

Behavioral Health Board Meeting Minutes:

Call in number: 208-234-7951, code 7622

11:30	<u>Welcome & Introductions to Behavioral Health Board Meeting- Janae Andersen</u>
11:35	<u>Approval</u> November 17, 2015 minutes Approve Proposed January 19, 2016 agenda Board Members in Attendance:
11:40	<u>Sub-Committee Updates:</u> CMH Recovery Support Services
11:50	<u>Old Business:</u> Board Positions: Elementary or Secondary School Representative (Dave Miner) Mental Health treatment provider (Matt Wadsworth) Board Chair person By-Laws Workgroup-Brad <u>New Business:</u> "Talking Points" by the Behavioral Health Planning Council- Janae Optum quarterly report- Dionne Chatel Public Health has agreed to partner with BHB Future BHB meeting will be held are Public Health Department
1:00	<u>Adjourn</u>

Children's Mental Health Sub-Committee will meet prior to the board meeting at 10:30 a.m. @ 421 Memorial, Pocatello.

Recovery Support Services Sub-Committee will meet following the Board meeting at 1:00 p.m. @ 421 Memorial, Pocatello.

Matthew J Wadsworth
332 N. 7th Avenue
Pocatello, ID 83201
17 December 2015

Region 6 Behavioral Health Board
421 Memorial Drive
Pocatello, ID 83201

Dear Region 6 Behavioral Health Board:

It has been a great pleasure and honor to serve as the chair of the Region 6 Behavioral Health Board. However, my family and I will be relocating to Alaska. Please accept this as my official resignation as chair and as the board representative of mental health providers. As I also represented the interests of the Shoshone-Bannock Tribes, I have asked Melissa Syria to apply for my position on the board as representative of mental health providers. I wish you all well and know that even though I will be moving to Alaska, I still have a vested interest in the wellbeing of Southeast Idaho. Please let me know of anything I can do to help ease this transition or to help the Board in the pursuit of its goals.

Sincerely,

Matt Wadsworth

March 2015

**BY-LAWS
OF
THE REGION VI BEHAVIORAL HEALTH BOARD**

ARTICLE I: NAME AND ESTABLISHMENT

The name of this organization shall be Region VI Behavioral Health Board.

In accordance with Idaho Code 39-3132 this Board is established with the legislative intent to be recognized as a governmental entity authorized by the state, in the same manner as other single purpose districts. This Board shall have no authority to levy taxes. The Board is authorized to provide the community family support and recovery support services listed in Idaho Code 39-3135 (7), but is not limited or required to manage those services.

ARTICLE II: JURISDICTION

The principal business of this Board shall cover the following counties in the State of Idaho: Bannock, Bingham, Bear Lake, Caribou, Franklin, Oneida, and Power.

ARTICLE III: MEMBERS, OFFICERS, AND ELECTIONS

Section 1. Members shall be selected in accordance with Idaho Code 39-3130 totaling 22 members with the following allocation:

- a. Three (3) county commissioners or their designee;
- b. Two (2) Department of Health and Welfare employees who represent the behavioral health system within the region;
- c. One (1) parent of a child with a serious emotional disturbance;
- d. One (1) parent of a child with a substance use disorder;
- e. One (1) law enforcement officer;
- f. One (1) adult mental health services consumer representative;
- g. One (1) mental health advocate;
- h. One (1) substance use disorder advocate;
- i. One (1) adult substance use disorder services consumer representative;
- j. One (1) family member of an adult mental health services consumer;
- k. One (1) family member of an adult substance use disorder services consumer;
- l. A private provider of mental health services within the region;
- m. A private provider of substance use disorder services within the region;
- n. A representative of the elementary or secondary public education system within the region;
- o. A representative of the juvenile justice system within the region;
- p. A representative of the adult correction system within the region;
- q. A representative of the judiciary appointed by the administrative district judge;
- r. A physician or other licensed health practitioner from within the region;
- s. A representative of a hospital within the region;

Section 2. In accordance with Idaho Code 39-3134 the appointing authority committee shall meet annually or as needed to fill vacancies on the Board. The committee shall request

nominations from the Board, families, consumers, providers, advocacy groups, and public. The list of appointments shall be submitted to the Executive Committee and/or partnering public entity should one be established. The appointing authority in each region shall be a committee composed of the following:

- a. Chair of the board of county commissioners of each of the counties within the region,
- b. Current chair of the Regional Behavioral Health Board and
- c. One representative of the Department of Health and Welfare from the region.

Section 3. The Board shall, annually (or as needed), elect to a one year term a Chair, Vice Chair, Treasurer, and Secretary.

Duties of the elected positions are as follows:

Duties of Chair: The Board Chair conducts Behavioral Health Board meetings, prepares the meeting agenda after receiving agenda suggestions from Board and Staff members, assist all Board committees, identifies and monitors Behavioral Health Board agreed upon goals and maintain appropriate communication with Region VI Board Members, Staff and other stakeholders.

Duties of Vice Chair: The Vice Chair shall act as an aide to the chair and shall perform the duties of the Chair in the absence or inability of the Chair to act.

Duties of Secretary: The Board Secretary receives notice from Board members when they are unable to attend Board meetings, keeps track of attendance without cause and notify any member after two such absences. The Board Secretary coordinates with the Board Chair to: maintain a list of current Board Members and their contact information, present the list of Board positions to be filled to the Behavioral Health Board Appointing Committee, monitor corrections to the Board minutes and maintain a file of the approved documents and maintain official Board documents in an electronic and/or hard copy file. The staff will provide administrative assistance to carry out these functions. Minutes are taken at each meeting and shall include all action items and recommendations. Copies of the minutes shall be distributed to Board members. The staff will provide administrative assistance during the meeting and will distribute minutes, agenda and other informational material prior to Board meetings

Duties of the Treasurer: The Treasurer shall keep maintain the financial accounts of the Board and will give a financial report to the Board as request, but at least quarterly and shall deliver an annual financial report.

Section 4. In accordance with Idaho Code 39-3133 this Board shall annually elect an executive committee of five (5) members to serve with officers on the Behavioral Health Board. The membership shall include one (1) mental health consumer or advocate and one (1) substance use disorder consumer or advocate. The Executive Committee shall be empowered to make fiscal, legal and business decisions on behalf of the full Board. The Regional Behavioral Health Board may join with another governmental entity that can fulfill the same management infrastructure function. The Executive Committee or partner public entity shall

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Region 7 has this additional lines in their bylaws:

At the end of Duties of the Chair:
It is the responsibility of the Chair to see needed board nominations are made in a timely manner.

At the end of Duties of Vice Chair:
The Vice Chair will facilitate an annual audit of the financial accounts

At the end of Duties of Secretary:
When voting occurs, the Board Secretary will record the total number of yeas and neahs board member of board.

have the power to:

1. Establish a fiscal control policy as required by the state controller;
2. Enter into contracts and grants with other governmental and private agencies;
3. Develop and maintain bylaws as necessary;
4. Employ and fix the compensation, subject to the provisions of chapter 53; title 67, Idaho Code, of such personnel as may be necessary to carry out the duties of the Board.

All meetings of the Executive Committee shall be held in accordance with the open meeting law, Idaho Code Chapter 23, title 67.

ARTICLE IV: TERM -- VACANCIES -- COMPENSATION

Section 1. In accordance with Idaho Code 39-3134, the term of each member of the Board shall be for four (4) years and members shall be eligible for reappointment. Current membership and term expiration dates shall be recorded in the minutes of the September meeting each year.

Resignation from the Board must be in writing and received by the Secretary.

Termination from the Board will occur if there are three unexcused absences from regularly scheduled board meetings in a year. Board membership may be terminated by a Board vote. The vote to terminate a Board member must receive a two-thirds majority of the Board. The Board member who is the subject of the termination vote may not be present at the time of the vote. A letter of termination signed by the Board Chair will be delivered in writing and received by the Secretary.

Section 2. Vacancies shall be filled for the unexpired term in the same manner as outlined in Idaho Code 39-3134.

Section 3. As resources allow, Board members shall be reimbursed from Board funds at the approved reimbursement rates set by the contracting agency for travel and expense to attend meetings of the Board and other activities. Reimbursement requires 2/3 vote and prior authorization.

Section 4. Board members shall be compensated as provided for in section 59-509(b) Idaho Code and such compensation shall be paid from the operating budget of the Regional Behavioral Health Board as resources allow and if approved by the Board.

ARTICLE V: MEETINGS

Section 1. The Board shall meet once a month unless voted on by the Board.

Section 2. All meetings are open to the public and subject to the requirements of Idaho's Open Meeting Law, Idaho Code Chapter 23, title 67.

- Section 3 A simple majority of the members of the Board constitutes a quorum. Voting by proxy will be allowed. Voting over a conference call line during the regular meeting or via email within a one-week window around the meeting date will be allowed.
- Section 4. Board members unable to attend a meeting shall notify the Board Secretary, Chairperson, or designee. Three consecutive absences without good cause may be deemed a termination of Board membership; the Board will consider and vote on any issues of termination of a member at the next regularly scheduled Board meeting. The Board Secretary or designee shall notify any member after two such absences.
- Section 5. Conference call lines and video conferencing connections will be made available to facilitate participation of members in outlying communities.
- Section 6. Community members are encouraged to attend and participate as time allows in Board Meetings. Community members are not voting members of the Board.

ARTICLE VI: POWERS AND DUTIES

- Section 1. In accordance with Idaho Code 39-3135 the Regional Behavioral Health Board;
- (a) Shall advise the state behavioral health authority and the State Planning Council on local behavioral health needs within the region;
 - (b) Shall advise the state behavioral health authority and the State Planning Council of the progress, problems and proposed projects of the regional service;
 - (c) Shall promote improvements in the delivery of behavioral health services and coordinate and exchange information regarding behavioral health programs in the region;
 - (d) Shall identify gaps in available services including but not limited to services listed in section 16-2402 (3) and 39-3131 Idaho Code and recommend service enhancements that address identified needs for consideration to the state behavioral health authority;
 - (e) Shall assist the State Planning Council with planning for service system improvement. The planning council shall incorporate the recommendation to the Regional Behavioral Health Boards into the annual report provided to the Governor by June 30th of each year. This report shall also be provided to the legislature.
 - (f) May develop, or obtain proposals for, a petition for regional services for consideration by the state mental health authority.
 - (g) May accept the responsibility to develop and provide community family support and recovery support services in their region. The Board must demonstrate readiness to accept this responsibility and shall not be held liable for services in which there is no funding to provide. The readiness criteria for accepting this responsibility shall be established by the State Planning Council. The State Planning Council shall also determine when a Regional Behavioral Health Board has complied with the readiness criteria. Community family support and recovery support services include, but are not limited to:
 - a. Community consultation and education;
 - b. Housing to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;

- c. Employment opportunities to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;
 - d. Evidence based prevention activities that reduce the burden associated with mental illness and substance use disorders; and
 - e. Supportive services to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization including, but not limited to, peer run drop-in centers, support groups, transportation and family support services.
- (h) Shall annually provide a report to the State Planning Council, the regional behavioral health centers and the state behavioral health authority of its progress toward building comprehensive community family support and recovery support system that shall include performance and outcome data as defined and in a format established by the planning council; and
 - (i) The regional Board may establish subcommittees as it determines necessary and shall, at a minimum, establish and maintain a Children’s Mental Health subcommittee.
 - (j) The Executive Committee will appoint such other committees and subcommittees as are needed to achieve the objectives of the Board. The Executive Committee may invite individuals who are not members of the Board to service on committees and subcommittees, however, committee chairs shall be members of the Behavioral Health Board.

ARTICLE VII: BASIC POLICIES

- Section 1. This Board shall be noncommercial, nonsectarian and nonpartisan.
- Section 2. No person shall be excluded from membership on the basis of race, color, creed, national origin, disability, gender, sexual-orientation, or gender identity.
- Section 3. Subcommittees or working groups must be officially approved by the Board and must not speak for the Board or take actions on behalf of the Board unless prior Board approval is given. The purpose of subcommittees or working groups is to carry out the functions of the Board and members may be appointed from outside the Board membership.

ARTICLE VIII: PROCEDURES

- Section 1. PARLIAMENTARY AUTHORITY: *Robert’s Rules of Order* (Simplified) shall be the governing authority for the order of business and conduct of all meetings of the Board, the Executive Committee, and other committees of this organization when not in conflict with these By-Laws.
- Section 2. All actions shall be based on a simple majority vote of the quorum. Unless otherwise specified in the By-Laws.
- Section 3. Individual members of the Board shall not speak for the Board, except on specific delegation.

