Idaho Behavioral Health Planning Council  
June 1-2, 2015 Meeting  
Meeting Minutes

Approved October 13, 2015

### Monday, June 1, 2015

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter/Discussion</th>
<th>Action</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Griffis</td>
<td>The Chair, Jennifer Griffis called the meeting to order at 8:03 a.m. Jennifer stated that there are several new members and asked that everyone do introductions. Travel reimbursement forms were issued along with the importance of turning them in quickly due to the end of fiscal year quickly approaching. The Council voted on the meeting minutes from January, 2015. Approved with changes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welcome Introductions, Travel Forms, Approve Agenda, Etc.</td>
<td>Gina Westcott presented information about the State Healthcare Innovation Plan (SHIP). This is a forty-million dollar ($40M), four (4) year plan to redesign our healthcare delivery system, evolving from a volume-driven, fee for service system to an outcome-based system that achieves the triple aim of improved health, improved healthcare, and lower costs for Idahoans. Please see the presentation handouts for more detail: [See Page eleven (11)]. Ross Edmunds brought up the fact that when some primary care practitioners are looking at behavioral health, they look at chronic illness such as obesity or nicotine. In other words, they look at individuals that need to make a change in behavior not a diagnosed mental illness. We need to, and are, making progress toward integrating mental health in the process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHIP Presentation - Gina Westcott</td>
<td>Ross Edmunds gave a briefing from the Department of Health &amp; Welfare (DHW), Division of Behavioral Health (BH).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Update - Ross Edmunds**

**Substance Use Disorder (SUD) rules.** There are two sets of SUD rules, first for facilities and the care services. For facilities, BH made some changes to make it easier for providers. They are working to integrate SUD rules into Behavioral Health (BH).

**Budget.** The BH Division has three (3) budget divisions:
1. Psychiatric hospitalization,
   a. State Hospital North
   b. State Hospital South
   c. Community Hospitalization

Community Hospitalization Budget. Usually, when an individual is committed in the state, they are in jail or in a Community Psychiatric Hospital such as Kootenai or Intermountain. When a person is committed, the state pays for hospitalization after the commitment date and until the client is transported to the State Hospital. This year’s [FY15] budget is $2.79M. We asked for a 10% increase for FY16 and it was approved.

2. Mental Health
   a. Children’s Mental Health
   b. Develop Mental Health
3. Substance Use Disorders.

The SUD budget is on target allowing us to open services to a voluntary population for the first time in years.

Idaho Falls Crisis Center has been open since mid-December and is going very well. After two (2) months of operation the estimated emergency room (ER) savings is $38K. About 234 Law Enforcement (LE) hours were saved. One concern is that an episode of care can only last 23 hours, 59 minutes. This is not an in-patient facility. The average length of stay is about 9 hours. Most people coming in are coming in by themselves or from hospitals. Approximately 23% are coming in from LE. The next crisis center will go to north Idaho in Coeur d’Alene.

**Office of Drug Policy - Marianne King**

Marianne King briefed on the Office of Drug Policy status. She stated that House Bill 108 was passed for Narcan (Naloxone). Naloxone is used to reverse the effects of an Opioid overdose. The bill allows for families to have and for pharmacists to provide. This drug
gives time for emergency assistance to arrive (approximately 30 minutes). Legislation asked for training and guidelines from the Department of Health & Welfare. Naloxone can be administered by injection or inhaled. Office of Drug Policy has a training video located on their home page: [http://www.odp.idaho.gov/](http://www.odp.idaho.gov/). Angela Palmer suggested this film be distributed to treatment providers.

Medical cannabinoid oil was passed for those with children who might have seizures. There is some anecdotal evidence that this oil does make a difference, but nothing scientific at this time. The Governor vetoed the original law and asked for DHW to have trial free of charge to see efficacy.

More marijuana legislations will be coming as we are surrounded by states that have legalized marijuana. We should anticipate that new laws will allow for medical marijuana and will decriminalize possession of small amounts including paraphernalia. The new law will allow for growing hemp under Department of Agriculture and DHW will be over marijuana.

In the world of prevention, grant announcements are out. SAMSHA gives out grants using a formula. Currently 15 grantees (1.5 million statewide) for 2015 and trying to affect more communities.

Abraham Broncheau mentioned the Lapwai lifestyle grant stating that some children are pulling away from groups and parents are realizing that they want their children to be better than they are.

The Be The Parent campaign for underage drinking is being redone for Idaho.

The Idaho Suicide Prevention Hotline has been operating 24/7 since November 2014. There have been about 6,000 calls since the launch of the Hotline. The just completed training for the ninth cohort with the largest class size to date. Calls to the center are coming from all over the state. They are currently training ambassadors statewide with “Suicide Talk” providing information about suicide and how to talk to people with suicidal tendencies. The goal is to have people around the state at fairs and other public forums to get information out.

The Hotline is still seeking sustainable funding. Most funding comes from United Way and other small grants.
| Regional Needs and Gaps Analysis | With the exception of Region 6, all Regions reported the legislative-mandated Needs and Gaps reports. These reports are required for the Governor’s report. Next year, the deadline will be moved up in order for timely input to the report. We should add a Needs and Gaps workgroup to consolidate the information. We will have the Needs and Gaps consolidated report as an appendix to the Governor’s report. The integration of mental health and substance abuse was a concern of all regions along with housing and transportation issues in all regions. Other issues identified in the Regional reports were language and interpretive services, crisis services, and crisis help for youth. Rick Huber suggested that having quantitative data versus 100% anecdotal information would allow a better picture of changes that occur from year to year. Having some anecdotal information does have value, however, and should continue to be included in the reports. To make reporting easier in the future, a suggestion was made to perhaps give categories for the regions to respond to. The Council is waiting for the board applications for grants. We must decide which applications to accept and how to monitor these. Region 4 did request a review at this meeting, however, the agenda was already finalized and Region 4’s application will be reviewed after this meeting. They are already in an agreement with the Public Health District just not a finalized contact at this time. This Council needs to continue to monitor the applications and the process. See page 14 for Gaps and Needs Overview |
| Idaho Telehealth Council - Stacey Carson | The Idaho Telehealth Council was formed during the 2014 legislative session. It includes six (6) hospitals and the Idaho Hospital Association. The Guiding Principles are: Patient Centeredness, access to quality care, promote cost effectiveness and be evidence-based, sustain privacy, and align with established standards.. Idaho Telehealth Access Act passed in the 2015 Legislative session. This Act clarifies practice standards. Idaho law allows patient-provider with two-way audio/visual at first, then other means thereafter. There are some prescription parameters. The law does not mandate remuneration and does not work with out of state licenses. During the last Legislative session there were thirty-four (34) states with proposals for telehealth. |
The [www.Americantelemed.org](http://www.Americantelemed.org) website compares all states practice standards. No two states are alike. Idaho does not require an inpatient visit as long as there is video and audio available. Idaho allows for the visit to take place at home or school and no follow up is required. Idaho has no parity law. Idaho Board of Medicines can accept telehealth from other states.

