

BEHAVIORAL HEALTH

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



January 2016, Issue 10



IDAHO DEPARTMENT OF
HEALTH & WELFARE

2016 Idaho Legislative Session Begins

*By Ross Edmunds
Division Administrator*

This is expected to be a short legislative session, but a productive one. The Division of Behavioral Health is grateful to the governor and the Legislature for funding directed at opening and operating behavioral health crisis centers in Idaho Falls and Coeur d'Alene. This year, the governor has recommended funding for a third crisis center to be located in Southwestern Idaho. Gov. Otter has stated his ultimate goal is to have

crisis centers in each region of the state.

The division is also seeking approximately \$800,000 to increase the availability and access to necessary respite care services. Respite care is defined as a temporary break from caregiving responsibilities. Parenting children with serious emotional disturbance is very challenging. Often parents never get a break because they have exhausted all their support. Respite gives families a chance to slow down, catch their breath, and →

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gear up for the day-to-day challenges often associated with children having serious emotional disturbance. The plan is to make respite more accessible to families, to have a better trained workforce, and to eliminate some of the red tape currently required. *Read about a family that benefited from respite services on page 8.*

We are seeking a few additional staff at both of the state psychiatric hospitals to meet the needs of a growingly more acute population. The staff will largely be direct care staff and will assist in the day-to-day management and care of committed mental health patients. The division is also seeking the resources necessary to develop, implement, and maintain a new assessment instrument called the Child and Adolescent Needs and Strengths, or CANS. As a result of the Jeff D settlement agreement, the state of Idaho has agreed to switch over to the CANS from the CAFAS. The majority of the \$1.1

million requested is for the design and development of the statewide, system-wide, web-based program to access the CANS and to collect the data necessary for quality improvement processes.

The division has only one piece of legislation this session. It is a modification of the Legend Drug Act to extend the definition of charitable institution to include our Regional Behavioral Health Offices. This will allow our regional programs to utilize psychotropic medicines received through a prescription assistance program for patients when prescriptions change. If this legislation is not passed, it would result in approximately \$1.4 million of medicine going to waste and no funding source to replace those medicines for patients without resources to pay for their own. The division is modifying Administrative Rules to reduce the current burden of substance use disorder (SUD) facility approval and

open up a voluntary facility approval process for mental health providers. Providers are being asked more and more to obtain a state license to be reimbursed for services by third-party payers. Without a process for this, providers are seeking SUD approval without the intent of delivering SUD specific services.

Lastly, the Department of Health and Welfare is working with the governor and the Legislature to find healthcare solutions to Idaho's citizens that do not qualify for a subsidy under the insurance exchange because they are too poor. Currently, the only access to healthcare for people at 0 to 100% of poverty is episodic. There isn't a health benefit that can meet their routine healthcare needs, which would allow people to work on their wellness, not just their illness. You will likely hear more about possible solutions as the 2016 legislative session gets underway.

Transformation Update: 5 regions have partnerships in place

*By Kathy Skippen
Program Specialist*

For five Idaho Department of Health and Welfare regions, behavioral health transformation is old news! The contract between DHW and Central District Health in Region 4 has reached the point of scheduling their second quarterly contract review and Region 1 and Panhandle Health District have hit

their first quarter mark. Region 2 should have a signed contract by the end of this month, and Region 6 is still quiet on the transformation front. All of the Regional Behavioral Health Boards who are now functioning under the public health districts are working with their new partners to evaluate how to best meet the challenges of integrating behavioral

health and physical health. I would like to take this opportunity to congratulate all who have made the move toward behavioral health transformation. This will be my last update and I want to express how impressed I have been with the effort put forward by everyone involved to make transformation a reality. Thank you.

Kathy Skippen is retiring Jan. 19.

Division conducts Substance Use Disorders Outcomes Report

By Division of Behavioral Health staff

The Division of Behavioral Health (DBH) has conducted the Phase I Outcomes Report including data from a segment of the publicly-funded clients in Idaho.

The report provided information on the changes that happened in the lives of the clients from the time of admission to Substance Use Disorder (SUD) treatment through the time of discharge from services. Some of the key findings include:

- 44% completed treatment or transferred services to continue their care.
- 34% reduction in daily substance use at the time of discharge.
- 32% increase of “no (substance)

use in the past month” reported at the time of discharge.

