

BEHAVIORAL HEALTH

Quarterly news
and updates from
the Idaho
Department of
Health and Welfare



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IDAHO DEPARTMENT OF
HEALTH & WELFARE

Medicaid expansion was a major focus during 2019 Legislative session

By Ross Edmunds

Division Administrator

The Division of Behavioral Health had a relatively quiet legislative session this year. The Division had only one piece of legislation and four sets of Administrative Rule. However, the budget setting process was

difficult this year as the budget for Medicaid expansion was the focus of several budgets. Below you will see a brief description of the highlights from the 2019 Legislative Session.

- The Division realized a \$6.4 million general fund budget reduction as a result of Medicaid expansion. This is half of the total reduction because Medicaid expansion will not take effect until six months into FY2020. Next year, it is expected that the Division will remove the



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additional \$6.4 million. Therefore, the total reduction will be \$12.8 million General Fund reduction to the Division budget.

- This reduction is expected to come from the following:
 - ◇ \$5.4 million from the probation and parole funding
 - ◇ \$2 million from crisis center funding
 - ◇ \$2 million from community hospitalization
 - ◇ \$1 million from adult mental health
 - ◇ \$2.4 million from the substance use disorders budget

- The Joint Finance-Appropriations Committee (JFAC) did not approve the Division's request for a supplemental for an increase in administrative costs to the BPA Health contract and instead directed the Department to resolve the shortage internally.
- The Legislature approved annualization of the crisis center funding to ensure there is full funding for all seven crisis centers authorized. However, JFAC continues to be concerned with crisis centers' ability to meet the contractual obligation

of 50 percent non-state general funds requirement.

- The Division presented and the germane committees passed two sets of rules this legislative session. *Read more about the rules and legislation in the article below.*
- There is a substantial amount of work to implement Medicaid expansion. This work has already begun and will lead to the development of a substantially strong behavioral health system in the State of Idaho as long as we all are committed to it and work together.

Administrative Rule and Legislation

By Treena Clark

Program Manager

During the 2019 Legislative session, the Legislature's germane committees passed the Division of Behavioral Health's proposed revisions to IDAPA 16.07.37 and IDAPA 16.07.50.

- **IDAPA 16.07.37 "Children's Mental Health Services"**
 - ◇ Chapter 16.07.37 is promulgated under the Children's Mental Health Services Act and establishes the scope of services, eligibility criteria, and application requirements for the provision of mental health services by the Division of Behavioral Health for children with Serious

Emotional Disturbance. This rule change updates language in the Eligibility section to align with the newest edition of the Diagnostic and Statistical Manual

of Mental Disorders published by the American Psychiatric Association. It also removes the requirement to refer parents to Child Support Services when placing a child in Alternate Care with the Division. Subsequently, the Division will transition to using the Behavioral Health Sliding Fee



Schedule to calculate parental obligations for this service.

- **IDAPA 16.07.50 "Minimum Standards for Nonhospital, Medically Monitored Detoxification/Mental Health Services"**
 - ◇ Chapter 16.07.50 sets the minimum standards that govern approved non-

hospital medically monitored detoxification and mental health diversion units. The changes made to this chapter address needed updates to reflect current terminology and clinical practice as well as revise specific sections for align-

ment with other Division program approval rules.

The legislature also passed the proposed change to the definition of Serious Emotional Disturbance in the Children's Mental Health Act. The amended definition includes reference to the Diagnostic and Statistical Manual and the IDHW stand-

ardized functional assessment tool. The new definition aligns with definitions used in the Youth Empowerment Services (YES) program and found in the IDAPA administrative rules for Children's Mental Health Services.

Changes to rule and statute are proposed to take effect July 1, 2019.

Grant will provide behavioral health services to homeless Idahoans

*By Sherry Johnson
Program Specialist*

Idaho has been awarded a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide behavioral health services to Idahoans affected by homelessness or who are at risk of homelessness. The amount awarded is \$1 million annually for five years.