Ryan Haight Act (controlled substances) paces restrictions on online pharmacies and for some medications to be prescribed over the Internet. This Act requires one face to face meeting with patients, however, if the patient is in the hospital then medication can be prescribed.

Please see the presentation handouts for more detail: See page 16 for Telehealth Presentation.

Idaho Caregiver Alliance – Respite care. What is respite? It is a time out from the responsibility of providing care. It can be provided in-home or outside the home and can benefit the care receiver’s well-being and quality of care. Respite care can be a few hours up to several days and/or nights a week.

The mission of the Idaho Caregiver Alliance promotes collaboration that improves access to quality, responsive lifespan respite and advances the well-being of caregivers across Idaho.

Please see the presentation handouts for more detail: See page 37 for Idaho Caregiver Coalition Presentation.

<p>| Planning Council 101 | We have openings for Social Services agency, a Veteran, consumer of SUD, LE, and Education. Teresa Wolf indicated that when her appointment retires the LE vacancy will be filled. The youth under 18 position will possibly need to be within the Treasure Valley and probably will not have 100% attendance with possible term of one (1) year. The Council’s last meeting ended with a discussion on how we can have more of a voice with the Legislature. Other than the Governor’s report, we don’t have much input. Van said that she talked with legislators and recommended that we meet with them at the first of the session. Jennifer suggested that we should all get to know our individual legislators. It was noted that when the report goes out on June 30 Legislation is not in |</p>
<table>
<thead>
<tr>
<th>Optum Update – Becky ViVittorio</th>
</tr>
</thead>
</table>
| The web site [www.liveandworkwell.com](http://www.liveandworkwell.com) is a member resource for wellbeing. Optum currently has 20 states and around the world using the site, serving approximately 270,000 people. Most of these are children on Medicaid. 

Optum is adding more services, all evidence-based. They look at safe, rigorously tested, consistent and reliable, beneficial and effective practices. Optum provides a 1 ½ day Mental Health First Aid training that assists individuals understand how to talk with someone with mental health issues and are currently focusing in underserved areas (Spanish).

Please see the presentation handouts for more detail: [See Page 68 for the Optum Presentation.](#) |

<table>
<thead>
<tr>
<th>Jeff D – Jennifer Griffis and Carol Dixon</th>
</tr>
</thead>
</table>
| Jeff D is a lawsuit that started 30 years ago when children were not separated from adults as Idaho in-patients. Children were not given school or community-based services. There were some changes over time but never wholly resolved. The Judge suggested that this go to mediation as some changes were no longer relevant. Lawyers were brought in and meetings were held for 14 months involving all major departments from state, community, and families. They completed mediation in December 2014 with a clear plan for SED youth in Idaho with serious issues. This process was confidential, allowing people to speak freely, and is a philosophical shift that looked at the entire system.

Clients receive help from different systems within the state. These systems do not know what the others are doing. For parents, this becomes a serious issue. This mediation brought all systems together to discuss how to better utilize funds. They are using Medicaid as the backbone and will fill in with other program’s funds. Communication is key to success.

At this time, unless there is a connection to the juvenile justice system, parents are unable to receive respite. Now, eligibility will be based on child-family wrap around.

There is a 9-month implementation plan that will lead to a solid children’s mental health system |

<table>
<thead>
<tr>
<th>Adjourn</th>
</tr>
</thead>
<tbody>
<tr>
<td>The meeting adjourned at 4:43</td>
</tr>
</tbody>
</table>
**Welcome – Jennifer Griffis**

The meeting opened at 8:00

---

**BPA – Sharon Burke**

BPA Health is a locally owned and operated practice working with providers throughout the state offering training, technical assistance and performing audits. They are contracted with DHW to implement a federally funded evidence-based treatment program for adults 18-25.

BPA manages the SUD program for the state. They are in a 3-year contract with the state that can be extended by one (1) year up to two (2) times. The SUD program is for offenders on probation and parole, juveniles in probation, offenders in problem solving courts, and for low income, homeless, veterans, and child protection.

Jennifer Griffis stated that access to care was one of the gaps identified in Regions as well as detox. Sharon stated that BPA has not addressed this statewide. She acknowledged that they need to build in the service but currently have no real solution. She will take this back to BPA to address.

Angela Palmer stated that BPA’s collected data is very helpful. Through that data they found that the average age of first use for clients in Region 1 is eleven (11). A Council member wanted to know what BPA sees as gaps in service. Sharon indicated they found that transportation and wraparound treatments support as well as safe and sober housing are issues especially in rural areas.

Please see the presentation handouts for more detail: [See page 83 for the BPA Presentation](#)
### Recovery Idaho – Melanie Curtis and Jon Meyer

Recovery Idaho started over one year ago. It is a non-profit with a volunteer board and officers. The Idaho Association of Counties applied to get a grant to create recovery centers in Gem, Latah, Canyon, and Ada counties. The DHW received a grant to help with sustainability. Recovery Idaho will hire staff to develop a tool kit which will assist counties in building their own recovery centers. A sound communication website is needed so counties can more easily share information. Gem county will be the first to receive staff training through Recovery Idaho.

Training is 40-hours and they are looking at a certification for recovery coaches through DHW.

### Idaho Parents Unlimited – Angela Lindig and Jennifer Zielinski

Parents Unlimited (PU) is funded by grant for children with disabilities. Family to family health information with chronic medical condition may not identify as disability. The PU has 26 different trainings, much about training people to work together. They take about 4,000 calls per year. From data gathered over the past few years PU has seen a rise in calls from parents whose children have behavior health issues. Previously, the highest call volume was about children on the Autism spectrum.

The PU has partnered with the Idaho Federation of Families. The family-to-family health goal is to help all family members. Siblings often struggle when one sibling gets most attention. The overall goal is to develop education and awareness with schools and communities to raise awareness.