The information has been analyzed and used to develop the follow-up survey that is being implemented this month. Data from the follow-up survey will be more robust and will be included in the Phase II Outcomes Report. The report will provide additional information on how sustainable the changes made during SUD treatment are throughout the year following discharge from treatment. The WITS Team conducted joint trainings with BPA Health on Dec. 10 and Dec. 14, 2015. The training walked through the purpose of the follow-up survey, specifics for



operations and billing, and a WITS functionality tutorial. Documentation on the WITS functionality of the follow-up survey is posted to the WITS website (wits.idaho.gov). The information presented at the joint trainings is included in a video available on the WITS website.

Charting Unknown Seas: The Regional Health Collaboratives

*By Gina Westcott
HUB Administrator*

On Nov. 5, 2015, members of the Regional Collaboratives met in Boise for the inaugural Regional Collaborative kick-off meeting. More than 50 individuals from around Idaho assembled at the Grove Hotel to develop a shared understanding about the State Healthcare Innovation Plan’s (SHIP’s) Regional Health Collaboratives project and purpose, and generate district-specific roadmaps to make the Regional Collaboratives a reality. Participants included the public

health districts, physician champions, Department of Health and Welfare staff, and representatives from the Center for Medicare and Medicaid Innovation. Over the course of the SHIP grant, the Regional Collaboratives will facilitate the development of the medical-health neighborhoods to strengthen patient care coordination and convene a regional advisory group. This advisory group will have direct input to the Idaho Healthcare Coalition so that regional issues can be raised at the state level. The Regional Collaboratives will also

help lead integration of public health and population management into the model, and will bring an intimate familiarity with local healthcare resources to developing the medical-health neighborhood. At the time of the kick-off, more than half of the Regional Collaboratives had already started identifying partnerships and are poised to get ready to work before the first cohort of Patient Centered Medical Homes are enrolled after the first of the year.

Policy Unit hires disaster preparedness and response specialist

By Alacia Handy
Program Specialist

In November, the Division of Behavioral Health's Policy Unit hired



April Theberge, LSW, as a Behavioral Health Disaster Preparedness and Response Program Specialist in

collaboration with the Division of Public Health

Preparedness Program. Her position is part-time and temporary, currently funded through June 30, 2016.

April is eager to work toward increasing behavioral health disaster preparedness and response capacity in Idaho through acting as a liaison between behavioral health, the public health districts, and other key partners statewide. In her role, April will research and begin to assist with

planning and implementation of best practices for meeting the behavioral health needs of victims and responders in the event of a natural or human-caused disaster.

April has extensive experience as a Social Worker in Idaho. She can be contacted at

ThebergeA@dhw.idaho.gov. Please join us in welcoming April to the Division of Behavioral Health!

Proposed rule changes approved by Board of Health & Welfare

By Treena Clark
Program Manager

Division of Behavioral Health Bureau Chief Jamie Teeter presented the division's proposed IDAPA rules to the Board of Health & Welfare on Nov. 18, 2015. The Board unanimously approved the following proposed IDAPA rules:

IDAPA 16.07.15 – The purpose of this pending new chapter is to move towards an integrated Behavioral Health system of care that includes both mental health and substance use disorder providers. The division is proposing to establish an approval

process and program requirements that allows community mental health and substance use disorder providers to obtain state approval as a behavioral health program.

IDAPA 16.07.17 - The purpose of this pending rule is to provide participant eligibility criteria, application requirements, and appeals processes for services administered under the division, and establish requirements for the quality of substance use disorders treatment, care, and services provided by behavioral health and recovery support services programs.

IDAPA 16.07.20 – This chapter is being repealed. The purpose is to repeal this current chapter of rule and replace it with IDAPA 16.07.15, titled Behavioral Health Program Approval.

The proposed rule changes will now be presented to the 2016 Legislature and, if passed, will go into effect July 1, 2016. The division has begun work on an implementation plan, including a provider communication plan, in anticipation of the new rules taking effect.

Certified Peer Support Specialist Endorsement Trainings

Certified Peer Support Specialists (CPSSs) have the opportunity to apply for the following endorsement certificate trainings. [Click here for more information and an application](#). E-mail hoffmans@dhw.idaho.gov with questions.

NOTE

Criminal Justice and Co-Occurring Disorders trainings are now full.

Endorsement Certificate Areas Available	Training Dates	Train-the-Trainer Dates
Behavioral Health Crisis Centers	March 7-8, 2016	March 14-15, 2016

Client satisfaction surveys reveal progress, areas for improvement

By Candace Falsetti
Program Manager

During September and October 2015, the Idaho Department of Health and Welfare's regional behavioral health offices conducted the 2015 annual satisfaction survey of clients and families.