This program is intended to support the development and/or expansion of infrastructure that integrates behavioral health treatment and recovery support service. In Idaho, we

will use this funding to serve individuals who are transitioning out of one of our psychiatric hospitals, however, if there are vacancies available that cannot be filled with referrals from State Hospital North or State Hospital South, the vacancies become available to referrals from Regional Adult Mental Health staff. The referrals are to Enhanced Safe and Sober Housing. All services provided are directed towards assisting with identifying sustainable, permanent housing. All individuals served through this grant will be linked to the U.S. Department of

reach, Access and Recovery (SOAR) case management for individuals needing assistance applying for and getting approved for SSI/SSDI, and coordination with Idaho Housing and Finance Association to obtain permanent housing vouchers.

Our goal is to provide a very similar housing service in all three hubs of the state, with a least one unit focused on serving women. We've recruited two providers to deliver this service in Idaho Falls and Boise.

- Stewards of Recovery is establishing an eight-bed, male Enhanced Safe and Sober facility in Idaho Falls and has started to accept referrals.
- SHIP in Boise has transitioned a male Safe and Sober House into a 10-bed, female house that anticipates being ready to accept referrals starting May 1st.
- We are working to identify a provider for the Northern Hub of the state.

If you have questions, you may contact [Sherry Johnson](#).



Housing and Urban Development's (HUD) Coordinated Entry system, at a minimum. Additional services will include access to SSI/SSDI Out-

Voucher respite care for children's mental health

By Anne Bloxham
Program Specialist

As a result of Youth Empowerment Services (YES), in January 2018 agency respite became a Medicaid 1915(i) reimbursable service under the Idaho Behavioral Health Plan (IBHP), administered by Optum Idaho to Medicaid eligible members who meet Serious Emotional Disturbance (SED) qualifications. While agency respite services are now Medicaid reimbursable, the Division will continue to provide access to voucher respite care services to families that have children with SED when the family chooses to have the respite service provided by family, friends, neighbors, or other members of the family's support system. Currently, respite vouchers are issued by the Division's regional offices and

reimbursed through a contract with the Idaho Federation of Families for Children's Mental Health. The Division is consolidating respite voucher authorization and reimbursement into one system that will be managed through a single statewide contract with BPA Health that is expected to go live on May 1, 2019. Upon implementation of the new program, voucher respite care services will be accessed through BPA Health for families/caregivers with children living with a SED. The voucher respite care program allows families to pay for respite care services when it is provided by friends, family or other individuals in the family's support system. When a family identifies someone from their support system that can and will provide respite care, the fam-

ily may apply for a respite voucher from BPA Health with a referral from the Child and Family Team or treatment provider. Once the voucher has been issued, the family will pay the individual providing care directly and then seek reimbursement through BPA Health.

Respite vouchers which have previously been issued by the regional offices will continue to be reimbursed through the contract with the Idaho Federation of Families until the voucher has expired or the contract is ended. Upon implementation of the new voucher respite care program through BPA Health, the regional offices will no longer be issuing respite care vouchers.

Questions and comments can be emailed to [Anne Bloxham](mailto:Anne.Bloxham).

New YES trainings, Practice Manual video now available

By Brenda Bielke (YES Public Involvement Coordinator) and Valorie Liermann (Training Specialist)

The YES Practice Manual is a comprehensive guide to the Youth Empowerment Services (YES) system of care for children with Serious Emotional Disturbance in Idaho. A short overview on the Practice Manual is now available on the YES website. This video provides helpful information about the YES Practice Manual, including:

- Who the manual is designed for

- What information is in the manual
- How to use and navigate through the manual.

Access links to the YES Overview video and the Spanish and English versions of the manual on the

[Practice Manual](#) page of the YES website. Training to the YES Principles of Care and Practice Model is now available

on the [IDHW Learning Hub](#) (for internal staff only) and on the [YES website training page](#) for our partners and families' use. The Principles of Care are 11 values that are applied in all areas of mental health treatment planning, →



implementation and evaluation. The six components of the Practice Model describe the experience that youth and families should expect to receive while in care. In this training module, you will learn how the

Principles of Care and Practice Model are applied to delivering services to children in the YES system of care. Any agency who would like access to the eLearning file for delivery on their Learning

Management System should contact valorie.liermann-mello@dhw.idaho.gov for more information.

