly $2 million per year serving this population with Access To Recovery (ATR) funds. The conclusion of ATR 3 leaves a large gap in services. This new funding will help alleviate some of that loss. Idaho applied for an ATR 4 grant, but those awards have not yet been announced by SAMSHA.

**Criminal background check waiver process now in place**

Rules that were passed during the 2014 Legislative session regarding the criminal background check waiver process took effect July 1, 2014. The rule changes allow individuals who have not passed the criminal background check the opportunity to apply for a waiver. The waiver, if granted, will allow individuals to work with Division of Behavioral Health-funded populations in the mental health and substance use disorder fields. At this time, Optum Idaho is still in the process of determining whether or not they will honor the waivers for individuals who will provide services for Medicaid clients.

The division has created committees that will review each waiver application. The committees have 30 days to review each application and make a recommendation to Division Administrator Ross Edmunds, who will ultimately approve or deny the waiver request. Applications may be submitted now. For more information on the process and to access the application, please go to the Department of Health and Welfare’s Substance Use Disorders or Mental Health web pages.
Behavioral Health Transformation Is Now Law

By Kathy Skippen
Program Specialist

On July 1, behavioral health transformation legislation became law. This legislation has been a while coming, and provides those at a regional level the opportunity to have much more say in how recovery support services are provided. The term recovery support is exactly what it says, and it is the most important piece in helping those with behavioral health issues remain functional participants in their communities. If a person without a behavioral health disorder had to figure out how to live in a healthy manner without transportation, housing or income, they would fail. To expect those with behavioral health challenges to do so makes no sense.

To assist regions in making the move to play a more active role in providing these needed supports, we will be creating supports of our own. An outline is being created for regional use, to clearly indicate what planning needs to be done to accomplish this new role. Model documents will be created to function as blueprints for building the foundations of these new organizational structures, as well.

In listening to what is going on in each region, it appears we may end up with seven different ways of doing business... but what else could be expected in Idaho! We are an independent bunch who relishes a challenge, are creative in finding solutions and are willing to put in the work to be successful. If you have specific questions or suggestions for what is needed, contact me at skippenk@dhw.idaho.gov.

Regional Progress On Transformation Continues

As Regional Behavioral Health Boards progress toward goals of the transformation legislation, we asked them to provide updates on three items:

- The selection process for new board members.
- Whether the board will remain in advisory role, partner with a public entity, or form an independent entity.
- Whether the board is now meeting as a Regional Behavioral Health Board or is still holding separate Regional Advisory Committee and Mental Health Board meetings.

Here are updates from each region:

**Region 1**

Community Resource Development Specialist Corinne Johnson: The selection process for new board members is now complete and just waiting for final approval from the appointing authority. Our RAC and MH Boards have been meeting as a combined group since July 2012 in preparation of merging into a new Behavioral Health Board once legislation passed. Our RAC/MHB met for the last time on June 19th. The new Behavioral Health Board will have their first meeting on July 17th and will look at the option of partnering with another public entity.

**Region 2**

Community Resource Development Specialist Region Darrell Keim: The Region 2 board has completed the selection process for new members. Our first meeting was July 10. The new board will decide whether to remain in an advisory role, partner, or form a standalone entity. However, the current mental health board has shown a clear preference for partnering. The board has most recently been meeting as a Regional Behavioral Health Board.

**Region 3**

Community Resource Development Specialist Joy Husmann: We are in the process of nominating, selecting, and voting on the new board membership, however, we believe that many attendees will stay involved in the board activities and sub-committees. Once the new board members are selected, the board will begin discussions as to how it will proceed going forward. The RAC and Mental Health Board have been meeting together since March 2013.

**Region 4**

Community Resource Development Specialist Laura Thomas: The application/nomination and board role description have been distributed; recruitment will continue until the appointing committee
completes its work with a goal of no later than September 2014. Conversations continue with Central District Health Department for a possible partnership; a Behavioral Health status update is planned for the August 2014 Board of Health meeting. The former RAC and MH Board members opted to have a behavioral health meeting on July 9, 2014, for updates to continue the joint meetings from 2013.

Region 5

Community Resource Development Specialist Rita Ruhter: The Region 5 Behavioral Health Board is in the process of recruiting a dynamic group of consumers, providers, and partners to serve. The board plans to confirm these 22 people with a vote on board membership at our August 13 meeting. We are researching the option of forming an independent entity while still considering partnering with an existing agency. This is currently the most challenging task at hand and will require time and careful contemplation. Members of the RAC & Mental Health Board in Region 5 joined forces in 2013 and currently meet jointly on a monthly basis.

Region 6

Community Resource Development Specialist Brenda Price: Region 6 co-chairs and county commissioners will select the new Behavioral Health Board members before the end of July. The new board members will determine which partner agency will be the best fit for the board or whether to form a stand-alone organization. We have been meeting as a combined Behavioral Health Board in Region 6 for almost two years.