The goal of the survey is to provide an opportunity for clients and families to identify areas that are strengths and challenges. The survey



instruments used were the Mental Health Statistics Improvement Program and the Youth Services Survey for Families. There were

2,700 surveys sent out and 378 returned (a 16% return rate), 297 for adults and 81 from families of children ages 18 and under. Clients and families were asked to rate their satisfaction across various domains that address both services and outcomes.

The results of the surveys indicate some improvement over last year in the following areas:

- I, not staff, decided my treatment goals.
- Staff spoke to me in a way I understood.
- In a crisis, I would have the support I need from family or friends.

Other noted areas of strength include:

- I like the services that I received here.

- I would recommend this service to a friend or family.
- I am getting along better with family.
- I was given an opportunity to participate in my child's treatment.
- My child and I were treated with respect by the staff.

Areas that were identified by clients and families for improvement include:

- Staff need to be more sensitive to cultural backgrounds.
- Calls need to be returned within 24 hours.
- Clients need to feel free to complain.

The division will target performance improvement projects to address the identified challenges.

BH Planning Council supports statewide transformation

By Jennifer Griffis
Behavioral Health Planning Council
Chair

Over the past two years, supporting an integrated behavioral health system across Idaho has been the focus of the Idaho Behavioral Health Planning Council (BHPC). In 2014, the passage of HB 1224 made changes to Idaho Code 39-31 and initiated the move toward a more fully integrated behavioral health system. While each of the seven regional mental

health boards took steps to become behavioral health boards, the state planning council began its own transformation process.

In early 2014, the planning council began reorganizing its membership to cover the full spectrum of mental health and substance use disorder services. This included members from state agencies, private service providers, and prevention programs, as well as consumers, family members, and others representing

the diversity of Idaho citizens. This unique cross-section of individuals became the Idaho Behavioral Health Planning Council.

All seven of the regional boards underwent similar membership changes to become Behavioral Health Boards. These boards are now making decisions about how to support behavioral health in their regions, and the BHPC is pleased to partner with them in this process. Recently two Regional Behavioral

Health Boards were evaluated and found to have met BHPC readiness criteria to provide support services within their regions. We look forward to approving more boards in the future.

In the midst of these changes, consistent communication and knowledge-sharing is a priority for the BHPC. A yearly report, based on information gathered from each region through a needs and gaps

analysis, is written and distributed by the BHPC. Our membership looks forward to continued opportunities to support and inform behavioral health care across Idaho.

The Opiate Epidemic: Has it reached Idaho?

By Rosie Andueza
Program Manager

The United States is experiencing an unprecedented opiate painkiller and heroin epidemic. Unintentional overdose deaths from prescription painkillers have more than quadrupled since 1999. Statistics indicate that 46 Americans are dying each day from overdoses of these drugs — 2 deaths per hour, or more people than are killed by automobile accidents. That’s just in the US. And, because these drugs are often administered intravenously, we are seeing a corresponding substantial rise in HIV and Hepatitis C in this country as well.

How did we get here?

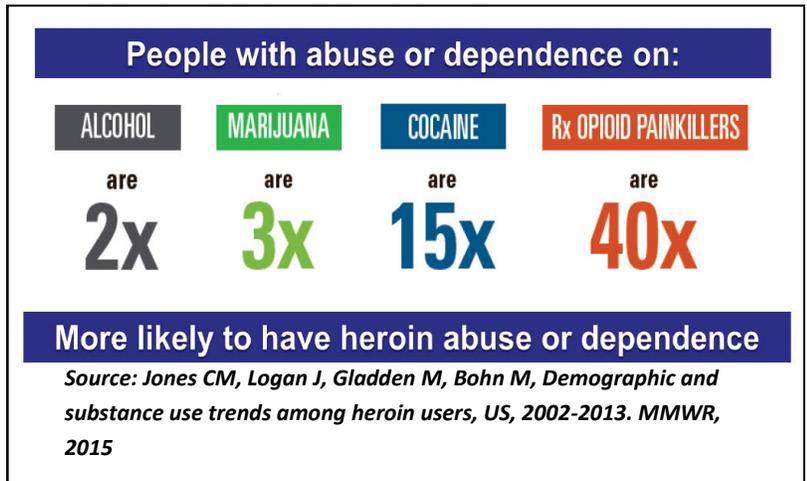
The National Institute on Drug Abuse (NIH) sites several contributing factors, including drastic increases in the number of prescriptions for opiate painkillers written, greater social acceptability for using medications for different purposes and aggressive marketing by pharmaceutical companies*. Because prescription painkillers are often difficult and expensive to obtain, many are switching from