Identifying and reducing the barriers to YES services

By Jen Griffis and Laura Wallis

The children's mental health system is complex. When parents begin seeking mental health services for their children, the first few steps of the journey often leave them with more questions than answers. In addition to new programs and unique terminology, there are sometimes barriers to accessing the care their children need.

One goal of Youth Empowerment Services (YES) is to reduce barriers so children and youth receive the right services at the right time in the right environment. The development of YES requires implementation of new services as well as enhancement of current services. Even though the goal of the system is to reduce barriers, the actual imple-

mentation of services is a complex, messy process. Sometimes unintended or unanticipated barriers may result. Often these barriers only impact a small portion of the population due to specific needs of that group, such as remote geographic location or lack of another community support commonly available in other areas. This localization may make identification of barriers difficult for YES system partners. Parents and providers can help identify barriers as they interact with new and enhanced YES services, and with that knowledge YES partner agencies can find solutions.



If you have a question about accessing YES services or feel you are experiencing a barrier to services, contact the Division of Behavioral Health (1-855-643-7233) or Idaho Federation of Families for Children's Mental Health (1-208-433-8845). By working together, we can continue to develop a statewide system that is supportive and accessible for all of Idaho's children!

TCOM: Learn more at upcoming conference

*By Shane Duty
Program Supervisor*

TCOM, or Transformational Collaborative Outcome Management, is a method of supporting continuous outcome measurement to establish

and guide a shared vision among partners at all levels of the system. If you are like me and fall on the statistically challenged side of the line, you may have stopped reading at 'outcome measurement'. The first

time I heard the acronym TCOM, my initial buy-in was, well, less than enthusiastic.

I, like many others perhaps, was originally looking for something to go and do. A view echoed by a

question still heard frequently, 'How am I supposed to do TCOM when my task list is already overwhelming?' TCOM is not an item to add to your upcoming task list. TCOM is the lens through which you view your project, your team, your organization and system.

Being Transformational is about empowering a system-wide shared vision of continuous improvement. Seeing the need and developing a vision of continued excellence to fill

said need, that is being Transformational. To do so, you must cultivate relationships with individuals with varying expertise. Collaboration is the fuel for Transformation. Continuously measuring the impacts (or Outcomes) of your vision should be the rudder for Transformation. Finally, after measuring our impacts we must be willing to Manage our vision over time. There is no shame in needing to adjust your vision - only in being averse to making the

necessary change.

TCOM is about empowering a vision of excellence, fueled by collaboration with diverse partners, continually measuring the outcomes of your impact, and adjusting for sustained success for yourself and those you serve.

Registration is open for the Northwest Regional TCOM Conference, May 1-2, 2019, in Boise at the Red Lion Boise Downtowner. [Click here for more information or to register.](#)

Division to use TTI grant to build psychiatric bed registry portal

*By Seth Schreiber
Program Manager*

The TTI Grant is a \$150,000 grant that was awarded to the Division to procure a psychiatric bed registry portal and train users on how to use it.

Currently, Idaho does not have a statewide tracking mechanism to identify bed capacity across both publicly and privately funded hospitals. While some hospitals and crisis

centers may coordinate services, there is not one location Idahoans can turn to for coordinated transition to inpatient psychiatric care. This grant will allow us to help bridge that gap in service and provide individuals who require inpatient care the resource to know where to go to receive that care. The use of this portal across community mental health agencies, crisis centers, jails, community hospitals, and state hos-

pitals will also decrease the number of Idahoans becoming incarcerated when their need is inpatient care. This project will take approximately 18-24 months to be fully integrated. We are excited to have this opportunity to facilitate improvement in this area. For additional questions on this work, please contact Nicole.Coleman@dhw.idaho.gov or Seth.Schreiber@dhw.idaho.gov.

Idaho well positioned for next level of healthcare transformation

*By Casey Moyer
Program Administration*

When [Idaho's Statewide Healthcare Innovation Plan \(SHIP\)](#) wrapped up on Jan. 31, the infrastructure had been built for better health, better healthcare, and lower costs.

