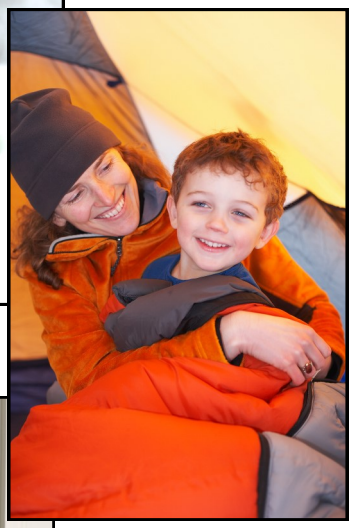
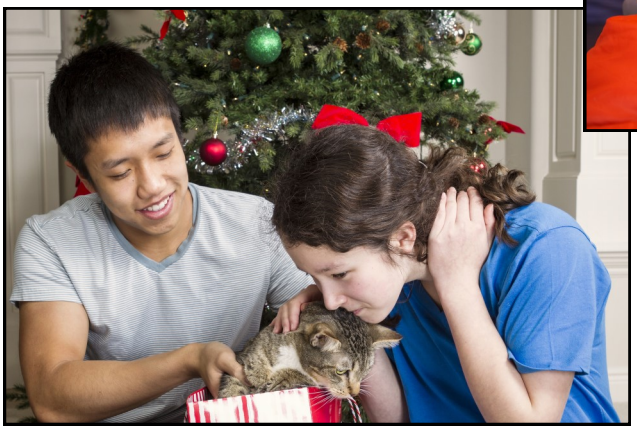
BEHAVIORAL HEALTH

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





January 2018, Issue 18

IDAHO DEPARTMENT OF HEALTH & WELFARE

Behavioral Health Services for Idahoans

By Behavioral Health staff

As the 2018 Idaho Legislative session begins, the Division of Behavioral Health continues to work toward transforming the behavioral health system in Idaho. This year's session will provide us with wonderful opportunities to work with our state leaders on changes to improve behavioral health care for Idahoans. The division would like to highlight its continued support for building a peer recovery system this year. In 2013, the division implemented a process to allow individuals who are unable to pass a criminal background check the ability to apply for a waiver and review of their individual circumstances. Through this process, individuals in recovery have been able to provide peer support services in many behavioral health settings including community crisis centers, regional mental health centers, ⇨

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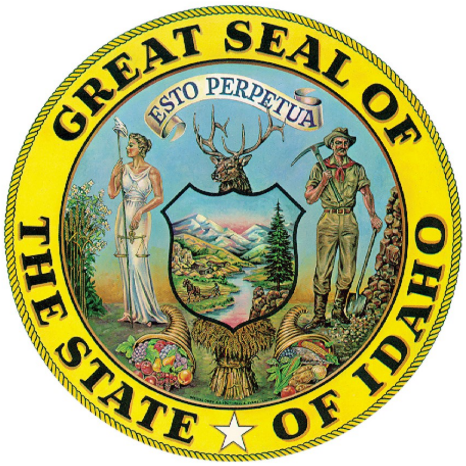
recovery support programs and substance use disorder treatment programs. The provision of support services by a peer or family provider is a nationally-known best practice which assists individuals with behavioral health issues towards recovery. Peer and family providers are unique to the behavioral health system due to their lived experience. Their unique perspective as a support gives individuals receiving services hope that recovery is possible. During this legislative session, the



Legislature has adopted the proposed changes to several Administrative Rules for consistency in and access to the criminal history background check waiver process. Division rule dockets related to the waiver process include:

Docket 16-0715-1701 "Behavioral Health Programs"—Clarifies that an individual who has lived experience and is seeking to provide services as a peer, but whose Department Criminal History Check was denied, may apply to the Division for a Behavioral Health Waiver described in IDAPA 16.07.15, "Behavioral Health Programs".

Docket 16-0717-1701 "Substance Use Disorder Services"— Adds language to allow for the Behavioral Health waiver process for Recovery Support Services-only providers.

Docket 16-0730-1701 "Behavioral Health Community Crisis Centers"—The waiver process in this chapter is being removed as redundant and these rules refer to the Behavioral Health Waiver described in IDAPA 16.07.15 "Behavioral Health Programs".

Docket 16-0733-1701 "Adult Mental Health Service" — The waiver process in this chapter is being removed as redundant and these rules refer to the Behavioral Health Waiver described in IDAPA 16.07.15 "Behavioral Health Programs".