ARTICLE IX: AMENDMENTS

The sections of these By-Laws not mandated by law may be amended at any meeting of the Board by a two-thirds vote, provided the amendment is presented in writing to all members prior to the business meeting at which they are presented for adoption.

Amendment I:

These bylaws were approved at a regular Board meeting on the _____ day of _____, 20__.

Signatures: _____
Chair

Vice Chair

Board



Optum Idaho | Quarterly Report

January 2016

Helping Members with High Risk Care Needs

Please join us via webinar on January 25th, 27th, and 28th as our clinical leadership discusses how Optum Idaho assists providers to care for high-risk, high-needs members. It covers how high-risk members are identified through daily Optum operations including Utilization Management, Care Management, and Quality Management. Optum supports providers through promotion of evidence-based practice, care coordination and collaboration, and promotion of recovery and resiliency for members and families. It helps address unmet clinical needs by an outcomes-drive care management approach and adds several new services. There are multiple pathways for detecting and managing high-risk members. These pathways include Care Advocacy, the 24-hour Member Crisis and Help Line, the ALERT program, Discharge Coordination, Field Care Coordination, and Quality Monitoring. The presentation will discuss these new services and management pathways and how they operate. Please sign up for one of the webinars at **Optumidaho.com** under the *Network Providers* tab, and select *Trainings*.

Meet Optum Idaho's New Member & Family

Director- Carrie Colby

I would like to introduce myself as the new Member and Family Affairs Director. I started in mid-November here at Optum Idaho with the goal and passion of working with all of you in our transformation to a Recovery and Resiliency model in the state. Living in Idaho most of my life, I am excited to be part of this transition and to be of help to you in connecting you to the programs offered around the state.

Warm regards,

Carrie Colby

Member and Family Affairs Director

Optum Idaho

Carrie.colby@optum.com

208 914 2234



Optum Events and Trainings

PAST QUARTER

Provider

9/29/15, 9/30/15, 10/1/15 Provider Training (webinar): Use of the General Organization Index Scale (GOI)
10/20/15 (2 times), 10/21/15 Provider Training (webinar) Recovery and Resiliency Principles
11/17/15, 11/18/15, 11/19/15 Provider Training (webinar) Transitioning Youth

COMING UP!

Provider & Stakeholder

1/25/16, 1/27/16, 1/28/16 High Risk Member Presentation (webinar)

2016 Prospective Trainings for Consideration (based on provider feedback):

Recovery and Resiliency related; Family Support Service Training, Annual Cultural Competency Training, Recovery Resiliency Principles related trainings

Evidence Based Program related; PTSD and Trauma-Related Care, Family-Based Interventions, Autistic Spectrum Disorder

Optum Operational Expectation related; revised Provider On-Boarding trainings hosted monthly and available to all providers joining the network or wanting a refresher on guidelines and policies

Please keep an eye out on more training opportunities on the Network Provider Trainings tab at: optumidaho.com

Optum Idaho Fee Schedule Change

Fee increases and ACE program incentive

As a valued partner, it is Optum Idaho's goal to continuously work to improve member access and enhance the delivery of Medicaid outpatient behavioral health services through our dedicated network providers. We believe an important component of evolving the behavioral health system of care in Idaho includes payment for evidence-based services and positive member outcomes. As such, we are pleased to announce effective January 1, 2016, we will make some key provider fee increases.

Based on provider feedback and the results of our reimbursement analysis, Optum Idaho will implement the following changes to our provider fee schedule for 2016:

- A 15% increase to reimbursement for most physician and psychologist services included in the current schedule. This increase applies to the American Medical Association's Current Procedural Terminology (CPT) codes and does not include the Healthcare Common Procedure (HCPCS) codes.
- A 3% increase to reimbursement for most mid-level licensed professional services included in the current fee schedule. This increase applies to CPTs and does not include HCPCS. Additionally, a 5% increase will be applied to select evidence-based reimbursement rates for mid-level licensed professionals that further support strong member outcomes.

In addition, we are pleased to also begin offering a 3% payment increase to all Idaho Behavioral Health Plan providers who achieve Platinum status through our Achievements in Clinical Excellence (ACE) program. ACE is a quality-focused measurement program that recognizes excellent service from our network clinicians and creates more transparency for care advocates and our members. Optum Idaho is excited to offer this to our network as a means to provide continued support for their efforts and improved outcomes for our members. Gold and Platinum rated providers have a single star or two star ratings next to their listings in the provider directory on Live and Work Well. For more information about the ACE program and tier ratings, please visit www.providerexpress.com under the ACE Clinicians program.

We are excited to be able to provide reimbursement increases in some key areas to help continue to evolve our behavioral health system to be more member-centric and focused on recovery-based care. It is also important to note that Optum is committed to continuing to assess future changes to the fee schedule and has already begun collecting information for the next implementation including reviewing additional reimbursement options for telehealth services.

Should you have any questions about the new 2016 fee increases, please don't hesitate to reach out to your regional network manager at 855-202-0983, selecting option #5. Thank you for your continued partnership.

Sincerely,



Rebecca diVittorio, Executive Director

Community Events and Trainings Attended, Contributed and/or Sponsored Community Events:

10/1/15-10/2/15 Idaho Annual Council for Exceptional Children Conference in Boise, ID
10/30/15-10/31/15 ID Partnership Conference on Human Services – Training Conference on Disabilities and Mental Health in Boise, ID
11/6/15 Joint Association Professional Workshop in Meridian, ID
11/7/15 Idaho Federation of Families Award Ceremony Boise, ID
11/11/15 Tom's Turkey Drive KREM(CBS) Spokane, WA
12/8/15 Food Drive for 7Cares Idaho Shares Meridian, ID
12/11/15 Crisis Center 1 Year Celebration Idaho Falls, ID
12/12/15 KTVB 7Cares Community Food Drive Boise, ID
12/12/15 KTVB 7Cares Community Food Drive Twin Falls, ID
01/18/16 NAMI West Region Conference in Boise, ID

COMING UPI

Attending, Contributing and/or Sponsoring Community Events:

1/27/16-1/30/16 Idaho Counseling Association Conference in Boise, ID
1/18/16 NAMI West Region Conference in Boise, ID
2/03/16 IHCA 2016 Winter Workshop in Boise, ID

MORE TO COME!





Optum Idaho Volunteers Employee Community Council (ECC)

The philosophy of giving back to the people and the communities our employees are from is a priority for Optum Idaho. Volunteers work hard to support both local and statewide initiatives to help their neighbors, friends, and the communities of Idaho.

- 11/21/2015- 4 turkey food boxes were donated to St. Vincent de Paul.
- 12/19/15-A refugee family was adopted and provided gifts for the whole family, and delivered to the family's home.
- A farmer's Market was established by employees, who brought in produce and crafts to be sold, and the funds raised were matched dollar for dollar by Optum Idaho, and the proceeds donated to NAMI Coeur d'Alene.
- 12/21/15-Staff members collected toys for the Salvation Army's Angel Tree

Optum Idaho statewide

- 11/20/15-A check for \$5,000 was donated to Tom's Turkey Drive in Spokane, WA
- 12/12/15-KTVB 7 Cares Idaho Shares Food Drive received a donation of \$10,000

Region 6 – Q3 2015 | By the Numbers

Idaho Behavioral Health Plan Members and Access to Care

- **30,697** Number of Unique Members living in Region 6 (11.12% of all Idaho members)
- **3,295** - Number of Unique Members who have accessed services from 7/01/2015 to 09/30/ 2015 (11.86% of all Idaho members that have accessed services)
- **13.85**- Mental health clinicians per 1000 members through 09/30/ 2015 (Statewide: 17.79)
- **2.61**- Prescribers per 1000 members through 09/30/ 2015 (Statewide: 3.50)
- **0.73** - Substance Abuse Groups per 1000 members through 09/30/2015 (Statewide: 0.76)



Member Satisfaction

December 2015

Members and their families are continuing to have positive outcomes and experiences with Optum Idaho's Provider Network. Optum surveyed Idaho Behavioral Health Plan adults and parents of child enrollees who had incurred claims for outpatient services within the Optum network from April 1, 2015 through June 30, 2015. A random sample of individuals eligible for the survey was then selected*. For the second consecutive quarter, Optum has exceeded our operational goal of 85% satisfaction for each of the four key indicators. Check out the quarterly comparison below.

Quarter over Quarter Comparison of Key Indicators

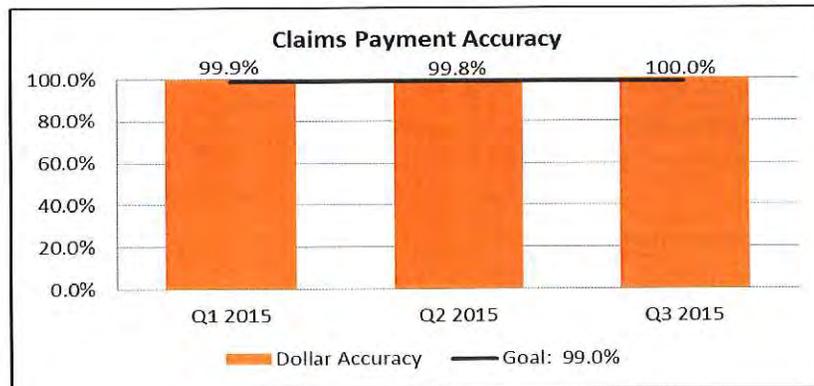
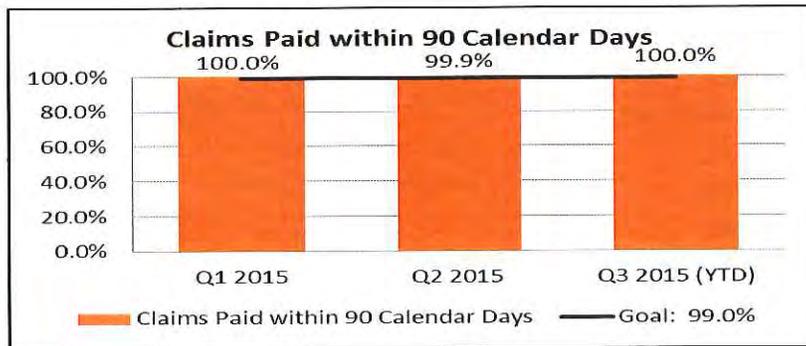
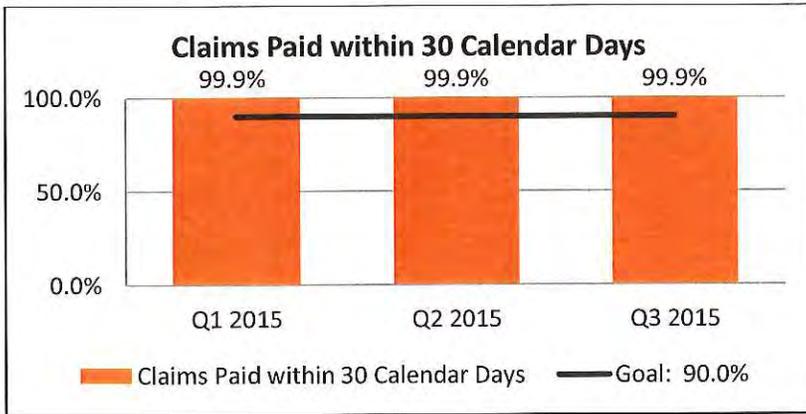
	Q3 2014 (N = 104)	Q4 2014 (N = 90)	Q1 2015 (N = 94)	Q2 2015 (N = 105)
Experience with Optum Idaho Staff and Referral Process <i>(composite score of qsts 2-7)</i>	80.10%	84.70%	85.5%	85.8%
Experience with the Behavioral Health Provider Network <i>(composite score of qsts 10-14)</i>	89.20%	91.50%	91.0%	91.6%
Experience with Counseling or Treatment <i>(composite score of qsts 15-23)</i>	89.40%	92.60%	91.9%	96.7%
Overall Experience <i>(qst 25, % respondents selected 'Excellent', 'Very Good', or 'Good')</i>	85.40%	88.60%	92.2%	94.2%

*To be eligible for the survey, the members must have had a valid mailing address on record with permission for Optum to mail to their address on record. Adults 18 years of age and older and parents of children aged 15 years or younger were eligible for the survey.