The Office of Healthcare Policy Initiatives (OHPI) led the four-year \$39.6 million, federally funded effort,

which was a cooperative agreement with the Center for Medicare and Medicaid Innovation (CMMI) involving multiple public and private entities and stakeholders across the state. As a result of strong stakeholder engagement and commitment:

1. Idaho has adopted a patient-centered medical home (PCMH)

model of care that places the patient at the center of team based, coordinated care. The progress is encouraging.

- ◇ 164 primary care clinics have participated in the SHIP technical assistance and training PCMH initiatives, providing better healthcare to more than 700,000 

Idahoans.

- ◇ A growing workforce of more than 100 trained Community Health Workers (CHWs) has been integrated into healthcare teams, helping them to address the social determinants of health, increase patient engagement, and achieve better health outcomes.
- ◇ Nine medically-underserved communities across Idaho are now able to provide valuable healthcare services, screenings, referrals, and support through different models of Community Health EMS (CHEMS). A Community EMT curriculum was developed and two live-online training courses were offered in fall 2018.
- ◇ Healthcare providers in some rural and frontier communities have been supported through telehealth programs as well as Project ECHO, which connects them to healthcare specialists via technology. Twice monthly

sessions include clinical training, patient case studies, and treatment suggestions on Opioid Addiction and Treatment, Behavioral Health in Primary Care, and Medication-Assisted Treatment (MAT) Training.

2. Idaho is moving toward a value-based payment system that emphasizes health outcomes rather than services. Public and commercial payers have worked with healthcare providers to identify necessary changes and ways to track health outcomes.
3. Idaho has enhanced an electronic health data exchange (IHDE). More than 150 primary care clinics, nine hospitals systems, and 19 individual hospitals can use the exchange to improve care coordination.

Federal evaluators with CMMI consistently recognized progress in Idaho throughout the SHIP period. This reflects the hard work of individuals dedicated to improving access, quality, and the

health of all Idahoans. Furthermore, Idaho is well positioned for the next level of healthcare transformation. The Healthcare Transformation Council of Idaho (HTCI) is a recently established group



HTCI
HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO

charged with working with the Office of Healthcare Policy Initiatives to facilitate ongoing transformation initiatives.

[Click here to view the HTCI charter.](#)

Office of Drug Policy (ODP) welcomes new administrator

By Office of Drug Policy

The Governor's Office of Drug Policy is happy to introduce our new Administrator, Melinda Smyser. Her background includes 13 years of serving on the Parma School Board.

She is a former educator/counselor with over 25 years of experience in education, including developing and implementing a model school counselor and mentoring program. She also focused on grant writing and

implementation of at-risk youth programs. She is a small business owner, opening Capitol Cellars, a restaurant in downtown Boise, showcasing Idaho's political history. She served as the Regional Director

for U.S. Senator Jim Risch. She served two terms in the Idaho State Senate representing Canyon and Gem Counties. She previously served as the Director of the Idaho Department of Labor, working to meet the workforce demands and employment needs of Idaho's businesses.

Melinda says, "I am excited for the opportunity to work collaboratively with all our stakeholders who share a vision of an Idaho free from social, health, and economic consequences of substance abuse. Idaho has a bright future working together towards prevention and awareness in our K-12 schools, college campuses and communities."

She serves on the National Associa-

tion of State Alcohol and Drug Abuse Directors, National Prevention Network, High Intensity Drug Advisory, Idaho Criminal Justice Commission, Idaho Out-of-School Network, National Governor's Association for Prevention, Behavioral Health Boards, Local Chambers of Commerce, Professional Employer Organization, Lions, and the Mentoring Network.

She has a bachelor's degree from the University of Idaho in Education/Extension and a master's degree in Education/Counseling from the College of Idaho.

In her spare time, she enjoys exercise, travel and spending time with family. Her greatest accomplishment in life is raising her four chil-



ODP Administrator Melinda Smyser

dren. Her favorite motto is "Live, Laugh and Love Today, Tomorrow is Fleeting."