Region 7

Community Resource Development Specialist Brenda Price: Region 7 county commissioners met in July to select the new Behavioral Health Board members with co-chairs recommendations, so the first official meeting of the new board will be held in August. The new board members will determine which partner agency will be the best fit for the board or whether to form a stand-alone organization. We have been meeting as a combined Behavioral Health Board in Region 7 for almost two years.

Transformation Establishes Behavioral Health Planning Council

By Terry Pappin
Program Specialist

The 2014 Legislature passed Senate Bill 1224, combining mental health and substance abuse services under the framework of a behavioral health system. To support this, the Legislature established a State Behavioral Health Planning Council, which will have representatives from adult and children’s mental health, adult and children’s substance use disorders treatment and substance abuse prevention.

The planning council was given a broad range of responsibilities for state and regional planning and service development. At the state level, the planning council is to advise the state behavioral health authority in the development and implementation of a services plan, monitor and evaluate the allocation and adequacy of services and the effectiveness of state laws specific to behavioral health and to facilitate inter-agency policy and program development. The planning council will also provide an annual report to the governor, the judiciary and the Legislature, summarizing the planning council’s activities and providing an evaluation of the current effectiveness of publicly-supported behavioral health services.

The planning council will establish readiness and performance criteria for the regional behavioral health boards also established under this legislation. The planning council will evaluate regional board compliance with readiness criteria and determine if the individual regional boards have the capacity to administer family and recovery support services. The planning council is also responsible for continuing oversight of these boards, ensuring that they are managing the recovery support services appropriately and effectively. Appointments to planning council are
made by the governor for two-year periods. No less than 50 percent of the council must be family members and consumers of behavioral health services. The remaining membership is to be representatives of relevant state entities such as the Division of Behavioral Health, Vocational Rehabilitation, Adult and Juvenile Corrections, Medicaid, regional behavioral health boards, the judiciary and other public and private entities concerned with behavioral health. The planning council membership must also reflect the demographics of Idaho’s citizens. If you are interested in becoming a member of the Behavioral Health Planning Council, check the Behavioral Health Planning Council website. The application requirements will be posted soon.

Provider Feature: Mental Wellness Centers Help Clients Reach Goals

By Jon Meyer
Technical Writer
Ask Mental Wellness Centers Director Eric Pettingill why he entered the field of mental health and substance use treatment and his answer comes quickly and naturally: It’s the people he works with every day.

“I really like seeing clients succeed,” Eric said during a recent interview. “When you see someone complete a problem-solving court and they go from the point where they were drinking every day to where they have a steady job, they’re in a relationship they enjoy and maybe even get reunited with their child, those are the times that really make it rewarding. Seeing someone who was in the depths of despair come around and see hope - that’s really rewarding.”

Eric, along with his business partner Michael Hartley and another partner formed the Mental Wellness Centers in 2003, after purchasing the mental health portion of Valley Medical Shoppe, where Eric had worked while obtaining his master’s degree in mental health counseling.

They started with offices in Rexburg, Idaho Falls and Pocatello, and opened an office in Coeur d’Alene for a couple years as well. The Rexburg office, which focused primarily on providing services for drug court, closed several years later when the seventh judicial court began providing treatment services in-house.

Now, Mental Wellness Centers maintains offices in Idaho Falls, Pocatello, Driggs and Arco. In Idaho Falls, the office has moved from its original location and expanded services to include co-occurring enhanced substance use treatment, clinic services for mental health, case management, peer support services and community based rehabilitation services. The Driggs and Arco offices primarily provide co-occurring capable services, with
the Arco location providing services for Butte County’s drug court and the Driggs office providing treatment for Teton County Drug Court.

“We focused our energy on doing clinic services and mental health and continuing to provide substance use services. We tried to focus on quality of care,” Eric said.

Just a few years ago, Mental Wellness Centers started providing services through their Idaho Falls office for a high-intensity domestic violence court operated through Bonneville County.

“It’s kind of a unique niche we fill. There aren’t a lot of people involved in it, but we have about 15 participants. These are guys who have had at least two offenses in domestic violence situations. Typically, it’s alcohol- or drug-related and they often have another co-occurring disorder. These are pretty complex cases and they receive a wide array of services,” Eric said. “As far as success rate, I think we’re in the 80 percent range of people completing the court.”

Mental Wellness Centers achieved Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation in 2008 for the Pocatello and Idaho Falls offices, with the Arco and Driggs offices achieving accreditation shortly after.

Eric said moving toward the accreditation helped Mental Wellness Centers leadership fine tune their treatment priorities and goals, which helped them to be more successful with their clients.

“Part of it is our philosophy of treatment too. People come here like they go to a medical doctor; they want to get better. We try to keep that in mind,” Eric said. “Ultimately they all have goals and they want to get to a certain level of functioning. We try to focus treatment on getting them to that level of functioning.”