* [Follow this link for more information](#)

these opiates to heroin. (See graphic) While Idaho has not yet seen the same drastic increase in opiate and heroin use as the East

Coast, the Gem State is seeing the beginnings of what appears to be the same trend. What we know:

- According to the Idaho Statistical Analysis Center, heroin-related arrests increased five-fold between 2005 and 2014. In 2014, for every 100,000 Idahoans, on average, 14 people were arrested for heroin.
- Among Idahoans receiving substance use disorder treatment from one of four publically funded sources (the Division of Behavioral Health, the Idaho Supreme Court, the Idaho Department of Juvenile Corrections and the Idaho Department of Correction) there was a 2.2% increase in those identifying heroin as a primary or



secondary drug of choice. During the same time period, there was a decline in the percentage of individuals citing prescription opiates as their drug of choice. While this decline may appear positive, the corresponding increase in heroin use validates the trend identified above (of people switching to heroin because of easier access and lower cost).

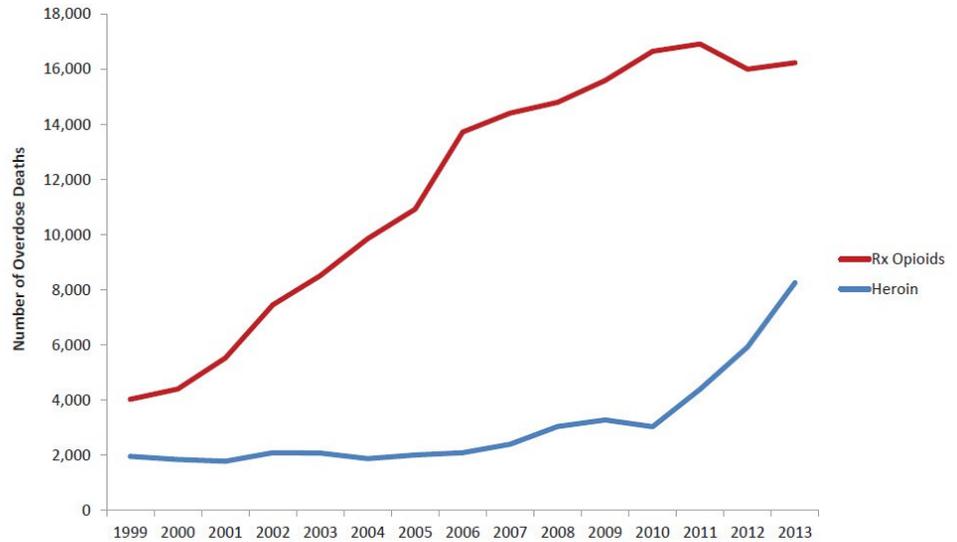
- Anecdotally, law enforcement, emergency room staff, treatment providers and individuals new to recovery are reporting increased use and availability of these drugs. We are also hearing that the look of heroin is changing and law enforcement sometimes struggle in identifying it.

What are we doing about it?

Nationally, the approach to combat this epidemic is three-pronged:

- **Prescriber education:** In Idaho, there are efforts underway to provide more education on the risks of opiate addiction to the prescribing community. All prescribers in Idaho are now required to have prescription drug monitoring software. While they are not required to use the software, the Office on Drug Policy reports an increase in its usage.
- **Medication assisted treatment:** In Idaho, there are a few treatment programs that offer Medication Assisted Treatment (MAT), yet little, if any public funding to support it. MAT is an effective, yet expensive, intervention. The Division of Behavioral Health is currently conducting research on MAT and the viability of including this as an effective substance use disorder treatment.

Rx opioid and heroin overdose deaths



Source: CDC/NVSS Multiple Cause of Death Files 1999-2013

- **Naloxone:** A medication called an “opioid antagonist” used to counter the effects of opioid overdose. When administered during an overdose, the effects of the opiate/heroin are halted, and death can be averted. The Idaho Office on Drug Policy passed legislation last session that makes Naloxone available to anyone in Idaho by simply asking your pharmacist for it. No doctor’s prescription is required. The Idaho State Pharmacists Association is working to educate these pharmacists. Awareness is already increasing. Starting Feb. 1, all Idaho Fred Meyer pharmacies will carry naloxone.