Please go to the Parents Unlimited website for more information: [http://www.ipulidaho.org/](http://www.ipulidaho.org/)

### Federation of Families for Children’s Mental Health – Steve Graci

The Federation is an advocacy organization with people who can say “I’ve been there.” Advocates for families around the state believe that no one really wants to listen. They create an opportunity and community for discussion. The challenge is to find gaps and fix them. For example, people often say they need to find some type of service but don’t know what is available. The Federation can continue to advocate for services but until the Governor and the Legislature agree to the change and to pay for it, things will remain the same.
Currently children’s mental health is tied to the Juvenile Justice system. The Behavioral Health Boards around the state and this Council are all talking about the same thing – children’s mental health. What do we do with these discussions? We submit a report to the Governor but what happens with that report? Who will go before Legislators to push this need?

Each Region put on a mental health week so Regions could share what is best for them. The Federation’s goal was to bring committees together so all could share what they are doing.

Jennifer suggested that the Regional Boards to a Legislative even to push the Council’s information and updates to them.

Please go to the Federation of Families for Children’s Mental Health website for more information: [http://idahofederation.org/](http://idahofederation.org/)

---

<table>
<thead>
<tr>
<th>WORKING LUNCH</th>
<th>Governor's Report - All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to beginning work on the Governor’s Report, Judge Wilper shared a Youtube on Diversion for drug courts with a brief discussion after.</td>
<td></td>
</tr>
</tbody>
</table>

**Governor’s Report.** The Governor’s Report is due on or June 30th but the Council would like to have it out the week prior. As such, all submissions should be in for review, consolidation, and edits by the morning of June 15th.

Items worth mentioning the report are: prevention, update on resolution of respite, parent peer provider update, update on SHIP, suicide prevention, and ongoing activities such as the Behavioral Health Boards.

Because the Governor and Legislators receive this report in January, we could do a synopsis again in January that focus’ on challenges. Judge Wilper suggested that legislators are deluged in January and that we should show gratitude when we approach the Legislators for the work that has been done and look forward to continuing to work with them. Van stated that Legislators usually know what they are working on when they enter session. She suggested that the first two weeks in committee may be the best time for an in-person presentation.
Environments Scan: Greg recommended that the committee be dismantled. Jody said it was to find different resources. Jennifer feels as if this is for adult mental health.

Education / Legislative: Evangeline (Van) discussed how we should introduce ourselves to the Legislature. She suggested that we could use PowerPoint as a means to explain that we are a Legislative tool, what we can do for them, and offer to connect constituents to services, thank them for what they have done, and find common ground. We should ask Regional Behavioral Health Boards to meet with their Legislators.

Prevention: The directory has about 300 programs and 250 groups providing service. This directory is to be posted on the web site with hyperlinks.

Children’s Mental Health: Waiting for the national theme does not allow for enough time for the Council to act. They suggested that the Regional Board could do the activities and get them out earlier.

Workgroups / members
Block grant: Rick, Angela, Jennifer
Prevention: Abe, Marianne, Judy
Environmental Scan (system analysis): Greg, Jane, Rosie
Regional Readiness: Angela, Theresa, Rick, Jennifer
Children’s Mental Health: Jodi, Steve, Carol, Jennifer, Tracy
Governor’s Report: Teresa, Elda, Jennifer

Next meetings were discussed and decided on:
- October 13-14 with a possible Mental Health First Aid training on 15th – 16th.
- April 25-27, 2016
Community Partnerships of Idaho meets on October 8-9, 2015

Judge Wilper made the motion to adjourn at 2:53 pm. No second needed.
The Idaho State Healthcare Innovation Plan

SHIP GOAL: The goal of the Idaho State Healthcare Innovation Plan (SHIP) is to redesign Idaho’s healthcare system, evolving from a fee-for-service, volume-based system to a value-based system of care that rewards improved health outcomes.

BACKGROUND: In December 2014 the Idaho Department of Health and Welfare received a state innovation model grant for $39,683,813. The grant, from the Center for Medicare and Medicaid Innovation, will fund a four-year model test that begins on Feb. 1, 2015, to implement the Idaho State Healthcare Innovation Plan (SHIP). During the grant period, Idaho will demonstrate that the state’s entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care, and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other ancillary care services.

Work on the SHIP began in 2013 when Idaho stakeholders came together to study Idaho’s current healthcare system and develop a plan for transformation. The 6-month planning process involved hundreds of Idahoans from across the state working together to develop a new model of care. In early 2014 Governor Otter established the Idaho Healthcare Coalition (IHC) which has continued to build on earlier stakeholder work and momentum. IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations and community representatives.

PROGRAM GOALS: Idaho’s plan identifies seven goals that together will transform Idaho’s healthcare system.

Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs): Idaho will test the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state’s healthcare system. The PCMH will focus on preventive care, keeping patients healthy and keeping patients with chronic conditions stable.

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood: Idaho’s proposal includes significant investment in connecting PCMHs to the Idaho Health Data Exchange (IHDE) and enhancing care coordination through improved sharing of patient information.

Goal 3: Establish seven regional collaboratives to support the integration of each PCMH with the broader medical neighborhood: At the local level, Idaho’s seven public health districts will serve as regional collaboratives that will support provider practices as they transform to PCMHs.
Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs: This goal includes training community health workers and integrating telehealth services into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.

Goal 5: Build a statewide data analytics system: Grant funds will support development of a state-wide data analytics system to track, analyze and report feedback to providers and regional collaboratives. At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value: Idaho’s three largest commercial insurers, Blue Cross of Idaho, Regence and PacificSource, along with Medicaid will participate in the model test. Payers have agreed to evolve their payment model from paying for volume of services to paying for improved health outcomes.

Goal 7: Reduce healthcare costs: Financial analysis conducted by outside actuaries indicates that Idaho’s healthcare system costs will be reduced by $89 million over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197 percent over five years.

NEXT STEPS:

TIMELINE: The SHIP model test period begins on 2/1/15 and extends over four years. The first year of the award period is considered a pre-implementation year which will be dedicated to getting project staff and contractors in place. By the end of calendar year 2015 the first cohort of primary care clinics will be identified and beginning their training to transform to PCMHs.

DHW STAFFING: DHW will hire 8 staff to provide support for the federal grant, manage the multiple contracts, and provide staff support for the Idaho Healthcare Coalition and the workgroups that report to the coalition.