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**Region 7 Spotlight: Promoting Hope and Recovery**

By Randy Rodriquez  
Region 7 Program Manager

Region VII Behavioral Health is teaching our clients a new four-letter word: “HOPE.” Our mission is to promote hope and recovery in our programs, with consumers and our communities. The Substance Abuse and Mental Services Administration (SAMHSA) defines recovery as: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

We work closely with community partners, educating and promoting hope and recovery. This year the state’s first juvenile-focused Crisis Intervention Team (CIT) Academy was held in Region VII. In May, a free three-day children’s mental health awareness conference was given to spread the message that:

- Mental health is essential to overall health and well-being.
- Serious emotional and mental health disorders are real and treatable.
- Children deserve access to services that are family driven, youth guided and culturally appropriate.
- Stigma associated with mental illness should no longer exist.

Region VII BH has formed a wellness committee to help combat burnout and compassion fatigue.

Encouraging a healthy workplace strengthens recovery focused treatment.

Our Participant Advisory Council works on improving mental health awareness and decreasing stigma through the use of educational posters.

We have shown “The Anonymous People”, a documentary about long-term recovery, to staff, community partners, court programs, Region VII Behavioral Health Board, clients and the general public, and the response was overwhelmingly positive.

Recovery emerges from hope, and we strive to be welcoming, empathic and hopeful to all who visit us.
Words From Our Partners

Optum Highlights Recovery-Oriented Initiatives

By Optum Idaho

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.

These recovery-oriented initiatives include:

- Introducing improvements to the care management model to ensure that members get the right care they need to get and stay healthy.
- Working with local communities to increase mental health awareness.
- Educating providers and stakeholders on medical necessity and evidence-based practices.

To do this, we are working to strengthen the way contracted benefits are managed to ensure care and services meet medical necessity guidelines established in cooperation with the state, and are consistent with national clinical best practices guidelines, our contract with the state and applicable law.

For some, this will mean supporting access to more comprehensive community-based services. For others, it will mean a careful assessment to ensure that a given level of care is only utilized for the appropriate length of time and assistance is provided in moving to the next appropriate level of care. Some services will be increased, and others, such as community-based rehabilitation services (CBRS), will be managed more appropriately in accordance with current evidence-based guidelines.

By providing evidence-based, medically necessary care, we can ensure that members have the best chance to reach recovery and resiliency.

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

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Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit

By Business Psychology Associates

After research on prevalence data for individuals with co-occurring substance use and mental health disorders (COD), in 2003 the Substance Abuse and Mental Health Services Administration (SAMHSA) released the first DDCAT index (currently in version 4.0). The DDCAT was created to measure the capability of Substance Use Disorder programs to serve individuals with COD. The DDCAT consists of 35 elements that are evaluated and divided into the following seven dimensions:

1 - Program Structure — Do program elements encourage or serve as a barrier to integrated treatment of COD?
2 - Program Milieu — Program culture, Is staff and environment welcoming to individuals with COD?
3 & 4 - Clinical Assessment and Treatment — Do clinical activities successfully address integrated assessment and treatment?
5 - Continuity of Care — Availability of long-term supports for individuals with COD.
6 - Staffing — Are staffing patterns and operations supportive of successful integrated assessment and treatment?
7 - Training — Is staff provided training and support to treat persons with COD?

BPA provided training on the administration of the DDCAT in each of the regions in March and April. All substance use disorder treatment providers in the BPA network are completing the DDCAT in June. The results will be evaluated by BPA to determine dual diagnosis treatment capability of the network and to help guide future training on the implementation of integrated treatment.

More information on the DDCAT and comparable tool for Mental Health Providers (DDCMHT) can be found on SAMHSA’s website.

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

Regional Contacts

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<tr>
<td>Community Resource Development Specialist</td>
<td>Community Resource Development Specialist</td>
</tr>
<tr>
<td>Corinne Johnson, <a href="mailto:JohnsoC2@dhw.idaho.gov">JohnsoC2@dhw.idaho.gov</a></td>
<td>Laura Thomas, <a href="mailto:ThomasL@dhw.idaho.gov">ThomasL@dhw.idaho.gov</a></td>
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<td>Darrell Keim, <a href="mailto:KeimD@dhw.idaho.gov">KeimD@dhw.idaho.gov</a></td>
<td>Rita Ruhter, <a href="mailto:RuhterR@dhw.idaho.gov">RuhterR@dhw.idaho.gov</a></td>
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<td>Joy Husmann, <a href="mailto:HusmannJ@dhw.idaho.gov">HusmannJ@dhw.idaho.gov</a></td>
<td>Brenda Price, <a href="mailto:PriceB@dhw.idaho.gov">PriceB@dhw.idaho.gov</a></td>
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Feedback

If you would like to learn more about these stories or Behavioral Health, visit mentalhealth.idaho.gov and SUD.dhw.idaho.gov. If you have any suggestions or feedback about this newsletter, email Jon Meyer at meyerj@dhw.idaho.gov.

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Note: Data was obtained from the Mental Health Dashboard. To view more data on the Public Dashboard, click here.