

**Recovery Infrastructure Training for Empowerment Transformation Transfer Initiative  
(RITE-TTI) Application**  
State of Idaho Department of Health and Welfare  
October 18, 2012

**I. Initiative Description and Project Budget (3 pages or less)**

Recovery is cited as the "single most important goal" for the mental health service delivery system. (*Transforming Mental Health Care in America, Federal Action Agenda: First Steps*).

Idaho is in the process of transforming the behavioral health service system to integrate mental health and substance use services into a recovery oriented system of care. Idaho initiated peer specialist training for adults with mental health diagnoses in March 2009. Since then, 128 mental health peers have been trained, with 106 certified as peer specialists. While 51 of those trained identified as having a co-occurring mental health and substance use disorder diagnosis, there is no equivalent peer specialist program for adults recovering from substance use.

The Recovery Infrastructure Training for Empowerment Transformation Transfer Initiative (RITE-TTI) grant proposes to provide training to build an integrated infrastructure for behavioral health recovery (mental health and substance use) in three ways. First, a group of 25-50 people will be trained in Recovery Coaching (substance use focus), with half trained as trainers. Participants will include substance use peers, regional board members and Community Resource Development Specialists. Second, regional behavioral health boards anticipate increased responsibility to identify regional issues (e.g., housing, transportation, etc.) and to implement plans to address those issues. Regional board representatives will be trained in skills for Action Plan (AP) issue identification, planning and implementation. Third, there is no clear recovery training in Idaho. Regional representatives will be recruited to develop and disseminate materials from a behavioral health Recovery Toolkit (RT) that includes a focus on trauma. These three training areas will coalesce to build an integrated mental health and substance use recovery infrastructure for boards and service systems across the state of Idaho.

**Idaho's Behavioral Health Transformation Efforts**

Moving toward an ideal behavioral health service delivery system that is both outcome-oriented and accountable, provides adequate community supports in a recovery-oriented environment and that effectively coordinates state agency programs has been a long process in Idaho. Past efforts to transform Idaho's system involved changes to system infrastructure and recovery supports.

Established within the Department of Health and Welfare in 2006, the Division of Behavioral Health (DBH) was created to facilitate the integration of mental health and substance abuse services. In 2009, the Governor created the Behavioral Health Transformation Work Group (BHTWG; Executive Order No. 2009-04) in 2009. Members of the BHTWG were tasked to develop a plan for a coordinated, efficient state behavioral health infrastructure that provides for participation by families, consumers, providers, and communities. The Governor's BHTWG, Interim Status Report (January 19, 2010), p. 6, can be found at: <http://www.healthandwelfare.idaho.gov/Medical/MentalHealth/AdultMentalHealth/tabid/195/Default.aspx>

The BHTWG's Goals (Interim Report page 3) are as follows;

1. Increase the availability of, and access to, quality services.
2. Establish a coordinated, efficient state and community infrastructure throughout the entire mental health and substance abuse system with clear responsibilities and leadership authority and action.
3. Create a comprehensive, viable regional or local community delivery system.
4. Make efficient use of existing and future resources.
5. Increase accountability for services and funding.
6. Provide authentic stakeholder participation in the development, implementation and evaluation of the system.

**The RITE-TTI project proposes to influence each of these strategic goals through infrastructure development and training.** The RITE-TTI project will transform the behavioral health system through recovery and action plan education designed to ensure that the voices of behavioral health (i.e., mental health and substance use) consumers and family members are clearly heard.

**Idaho has experience with transformation.** A 2010 Transformation Transfer Initiative (TTI) grant was awarded to Idaho to enhance the ability to extract outcomes and management data through the establishment of an integrated behavioral health data warehouse. This allowed the Division of Behavioral Health to provide critical behavioral health (i.e., mental health and substance use disorders (SUD)) outcome data to regional boards, planning councils, legislators and other stakeholders that include Business Psychology Associates (BPA), state hospitals, Medicaid, Department of Labor, Department of Corrections, Department of Juvenile Corrections, Tax Commission, and Financial Management.