FOR MORE INFORMATION PLEASE CONTACT:
Denise Chuckovich, Deputy Director, Idaho Department of Health and Welfare
208-334-5500, sluckovd@dhw.idaho.gov
Regional Gaps and Needs General Overview
April 2015

Population Specific Concerns

Mental Health Services*
- limited access in rural areas
- difficult to access without criminal justice involvement
- limited psych bed availability
- need for a back-up plan when psych beds unavailable
- more psychiatrists needed for treatment and medication management

Substance Use Disorder Services*
- limited access in rural areas
- lack of detox services
- gaps in funding, especially related to prevention and early intervention

Children’s Behavioral Health Services*
- youth mental health court
- lack of services for non-criminally involved at-risk youth
- reduction in CBRS
- need for day treatment and therapeutic foster care
- need for school-based MH/SUD services including prevention and intervention
- need for parent education and training

System Concerns
- need better integration between MH and SUD services within the Medicaid/Optum system, as well as treatment and services for those with dual diagnosis (SUD and MH) *
- lack of payment to providers in order to create “process paperwork”
- lack of clarity around desired outcomes from behavioral health authority
- lack of preventative medical care for those with BH issues
- need for an integrated BH and physical health model
- specialty court client issues
Gaps in Support Services

- housing*
- transportation*
- interpreter and language services* (Spanish and deaf)
- employment opportunities for MH and SUD clients

Gaps in Clinical Services

- respite care (children and adult)
- crisis services (children and adult)*
- financial help for medication (children and adult)
- education (public outreach, awareness, media relations, early intervention and prevention, support groups, promotion of recovery, resiliency, and wellness)*

Other Needs

- CIT training
- opiate replacement therapy
- trauma informed care
- drug endangered children’s protocol

* These items were mentioned by at least five of the six regions that reported.
Telehealth in Idaho

Presented to:

Idaho Behavioral Health Planning Council
June 1, 2015
Charter

“...the Idaho Department of Health and Welfare shall convene a Council to coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho.”
Idaho Telehealth Access Act

http://telehealthcouncil.idaho.gov/

What is telehealth?

House Concurrent Resolution No. 46 defines Telehealth as a mode of delivering health care services that uses information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health providers. Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status.

Why use telehealth in Idaho?

Thirty five of Idaho’s 44 counties are rural or frontier and many areas have limited access to specialty care. Telehealth and telemedicine can provide a wide variety of inpatient, outpatient and emergency services throughout the state. Rural hospitals remain financially viable because patient revenues remain in the community. With telemedicine and telehealth, patients receive appropriate and timely access to specialty services. Reducing costs switches focus to prevention and improved management. Telehealth and telemedicine can result in significant savings to patients and payors by avoiding travel costs, duplication of tests and loss of work time. Rural Idaho continues to face challenges recruiting and retaining physicians, telehealth and telemedicine will play an increasingly important role.

Who are the council appointees?

House Concurrent Resolution No. 46 stipulates the requirements for convening and appointing members to the council. You can learn more about the council appointees on our About Us page.

What is the charter of the Idaho Telehealth Council?

The Idaho Telehealth Council will coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho.
Guiding Principles

Council agreed to operate with transparency, be realistic and uphold the following principles with any proposed recommendations:

- Support Patient Centeredness
- Enhance Access to Care and Quality of Care
- Promote Cost Effectiveness and be Evidence-based
- Align with Already Established Standards
- Sustain Patient Privacy and Patient Consent
Idaho Telehealth Access Act

Idaho elected to pass statute to clarify practice standards.


The Texas Medical Board has recently ruled that doctors must examine patients in person before they may order prescriptions for them.

Idaho’s law allows patient-provider relationships to be established without an in-person visit using two-way audio and video and maintained using electronic communications. Prescriptions can be issued using telemedicine with some parameters.
Idaho Telehealth Access Act

- Definitions (54-5603)
- Scope of Practice (54-5604)
- Provider-Patient Relationship (54-5605)
- Evaluation and Treatment (54-5606)
- Prescriptions (54-5607)
- Informed Consent (54-5608)
- Continuity of Care (54-5609)
- Referral to Other Services (54-5610)
- Medical Records (54-5611)
- Enforcement and Discipline (54-5612)
- Rulemaking (54-5613)
Legislative and Regulatory Landscape for Telemedicine

Coverage and Reimbursement

Medical Practice Standards

Scope of Practice
Situational Awareness

- Practice Standards
- Reimbursement Policies
- Interstate Medical Licensure Compact
- Ryan Haight Act
Practice Standards
To learn how your state is doing on Physician Practice Standards and Licensure

http://www.americantelemed.org/policy/state-policy-resource-center#tracker
Reimbursement Policies
To learn how your state is doing on Coverage and Reimbursement

http://www.americantelemed.org/policy/state-policy-resource-center#tracker
Coverage and Reimbursement


- **Telemedicine Parity Law**
- **Partial Parity Law**
- **Proposed Parity Bill**
- **No Parity Legislative Activity**

[Map showing states with different parity laws for telemedicine coverage.]
Interstate Medical Licensure
FSMB Licensure Compact

http://www.licenseportability.org

Legislative Status
Interactive Map
Ryan Haight Act
Ryan Haight Act

The Act places a number of restrictions on the practice of online pharmacies and the ability of practitioner's to prescribe medications through the internet (applicable to controlled substances in schedule III, IV, or V)
  ◦ The bill will strengthen Medicare, Medicaid and federal telecommunications programs through expanded telemedicine coverage.
  ◦ Has strong bi-partisan support from all sides of the political spectrum.

A Senate companion bill to H.R. 2066 will be introduced soon by Sen Thad Cochran (R-MS).
  ◦ Interest in the Senate was highlighted in a Committee hearing where 17 Republican and Democratic Senators expressed their strong support for measures that will transform healthcare through the use of telemedicine.

Mike Thompson (D-CA) will soon introduce the Medicare Parity Act
  ◦ Has strong bipartisan support.
  ◦ Will remove restrictions to telemedicine in Medicare and require parity with in-office visits.