Providers able to bill for Tele-Behavioral Health services

By Crystal Campbell
Project Coordinator

Tele-Behavioral Health (TBH) is a way for participants to access behavioral health services via technology. TBH services may be delivered through audio or audio-visual communication. TBH services will allow flexibility in scheduling and reduce transportation barriers for participants.

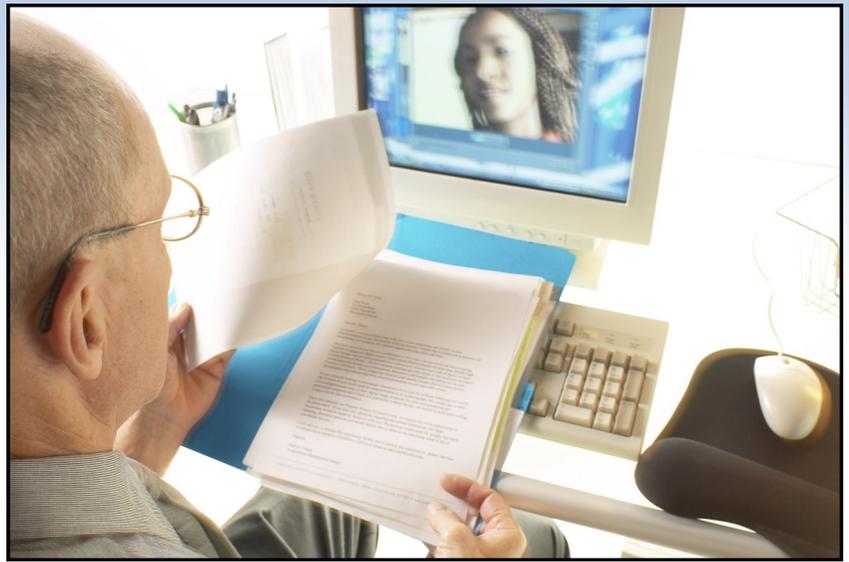
The Division of Behavioral Health will allow providers to begin billing for TBH services in January 2016 for all participants 18 and over in all populations funded through the Idaho Department of Health and Welfare’s Substance Use Disorders program. Some of the eligible TBH services are: Assessments, group and individual counseling, recovery

coaching, and case management. Organizations that have introduced TBH programs in other parts of the country have identified the potential for improved care delivery, expanded staff capacity, high levels of patient acceptance, and cost savings.

If a provider is interested in using TBH, they will need to work with BPA

Health to develop a plan that meets the minimum requirements. In the plan, the provider will need to provide information on the technology they will use, policies and practices for TBH use within their agency, and updated intake and consent forms. Compliance with the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 will also need to be addressed within the plan. Providers will be responsible for determining

and financing the appropriate equipment. The TBH Standards can be found [here.](#)



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Respite: A Parent's Perspective

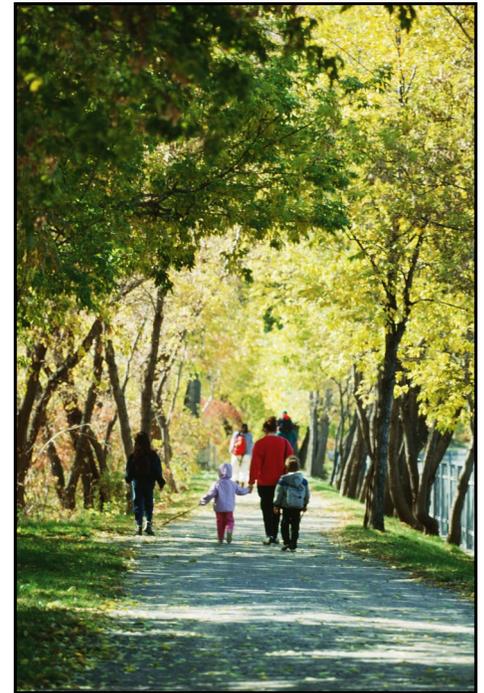
*By Stephanie Hoffman
Program Specialist*

NOTE: "Cady's" name has been changed to ensure the privacy of the family.

"When a child suffers, the entire family suffers... With respite services, we all get a break from being on top of each other. Now my family is more cohesive and peaceful when we are all together."