**Adults with mental health (MH) diagnoses have participated in peer specialist training based on the Appalachian model since 2009** when the DBH contracted with the Office of Consumer and Family Affairs (OCAFA) to establish a 40-hour Certified Peer Specialist training program. Since that time, there have been 128 peers trained and 106 certified. Of these, 51 reported a co-occurring mental health and substance use diagnosis; 31 were mental health court graduates; three were veterans and 24 reported that they had been homeless at some time. Additional training provided to peer specialists included Wellness Recovery Action Plan (WRAP), Peer Support Whole Health and Intentional Peer Support training.

**Mental health peer specialists are employed on teams where they model recovery and resilience.** These include Assertive Community Treatment (ACT) teams, the Idaho Home Outreach for Empowerment (ID-HOPE) Critical Time Intervention (CTI) team and the Program for Assistance in Transition from Homelessness (PATH) teams. Peer specialists work at both state psychiatric hospitals. These programs and staff have been funded through a blend of state, federal and Block Grant funds.

**Proposed TTI project principles strengthening Idaho's readiness for implementing health care reform** include the concepts that developing; 1) consumer recovery awareness and skills will empower responsibility to identify and address primary and behavioral health care needs, 2) a recovery toolkit for regional board and planning councils will encourage respect for consumer choices and person centered planning, and 3) action plan training and technical assistance to regional boards and planning councils will improve plan identification and implementation to improve behavioral and primary health care, housing, child care, transportation and other regionally identified concerns.

**Existing DBH multi-agency collaboration or transformation efforts** include project partnerships between DBH and criminal justice, courts, law enforcement, public health, hospitals, consumer and family groups, courts and other stakeholders for effective service planning and delivery. For example, the ID-HOPE Advisory Board's membership includes private providers, primary health, housing, vocational rehabilitation, the commission for the blind, consumers and family members. Membership on regional boards and the State Planning Council include consumers, family members, corrections, housing, Medicaid, private providers, legislators and other stakeholders. The DBH Leadership team includes program managers from each of the regions and state hospital administrators.

**Proposed initiatives rooted in systems change with the greatest impact include use of peer specialists as direct service providers.** Certified mental health peer specialists work on teams for ACT, PATH and ID-HOPE. The RITE-TTI project proposes to hire two part-time peers to oversee project implementation, evaluation and reporting. Training peers with SUD diagnoses in recovery coaching will complement the Certified Peer Specialist training offered to adults with serious mental illness and allow integration of recovery principles throughout the behavioral health service delivery system.

**Other agencies or organizations that will be collaborating with DBH for the RITE-TTI project** include other internal and external agencies. These include the Office of Consumer and Family Affairs (OCAFA), Community Resource Development Specialists (CRDSs), the Division of Financial Management (DFM), regional DBH programs, state psychiatric hospitals, private behavioral health providers, regional boards, the State Planning Council, Business Psychology Associates (BPA), Department of Corrections and Department of Juvenile Corrections.

**Other state resources and infrastructure that allow for leveraging the TTI funds for the proposed initiative** include collaboration with internal and external agencies to leverage in-kind infrastructure and resources (staff and financial) to fulfill project goals. DBH previously leveraged funds from the Data Infrastructure Grant to take steps to program a data warehouse. Staff from the DBH Policy Unit will provide reliable, timely, and cost-effective research, clinical consultation and technical assistance for this project. DBH will hire and pay for one of the peer coordinators for this project (see budget).

**Consumers will be involved in all aspects of the RITE-TTI project.** The Director of OCAFA was integrally involved in the development, review and selection of the RITE-TTI project proposal. The RITE-TTI proposes to hire two part-time peers (one state funded) as the initiative coordinators for this project. Participants for Recovery Coaching, Action Plan and Recovery Toolkit training opportunities will be recruited from regional boards, the State Planning Council, Community Resource Development staff, the state hospitals and behavioral health service providers.