Source: American Telemedicine Association
http://www.americantelemed.org/news-landing/2015/05/01/congress-floods-the-halls-with-telemedicine-proposals#.VUqAGvlVhBe
Data and Research

Research Outcomes
Telemedicine’s Impact on Healthcare Cost and Quality
April 2015

Over 40 years of research has yielded a wealth of data about the cost effectiveness and efficacy of many telemedicine applications. PubMed a bibliographic database of medical research that is maintained by the National Library of Medicine includes over 12,000 citations of published works related to telemedicine or telehealth. Over 2,000 evaluative studies related to telemedicine have been published in two journals devoted to telemedicine alone. The summaries that appear highlight the results from a few of the studies that have evaluated the cost effectiveness, quality of care and patient acceptance of telemedicine. In addition, leading, validated studies have been identified by many of the ATA Member Groups. These are summarized at the end of this paper.

COST EFFECTIVENESS OF TELEMEDICINE

Most of the peer-reviewed research about the cost effectiveness of telemedicine that is based on large sample sizes and follow sound scientific rigor are relatively few, many emerging in the past two years. These studies are consistent in finding that telemedicine saves the patients, providers and payers money when compared with traditional approaches to providing care. Many of these studies assess the cost effectiveness of specific telemedicine applications.


The patient-centered medical home is a promising model for improving access to high-quality care for more Americans at lower cost. However, feasible pathways for achieving a transformation from current primary care practices to this new model have yet to be fully identified. We report on the experience of UPMC Health Plan—part of a large, integrated delivery and financing system headquartered in Pittsburgh, Pennsylvania—in its efforts to support primary care practices as they converted to patient-centered medical homes. From 2008 through 2010, sites participating in the UPMC pilot achieved lower medical and pharmacy costs; more efficient service delivery, such as lower hospital admissions and readmissions and less use of hospital emergency departments, and a 160,

Source: American Telemedicine – April 2015
Research Outcomes: Telemedicine’s Impact on Healthcare Cost and Quality
Questions?

Stacey Carson

scarson@teamiha.org

(208) 489-1401
Idaho Caregiver Alliance/Idaho Lifespan Respite Coalition
Caregivers
Care Receivers
Consequence
What is Respite?

• A “time out” from the responsibility of providing care
• Can be provided in-home or in different places out-of-the-home.
• Can benefit the care receiver’s well-being and quality of care.
• Can be for a few hours to several days and/or nights a week.
The reality for many caregivers
Potential Need for Respite:
277,290 – 320,000 caregivers

* Senior Population
* Veterans
* Children
* Adults
* Children living in a grandparent-headed household
Supporting family caregivers crucial to Idaho

BY STEPHANIE BENDER-KITZ

In Idaho and across the nation, there is a silent army of hard-working family members and friends providing largely unnoticed but critical services. They are family caregivers, and the work they do is truly remarkable. Family caregivers are wives, husbands, daughters, sons, grandparents, friends and neighbors who perform complex medical tasks at home, coordinate services and medical appointments, take care of intimate personal needs such as bathing, dressing and feeding, and make difficult health care and legal decisions for people who cannot do these things for themselves.

They receive no training on how to provide care and few breaks from their duties. For the majority, caregiving is not their only responsibility. At least two-thirds of family caregivers are also raising a family and holding down a job. It truly is the universal occupation, and most of you reading this will provide or receive care at some point in your life.

Just consider that roughly seven of every 10 people who reach age 65 will need services and support to help them live independently. The numbers are growing, and will skyrocket as our population ages, which raises the question, how will we care for them? Institutions and health care professionals play a role in helping Idahoans live independently, but family caregivers are an equally important part of the equation. According to AARP research, there are more than 61 million family caregivers providing an estimated $490 billion in unpaid care. This includes 210,000 Idahoans providing an estimated $2 billion worth of unpaid care. At kitchen tables across Idaho, real families are confronting the same questions: How will we care for mom or dad, or another loved one, if something happens and they cannot care for themselves?

For the past decade, Friends in Action has been serving family caregivers in Idaho. We provide educational programs proven to help caregivers take care of themselves, manage stress and meet the challenges of living with long-term health challenges. We deliver nationally recognized in-home support and other caregiver resource options so families have the tools and support to provide care to others, but we cannot do it alone.

We are thankful for the leadership of organizations like AARP Idaho that are promoting positive social change across Idaho by recognizing and honoring family caregivers and the work they do to help their loved ones stay at home, with dignity, as they age. Though a recently launched initiative, I Heart Caregivers, caregivers now have a platform to share their stories and hear from others going through the same experiences. According to AARP, 87% of Idahoans want to continue to live independently and at home. Family caregivers are the ones who step up and provide the bulk of assistance to make this goal a reality. Yet they often have little if any formal training. Increasing family caregivers' confidence and competence requires some level of training in the skills they need to provide care.

Providing care for someone can be very isolating, and too many caregivers do not know where to look for information and support. One way to learn about these resources is to attend the 4th Annual Family Caregiver Conference in Boise on Saturday. This annual community event, hosted by Friends in Action, Boise State University and AARP Idaho, features inspiring speakers who share practical caregiving strategies; a resource expo highlighting more than 40 organizations that offer caregiving support; and opportunities for caregivers to learn from one another. To learn more about the conference and registration, go to fiaboisic.org or call 333-1263.

We all benefit when caregivers get the support they need and deserve.

Stephanie Bender-Kitz, Ph.D., is director of Friends in Action, a program of Mountain States Group.

LETTERS TO THE EDITOR

Nuclear waste

Of all the irresponsible things this governor has done while in office, signing a contract with the
Snapshot of Community and Organizational Capacity

• Social Services
  • Infant Toddler Program
  • Children’s Mental Health Services
  • Council on Developmental Disabilities
  • State Independent Living Council and Centers for Independent Living
  • Idaho Commission on Aging/Area Agencies on Aging
  • Volunteers
  • A and D and DD waivers

• Veteran Services
  • Wounded Warrior Project
  • AmeriCorps Legacy Corps Caregiver Support
Mission

The **Idaho Caregiver Alliance** promotes collaboration that improves access to quality, responsive lifespan respite and advances the well-being of caregivers across Idaho.
Goal Lifespan Respite Project

Enhance community-based supports for caregivers and recipients of care, including sustainable resource network for lifespan respite

• Progress:
  • Completed Needs and Capacity Assessment

• Enhance Regional Networks
  • Lewiston Lifespan Respite/Idaho Caregiver Summit July 16
  • Idaho Falls during fall 2015
Progress

• Increase Awareness and Access to Respite
  • Project with 211

• Caregiver Task Force Concurrent Resolution passed

• Emergency Caregiver Respite project launched
Caregiver and Capacity Assessment, 2014
Caregiver Needs Assessment

• A “snap shot”
• Identify gaps in support
• On-line survey
  • Jan – August 2014
  • Target audience – unpaid caregivers
• More than 246 responses
MENTAL HEALTH

Idaho Mental Health Services

The State of Idaho provides state funded and operated community based mental health care services through Regional Mental Health Centers (RMHC) located in each of the seven geographical regions of the state. Each RMHC provides mental health services through a system of care that is both community-based and consumer-guided.

Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7

Surveys

We strive to provide the highest standard of care and support possible. Your feedback will help us achieve this goal.

Mental Health Consumer Surveys:
Please take a moment to answer a few questions about the services you have received from us over the last six months. Your answers are confidential and will have no influence on the services you or your child receive.

- Adult Mental Health Participant Survey (English/Espanol)
- Children's Mental Health Participant Survey (English/Espanol)

Idaho Caregiver Needs Assessment Survey

Mental health problems can affect anyone at any time. It is important that everyone

Click here to take the survey
“Snap Shot” of a Caregiver in Idaho

- Most aware (82.6%), but had not used respite (73%)
- Female (82.5%)
- 55 + years of age (58%)
- Caregiver for 4 + years (63.2%)
- Cares for one person (59.5%), most often a parent
- Provides care 24/7 (34.3%)
- Employed full time or part time (57.2%)
Snap Shot of Care Receivers

- Parent or Parent-in-law: 72
- Minor Child: 42
- Spouse or partner: 37
- Adult Child: 34
- Other relative: 15
- Friend or Neighbor: 7
- Grandparent: 2
- Other: 5

Number of Individuals
Survey said . . .

• 70% do not know where to find respite services
• If caregivers could secure respite, they would use the services once a month or more
• Previous use of respite did not meet caregiver needs
Frequently identified barriers

• Unable to locate services
• Cannot afford respite
• Concerned about an outsider providing care
• Do not qualify for respite services
• Care recipient refuses help from others
Priority Needs and Next Steps

1. Services perceived to be unavailable.
   • Promote respite services
   • Use a common language
   • Promote the value of support

2. Help caregivers overcome barriers.
   • Consumer and provider education
   • Promote quality assurance measures

3. Access points for information and services.
   • Consumer-driven access points
   • Empower caregivers to make informed decisions
Capacity Assessment

- Information collected from online resources and key informant agencies.
  - AARP’s Idaho Price Guide to Long-Term Care Insurances & Services (2013)
  - Idaho 2-1-1 Careline
  - Idaho Department of Health and Welfare
  - Idaho Federation of Families for Children’s Mental Health
  - Idaho Senior Blue Book
  - Area Agency on Aging, Area 1 – 5
  - Children’s Mental Health, Region 3 and 7
Enhanced regional networks

Caregiving in Idaho
Lifespan Respite Summit

Thursday
July 16, 2015
8:30 a.m. to 3:30 p.m.
Quality Inn
Clarkston, WA

If you serve family caregivers, if you are a family caregiver, if you care about family caregivers....

Please share your voice as we focus on synergies, strategies and solutions around caregiver respite and support across the lifespan.

Light breakfast and lunch provided.

The Summit is free, but registration is required by July 9.
To register, go to http://www.arch.memberlodge.org/event-1919522
Call 800-877-3206 for questions or further information.

Brought to you by the Idaho Caregiver Alliance - a consortium of state, regional and local governmental, private and non-profit organizations and individuals working together to improve community-based supports for family caregivers who care for people of all ages; and ARCH - the National Respite Network and Lifespan Respite Resource Center.

Many thanks to these Alliance members for their generous support —
Increase Awareness and Access to Respite
Caregiver Task Force

**IDAHOANS ARE FAMILY CAREGIVERS**

Across Idaho, family caregivers give their hearts every day, helping their parents, spouses, children with disabilities and other loved ones stay at home.

- More than 300,000 Family Caregivers
- Provide 201 million hours of unpaid care annually
- Estimated at $2 billion in unpaid care annually

While they wouldn't have it any other way, family caregiving is a huge job. They:

- Use their own money to help provide care
- Change their work schedules
- Manage medical tasks
- Help manage finances
- Help with shopping
- Aid with household chores
- Provide transportation to appointments
- Care for an older loved one

**IDAHO’S AVERAGE FAMILY CAREGIVER**

Female

55 years old

Works full or part-time

Cares for an older loved one

Heart-ing Family Caregivers Across Idaho

I Heart Caregivers is a new initiative from AARP to recognize the contribution and dedication of America's silent army of family caregivers who perform a great labor of love every day: caring for aging parents, spouses, brothers, sisters, children with disabilities, aunts, uncles, friends and other loved ones so they can remain in their homes. To view stories – or share your own – visit: aarp.org/iheartcaregivers

Source: Across the States: Profiles of Long Term Care and Independent Living, Idaho, 2012; Valuing the Invaluable 2011 Update; Understanding the Impact of Family Caregiving on Work (PPS) Idaho 2014 Needs Assessment, Boise State University, Center for the Study of Aging
WHEREAS, more than half of care recipients are under the age of 75, and
almost one-third are under the age of 50, thus indicating that caregiving
is a multigenerational issue in family life that also impacts a broad spec-
trum of individuals with chronic illnesses that necessitate family caregiv-
ing throughout the lifespan; and
WHEREAS, approximately 22,000 Idahoans are living with Alzheimer's
Disease or a related disorder, and an estimated 77,000 individuals, many
of whom are unpaid, provide caregiving responsibilities for people with
Alzheimer's Disease or a related disorder; and
WHEREAS, to successfully address the surging population of older adults
and people with disabilities who have significant needs for long-term ser-
dices and support, the state must develop methods that both encourage and
support individuals who assist family members and must also develop ways to
recruit and retain a qualified, responsive in-home care workforce.

NOW, THEREFORE, BE IT RESOLVED by the members of the First Regular Ses-
sion of the Sixty-third Idaho Legislature, the House of Representatives and
the Senate concurring therein, that we endorse the efforts of the Idaho Care-
giver Alliance and encourage their plans to create a task force to explore
innovative means to support uncompensated family caregivers in Idaho and to
provide information to those who may serve as a caregiver in the future.

BE IT FURTHER RESOLVED that we encourage the task force to explore poli-
cies, resources and programs available for family caregivers and make this
information available to the State Healthcare Innovation Plan leaders as a
potential resource for the medical neighborhood model.