This is the sentiment of a mother raising two girls who live with mental illness. Cady, an articulate and perky mother of three, has faced the challenges of weaving in and out of social service agencies and systems while maintaining hope for her children and for the family. While listening to her story unfold, I could hear the pain and frustration, as well as the love and perseverance of a mother who refuses to give up on her

children. Cady needed to quit her job to care for her children and make sure they were getting to treatment services, which included counseling, occupational therapy, case management, CBRS (Community Based Rehabilitative Services), and doctors' appointments. Leaving her job was difficult because Cady loved working; it was the one part of her life where she felt good about herself. After losing her children to the foster care system temporarily, Cady learned that she not only had a right to voice her concerns, but she also learned how to make her voice heard when it came to getting the services she needed for her family. Cady's two girls were ages 7 and 9 when they were diagnosed with a serious emotional disturbance (SED). Their behaviors were quite challenging and



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left Cady feeling exhausted at the end of every day. Cady had tried a variety of services offered to her: multiple parenting classes, anger management classes and family therapy. What makes her struggles feel monumental is the fact that Cady

herself lives with bi-polar disorder. The clinician who was working with Cady's children at the Department of Health and Welfare's Division of Behavioral Health told Cady about respite care services. She was delighted to learn that there was an opportunity for her children to receive a break from one another and that she could also have a little time to herself to re-energize, which helped with maintaining the family unit. Although respite care seemed like a great idea, finding someone who was capable of caring for her children, who can be quite a handful due to the severity of their behavioral symptoms, proved to be a new challenge. Neighbors provided respite for a brief time and trained providers "could not deal with her

kids." Cady even tried respite services through Hays House, but this was more expensive. Cady learned of a certified foster mother who provides respite care services for an amount that better suited her budget. After the first visit, the girls fell in love with their new "grandma," as they affectionately call her. They take turns spending time with grandma, which allows Cady and her husband to spend one-on-one time with each daughter. Now when the family is all together, they do not "trigger each other" and Cady does not "have to play referee or restrain her kids." Family time is now cherished and is something they all look forward to. An additional bonus is that "grandma" and Cady have developed a payment system that

works for them.

When asked what would be different if she could picture an ideal respite program, Cady quickly described a need for qualified respite workers who have "psychological training" and said families raising children with SED would have respite care one weekend a month.

Cady explained that respite is "so important" because breaks from the constant management of SED behaviors help to keep her children safe. "If children do not get the proper mental health care they need, they will end up in the legal system or with CPS (Child Protective Services). Respite helps to keep them in the home and the family together."

IDHW & BPA Health partner to offer regional trainings

By BPA Health

The Northwest Addiction Technology Transfer Center (NWATTC) has agreed to offer 12 regional trainings to Idaho in 2016. Presenters from NWATTC will offer the four topics in three locations throughout the state. Proposed training topics are Co-Occurring Disorders Treatment (Q1), Clinical Supervision (Q2), Treatment Planning (Q3) and Medication Assisted Treatment (Q4). Co-occurring Disorders training will be held in Coeur d'Alene, Boise and Pocatello in February and early

March.

The ATTC Network was established in 1993 by the Substance Abuse and Mental Health Services Administration, or SAMHSA, as a multidisciplinary resource for professionals providing substance use disorder screening, treatment and recovery support. All of the network centers provide information, training and consultation on implementing evidence-based substance use disorder treatment and recovery services. The NWATTC, which serves Oregon, Washington, Idaho and Alaska, is one of the ATTC's

10 regional Centers.

BPA Health will distribute information on each training and registrations to the SUD provider network through provider communications as trainings near. To learn more about training opportunities for SUD Program providers visit <https://www.bpahealth.com/documents-resources> and search for "training".

NOTE: *BPA Health is the management services contractor for Idaho's Substance Use Disorder (SUD) treatment and RSS network.*

Optum launches new and expanded website

By Optum Idaho

Through regional and rural outreach efforts, Optum Idaho team members work 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 raising 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 that by providing more information and tools, members will feel empowered in their health care decisions and in 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.

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

Opportunities/Trainings

Regional Behavioral Health Boards

To learn more and view meeting times for each regional board, [click here](#).

Peer Support Agency Readiness Trainings

To learn about Peer Support Agency Readiness Trainings in April, [click here](#).

Recovery Coach Trainings

View the trainings currently accepting registrations [by clicking here](#).

National Drug and Alcohol Facts Week

National Drug and Alcohol Facts Week is January 25-31, 2016. If you organize and promote an activity for teens during this week, you can register it with NIDA and receive support to help plan a successful event.

[Click here to register an event](#).

Regional Behavioral Health Board Contacts

Region 1

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Region 2

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Region 3

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Administrative Assistant

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Region 6

Community Resource
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Region 7

Interim Community Resource
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