**Specific measurable outcomes of the RITE-TTI project include the following:**

- Hire two half time peers to coordinate RITE-TTI implementation, evaluation and reporting
- Contract with Connecticut Community for Addiction Recovery (CCAR) for Recovery Coach Training
- Train 25-50 (Community Resource Development Specialists, board members, peers) as Recovery Coaches (RC); train approximately half of these as RC Trainers
- RC Trainer will provide at least one RC training in each region
- Recruit at least seven (at least one from each region) for the Action Plan (AP) team. The AP team will meet at least once a month for at least 8 months to identify and develop a standardized AP training curriculum that describes methods to 1) identify regional behavioral health issues; 2) develop action plans to address identified issues and 3) implement action plans.
- The AP team will provide AP training to regional boards, the State Planning Council and other stakeholders by request.
- Recruit at least seven (at least one from each region) for the Recovery Toolkit (RT) team. The RT team will meet at least once a month for at least 8 months to identify existing resources and develop a standardized Recovery Toolkit training curriculum on recovery issues, including trauma. The team will review other state and federal models of recovery toolkits and choose/adapt a RT that encompasses Idaho's strengths, resources and needs.
- The RT team will provide RT training to at least each regional board and to the State Planning Council.
- The Peer RITE-TTI coordinators will facilitate logistics for training, curriculum development and review and assist with any needed administrative support for RC, AP and RT training events.
- Peer RITE-TTI coordinators will track data on RITE-TTI participants and outcomes and work with the DBH staff to evaluate outcomes and to complete and submit required reports.

**Sustainability plans after the TTI funding is exhausted are built in because the RITE-TTI project focus is building a sustainable and integrated infrastructure for recovery.** Once this project is completed, little to no additional funds will be needed to maintain the training as board members will train other board members and Recovery Coach Trainers will facilitate Recovery Coaching training events.

## II. Initiative Timeline (1 page)

The proposed Idaho TTI Recovery Project timeline is as follows:

Month	Concrete Activities	Outcomes	Persons Responsible	Projected Date
Dec 2012	1) Hire 2 peers as Initiative Co-Coordinators 2) Contract with CCAR to provide recovery coaching training & train the trainer to 25-50 people 3) Establish a team to develop a recovery toolkit (RT) 4) Establish a team to provide technical assistance and training to regional boards and planning councils on identifying issues and implementing action plans	1) Hire 2 peers 2) Contract w/CCAR. 3) RT team identified 4) AP team identified	Peer Initiative Coordinators, DBH, OCAFA	12-31-12 12-31-12 12-31-12 12-31-12
Jan 2013	1) Recruit 25-50 to attend recovery coach training 2) Arrange hotel and transportation for recovery training event 3) Recovery toolkit team meets to research tools 4) TA/Training team meets to research tools and develop a training curriculum and action plan	35 recruited for Recov Coach training; 10 as trainers Recovery training arranged	Peer Initiative Coordinators, DBH, OCAFA, BPA CRDSs	1-31-13 1-31-13 1-31-13
Feb 2013	1) Recovery toolkit team meets to research tools 2) TA/Training team meets to research tools and develop a training curriculum and action plan	Meetings held at least monthly	Peer Initiative Coordinators, DBH, OCAFA	2-28-13 2-28-13
Mar 2013	Recovery coaching train the trainer event 2) Recovery toolkit team meets to research tools 3) TA/Training team meets to research tools and develop a training curriculum and action plan	35 recovery coaches trained as trainers	Peer Initiative Coordinators, DBH, OCAFA	3-31-13 3-31-13 3-31-13
Apr 2013	Recovery toolkit (RT) team pilots recovery toolkit training to at least one regional board	Pilot RT training 1 region	Peer Initiative Coordinators, DBH, OCAFA	4-30-13
May 2013	TA/training team pilots training curriculum and action plan (AP) training with at least one regional board	Pilot AP training 1 region	Peer Initiative Coordinators, DBH, OCAFA	5-31-13
Jun 2013	RT and AP training sessions provided in at least two regions Recov. Coach (RC) training in at least 2 regions	RT, RC & AP training in 2 regions	Peer Initiative Coordinators, DBH, OCAFA	6-30-13
Jul 2013	RT and AP training sessions provided in at least two regions Recov. Coach (RC) training in at least 2 regions	RT, RC & AP training in 2 regions	Peer Initiative Coordinators, DBH, OCAFA	7-31-13
Aug 2013	Share results and materials with regional boards, planning councils and other stakeholders Integrate SUD recovery with MH recovery efforts	Results shared with stakeholders	Peer Initiative Coordinators, DBH, OCAFA	8-31-13
Sep 2013	Complete final report	Submit final report	Peer Initiative Coordinators	9-30-13

## **Background Information on Certified Peer Specialists in Idaho**

Prepared by C. Clapper for R. Andueza – January 2013

### **Definition of Certified Peer Specialists**

Certified peer specialists are individuals with lived experience with a serious mental illness. Those with lived experience are in a unique position to model recovery and resilience. Across the nation, peer specialists are increasingly used to provide an assortment of behavioral health services, ranging from peer run drop-in centers to direct provision of other behavioral health services.