BE IT FURTHER RESOLVED that we encourage the task force to compile an in-
ventory of the resources available to family caregivers in Idaho.

BE IT FURTHER RESOLVED that we encourage the task force to report its
findings to the Second Regular Session of the Sixty-third Idaho Legislature.
Emergency Caregiver Respite Pilot Project by the Idaho Federation of Families for Children’s Mental Health

http://idahofederation.org/respie-care-through-idaho-coalition-for-the-aging/

Emergency Caregiver Respite
ECR is a pilot project of the Idaho Federation of Families for Children’s Mental Health (IFFCMH) in partnership with the Idaho Commission on Aging (ICOA) and Idaho Caregivers Alliance (ICA) offering respite care funds in cases of emergencies to caregivers providing 24/7 care to any person(s) of any age.

ECR funds are available to caregivers regardless of income level. Approved funding is paid directly to individual respite care providers, or agencies offering temporary respite care at residential facilities.

Caregivers are responsible for locating and contracting with their choice of respite care providers. To obtain ECR funds, caregivers must register and apply with the IFFCMH either on line, via telephone 208-433-8845, 800-905-3436 or fax 208-433-8337. To apply for ECR funds on line please click on the following link to the ECR registration/application form.

Who We Are
We are a statewide, family-driven advocacy organization. We provide support and education services to families with behavioral, emotional, and mental health needs.

Mission
To provide leadership in the field of children's mental health by providing support, education, and advocacy to caregivers.

To ensure rights to all community-based services for all children and youth with emotional, behavioral, and mental disorders and their families.

Login
Username: 
Password: 

Emergency Caregiver Respite Care Application Form  Respite Care Helpful Links
Emergency Caregiver Respite Evaluation
Your input please . . .

• What do you currently ask people to determine if they are in need of respite? Key questions, key words?

• What are the barriers to accessing respite in your community?

• What could be done in your community to better support caregivers and/or the person receiving care?
Your input please....

• What are your thoughts on a centralized home (website and/or organization) for respite information?

• Are you aware of organizations or groups (informal or formal) that serve as information “hubs” for people?

• What resources are available for respite and other caregiver supports in your community?
Your input please....

• What next steps would you suggest the Alliance pursue to help caregivers and families?

• Would you be interested in serving as a member of the Idaho Caregiver Alliance?
Thank you

Pam Catt-Oliason
Program Specialist, Idaho Commission on Aging
Pam.Catt-Oliason@aging.idaho.gov

Stephanie Bender-Kitz
Project Lead
Idaho Community Initiative on Advance Care Planning
skitz@jannus.org

Sarah E Toevs
Director, Center for the Study of Aging
stoevs@boisestate.edu

Tami Cirerol
Graduate Research Assistant
tamicirerol@u.boisestate.edu
Optum Idaho

Outcomes-driven care

Behavioral Health Planning Council

June 1, 2015
Agenda

• System Transformation
• Outcomes-driven Care
• Looking Ahead
How is a System of Care Transformed?

Collaborating with providers so people have access to the care they need.

Ensuring clinical excellence through the use of evidence-based practices.

Partnering with members, families and communities.

Enhancing programs and services to meet the specific needs of Idahoans first.
Optum’s commitment is to help transform Idaho’s behavioral health outpatient system to focus on helping people reach recovery by ensuring Idahoans receive effective, evidence-based care. This will lead to better outcomes for Idahoans.
Transformation Priorities

To achieve our vision we will:

- Develop a system of care founded on Evidence-Based Practices
- Expand the array of covered services
- Engage consumers in Recovery & Resiliency
- Enhance the crisis response system
- Strengthen the role of stakeholders in system design
Evidence-Based Practices

• Evidence-based practices are interventions that are known to work.
  
  – The U.S. Surgeon General, the Institute of Medicine (IOM) and the President’s New Freedom Commission Report on Mental Health call for the broad use of evidence-based practices to help improve care.

  – According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), in the behavioral health field, the term evidence-based practices refers to interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial, and effective for most people diagnosed with mental illness and substance use disorders.

• Evidence-based guidelines for the behavioral health field are provided by the:
  – American Psychiatric Association
  – American Academy of Child and Adolescent Psychiatry
  – and governmental sources such as SAMHSA, Centers for Medicare and Medicaid Services and the U.S. Department of Veterans Affairs
Comprehensive Outcomes Categories

- Clinical Outcomes
- Utilization Mgmt.
- Access
- Availability
- Timeliness
- Satisfaction
Applying Outcomes Measures

Outcomes-Driven Care

- Continue to Evolve treatment services
- Collaborate with family and provider
- Ensuring clinical evidence-based practices
- Improve Member-Provider Matching
- Promote Accuracy of Diagnosis
- Increase Member Engagement
- Increase Treatment Adherence
- Improve Medication Treatment Planning
- Adjust the intensity of Services
- Improve Quality of Services

Increase Treatment Adherence
Increase Member Engagement
Improve Member-Provider Matching
Promote Accuracy of Diagnosis
Continue to Evolve treatment services
Collaborate with family and provider
Ensuring clinical evidence-based practices
Improve Quality of Services
Adjust the intensity of Services
Increase Treatment Adherence
Applying Outcomes Measures

Utilization of Medically Necessary Services: CBRS & Family Therapy
How is Optum Supporting Providers in the system?

• Enrollment Activity;
  – 3 MDs Added
  – 2 Master’s Level Clinicians Added

• Recruitment;
  – Continued execution on regional recruitment strategies for unique regional needs;
  – Revising individual plans based on submitted Regional Behavioral Health Board priorities and identified opportunity to partner

• Training Calendar
  – Cultural Competency; June 10-12, 2015
  – Clinical Model 2.1; July 8-11, 2015
  – Level of Care Guidelines; July 29-31, 2015
  – EBPs for Children diagnosed with Disruptive Disorders; Aug 28-30, 2015
Do Members Have Access to Care in their Community?

Optum builds a strong network of providers so members are able to access the care they need in the communities in which they live.

<table>
<thead>
<tr>
<th>Access to Care Metric</th>
<th>February 2015</th>
<th>March 2015</th>
<th>April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area 1: 1 provider in 30 miles (100% of Members)</td>
<td>99.9%</td>
<td>99.7%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Area 2: 1 provider in 45 miles (100% of Members)</td>
<td>99.9%</td>
<td>99.9%</td>
<td>99.7%</td>
</tr>
</tbody>
</table>

Consistently meeting contractual requirements for Area 1 and Area 2 over several consecutive months. Will continue to address known gaps in provider access at the independent license level and specialty service levels such as Psychiatry and children’s services.
What Services Are Children Accessing?