Quarterly Comparison | Provider

October 2015



IN THE NUMBERS

99.9%

Percent of Optum Idaho members that have access to a provider within 45 miles

3,315

The number of provider calls into Optum Idaho in Q4 2015. This includes both the care management line and provider customer service

4,703 Providers

556 Agencies

The number of provider agencies and individual clinicians in the Optum Idaho network

1,097

The number of member calls in Q4 2015



Optum Idaho Website Redesign

A Recovery and Resiliency Focus

Optum launches new and expanded website

Through regional and rural outreach efforts, Optum Idaho team members work tirelessly throughout the state to educate and inform Idahoans about behavioral health issues and opportunities.

Whether it is through community engagement activities, face-to-face discussions, informational media coverage or organized events, Optum is committed to raise awareness about behavioral health and wellness and the resources available to help people reach recovery.

Recovery-based care focuses on the individual and customizes treatment plans and programs for that person, taking into account his/her goals and strengths. No two recovery plans are alike – just as no two people are alike.

Optum is a committed partner to all stakeholders on this journey which is why we recently launched an upgrade to our website. It is our goal by providing more information and tools, members feel empowered in their health care decisions and seeking the treatment options for their individual conditions.

The revamped website has new and additional recovery-based resources that are streamlined and easier to find in our Member Resources section. We have also added a section where individuals can access reports and data to better help them understand all the critical areas Optum focuses on to assist members and providers who care for them.

For more information about the services Optum provides and the tools available for members to access, please visit OptumIdaho.com.

Top 5 Reasons Members Call Optum

30%* Clinical Intervention

(e.g., Clinical care/clinical care options)

25%* Benefit Inquiry

(e.g., Services available/types of practitioners)

22%* Follow Up

(e.g., Optum Clinical Services/UM follow up)

4%* File a complaint

(e.g., About filing a complaint)

7%* Information & Referral

(e.g., Other services/directory referral)

**Q4 average percentage*



Regional Behavioral Health Board

2015 Gaps and Needs Analysis

Optum Idaho is dedicated to working with the Regional Behavioral Health Boards to collaboratively address gaps and needs in the scope of the Idaho Behavioral Health Plan that were submitted to the State Planning Council. Below, we highlight an identified regional service needs and gaps.

Access to Psychiatric Services for both Adults and Children Regions 1,2,4,5,7

- **Better pay for psychiatrists**
- **Increase Medicaid payments**

It is our goal to develop a more robust and effective system of care in Idaho that is more effective and easier to access for our members to get the services they need. One of the gaps identified by the Behavioral Health Boards was Access to Psychiatric Services for both Adults and Children, and in the short falls and challenges, ***Better pay for Psychiatrists*** and ***Increase Medicaid Payments*** were mentioned.

Optum Idaho's announcement on Fee Schedule changes (p.2) addresses both of these concerns. We will continue to partner with regional BHB's, local resources and providers to help close the gaps on services to our members.

Optum staff worked diligently with providers and local stakeholders to bring sustainable and reliable services to the Medicaid population in the rural areas of the state. One example is Boise County, previously underserved, now having 100% access for all members is as of November 30th 2015, with 743 members all having access to a choice of a provider within 12.2 miles.

If you have any questions about the new 2016 fee increases, please don't hesitate to reach out to your regional network manager at 855-202-0983, selecting option #5.

Scope of Work

1. General Requirements

- A. The Contractor shall:
 - a. Comply with the rules, regulations, and policies as outlined by the Department of Health of Health and Welfare and rules, regulations, and policies pertaining to Regional Behavioral Health Boards (RBHB) as outline in Idaho Statutes 39-3132, 39-3133, 39-3134, and 39-3135.
 - b. The Contractor shall ensure that procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records.
 - c. The purpose of this contract is to support the goals and objective of the Department of Health and Welfare in the establishment of readiness and maintenance of Regional Behavioral Health Boards under 39-3132.
 - d. The Contractor shall enter into a Memorandum of Agreement (MOA) with the Region VI Behavioral Health Board and the Department of Health and Welfare that defines the roles and responsibilities of each party that may or may not be covered in this Scope of Work.
- B. The Contractor will not be responsible for providing services that are not defined in the Scope of Work (SOW), but may be outlined in the MOA.

2. Board Direct Support Requirements

- A. The Contractor shall be responsible for providing support for the mission, vision, and work of the Region VI Behavioral Health Board as defined under Idaho Statute 39-3132.
- B. The Contractor shall ensure that personnel provide services to the Region VI Behavioral Health Board which include, but are not limited to the following duties:
 - a. Provides administrative support to the Region VI Behavioral Health Board, the Executive Committee, sub-committees, and workgroups.
 - b. Document and maintain meeting minutes
 - c. Plans and coordinates development of community resources and services in all counties related to behavioral health services (substance use disorder, mental health, and co-occurring disorders).
 - d. Assists with the development of the Region VI Behavioral Health Board budget.
 - e. Maintain a Region VI Behavioral Health Board website.
 - f. Prepares and distributes reports as necessary.
 - g. Supports efforts to obtain funding, including grants.
 - h. Coordinates education and training to Region VI counties on the mission and vision of Region VI Behavioral Health Board.
 - i. Attend Region VI Behavioral Health Board meetings.
- C. The Contractor shall provide personnel with physical and environmental supports that support the work. Supports may include, but are not limited to;
 - a. Office space.
 - b. Access to telephone, internet, copy machines, and other reasonable technology to perform business tasks.
 - c. Access to motor pool vehicle or reimbursement for travel.

3. **Other Support Requirements**

A. The Contractor shall provide a fiscal support to the Region VI Behavioral Health Board service and operation needs within the defined annual budget as developed by the Region VI Behavioral Health Board with the approval of the Contractor

B. The Contractor shall manage grants and grant funding as obtained by the Region VI Behavioral Health Board.

4. Indirect cost charges to the Region VI Behavioral Health Board will be defined by the Contractor.

5. **Reports and Records**

A. The Contractor shall:

1. Participate in the development of an Annual Gaps and Needs Analysis as required by the State Behavioral Health Planning Council and provide administrative support in creating the final product for submission to the Behavioral Health Planning Council.

2. Provide the contract monitor with a copy of the annual Operational budget and expenditures, specific to the RBHB.

3. Maintain and submit a Monthly Activity Summary Report or copies (electronic or hard copy) of the RBHB meeting minutes.

Cost/Billing Procedure

COST:

This is a FIRM FIXED FEE, DEFINITE QUANTITY contract.

The Department will pay and the Contractor shall receive up to a total sum of **TWO HUNDRED THOUSAND DOLLARS AND NO CENTS (\$200,000.00)** for services satisfactorily performed and authorized under the contract. No carry over of funds from year to year will be allowed under this contract.

Cost Matrix

Services	Unit	Number of Units	Cost/Unit
Regional Behavioral Health Board Support	Per Month	48	\$4,166.67

BILLING PROCEDURE:

The Contractor shall submit monthly invoices as identified in the cost matrix along with a copy of the RBHB monthly meeting minutes and/or the monthly Activity Summary Report within thirty (30) days after the end of the month in which services were provided.

Invoices shall include the following:

1. Contractor's Name
2. Vendor Identification Number
3. Contract Number
4. Month services were provided
5. Invoice number
6. Date of Invoice
7. Total amount invoiced for the billing period

Invoices shall be submitted to:

Kathy Skippen, Program Specialist
Division of Behavioral Health
P O Box 83720
Boise, ID 83720-0036

Final invoices and reports must be submitted to the Department no later than thirty (30) days after the contract expiration date. Final invoices received without the required report(s)/documentation will be returned to the Contractor for their resubmission with the final reports/documentation.

Performance Metrics

Regional Board Direct Services.

(SOW I and II) The Contractor shall provide personnel support to the RBHB for them to meet their responsibilities as defined in Idaho Statutes 39-3132, 39-3133, 39-3134, and 39-3135.

Required Level of Expectation:

100%

Method of Monitoring:

The Contract Monitor will meet with the Contractor quarterly with the RBHB Executive Committee being involved in these meetings bi-annually to ensure compliance. Review of the RBHB monthly meeting minutes/monthly Activity Summary Report.

Strategy for Correcting Non-Compliance:

The Department will notify the Contractor if an issue is identified and both parties will work together to ensure issue resolution. The Contractor may be required to submit a written corrective Action plan that includes how they will resolve the issue and dates for completion.

Regional Board Operational Services.

(SOW I and III) The Contractor shall provide fiscal support to the RBHB to fulfill their responsibilities as defined in Idaho Statutes 39-3132, 39-3133, 39-3134, and 39-3135.

Required Level of Expectation:

100%

Method of Monitoring:

The Contract Monitor will meet with the Contractor quarterly with the RBHB Executive Committee being involved in these meetings bi-annually to ensure compliance. Review of the RBHB monthly meeting minutes/monthly Activity Summary Report.

Strategy for Correcting Non-Compliance:

The Department will notify the Contractor if an issue is identified and both parties will work together to ensure issue resolution. The Contractor may be required to submit a written corrective Action plan that includes how they will resolve the issue and dates for completion.

Other Support Services.

(SOW IV) The Contractor shall provide personnel support as needed by the RBHB as it moves to develop those services as described under Idaho Statute Chapter 53 Title 67.

Required Level of Expectation:

100%

Method of Monitoring:

The Contract Monitor will meet with the Contractor quarterly with the RBHB Executive Committee being involved in these meetings bi-annually to ensure compliance. Review of the RBHB monthly meeting minutes/monthly Activity Summary Report.

Strategy for Correcting Non-Compliance:

The Department will notify the Contractor if an issue is identified and both parties will work together to ensure issue resolution. The Contractor may be required to submit a written corrective Action plan that includes how they will resolve the issue and dates for completion.

Reports

Report Description:

Activity Summary Report - The report shall identify activities, decisions, and tasks that occur on behalf of the RBHB. It shall be substituted for those months when the RBHB does not meet, and therefore, meeting minutes are not available.

Report Format:

Word or Excel

Report Due Date:

Within thirty (30) calendar days after the month in which services were provided. Last month of each contract year, the report is due no later than June 10th.

Report Description:

Operational Budget and Expenditures Report - The report shall be specific to the RBHB and contain a breakdown of the budget and expenditures specific to the \$50,000 budget for each contract year.

Report Format:

Word or Excel

Report Due Date:

Within thirty (30) calendar days after June 30 each year

Public Health Department Responsibilities:

- A. PHD will comply with the rules, regulations and policies as outlined by the DBH and rules, regulations and policies pertaining to BHB as outlined in Idaho Statutes 39-3132, 39-3133, 39-3134, and 39-3135.
- B. PHD shall ensure that procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records.
- C. PHD agrees to support the goals and objectives of the DBH in the establishment of readiness and maintenance of BHBs under 39-3132.
- D. PHD will manage personnel, operational and support tasks as stated in the Scope of Work, under the DBH contract.
- E. PHD will not be responsible for services that are not funded or outlined within the Scope of Work under contract with the DBH.
- F. PHD will participate with the BHB in the budget development process.
- G. PHD will participate with the BHB in identifying service gaps and contract opportunities.
- H. PHD will provide the BHB with assistance in the development of the Gaps and Needs Analysis report to the State Behavioral Health Planning Council (SBHPC).
- I. PHD will collaborate on joint projects or initiatives that fit within the scope of the BHB, including but not limited to grant opportunities pursuable by PDH.
- J. PHD will provide behavioral health integration expertise and resources from the regional Behavioral Health Board, where available, and/or through the IDHW/ Division of Behavioral Health, IHC Behavioral Health Integration Workgroup, or existing resources in the Regional Collaborative (RC).
- K. PHD agrees to meet bi-annually with the R4BHB and DBH to ensure ongoing alignment and compliance with this MOA.

Behavioral Health Board Responsibilities:

- A. BHB will advise the SBHPC on behavioral health needs for adults and children within region/district.
- B. BHB will advise the SBHPC on progress, problems and proposed projects of the regional/district service.
- C. BHB will promote improvements in the delivery of behavioral health services and coordinate and exchange information regarding behavioral health services in the region/district.
- D. BHB will develop an annual Gaps and Needs Analysis assessment of behavioral health services for the region/district.
- E. BHB will assist the SBHPC with planning for service improvements.
- F. BHB will report annually to the SBHPC, the DBH and PHD the progress being made toward building a comprehensive community family support and recovery support system that will include performance and outcome data.
- G. BHB will establish and maintain a children's mental health subcommittee.
- H. BHB will work actively to build and support community support and recovery support services within the region/district.
- I. BHB will follow all Idaho Code requirements for board membership as stated in 39-3134.
- J. BHB will meet bi-annually with PHD and DBH to ensure ongoing alignment and compliance with this MOA.
- K. BHB will participate as a part of the PHD Regional Collaborative stakeholder group to act as a behavioral health consultant and advisory entity on the role of behavioral health in the community and in patient centered medical homes.