### **History of Peer Specialist Training in Idaho**

The state of Idaho initially contracted with the Office of Consumer and Family Affairs (under Mountain States Group) to develop and implement a peer specialist certification program in 2009. The chosen curriculum is that developed by Larry Fricks of the Appalachian Group (Georgia). The state of Georgia has certified peer specialists for several years. They provide college credit for this 40 hour course, and services provided by peer specialists are Medicaid reimbursable. The Office of Consumer and Family Affairs (OCAFA) recommends that peer specialist training participants also complete Wellness Recovery Action Plan (WRAP) training. This allows each participant to have a personal WRAP to refer to when and if they become stressed by work or personal events.

Peer specialist training courses were held in Idaho in 2/09; 10/09; 5/10; 1/11; 8/11; 3/12; 4/12 and 12/12. Not all peer specialists who complete the 40 hour peer specialist training program are able to pass the certification requirements. The Office of Consumer and Family Affairs offers coaching and re-test opportunities, but this is not always successful. As of October 2012, there were 126 trained and 107 certified.

### **Employment Opportunities for Peer Specialists in Idaho**

Peer specialists in Idaho provide several behavioral health services. Mountain States Group's OCAFA initially began by directly hiring and supervising certified peer specialists to work on regional Assertive Community Treatment (ACT) teams. The Projects for Assistance in Transition from Homelessness (PATH) project was revised in 2010 to allow two half time certified PATH peer specialists in each region to provide PATH case management outreach, engagement and case management services to eligible PATH participants with a serious mental illness who were either literally homeless or at risk of becoming homeless. Also in 2010, certified peer specialists were hired to provide Critical Time Intervention (CTI) services through the Idaho Home Outreach Program for Empowerment (ID-HOPE). The ID-HOPE program uses a mix of peers and bachelors/masters level staff to provide nine month CTI services in Region 4. Peers also volunteer time to run the Peer Run Center for Hope in Boise, Idaho.

## **New Developments**

During the fall of 2012, regional behavioral health program managers indicated interest in directly hiring ACT certified peer specialists. As of November 2012, each regional behavioral health program was able to directly hire a temporary part-time (i.e., 26 hours per week) certified peer specialist to work on their ACT teams. These individuals are paid \$13 per hour and they receive state benefits commensurate with the number of hours that they work.

In December 2012, the state of Idaho was awarded one of ten Transformation Transfer Initiative (TTI) grants. Idaho's Recovery Infrastructure Training for Empowerment (RITE) TTI grant was designed to build a recovery infrastructure for behavioral health (i.e., for both mental health and substance use). This program allows for a three pronged training approach. Individuals with a primary substance use diagnosis from each of seven regions will be eligible to attend a 40 hour training on Recovery Coaching. Trainers in Recovery Coaching from across the state will also be trained, so that the training can continue in each region. This will allow substance use disorder peers to be trained in their field as peer specialists. These substance use disorder peer specialists will complement the existing work force of mental health peers trained through the Appalachian Group's curriculum. Another aspect of the RITE-TTI project is recruitment of stakeholders from each of the seven regional boards to develop a Recovery Toolkit with a trauma focus. Stakeholders can go back to their regions and provide training on recovery and trauma. A third focus of the RITE-TTI project is to recruit individuals from each region to develop an Action Plan Toolkit. In the event that regional behavioral health boards are allocated funding to address regionally identified behavioral health issues, this Action Plan Toolkit will be invaluable. The Action Plan Toolkit will cover topics related to how to identify an issue; how to develop a plan to address the identified issue; how to implement the action plan; how to track and collect data on action plan outcomes; and how to report and disseminate results of action plan implementation to relevant stakeholders. The RITE-TTI calls for the hiring of two half time certified peer specialists to coordinate the implementation of this project.