New Suicide Prevention State Plan

By Kim Kane, Rebecca Sprague and Jessica Harris

Suicide Prevention Program

In response to increasing rates of suicide across the nation and in Idaho, our State Legislature provided the Division of Public Health with intent language during the 2018 Legislative Session to increase suicide prevention planning efforts. Through this mandate, the Legislature required the support of a third-party facilitator to convene a collaborative stakeholder group, later named the Idaho Suicide Prevention Action Collective (ISPAC), to create a new, comprehensive, statewide plan. The ISPAC conducted a de-

tailed review of the National Strategy for Suicide Prevention goals and objectives, then made modifications and additions to better align with Idaho needs and values. The ISPAC's goal and objective priorities led to the creation of the new Idaho Suicide Prevention Plan. There are twelve goals in the plan, supporting areas including effective clinical practices, increasing community members' suicide prevention knowledge, evaluating the impact and effectiveness of prevention activities and reducing access to lethal means. To highlight one area, lethal means reduction has been shown to save lives. In the plan, recommend-

ed activities and actions include: counseling on access to lethal means (CALM) training for clinicians, increased distribution of gun locks and lethal means packets, and education for communities. The Department of Health and Welfare's Suicide Prevention Program (SPP) and the Boise Veterans' Administration have partnered to provide free gun locks across Idaho. Any Idahoan can contact the SPP to order free gun locks. Find contact information and the new Idaho Suicide Prevention Plan on our website, www.spp.dhw.idaho.gov.

Optum Idaho ensures members and families have multiple ways to get help in event of crisis situation

By Optum Idaho

Optum is committed to recovery, resiliency and person-centered care. This includes assisting and supporting members in learning to manage their behavioral health and wellness challenges. Optum Idaho's Member Access and Crisis Line provide members with immediate access to a Behavioral Health Clinician 24 hours a day, 365 days a year. A "Crisis" is a natural reaction to a specific or nonspecific stressor that can create or exacerbate a member's ability to function normally. Each call is regarded as a member potentially experiencing some degree of stress or crisis and is triaged using the Solution-Focused Crisis Intervention Model. The Behavioral Health Clini-

cian coordinates with provider agencies, emergency rooms, law enforcement and others to ensure access to the right level of care and makes appropriate referrals. Members identified as having an "urgent" or "emergency" status are contacted by the Care Advocate team within 24 hours to determine if further care is needed, including a potential referral to the Field Care Advocacy program. Field Care Coordinators are clinicians whose primary responsibility includes consultation with members identified as high need or high risk to promote effective multidisciplinary coordination of care and recommend treatment options that may improve outcomes. Members and their families have

several ways to get help when they find themselves or a loved one in a crisis situation.

- If the situation is life-threatening, call 911 for emergency services.
- If there is an existing Crisis/Safety plan, that plan should be followed.
- If you have an existing provider, you can call them to access their Crisis Services.
- Or they can call the Optum Member/Crisis Line at 855-202-0973.

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

Additional Resources

ICADD conference May 13-16, 2019

The Idaho Conference on Alcohol and Drug Dependency (ICADD) will be held at Boise State University May 14-16, 2019, with pre-conference workshops on May 13. Continuing Education credits will be available for those who attend. This year's conference theme is "Hope Healing Recovery". Registration is now only available onsite. [Conference website.](#)

May is Mental Health Month

May is Mental Health Month. Events will be held around the country and state to raise awareness of Mental Health. [Sign up here](#) to receive the Mental Health America newsletter and get access to toolkit resources for celebrating Mental Health Month.

Behavioral Health Board Contacts

[Region 1—Website](#)

Panhandle Health District
Jennifer Ugolini
jugolini@phd1.idaho.gov

[Region 2—Website](#)

Public Health – Idaho North Central District
Perri Larson
plarson@phd2.idaho.gov

[Region 3—Website](#)

Southwest District Health
Linda Pratzner
linda.pratzner@phd3.idaho.gov

[Region 4—Website](#)

Central District Health
Carly Doud
CDoud@cdhd.idaho.gov

[Region 5—Website](#)

South Central Public Health District
AA/liaison to BHB
EJ Poston
eposton@phd5.idaho.gov

[Region 6—Website](#)

Southeastern Idaho Public Health
Administrative Assistant
Effie Jones
ejones@siph.idaho.gov

[Region 7—Website](#)

Eastern Idaho Public Health
Board Liaison
Mimi Taylor
mimi_taylor@eiph.idaho.gov