Department of Behavioral Health

Responsibilities:

- A. DBH will commit to annual funding of \$50,000 for the life of the contract which will be established at 4 year intervals.
- B. DBH will provide federal grant writing support for efforts agreed upon by the BHB and the PHD.
- C. DBH will write and submit those grants that are agreed to by the BHB and PHD that can only be submitted through the DBH.
- D. DBH will meet bi-annually with the BHB and PHD to ensure ongoing alignment and compliance with this MOA.

Regional Behavioral Health Board Application Checklist

Requirements of All Boards

- Membership Criteria
 - Does the membership meet the legislative intent?
 - Do all areas of the region have adequate representation?
 - Is the new membership orientation plan included?
 - Is there a plan to accommodate meeting participation?

- Populations Represented
 - Are both mental health and substance use disorder populations represented?
 - Are both children and adults represented in the board membership?
 - Is there a children's subcommittee?

- Board Organization Documents
 - Organizational Chart
 - By-laws
 - Mission and Vision Statement
 - Employer/Employee Structure (if applicable)
 - job description for employees
 - PERSI set up
 - in compliance with Title 67 Chapter 53
 - Conflict of Interest policy
 - Personnel policies
 - Affirmative Action policy
 - Budget process
 - Legal and liability policies

Additional Requirements of Independent Boards

- Description of physical location and contact information
- Confidentiality policy
- Timeframe for organizational process and service provision (plan)

Additional Requirements of Partnering Boards

- Description of the partner
 - how long in business
 - location(s)
 - willingness statement from partner entity
- Statement of the roles to be performed by both regional board and partnering entity
- Partnering entity fiscal and employee structure statement
- Evidence partnering entity can and will provide services identified by the regional board
- Partner's mission and vision statement
- Contract by and between partnering entity and regional board
- Executive Committee
 - Membership description and responsibilities
 - Communication plan

Plan Requirements – All Boards

- Does plan adequately describe the regions strengths, gaps and needs?
- Is the regional BHB plan based on gaps and needs analysis?
- Description of Family Support Services to be offered or existing
 - Urban Only
 - Rural Only
 - Urban and rural
- Description of Recovery Support Services to be offered or existing
 - Urban Only
 - Rural Only
 - Urban and rural
- Was data collection demonstrated?
- Was program evaluation process in place?
- Is the plan recovery-oriented and consumer-driven?

JOB ADD

Quality Assurance & Credentialing Specialist

Portneuf Valley Family Center, Inc. is looking for a Quality Assurance & Credentialing Specialist to work in our main office in Pocatello. This position is full time (35-40 hours per week). A completed bachelor's degree in Health Care Administration, Quality Assurance, or related field is preferred but not required. Applicants must have a good knowledge of insurance processes, be familiar with Credentialing requirements, and have excellent computer skills. Applicant should also be very organized, have great attention to detail and be self-driven towards excellent performance standards. Job duties include: Assisting professional staff in credentialing and paneling with insurance providers, Overall Quality Assurance duties for documentation and consumer files, and work with company policies & procedures to become nationally accredited and maintain recognized practice standards. This position is new and will be evolving over time so flexibility and an ability to adapt to this process will be essential. Pay is DOE and full time employees are eligible for benefits including health, optical, and dental insurance, paid holidays, and personal leave. Hired employee must pass a criminal history Background check.

Sent: Tuesday, November 17, 2015 11:35 AM

To: Thomas, Laura F. - CO 3rd

Subject: Follow up from Nov 3 Behavioral Health Integration statewide video conference

Good afternoon!

You are receiving this email because you rsvp'd to attend the November 3, 2015 video conference on behavioral health integration (or you rsvp'd for others, in which case, please forward to those individuals)

During the session, Mary Takach held up a document that we promised to give you access to – it and several other items are posted under the Events Banner (right hand side, middle of page) at [the Region 4 BH Board webpage](#) – look for the 11 03 15 items. The name of the document Mary referred to is “ABC Integrated Behavioral Health Reimbursement Brief”. Also posted is are the slides from Chris Collins presentation (single slide view), Excellence in Care Integration pdf, and SBIRT Reimbursement pdf

Below are links to several resources that may be useful. Please feel free to share all of these resources with interested colleagues.

On behalf of Gina Westcott and the SHIP Behavioral Health Integration subcommittee, thank you for your attendance and enthusiasm for integration of behavioral health with physical health. The challenges are many and the rewards will be even greater when we achieve success.

Best wishes for a Happy Thanksgiving.

Laura

Laura Thomas, MEd

thomasl@dhw.idaho.gov

From Mary Takach and Rachel Yalowich of the National Academy of State Health Policy

We wanted to loop back with you about follow-up resources/materials from our site visit. Please feel free to share these with your colleagues and other interested folks:

- Internet publications and other resources:
 - **Telehealth**
 - Townley and Yalowich, [Improving Behavioral Health Access and Integration Using Telehealth and Teleconsultation: A Health Care System for the 21st Century](#) (Portland, ME: National Academy for State Health Policy, November 2012).
 - **Community Care Teams/Shared Community Resources**
 - Takach and Buxbaum, [Care Management for Medicaid Enrollees Through Community Health Teams](#) (New York, NY: The Commonwealth Fund, May 2013).
 - **Reimbursement Models for Behavioral Health Integration**
 - The Advisory Board Company, “Evaluating Reimbursement Models for Integrated Behavioral Health Programs,” August 2014. (Note: the document is under the Events Banner at Region 4 web page Name: ABC Integrated Behavioral Health Reimbursement Brief)
 - **Practice Implementation Guide for Behavioral Health Integration** (You might remember seeing this as Idaho was a participant in the Safety Net Medical Home Initiative, which developed this guide)

- Safety Net Medical Home Initiative, [Organized, Evidenced-Based Care: Behavioral Health Integration Implementation Guide.](#)
- Resources from North Carolina (under the Events Banner at the [region 4 BH Board web page](#))
 - **Codes that NC Medicaid opened to pay for brief therapy and other services** (e.g., smoking cessation)
 - This document includes both the Medicaid and Medicare codes (codes still in ICD-9).
 - Attachment name: SBIRT Reimbursement
 - **Reverse Integration**
 - This document contains examples of agencies that are doing reverse integration of primary care into specialty mental health settings (either through co-location or integration).
 - Attachment name: Excellence in Care Integration
 - Chris has recommended looking at this FQHC (Rural Health Group) in North Carolina that is integrating behavioral health into primary care; here is a link to their website: <http://rhgnc.org/our-services/>

From: Brandi.Daw@HCAhealthcare.com [<mailto:Brandi.Daw@HCAhealthcare.com>]

To: Brandi.Daw@HCAhealthcare.com

Subject: Dr. Rudd is returning to Idaho...SAVE THE DATE February 2016!

Greetings Community Partners,

I am sharing on behalf of SPAN Idaho and the Idaho Lives Project, please feel free to share☺

Please forward this save the date to your contacts and, of course, save it for yourself as seating is limited. This is more in-depth than previous trainings.



SAVE THE DATE

Assessing and Managing Suicide Risk

Training for Behavioral Health, Substance Abuse and Health Care Professionals

February 22, 2016: Coeur d'Alene 8:30am – 4:00pm

February 24, 2016: Boise 8:30am – 4:00pm

February 25, 2016: Pocatello 8:30am – 4:00pm



The Idaho Lives Project is pleased to sponsor an expanded training by Dr. David Rudd, PhD for licensed professionals. Dr. Rudd is President of the University of Memphis and an internationally and nationally recognized expert in clinical suicidology. He is an award-winning researcher and the author of several books including *Treating Suicide Behavior* and *The Assessment and Management of Suicidality*.

6 Continuing Education Credits available for all licensed professionals (CMEs and CEUs)
 \$20 registration fee per attendee
 Registration begins in January online at www.spandesign.org
 Questions: email Jennifer Dickey at jdickey@idahoLives.org



Managing Outpatient Behavioral Health – Members at High Risk

At Optum, it is our goal to work collaboratively with our provider and stakeholder partners to better meet the needs of Idaho's behavioral health care members. As a result, we will be hosting educational sessions regarding how **Optum Idaho assists providers to care for members who have high behavioral health care needs.**

We will specifically review several types of support and methods including:

- ALERT care management and identification of high risk
- A System of Care that invokes both provider and member rights and responsibilities
- How Care Advocates, Peer Reviewers, Field Care Coordinators and Quality team analysts combine to support members with high risk

Attendees must pre-register for trainings. To register, please visit:

<https://www.optumidaho.com/training>

If you have questions or additional feedback to share, you may contact the Optum Idaho Clinical Team at: (855) 202-0983 and press option #1 for treatment and authorizations.

It is **highly recommended** that all licensed providers in the Optum network attend one of the following Webinar offerings:

- Monday, January 25th
2:00 pm to 3:30 pm
mountain time
- Wednesday, January 27th
3:00 pm to 4:30 pm
mountain time
- Thursday, January 28th
9:00 am to 10:30 am
mountain time

WEBINAR





IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

ROSS EDMUNDS – Administrator
DIVISION OF BEHAVIORAL HEALTH
450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

DATE: December 1, 2015

TO: BPA Health Provider Network

FROM: Rosie Andueza, SUD Operations Program Manager
Idaho Department of Health and Welfare.
Division of Behavioral Health (DBH)

SUBJECT: Changes to Pregnant Women/Women with Children (PW/WC) Client Population Eligibility

Please be aware that as of December 2, 2015, there will be changes to the eligibility requirements for the PW/WC population. Currently, PW/WC funding is for women who are pregnant or have dependent children under age 13. Due to the high expenditure rate of PW/WC funding and projected overspend, PW/WC eligibility will be modified to assist:

- Pregnant women
- Women with dependent children 6 and under

DBH will continue to monitor the intake rate and expenditures for this population and adjust eligibility as necessary. If you have any questions about PW/WC funding or the eligibility requirements please contact BPA Health at 1-800-922-3406.

PC-188-12/01/2015



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P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

DATE: December 1, 2015
TO: BPA Health Provider Network
FROM: Rosie Andueza, SUD Operations Program Manager
Idaho Department of Health and Welfare
Division of Behavioral Health (DBH)
SUBJECT: Supervised Misdemeanant SUD Funding

Please be aware that as of November 17, 2015, there will be no further referrals from Misdemeanor Probation Officers into the Supervised Misdemeanant SUD funding source. Correspondence to all Misdemeanor Probation Administrators has been sent advising to cease referrals for this population. Those individuals currently enrolled in treatment through this funding source will be allowed to complete the current episode of care.

If you have any questions about Supervised Misdemeanant funding please contact BPA Health at 1-800-922-3406.

PC-187-12/1/2015

DATE: December 17, 2015
TO: SUD Provider Network
FROM: BPA Provider Network Management
SUBJECT: Authorizations for IDHW Clients

BPA Health is adjusting the number of units authorized for IDHW clients to more closely align with utilization. In addition, the authorized units for parent services for ATR will more accurately reflect the average cost of services that are billed under those parent services. This change to authorizations will begin on January 1, 2016.

WITS encumbers funds in the system when services are authorized, and the funds are only returned to the budget to be used for other clients' services when the authorization is closed. Authorizing more services than a client will use affects our (IDHW & BPA Health) ability to serve clients, impacting both the available funds for other clients and also skews data used to make program decisions (ex. eligibility criteria and budgets for future years).

It is important to note that there are no changes to the IDHW Rate Matrix, meaning this change does not impact the allowable services or the amount of those services available to clients. Providers should continue to request the services and number of units needed for the client based on their service plan.

We will review this change with providers on the January IWUG call. If you have questions, please contact us at 1-800-922-3406.



IDAHO DEPARTMENT OF
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450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

DATE: January 4, 2016
TO: BPA Health Provider Network
FROM: Division of Behavioral Health
RE: Behavioral Health Standards eManual Update

Thank you to those who reviewed and provided feedback on the proposed Phase II - Integrated Care, Treatment, and Services standards during the public comment period. Revisions were made to the standards based on the feedback received, and the Behavioral Health Standards eManual has been updated to include Medication Assisted Treatment and Trauma Informed Care Standards.

The current version of the eManual can be accessed at the following web locations:

<http://www.healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx>

<http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/tabid/105/Default.aspx>

To access the standards, scroll down to the banner labeled "Current Status of Behavioral Health Standards" and click on the link provided. *If your browser is not accessing the most current version of the eManual which includes the addition of the TBH Standards, clear your internet browsing history and try again.*

Please pass this information on to anyone you think might be interested, including and especially community providers, whether state-approved provider or not.