Total number of members served: 190,327 Medicaid members; 11,761 participants in IBHP. Percentages refer to participants in IBHP.

Participation in Family Therapy has increased to 3.75 times at go live. CBRS participation has decreased from 28 to 15%.
What Services Are Adults Accessing?

Total number of members served: 75,084 Medicaid members; 4,827 participants in IBHP. Percentages refer to participants in IBHP.

Participation in Family Therapy has doubled from go live. CBRS participation has decreased from 27 to 23%.
System Transformation: Looking Ahead

• Recovery and Resiliency:
  – Family Support Services
  – Growing Peer Support Services
  – Others tell the story of success and system transformation
  – Mental Health First Aid Training Continues

• Advance the system of care through community reinvestment

• Continue to improve member clinical and wellness outcomes and our impact is known

• Increase our visibility to our member communities

• With outcomes focus, increase the use of evidence-based practice
Thank You

Contact information:
Becky diVittorio, Executive Director
208.914.2012
Rebecca.divittorio@optum.com
State Planning Council

BPA Health
June 2, 2015
BPA Health

Our Promise: “We are committed to providing real and human solutions that make lives better, organizations more effective and communities stronger.”

- Privately Held (Locally owned & operated)
- Idaho Based (ParkCenter Blvd. / Employees throughout State)
- Legacy in Public Sector
- Long-time provider of Employee Assistance Programs (Idaho, Regional, Nationwide)
What we do

- State Substance Use Disorder Program
- Idaho Youth Treatment Program
- Employee Assistance Programs
SUD Program Overview

- Partnership with the State of Idaho for 17 years
- Current contract started October 1, 2013
  - New contract initiatives
    - Electronic Health Record (WITS)
    - Evidence-Based Practice & Programs Audits
- Customers:
  - Idaho Department of Juvenile Corrections
  - Idaho Department of Correction
  - Idaho Department of Health & Welfare
  - Idaho Supreme Court
SUD Program Overview: Eligible Populations

- IDOC: offenders on probation and parole
- IDJC: juveniles on county probation
- ISC: offenders in their Problem-solving Courts
- IDHW: Federal block grant funded IVDU and Pregnant Women; ATR Grant funded homeless, child protection, veterans; low-income voluntary
Contract Services

- Provider Network Management & Monitoring
- Client Intake, Service Coordination & Customer Service System
- Quality Assurance
- Fiscal Management
- Data Management & Reporting
Provider Network Management & Monitoring - Utilized by all Customers

- Contracted and credentialed network of treatment and RSS providers
  - 137 treatment provider sites - 119 also offer one or more recovery support service
  - 60 recovery support services provider sites (stand alone)
- Performance monitoring and evaluation system
- Technical Assistance and Training
### Recovery Support Services Network

#### Region 1
- **Adult**: 3-SSH, 20-CM, 13-LS, 15-DT, 1-Transportation, 0-Child Care
- **Adolescent**: 0-SSH, 16-CM, 11-LS, 14-DT, 1-Transportation, 0-Child Care

#### Region 2
- **Adult**: 2-SSH, 11-CM, 8-LS, 10-DT, 3-Transportation, 0-Child Care
- **Adolescent**: 0-SSH, 5-CM, 5-LS, 4-DT, 0-Transportation, 0-Child Care

#### Region 3
- **Adult**: 4-SSH, 20-CM, 20-LS, 18-DT, 6-Transportation, 3-Child Care
- **Adolescent**: 0-SSH, 15-CM, 14-LS, 14-DT, 5-Transportation, 3-Child Care

#### Region 4
- **Adult**: 20-SSH, 16-CM, 20-LS, 23-DT, 12-Transportation, 1-Child Care
- **Adolescent**: 1-SSH, 13-CM, 11-LS, 15-DT, 6-Transportation, 1-Child Care

#### Region 5
- **Adult**: 1-SSH, 16-CM, 14-LS, 14-DT, 7-Transportation, 0-Child Care
- **Adolescent**: 1-SSH, 15-CM, 13-LS, 14-DT, 6-Transportation, 0-Child Care

#### Region 6
- **Adult**: 3-SSH, 16-CM, 16-LS, 15-DT, 6-Transportation, 1-Child Care
- **Adolescent**: 0-SSH, 10-CM, 8-LS, 9-DT, 2-Transportation, 1-Child Care

#### Abbreviation Key
- **SSH**: Safe & Stable Housing
- **CM**: Case Management
- **LS**: Life Skills
- **DT**: Drug & Alcohol Testing

---

*Image features a map of regions marked with various services.*
Client Intake, Service Coordination & Customer Service System

- Client Intake & Service Coordination Services provided to IDOC and IDHW
  - Eligibility screening for IDHW clients
  - Service coordination for IDHW and IDOC clients
  - BPA's Utilization Management Program is URAC accredited

- Customer Service System provided to IDJC, IDOC, IDHW and ISC
  - Toll free number, 8am-6pm, Monday-Friday
  - 24 hour/7 day per week crisis hotline
Quality Assurance

- Continuous Quality Improvement Program:
  - includes accessibility, appropriateness, timeliness, effectiveness, efficiency, safety, quality of client/provider relationships, Consumer Effectiveness of Care Survey

- Comprehensive Outcome Measures:
  - BPA gathers data and reports on outcomes, focusing on National Outcomes Measures
Fiscal Management

- Services provided to IDOC and IDHW
- Manage vouchers and contracts in the electronic health record
- Manage and adjudicate claims submissions
- Waste, fraud and abuse prevention, detection and resolution measures
Data Management & Reporting

- Services provided to IDJC, IDOC, IDHW and ISC
- Ensure provider use of WITS electronic health record
- Monitor and manage data collection to meet state and federal requirements
- Reports delivered to customers on weekly, monthly and quarterly schedules
- Production of ad hoc reports as requested by customers
Questions & Discussion

Contact:

Sara Bartles, Business Development & Relationship Manager
Business Psychology Associates
sara.bartles@bpahealth.com
(208) 947-1273

Sharon Burke, Provider Network Manager
Business Psychology Associates
sharon.burke@bpahealth.com
(208) 947-1274