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ROSS EDMUNDS– Administrator
DIVISION OF BEHAVIORAL HEALTH
450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

DATE: January 05, 2016

TO: BPA Health Provider Network

FROM: Rosie Andueza, SUD Operations Program Manager, Idaho Department of Health and Welfare
Division of Behavioral Health (DBH),

Scott Ronan, Senior Manager, Problem-Solving Courts and Sentencing Alternatives, Idaho
Supreme Court (ISC)

SUBJECT: Changes to IDHW-Supervised Misdemeanant and IDHW-Domestic Violence Court Populations

Due to budgetary constraints the Idaho Department of Health and Welfare and Idaho Supreme Court have collaborated on two changes impacting the IDHW-Supervised Misdemeanant and IDHW-Domestic Violence Court populations effective January 06, 2016.

- 1) Clients currently funded under IDHW-Supervised Misdemeanant population will be discharged from treatment over time. All clients will be given a minimum of 2 weeks (14 days including the date the request is received) of treatment from the effective date of this change to allow for discharge planning.
 - a. Clients with authorizations coming up for reauthorization between 01/06/16 and 1/19/16 will be reauthorized for 2 weeks.
 - b. Clients with authorizations expiring on or after 1/20/16 will not be reauthorized.
 - c. Those clients with authorizations expiring on or after 1/06/16 that have been in treatment for 6 months or longer will have their authorization date span and units shortened to 2 weeks from the date the authorization is adjusted.
- 2) Residential treatment and Adult Halfway Housing will no longer be funded for the IDHW-Domestic Violence Court and IDHW-Supervised Misdemeanant populations beginning the effective date of this change. The attached updated IDHW Rate Matrix reflects this change.

If you have any questions about IDHW-Supervised Misdemeanant authorizations or residential/halfway housing treatment for clients funded in the IDHW-Supervised Misdemeanant or IDHW-Domestic Violence Court populations please contact BPA Health at 1-800-922-3406.



DATE: January 11, 2016
TO: SUD Provider Network
FROM: BPA Health Provider Network Management
SUBJECT: BPA Health Care Coordination

BPA Health's Care Managers will be expanding the current Care Coordination Program started with the IVDU population to include other high risk populations in the State of Idaho Substance Use Disorder (SUD) Program. Identified clients will be assigned a BPA Health Care Manager and will be offered client-centered, individual service planning and assistance in securing access to services to help them in their recovery and transition to healthy community living.

BPA Health's Care Coordination will not take the place of community based services, but will serve as an additional resource to promote engagement and client accountability, reduce barriers, and provide assistance throughout the continuum of care. Care Managers will have regular telephonic contact with the client and any service providers and support persons necessary to ensure clients are meeting the goals they have set in their individualized service plans. As a provider you may receive additional phone calls from BPA Health Care Managers regarding care coordination clients.

If you have any questions, please contact the Care Management team at 1-800-922-3406.

(800) 888-4013
(208) 947-4377

380 E. Parkcenter Blvd.
Suite 300
Boise, ID 83706 USA

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PC-195-01/11/2016



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DIVISION OF BEHAVIORAL HEALTH
450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

DATE: January 05, 2016, **Updated January 14, 2016**

TO: BPA Health Provider Network

FROM: Rosie Andueza, SUD Operations Program Manager, Idaho Department of Health and Welfare
Division of Behavioral Health (DBH),

Scott Ronan, Senior Manager, Problem-Solving Courts and Sentencing Alternatives, Idaho
Supreme Court (ISC)

SUBJECT: **UPDATED** Changes to IDHW-Supervised Misdemeanant and IDHW-Domestic Violence Court
Populations

Update: We are issuing clarification on the changes impacting each population, as providers and other stakeholders have asked for additional information.

Discharges from treatment (change #1 below) only impacts the IDHW-Supervised Misdemeanant population.

Discontinuing Residential treatment and Adult Halfway Housing (change #2 below) impacts both the IDHW-Domestic Violence Court population and the IDHW-Supervised Misdemeanant population.

If you have any questions about the impact of these changes on a client's case, please contact BPA Health at 1-800-922-3406.

Due to budgetary constraints the Idaho Department of Health and Welfare and Idaho Supreme Court have collaborated on two changes impacting the IDHW-Supervised Misdemeanant and IDHW-Domestic Violence Court populations effective January 06, 2016.

- 1) Clients currently funded under IDHW-Supervised Misdemeanant population will be discharged from treatment over time. All clients will be given a minimum of 2 weeks (14 days including the date the request is received) of treatment from the effective date of this change to allow for discharge planning.
 - a. Clients with authorizations coming up for reauthorization between 01/06/16 and 1/19/16 will be reauthorized for 2 weeks.

- b. Clients with authorizations expiring on or after 1/20/16 will not be reauthorized.
 - c. Those clients with authorizations expiring on or after 1/06/16 that have been in treatment for 6 months or longer will have their authorization date span and units shortened to 2 weeks from the date the authorization is adjusted.
- 2) Residential treatment and Adult Halfway Housing will no longer be funded for the IDHW-Domestic Violence Court and IDHW-Supervised Misdemeanant populations beginning the effective date of this change. The attached updated IDHW Rate Matrix reflects this change.

If you have any questions about IDHW-Supervised Misdemeanant authorizations or residential/halfway housing treatment for clients funded in the IDHW-Supervised Misdemeanant or IDHW-Domestic Violence Court populations please contact BPA Health at 1-800-922-3406.



January 8, 2016

To: SUD Provider Network
From: BPA Health
RE: Co-Occurring Disorders Treatment for Adults and Adolescents

BPA Health is coordinating with Northwest Addiction Technology Transfer Center Network (NWATTC) to offer a one day training on Co-Occurring Disorders Treatment for Adults and Adolescents. The training will be conducted by Mark Disselkoen, NWATTC and LaDessa Foster, Regional Coordinator with BPA Health. The training will review some of the mental health disorders commonly seen in substance abuse treatment facilities, the Substance Abuse Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocol (TIP), and the DSM 5. **Participants are encouraged to bring copies of both TIP 32 and TIP 42 to the training. The TIPs are free and can be ordered from SAMHSA or RADAR.**

Providers who are interested in attending must submit the attached registration form **5 business days prior to the training you wish to attend.** **Please Note:** Registration is limited to 30 participants per training with preference to providers who have never participated in Co-Occurring Disorders Treatment for Adults and Adolescents training. Due to limited capacity, agencies with multiple registrants may be limited to the number of attendees approved to attend the training session(s).

Completed registration forms should be faxed to (208) 344-7430 to the attention of Michelle Barker or e-mailed to michelle.barker@bpahealth.com

(800) 688-4013
(208) 947-4377

580 E. Parkcenter Blvd.
Suite 300
Boise, ID 83706 USA



Co-Occurring Disorders Treatment for Adults and Adolescents
Offered by NWATTC and BPA Health
Registration Form

Please fill out a registration form for each participant

Name: _____

Organization: _____

Mailing Address: _____

Phone Number: _____

Email: _____

I would like to attend the Co-Occurring Disorders Treatment Training in **Region 1**, DHW, 1120 Ironwood Dr., Lower Level Room, Coeur d'Alene – **March 9, 2016 from 9:00am – 4:00pm**

I would like to attend the Co-Occurring Disorders Treatment Training in **Region 4**, Correctional Industries Building, 1301 N Orchard St., Ste. 110, The Classroom, Boise – **February 23, 2016 from 9:00am – 4:00pm**

I would like to attend the Co-Occurring Disorders Treatment Training in **Region 7**, State Hospital South, 700 East Alice, Administration Large Classroom, Blackfoot – **February 10, 2016 from 9:00am – 4:00pm**

Please note if any special accommodations or dietary restrictions are needed:

Registration is limited to 30 participants with and agencies will multiple registrants may be limited to number of attendees approved to attend the training.

Please submit the registration form **5 business days prior to the training you wish to attend**.
Registration forms can be faxed or e-mailed to:

- Fax: (208) 344-7430 - Attention: Michelle Barker or
- Email: michelle.barker@bpahealth.com

Confirmation of attendance will be confirmed by BPA Health via email.

(800) 688-4013
(208) 947-4377

380 E. Parkcenter Blvd.
Suite 300
Boise, ID 83706 USA

From: Wherry, Sue - CO 3rd
Sent: Tuesday, January 12, 2016 1:57 PM
Subject: WITS System Outage - January 12th, 2016

PLEASE forward this to all WITS users in your Region as we are not able to access the mass email list at this time. Thank-you for your assistance, Sue

DATE: 1/12/2016 1:00 PM

BULLETIN #:24

RE:WITS System Outage - January 12th, 2016

SUMMARY:

A system update will take place from 10:00PM to 3:00AM (MST), January 12-13th, 2016. During this timeframe, WITS users may experience outages. For questions or concerns, please contact the WITS Help Desk at (208) 332-7316 or at dbhwitshd@dhw.idaho.gov.

For additional information, please contact: DBH WITS HelpDesk

This is a courtesy communication from the WITS HelpDesk. Updates include information about new WITS releases, updates to functionality, changes to process, and updates to documentation and training.

Carissa Linder
Program System Specialist - Automated
Idaho Dept of Health & Welfare | Division of Behavioral Health



SUD Rate Matrix - Treatment Services

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 01/06/2016)

AUTHORIZED SERVICE	BILLABLE ITEM & RATE				APPLICABLE FUNDING/INSURER TYPES				FREQUENCY								
	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW	IDHW - General Medicaid Supplemental	Cost Share	ATR-4	IDHW - Medicaid Supplemental	PMWIC	IDHW - PMWIC Supplemental	Cost Share	Service Limits	Auth Span Maximums	
Individual or Parent Service																	
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓	✓	Yes	✓		✓	Yes	1 assessment per treatment episode	20 units for 30 days 2 additional units will be authorized for assessments performed in an institution.		
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	S0215	1 mile	Unit	\$0.65	✓	✓	No	✓		✓	No	Must be documented in Care Plan. Assessment or Interpreter Authorization	120 units to be consistent with Assessment or Interpreter Authorization		
GPRA Interview	n/a	Intake Interview	90889.GI	Interview	Unit	\$12.40	✓			✓				Payment will be made for completed GPRA Interviews. Interviews must occur at admission, 6 months post admission and at discharge.	1 unit for Intake, 2 units for Follow-up, 1 unit for Discharge		
		6 month follow-up Interview	90889.GF	Interview	Unit	\$45.00			No	✓							
		Discharge Interview	90889.GD	Interview	Unit	\$12.40				✓							
		GPRA Intake (Duration)	90889.GI	15 min.	Duration	\$12.40	✓			✓				No more than 1 hour per interview. Only completed GPRA Interviews will be reimbursed.	4 units per interview. Authorizations will start 5/1/2016 or after.		
		GPRA Follow up (Duration)	90889.GF	15 min.	Duration	\$18.60				✓							
		GPRA Discharge (Duration)	90889.GD	15 min.	Duration	\$12.40				✓							
Outpatient	Level I	Outpatient (Education)	S9448	15 min.	Duration	\$4.14	✓			✓							
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21											
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40											
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20	✓		Yes	✓			✓	Yes	No more than 8 hours of treatment per week for adults and no more than 6 hours of treatment per week for adolescents.	408 units for 90 days	
		Outpatient (Family without present)	90846	15 min.	Duration	\$14.20											
		Intensive Outpatient (Education)	S9448	15 min.	Duration	\$4.14											
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21											
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$12.40											
		Intensive Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20	✓		Yes	✓			✓	Yes			
		Intensive Outpatient (Family without client)	90846	15 min.	Duration	\$14.20											
Education (Medicaid Supplemental)	n/a	n/a	S9448	15 min.	Duration	\$4.14			Yes				✓	Yes	Consistent with OP/OP Frequency/ Limits	Consistent with OP/OP Adult Span Maximums	
Adult Halfway House	Level III.1	n/a	H0018	Day	Unit	\$49.61	✓		Yes					Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program.	Consistent with treatment authorization.		
Adolescent Transitional	Level III.1	n/a	H0043	Day	Unit	\$143.33	✓		Yes				✓	Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program.	Consistent with treatment authorization.		
Adult Social Detox	Level III.2	n/a	H0008	Day	Unit	\$176.40	✓		Yes				✓	Once per day (include admit day, do not include discharge day).	5 units for 5 days		
Adult Residential	Level III.5	n/a	H0017	Day	Unit	\$176.40	✓		Yes				✓	Once per day (include admit day, do not include discharge day).	14 units for 14 days		
Adolescent Residential	Level III.5	n/a	H0017.A	Day	Unit	\$188.45	✓		Yes				✓	Once per day (include admit day, do not include discharge day).	14 units for 14 days		

1 Assessment for Medicaid Eligible Clients: is only available for IDHW-State Hospital-Medicaid clients.

2 Residential Treatment for IDHW-Adult Populations: is only available for IDHW-Adult clients referred by an IDHW Adult Mental Health referral source.

3 Residential Treatment for IDHW-Supervised Misdemeanor and IDHW-Domestic Violence Court populations: is not available for these populations.

7 Adult Halfway House for IDHW-Supervised Misdemeanor and IDHW-Domestic Violence Court populations: is not available for these populations.



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 01/06/2016)

AUTHORIZED SERVICE	BILLABLE ITEM & RATE				APPLICABLE FUNDING/INSURER TYPES						FREQUENCY			
	ASAM Level (if applicable)	Child Services (if applicable)	Procedure Code w/ Modifier	Unit Type	Unit	Billable Rate	IDHW - General		IDHW - ATR-4		IDHW - PWWC		Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share		
Individual or Parent Service	n/a	n/a	n/a	n/a	n/a	n/a	✓						Up to 4 hours per week	Consistent with treatment authorization.
Case Management (Basic and Intensive)	n/a	n/a	H0005	15 min.		\$12.40	✓		✓	No			Up to 4 hours per week	When in Case Management (if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days) Consistent with treatment authorization.
Case Management (PWWC)	n/a	n/a	H0006	15 min.		\$13.23			✓		No		Up to 4 hours per week	When in Case Management (if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days) Consistent with treatment authorization.
Drug/Alcohol Testing	n/a	n/a	H0003	1 Test		\$13.50	✓		✓	No			Up to 2 tests per week	Consistent with treatment authorization.
Adolescent Safe & Sober Housing	n/a	n/a	H0045	Day		\$75.00	✓		✓	No			Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (either completed treatment successfully) provider.	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment. Consistent with treatment authorization - 90 day treatment episode maximum.
Adult Safe & Sober Housing	n/a	n/a	H0044	Day		\$11.50	✓		✓	No			Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (either completed treatment successfully) provider.	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment. Consistent with treatment authorization - 180 day treatment episode maximum.
Adult Safe & Sober Housing Program Fees	n/a	n/a	H0044:UT	\$1.00		\$1.00	✓		✓	No			Client must be engaged with Adult Safe & Sober Housing. Authorized units will be the total dollars to be billed.	Consistent with Adult Safe & Sober Housing authorization. Authorized units will be the total dollars to be billed.
Transportation	n/a	Transportation Pick Up	T2002	Pick-up & 1st Mile		\$4.20			✓				Must be documented in care plan.	Consistent with treatment authorization.
		Transportation of Client	A0080	1 mile		\$1.17			✓ ³	No				Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment. Initial units will be authorized based on request, care plan, and client need. Additional units can be requested.
Transportation of Child	n/a	Transportation of Child Pick Up	T2002:HA	Pick-up & 1st Mile		\$4.20							Must be documented in care plan	Consistent with client's treatment authorization.
		Transportation of Child Per Mile	A0080:HA	1 mile		\$1.17					✓ ⁴	✓ ⁴		Consistent with Client's Case Management authorization if client is receiving services after client successfully completed treatment - 1 year maximum of continued RSS after successfully completing treatment. Initial units will be authorized based on request, care plan, and client need. Additional units can be requested.



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 01/06/2016)

AUTHORIZED SERVICE	ASAM Level (if applicable)	Child Service (if applicable)	BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES					FREQUENCY		
			Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW	IDHW - General		IDHW - ATR-4		IDHW - PWWC		Service Limits	Auth Span Maximums
								Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC		
Individual or Parent Service	n/a	n/a													
Transportation Flat Fee	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓	No	✓	No	✓	No	Must be documented in care plan.	Tx Provider will inform of total rate for transportation (i.e. bus tickets, air fare, etc.). Authorized units are total dollars billed. Authorization date will cover for day of purchase only. Rates that are not whole dollars will be rounded - \$0.49 and below will be rounded down and \$0.50 and above will be rounded up to the nearest dollar.	
Child Care	n/a	n/a	T1009	15 min.	Duration	\$4.04	✓	No	✓	No	✓	No	Must be documented in care plan Authorized units will allow for billing per child in childcare services.	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Life Skills	n/a	Life Skills (Individual)	H2015	15 min.	Duration	\$6.56	✓	No	✓	No	✓	No	Up to 2 hours per week	Consistent with treatment authorization.	
		Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94	✓	No	✓	No	✓	No		Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
		Life Skills-Client not present (Individual)	H2015,HS	15 min.	Duration	\$6.56	✓	No	✓	No	✓	No		Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
		Life Skills-Client not present (Group)	HQ2015,HS	15 min.	Duration	\$3.94	✓	No	✓	No	✓	No		Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Life Skills (Medicaid Supplemental)	n/a	Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94	✓	No	✓	No	✓	No	Up to 2 hours per week	Consistent with treatment authorization.	
		Life Skills-Client not present (Individual)	H2015,HS	15 min.	Duration	\$6.56	✓	No	✓	No	✓	No		Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
		Life Skills-Client not present (Group)	HQ2015,HS	15 min.	Duration	\$3.94	✓	No	✓	No	✓	No		Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Medical Needs Benefit	n/a	n/a	H2016	\$1.00	Unit	\$1.00							Up to \$263.00 treatment episode maximum	Consistent with treatment authorization or consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 263 units	
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓	No	✓	No	✓	No	Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Interpreter Services	n/a	n/a	T1013	\$1.00	Unit	\$1.00	✓	No	✓	No	✓	No	Must be documented in care plan	Tx Provider will inform of hourly rate & needed hours. Authorized units will be total dollars to be billed. If travel is needed, authorize "Travel for Professionals". Time frame consistent with treatment authorization. Time frame consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 01/06/2016)

AUTHORIZED SERVICE	BILLABLE ITEM & RATE										APPLICABLE FUNDING/INSURER TYPES				FREQUENCY		
	Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General		IDHW - ATR-4		IDHW - PWWC		Service Limits	Auth Span Maximums		
								IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	PWWC			Medicaid Supplemental	Cost Share
Transportation Flat Fee	n/a	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓		No	✓		No	<p>Tx Provider will inform of total rate for transportation (i.e. bus tickets, air fare, etc.). Authorized units are total dollars billed. Authorization date will cover for day of purchase only.</p> <p>Rates that are not whole dollars will be rounded - \$0.49 and below will be rounded down and \$0.50 and above will be rounded up to the nearest dollar.</p>			
Child Care	n/a	n/a	n/a	T1009	15 min.	Duration	\$4.04	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
Life Skills	n/a	n/a	Life Skills (individual)	H2015	15 min.	Duration	\$6.56	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
				HQ2015	15 min.	Duration	\$3.94	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
				H2015:HS	15 min.	Duration	\$6.56	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
				HQ2015:HS	15 min.	Duration	\$3.94	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
Life Skills (Medicaid Supplemental)	n/a	n/a	Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
				H2015:HS	15 min.	Duration	\$5.56	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
				HQ2015:HS	15 min.	Duration	\$3.94	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 263 units</p>			
Medical Needs Benefit	n/a	n/a	n/a	H2016	\$1.00	Unit	\$1.00						<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>				
Staffing (Planned Facilitation)	n/a	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓		No	✓		No	<p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			
Interpreter Services	n/a	n/a	n/a	T1013	\$1.00	Unit	\$1.00	✓		No	✓		No	<p>Tx Provider will inform of hourly rate & needed hours. Authorized units will be the total dollars to be billed. If travel is needed, authorize Travel for Professionals.</p> <p>Time frame consistent with treatment authorization.</p> <p>Time frame consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>			

Substance Abuse and Mental Health Health Administration Initiatives

Background: The Idaho Behavior Health Planning Council is responsible for reviewing Idaho's combined Mental Health and Substance Abuse Prevention and Treatment Block Grant. Block grant applications and reports requirements change over time, so states must wait for current instructions to be issued before they can begin development of the documents. Due to the timing of the issue of instructions and the due date of the applications and reports, in most years, the Planning Council has a very short period of time to review the documents. In an effort to improve this process, the Division of Behavioral Health has created summary sheets that provide an overview of block grant goals and the current federal initiatives. The goal is to provide more time for the Planning Council and the Division to have an ongoing dialog about the applications and reports. This will enable the Division to more accurately report all the activities that are being undertaken in Idaho. To support this effort, two documents have been created. One covers the Idaho goals for the FY 16/17 Combined CMHS and SAPT block grant application. The other document covers the current federal initiatives which states are required to address as part of the application.

Federal Initiatives: This document focuses on the federal initiatives that the Substance Abuse and Mental Health Services Administration included in the FY 16/17 combined block grant application. Idaho was required to provide information on activities in Idaho which would support each of the initiatives. Because the Behavioral Health Planning Council members come from throughout the state and represent different groups/organizations/regions, your input is essential to submitting information that accurately reflects what is happening in Idaho.

This Document: This document includes information on all the initiatives and is intended to provide Planning Council Members with a tool to report activities/resources that your group/organization/region has undertaken. The first column summarizes the intent of the initiative. The second column describes the type of information needed to describe Idaho's efforts related to the initiative. The third column can be expanded as needed to enable Planning Council members to provide information on what the group/organization that they represent, as well as the Planning Council, is doing that supports the initiative. All block grant applications and reports are posted on the Planning Councils webpage under the "Reports" heading. If you select "Block Grant Reports and Applications" a drop-down menu will appear listing block grant documents dating back to 2010.

Contact Information: If you have information to share, questions or concerns about the block grant initiatives, applications or reports, you can contact the Division of Behavioral Health Block Grant leads. While each focuses on a specific grant, both are available to provide information or take input on either grant. Their contact information is provided below.

Anne Bloxham, Community Mental Health Services Lead; 208.334.5527; bloxhama@dhw.idaho.gov

Terry Pappin, Substance Abuse Prevention and Treatment Lead; 208.334.6542; pappint@dhw.idaho.gov

Federal Initiatives Summary

The "Information on Activities in Idaho" section can be expanded as needed to report activities related to each initiative.

Initiative	Needed Information	Information on Activities in Idaho
The Health Care System and Integration	Activities to foster integration of physical and behavioral health; Agencies who have established comprehensive health care systems	
Health Disparities	Activities to support equity in access, services provided, and behavioral health outcomes among individuals of all cultures and ethnicities	
Use of Evidence in Purchasing Decisions	Evidence-based programs funded and implemented, outcome data on new service initiatives (SAMHSA list located at www.nrepp.samhsa.gov/)	
Prevention of Serious Mental Illness	Activities to educate the public about mental illness and activities to identify early symptoms of mental illness and foster skills to support mental health	
Evidence-Based Practices in Early Intervention	Activities to deliver interventions to individuals experiencing first episodes of mental illness	
Participant Directed Care	Activities to engage consumers in treatment planning, selection of providers and services	
Program Integrity	Activities for monitoring the appropriate use of mental health/SUD funds including: Claims/payment adjudication; Compliance reviews; and Client level encounter/use/ performance data.	

Tribes	Meetings/Activities with tribal leadership to implement services/provide technical assistance.	
Primary Prevention for Substance Abuse	Programs, practices and strategies directed at individuals at no risk of substance abuse/addiction provided in a variety of settings to target both the general population and sub-groups that are at high risk for substance abuse. Strategies include: information dissemination; education; alternatives; problem identification/referral; community-based process; and environmental strategies	
Quality Improvement Plan	Activities to evaluate effectiveness of services and consumer satisfaction. Also includes processes for responding to emergencies, complaints and grievances	
Trauma	Activities to increase staff awareness of trauma-related issues; services to clients addressing trauma	
Adult Criminal Justice	Activities to coordinate care with the adult criminal justice population; deliver pre/post incarceration services	
Juvenile Justice	Activities to coordinate care with the juvenile criminal justice population; deliver pre/post incarceration services.	
Medication Assisted Treatment	Activities to implement the use of SUD medication-assisted treatment.	
Crisis Services	Activities/Services designed to respond to individuals in crisis; Coordination with other crisis-response agencies/resources	

Recovery	Activities to implement/support recover support services including peer-delivered services	
Community Living and the Implementation of Olmstead	Activities to facilitate consumer integration into the community/reduce institutionalization and segregation in working, living, etc.	
Children and Adolescent Behavioral Health Services	Activities to ensure services for children and adolescents receive equal support and resources as do adult services.	
Pregnant Women and Women with Dependent Children (PW/WDC)	Activities to work with specialty PW/WDC providers to ensure women and children receive all services needed to recover (includes developmental and mental health needs of children)	
Suicide	Activities/Plans to intervene into suicidal attempts; activities to educate the public about suicidal ideation and steps to prevention suicide.	



**Suicide in Idaho: Fact Sheet
January 2016**

- Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. In 2014 Idaho had the 9th highest suicide rate, 46% higher than the national average.
- In 2014, 320 people completed suicide in Idaho; a slight increase from 2013.
- Between 2010 and 2014, 78% of Idaho suicides were by men.
- In 2014, 60% of Idaho suicides involved a firearm.
- 19.8% (1 in 5) of Idaho youth attending regular public and charter high schools reported seriously considering suicide in 2015. 9.8% (1 in 10) reported making at least one attempt.
- Between 2010 and 2014, 96 Idaho school children (age 18 and under) died by suicide. Twenty of these were age 14 and under.
- Number of emergency department visits for self-inflicted injury per year: 836,000 in the United States
- In 2014, there were 42,773 deaths by suicide in the United States, an average of 1 person every 12.3 minutes.

Idaho Resident Suicides by Region – 2014

Region	Anchor City	Suicides	Rate (per 100,000)	Population	Tot. # Suicides	
					2010-2014	5-yr Avg Rate
1	Coeur d'Alene	53	23.9*	221,398	235	21.7
2	Lewiston	33	30.8*	107,033	119	22.4
3	Nampa	35	13.1-	268,080	220	16.9
4	Boise	85	18.1*	468,980	374	16.6
5	Twin Falls	42	22.1*	190,496	188	20.0
6	Pocatello	36	21.7-	166,232	175	21.1
7	Idaho Falls	36	17.0*	212,245	190	18.1

* Increase from 2013, - decrease from 2013

Idaho Suicides by Age/Gender 2010-14
Over 5 year period

Age	Total	Male	Rate	Female	Rate
< 15	20	18	3.3	2	0.7
15-24	231	182	31.6	49	8.9
25-34	212	171	31.8	41	7.9
35-44	255	192	38.9	63	13.1
45-54	303	226	44.6	77	15.1
55-64	248	186	39.4	62	12.8
65-74	117	99	32.6	18	5.7
75-84	69	62	42.7	7	4.1
85+	46	42	87.0	4	4.7

Method 2010-14
(all ages)

Firearm	60.4%
Poisoning	16.5%
Suffocation	18.5%
Cut/Pierce	1.0%
Fall	0.9 %
Other	2.6%

Idaho Suicide Rates 2005 – 2014

Year	Number	ID Rate	US Rate
2005	225	15.7	11.8
2006	218	14.9	11.2
2007	220	14.7	11.5
2008	251	16.7	11.9
2009	307	19.9	12.0
2010	209	18.5	12.4
2011	284	17.9	12.7
2012	299	18.7	12.9
2013	308	19.1	13.0
2014	320	19.6	13.4

Idaho Youth Risk Behavior Survey 2015 – Regular Public and Charter High School Students

<u>Grade</u>	<u>Sad or Hopeless</u>	<u>Suicidal</u>	<u>Plan</u>	<u>Attempt</u>	<u>Medical Care For Attempt</u>
9 th	29.7%	19.3%	16.4%	10.8%	5.0%
10 th	29.7	17.9	15.1	10.1	2.2
11 th	35.3	23.6	21.4	10.3	3.2
12 th	32.3	18.6	14.8	7.6	1.7
Idaho Overall	31.6	19.8	17.0	9.8	1.9

Idaho Suicide Rate by County

5-year total number and 5-year average annual rate 2010-2014

(Resident suicides per 100,000 people)

<u>County</u>	<u>Number</u>	<u>Rate</u>	<u>County</u>	<u>Number</u>	<u>Rate</u>
Ada	328	16.0	Gem	12	14.4
Adams	4	20.8	Gooding	14	18.3
Bannock	101	24.2	Idaho	16	19.7
Bear Lake	7	23.5	Jefferson	24	18.0
Benewah	9	19.7	Jerome	29	25.7
Bingham	38	16.7	Kootenai	143	20.0
Blaine	25	23.5	Latah	25	13.2
Boise	12	34.8	Lemhi	12	30.7
Bonner	42	20.5	Lewis	5	25.9
Bonneville	101	19.0	Lincoln	4	15.2
Boundary	16	29.4	Madison	12	6.4
Butte	3	21.9	Minidoka	13	12.9
Camas	-	-	Nez Perce	61	30.8
Canyon	168	17.2	Oneida	2	9.5
Caribou	11	32.1	Owyhee	7	12.2
Cassia	19	16.3	Payette	18	15.9
Clark	4	88.2	Power	3	7.8
Clearwater	12	27.8	Shoshone	25	39.6
Custer	11	51.4	Teton	14	27.5
Elmore	27	20.5	Twin Falls	84	21.3
Franklin	13	20.2	Valley	7	14.4
Fremont	9	13.8	Washington	11	21.8
			Idaho (total)	1,501	18.8 (5-year average)

Note: Rates for many counties are based on fewer than 20 deaths. Caution is advised when interpreting rates based on small numbers.

Sources: Idaho Bureau of Vital Records and Health Statistics,
Idaho Department of Health and Welfare,
Center for Disease Control and Prevention
State Department of Education, YRBS Idaho, 2015

Compiled by Jeni Griffin, Executive Director, SPAN Idaho

Special Thanks to Martjin Van Beek, Research Analyst Senior and Pam Harder, Research Analyst Supervisor, Bureau of Vital Records and Health Statistics

From: Linda Hatzenbuehler [<mailto:hatzlind@isu.edu>]
Sent: Thursday, January 14, 2016 9:36 PM
Subject: Fwd: Dr. Rudd's AMSR training this February

Good Morning: I am forwarding information on registering for Dr. Rudd's training on the ISU campus on Assessing and Managing Suicide Risk. The workshop will occur in Pocatello and Boise in February. Please pass this email on to other interested parties. Thanks. LH

----- Forwarded message -----

From: **Judy Gabert** <jgabert@spanidaho.org>
Date: Thu, Jan 14, 2016 at 2:55 PM
Subject: Dr. Rudd's AMSR training this February
To:

For those of you that wanted to register for Dr. Rudd's Assessing and Managing Suicide Risk training, we are now set up.

The Rudd online registration is live at <http://www.spanidaho.org>.

Look for the "February Rudd AMSR Training" button at the top of the home page.

Thanks for your patience!

--
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Idaho Lives Project Specialist
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Combined Behavioral Health Block Grant Idaho Goals

Background: The Idaho Behavior Health Planning Council is responsible for reviewing Idaho's combined Mental Health and Substance Abuse Prevention and Treatment Block Grant. Block grant applications and reports requirements change over time, so states must wait for current instructions to be issued before they can begin development of the documents. Due to the timing of the issue of instructions and the due date of the applications and reports, in most years, the Planning Council has a very short period of time to review the documents. In an effort to improve this process, the Division of Behavioral Health has created summary sheets that provide an overview of block grant goals and the current federal initiatives. The goal is to provide more time for the Planning Council and the Division to have an ongoing dialog about the applications and reports. This will enable the Division to more accurately report all the activities that are being undertaken in Idaho. To support this effort, two documents have been created. One covers the Idaho goals for the FY 16/17 Combined CMHS and SAPT block grant application. The other document covers the current federal initiatives which states are required to address as part of the application.

Idaho Goals: This document focuses on the goals that Idaho established in the FY 16/17 combined block grant application. Idaho was required to establish goals specific to adult and childrens' mental health services, primary substance abuse prevention services and substance use disorders treatment services. Some goals address both mental health and substance use disorders treatment services.

This Document: This document includes information on all the initiatives and is intended to provide Planning Council Members with a tool to report activities/resources that your group/organization/region has undertaken. The first column summarizes the intent of the initiative. The second column describes the type of information needed to evaluate the implementation status of the goal. The third column can be expanded as needed to enable Planning Council members to provide information on what the group/organization that they represent, as well as the Planning Council, is doing that supports achievement of the goal. All block grant applications and reports are posted on the Planning Councils webpage under the "Reports" heading. If you select "Block Grant Reports and Applications" a drop-down menu will appear listing block grant documents dating back to 2010.

Contact Information: If you have information to share, questions or concerns about the block grant goals, applications or reports, you can contact the Division of Behavioral Health Block Grant leads. While each focuses on a specific grant, both are available to provide information or take input on either grant. Their contact information is provided below.

Anne Bloxham, Community Mental Health Services Lead; 208.334.5527; bloxhama@dhw.idaho.gov

Terry Pappin, Substance Abuse Prevention and Treatment Lead; 208.334.6542; pappint@dhw.idaho.gov

Idaho Goals Summary

Table 1 Priority Areas and Annual Performance Indicators

The “Information on Activities in Idaho” section can be expanded as needed to report activities related to each goal.

Goal	Needed Information	Information on Activities in Idaho
<p>Increase the number of prevention providers employing approved evidence-based strategies</p>	<p>Names of programs/activities funded. (Idaho evidence-based program list located on internet at http://prevention.odp.idaho.gov/SABG/Provider%20Info.html)</p>	
<p>Increase the number of Certified Prevention Specialists from 3 to 12 by June 30, 2017</p>	<p>Number of number of individuals who were issues a Prevention Specialists Certification by the Idaho Board of Alcohol/Drug Counselor Certification</p>	
<p>Strengthen data collection and evaluation capacity to accurately measure outcomes</p>	<p>Percentage of prevention providers trained; Percentage of prevention providers accurately reporting outcome measure in data management system</p>	
<p>Increase the number of Behavioral Health Crisis Centers to a total of three</p>	<p>Activities to support the development of Crisis Centers and Crisis Response Activities</p>	
<p>Implement the Child and Adolescent Need and Strengths (CANS) assessment tool.</p>	<p>Activities to implement the CANS tool in each region</p>	
<p>Increase access to respite care services for families with children with Serious Emotional Disturbances</p>	<p>Activities to identify respite care providers and connect consumers with this resource; Identification of additional training needs for peer and family support specialists</p>	
<p>Screen and refer consumers at high risk for TB to medical testing/care</p>	<p>Activities to identify individuals at risk for TB and refer to medical care</p>	
<p>Regional Behavioral Health Boards (RBHB) to functional boards</p>	<p>Status of the RBHB in each region; technical assistance needs</p>	

<p>Implement a state certification for Peer Specialists and increase the number of trained and certified peer support specialists in Idaho</p>	<p>Activities to provide potential peers with information about upcoming trainings;</p>	
<p>Evaluate the impact of high utilization of services including inpatient and outpatient and identify system improvements</p>	<p>Activities to identify system improvements/ ideas to improve services to meet the needs of high utilization clients</p>	
<p>Provide education regarding the Mental Health Parity and Addiction Equity Act (MHPAEA) in Idaho.</p>	<p>Activities to educate consumers/the public on MHPAEA.</p>	
<p>Integration of behavioral health and primary care.</p>	<p>Activities to integrate/coordinate behavioral and primary health care</p>	
<p>Ensure behavioral health services are implemented in accordance with Olmstead and Title II of the Americans with Disabilities Act.</p>	<p>Activities to facilitate community integration for people with behavioral health disorders</p>	
<p>Refer to services/serve pregnant women in need of substance use disorders services</p>	<p>Activities to refer pregnant women with substance use disorders (SUD), or co-occurring mental health/substance use disorders to SUD services</p>	
<p>Provide specialized SUD recovery services (PWWDC) to women and their dependent children throughout Idaho. (includes developmental and mental health needs of children)</p>	<p>Activities to work with specialty PWWDC providers to ensure women and children receive all services needed to support a full recovery</p>	
<p>Refer IV drug using clients to SUD treatment</p>	<p>Activities to refer IV drug users, with substance use disorders (SUD),/co-occurring mental health/substance use disorders, to SUD services</p>	



Picking Up The Pieces

Suicide Loss Support Group

When: 1st Thursday of every month

Time: 7:00 p.m.

Where: Idaho Falls Public Library, Room 4
145 W. Broadway, Idaho Falls

Who: Ages 16 and older

Cost: Free

Come one time or as often as necessary. Skilled professionals will facilitate each session

Sponsored by:



Behavioral Health Center
at EIRMC

For More Information
Call (208) 520-8239

FIRST BAPTIST CHURCH
FOOD PANTRY
408 N. ARTHUR AVE.
208-232-6305
THURSDAYS 3:30-7:00 PM ONLY

Regional 6 Behavioral Health Board Gaps and Needs Analysis 2015

Identified Regional Service Needs and Gaps <i>Relating to Prevention, Treatment and Rehabilitation Services</i>	Short Falls and Challenges	Project Proposals, Progress and Accomplishments <i>Including those related to Family Support Services and Recovery Support Services</i>	Improvement and Strategy Measures
Transitional and permanent housing for men and women.	Lack of funding sources and actual support housing place. Lack of resource to pay first/last month rent and deposit. Affordable housing is rundown and will often not qualify for Sect. 8 funding. Wet/damp transitional housing.	County-owned houses in Bingham County- get more info Vacant lot on Arthur Aid for Friends and current transitional housing. Utilizing PATH dollars to help with deposits and first/last month rent.	Help Individual match up with roommates More low cost housing Another homeless shelter in area
Employment	Challenges with skills identification and acquisition as well as transportation to employment/training site. Difficulty obtaining employment with criminal record	Working Solutions Voc. Rehab Syringa -- \$147.95/month Dept. of Labor Voc. Rehab Temp Agencies	Work with company to become felon friendly More help for resume building Job fairs Develop list of felon friendly Job Coaches

Transportation	Limits access to treatment if client does not have Medicaid. Transportation to SE Crisis Center. Help for those who need to reinstate license Cost of available transportation	Bus vouchers are needed Voc Rehab BPA Funding for some Bikes loaned by probation Vouchers	Computer Training Contact person to call for help with trans issues Increase availability of loaner or low cost bikes Find Support for providing bus passes
Case Management/Resource Coordination	Homeless consumers in need of BH services are unable to access case mgt. Recovery Centers or Oxford house type facility to assist with resource coordination/case mtg.	Referral to ISU Counseling Voc Rehab Trained Recovery Coaches who can connect individuals to services	Improve working relations
Cost effective alternatives to incarceration and residential when appropriate.	Housing First initiative. Increasing use of GPS monitoring/ankle bracelets.	Oxford houses, Recovery Centers, Crisis Center	Have a greater understand of what grants are available to get things started
Community wide recovery support plan based on EBP.	No Common Database/Website	Bannock County Share Program is a resource and example Visit Schools with DHW/J.J./Providers	Finish School visits, find common database/website
Communication among/between school districts, juvenile justice, DHW, and providers.			
Parent education/support- to include respite, telephonic and telemedical			
Residential care, to include local options and the merging of community centers and recovery centers	\$		
School access, especially to allow private providers offering CBR services PSR workers should be allowed at schools. It was suggested	Local School policy	DHW wrap around services	

that in a court order through a 25-11A could accomplish this.				
Help for all kids, including those who do not qualify for Medicaid	Local School Policy		DHW Wrap around services	
Financial considerations, denial of services, amount of access (time)	\$			
Appropriate access to services, timely access to services, increase referrals to juvenile justice, follow-up care, pediatric care, therapeutic foster homes, and drop-in centers.	Parent do not know how or where to access. Juvenile justice can only be referred to if criminal activity occurs. No Drop in centers available. Not enough therapeutic foster homes		Study Drop in Centers in other states. Need to have more incentives for Therapeutic foster home, currently not paid enough. Pediatric care can be expensive with no insurance.	
There is a need for more help in school programs—not enough aides in classrooms	\$			
There is a need to get information about mental health programs to parents as soon as possible in the child's life. Pediatricians are key to this, but are short of time during appointments, and seem to be concerned about liability. There is not a developmental pediatrician in Pocatello, and only 2 child psychologists.	Parent Acceptance cooperation. Teacher Education M.D. Cooperation!			
They would like to see family-run programs available as an option, along with the traditional approach.				Medicaid (Optum) would have to be lobbied for this.
There is a need for more information about suicide prevention from a mental health perspective.				
Doctors and hospitals, especially in rural areas, need training when working with juveniles who are contemplating suicide.				

Services in rural areas need to be presented by Spanish speakers.			
Pornography is a big issue with juveniles seen by the courts, along with substance abuse.	Easy access to Pornography, parents not in tuned with internet and media.	Parents need to be aware of what their kids are doing on the internet. Check their kid's activity on the net.	Training for parents on mass media. Security measures and to be more attentive.
There is a need for suicide threat resources. Parents and school personnel do not have a protocol when students reveal thoughts of suicide. School counselors are not trained to be therapists in such situations. People must be educated as to the limits schools have in helping children with mental health issues.			
Policies need to be updated to help young children who need treatment.			
Wrap-around services for school children need to be revitalized.			

Report to the Recovery Support Services Subcommittee

I have investigated the situation of temporary housing in Pocatello for released prisoners in South East Idaho who especially are dealing with substance abuse and recovery and those suffering with mental illness. There are nonprofit, county, and local housing programs in various states. For example, see the web site: <http://mha.ohio.gov/Portals/0/assets/Supports/Housing/Ohio-Recovery-Housing-%20Day1.pdf>. This state funded program in Ohio is focused on substance abuse.

The Crisis Centers being developed in Idaho are limited to individuals in crisis and the housing provided is for only a very limited time (I believe 24 hrs). Idaho Falls is the first Crisis Center funded by the state of Idaho and is now serving people in crisis and a second for northern Idaho was approved during the last legislature. A second has been approved for northern Idaho during the last legislative session.

However, it is unlikely that we could influence the state legislature to develop a housing program for individuals not in crisis but in serious need since this would require housing in each region of the state and such a program for the entire state of Idaho at the present time is not likely due to lack of support and tight revenues.

While Aid for Friends does provide housing for the homeless, prisoners released from prison are unable to access this housing for their first night since they are not considered homeless until they have spent the first night out of prison elsewhere. This means that newly released prisoners are likely to return to their "old" environment and this raises the likelihood of reoffending and ending up back in prison. We need to reduce recidivism not perpetuate it.

I stopped at Neighborhood Works and had a nice talk with Mark Dahlquist. I asked about Spirit of Hope House at 626 N. Harrison. He indicated that there are 10 rooms that rent out at \$200.00 per month and that the house has a kitchen. Further, he indicated that for those coming out of prison the state will pay one month's rent and the deposit. I was not sure, from what he told me, if the county provides any financial help. Further, he indicated that they were not at capacity. He also told me that at present they only have a place for men. There is a real need for housing for women.

While the Spirit of Hope house does provide housing and has an individual at the house to maintain it and collect the rent, etc. there are no counseling services available or other programs to aid in job searches, etc. This is a need that is essential for recovery or mental health.

It appears to me that a second house for women is needed and that both homes need to have close access to a number of support services from counseling to training, job search assistance, etc.

In the past the Family Services Alliances had a grant for providing housing for women, but that the grant money has run out. While the grant was in force, the Family Services Alliance rented the entire Spirit of Hope House and made it available for women. At present there is no replacement housing for women. So, at present, the greatest need is housing for women.

I believe that we as a subcommittee can partner with appropriate nonprofit services to fill these gaps and identify funding agencies and corporations that can get these programs on a solid financial foundation.

Region VI BHB

January 19, 2016

Board Members present: Susan Hepworth, Michele Osmond, Robb Redford, Helen Lusk, Brad Baker, Mark Gunning, Lennart Nivegard, Fran Lands, Bill Slaven; Barry Jones, Dave Williams, Linda Hatezenbuehler, Lynda Shiflet, Helen Lusk (on phone)

Approval of the Minutes: No minutes from November; JoAnn will provide them in February.

CMH update: Mark Gunning: CMH week in May. Planning to do a training like we did last year. Date to be determined.

Recovery Support update: Janae Andersen: Millennium committee met and decided not to fund Recovery Centers, they had since changed their mind. They are meeting again and may award some money for RC. If you have not already provided a letter of support please send the same to Janae or Mike (mikeb@bannockcounty.us).

Betty added that we need letters of support if you had not previously provided one.

Old Business:

Open Board Positions: School and MH Treatment Provider. Matt Wadsworth suggested a person also involved with the tribe. Janae has her information and will forward to the Board.

Chairperson nominees: Mark Gunning & Linda Hatzenbuehler. Discussion related to Linda may be too busy and Mark being here every time.

Michele Osmond nominated Mark Gunning to be chair. Fran Lands seconded. Unanimous approval for Mark to be new chair by all members present.

Brad Baker presented a draft of bylaws from that sub-committee. Please review for next meeting. If you have feedback email Janae by February 4th. Subcommittee will meet to incorporate it. Will present updated document at the next BHB meeting.

Dionne reviewed Optum quarterly report. Noted: High risk, high needs member webinar on the January 25, 27, 28th. Report is attached.

Public Health agreed to partner with BHB.

Discussion related to SOW, Cost and Billing, Performance Metrics, Reports; Feedback to Janae by February 4th.

Talking points from Behavioral Health Planning Counsel.

See attached. No questions or comments.

March 21st **Gaps and Needs** are due to the BHPC.

Janae will send out Gaps and Needs from last year. Work group for Gaps and Needs: Fran, Dionne, Michele, and Janae. Will send out date to meet. Janae will forward Legislative Help document and Gaps and Needs document.

Reviewed SBHPC Application Checklist. Mark and Michele will sit down and discuss where we are at with each item and present Board current status at next meeting relative to those requirements.

Questions re "Plan Requirements" on the SBHPC checklist – All Boards: request clarification re this item. Janae will follow up.

Susan Hepworth applied as the "adult consumer" on the SBHPC.

Future board meetings will be held at Public Health after contract has been signed with DBH. Maggie will likely attend the board meetings as there is no legislated requirement for a representative from PH. Vaughn and Howard are also on both PH board and RBHB. Would like PH to be at the table and provide information to the RBHB although they will not be a voting member.

Janae noted information side of the packet that she has previously emailed.

NAMI is starting a new Family to Family training. Feb. 18th – March 29th. T and Th. Held at Life Inc. 6:00-8:00.

Linda Hateznbuller proposed we have a small subcommittee related to membership and also include orientation for new members. This would keep the Board up to date on terms of members.

Robb Redford has been working with a group at Fort Hall on the CTAS grant due Feb. 19 related to transitional housing in Fort Hall.

Linda Hateznbuller had a question related Crisis Centers. Discussed selection process for center. Michele will email clarification related to an open request for proposals or if the decision has been already made.

Brenda Price presented information related to the CCEI. Information attached. Brenda has found that word of mouth seems to be the source of most referrals. Brenda reports they have accessed bus tickets purchased by the BHB to help with transportation from Region VI counties. She has also been using gas vouchers to help people get back home.

Brenda report Robert Polecky with Bannock County had inquired about a crisis center with her.

Mark made a motion to adjourn, Lynda Shiflet seconded, meeting was adjourned.

December Highlights from the Idaho Behavioral Health Planning Council

- * Idaho Federation of Families for Children's Mental Health has reserved the regional Health and Welfare video conference equipment for May 12 and 13, 2016 as part of their Children's Mental Health Awareness Week activities. They are planning to have 2-4 statewide presentations originating from multiple regions. Additionally, IFF is currently selecting a theme for their CMH Awareness Week poster contest. If you have a suggestion for a presentation or an idea for the poster contest theme, please contact Steve Graci at Idaho Federation of Families.
- * The 2015 Gaps and Needs Assessments for each regional BHB are due to the BHPC by March 21. While the format remains flexible in order to meet the needs of each individual BHB, a list of suggestions and tips for completing the Gaps and Needs will be provided in the coming weeks.
- * A "Legislative Toolkit" was distributed to the regional boards in November with information regarding likely behavioral health issues for the upcoming legislative session. Please feel free to provide the BHPC with feedback regarding the contents of the toolkit.
- * An update on Naloxone... recently the Office of Drug Policy has learned that despite the passage of the Naloxone legislation, it's availability at Idaho pharmacies remains limited. More education and outreach will be conducted in the coming months and we will continue to keep the regional boards updated.

January Highlights from the Idaho Behavioral Health Planning Council

- * Idaho Federation of Families for Children's Mental Health has changed the dates for their Children's Mental Health Awareness Week presentations to the afternoons of May 6th and 13th. These presentations will be available for viewing using the video-conference equipment in each of the regional offices. The Federation is planning to have 2-4 statewide presentations originating from multiple regions during these two days.
- * The 2015 Gaps and Needs Assessments for each regional BHB are due to the BHPC by March 21.
- * Just a reminder that regional Behavioral Health Boards have until April 1 to provide comment regarding Idaho's SAMHSA block grant for mental health and substance use funding. Documents to assist in this comment period can be obtained from each regional board's BHPC contact person.