Docket 16-0750-1701 "Rules and Minimum Standards Governing Non-Hospital, Medically-Monitored Detoxification/Mental Health Diversion Units"—Update to add language to allow an individual who has lived experience and is seeking to provide services as a peer, but whose Department Criminal History Check was denied, to apply for a Behavioral Health Waiver described in IDAPA 16.07.15, "Behavioral Health Programs".

The Division of Behavioral Health also has several other legislative, administrative rule and budget requests this year. The division's legislative agenda also includes:

LEGISLATION:

Regional Behavioral Health Services Act (I.C. 39.3122, 39.3125, 39.3134)

- Adding definitions of Family Support Partner, Recovery Coach, and Peer Support Specialist.
- Adding a prevention specialist member to the State Behavioral Health Planning Council and the Regional Behavioral Health Boards.
- Updating the appointing authority section for membership on the Regional Behavioral Health Boards.

Hospitalization of the Mentally Ill (I.C. 66.337)

- Changing the notification prior to release of a patient, initially committed under 18-212 and then transitioned to a commitment under 66-329, from 30 days to 10 business days.

Prevention of Minors' Access to Tobacco (I.C. 39.5704)

- Implementing an annual $100 fee for tobacco permits due to the elimination of funding for the inspection program from the Millennium Fund.

ADMINISTRATIVE RULES

- Children's Mental Health Rules creating consistency with requirements for grievances and expedited hearings and consistency with family and community services related to alternate care placements and payments.

BUDGET REQUESTS

Supplemental Requests

- **Supplemental -** $644,400 for increased costs related to the Youth Empowerment Services project (More information at yes.idaho.gov).
- **Supplemental -** $1 million increase for community hospitalization.
- **Supplemental -** $1.9 million for replacing federal and dedicated funds in the State Hospital South budget.
- **Supplemental -** $116,600 to cover increased cost for contracted services at State Hospital North.

Line Item Requests

- **Line Item -** $2.56 million for three behavioral health community crisis centers, located in Regions 2, 3, and 6.
- **Line Item -** Reducing the Children's Mental Health CMH Trustee and Benefits budget by $1,181,600 because of the increase in Medicaid eligibility.
- **Line Item -** $500,000 for integration of the Jeff D. Child and Adolescent Needs and Strengths (CANS) assessment with other systems necessary for the system design.
- **Line Item -** $256,000 for a Substance Use Disorder (SUD) provider rate increase.
- **Line Item -** $2 million in federal authority for the Idaho's Response to the Opioid Crisis (IROC) grant (More information available at iroc.dhw.idaho.gov).
- **Line Item -** $160,000 in authority to collect tobacco permit fees.
- **Line Item -** $65,400 for change in Medical Director classification.

Homes with Adult Residential Treatment

By Anne Bloxham
Program Specialist

Funding was approved by the 2017 Legislature to continue the Safe and Stable Housing contracts with Residential Assisted Living Facilities caring for individuals with serious and persistent mental illness. A demonstration project was also funded to pilot a new intensive residential living program called Homes with Adult Residential Treatment (HART). The Division of Behavioral Health has finalized the contracts for the first HARTs, which are located in Boise. The contracts are with two existing residential and assisted living facilities, Hillcrest Manor and Curtis House. The division is actively pursuing the selection of a provider in northern Idaho and is looking for a potential provider in eastern Idaho. The goal is to launch four demonstration sites statewide to further develop the HART model and identify system barriers, outcomes, and strategies to move to larger scale implementation.

Each HART will provide a level of residential care for adults with Severe and Persistent Mental Illness (SPMI) that is integrated with clinical treatment services. The HART will provide a safe and therapeutic homelike environment including meals, living space, assistance with daily living and personal care services. It is hoped the HART model will allow for the implementation of clinical treatment interventions to better address behavioral health related issues which previously were unable to be addressed without escalating the resident to a crisis or emergency facility. A recent change to the HART model will now require the HART provider to also be the Optum-approved Idaho Behavioral Health Plan Network provider. In some cases, this may result in a client choosing to not reside in the HART if they

wish to continue to receive services from an existing provider. Those individuals who do not wish to receive their behavioral health services through the HART will not be accepted for placement in the home as the model being piloted is the integration of the residential and behavioral health treatment services. The model also will require close collaboration between the HART provider, the Regional Behavioral Health programs, and the state hospitals as each HART admission must be authorized by the regional program.

A HART resident will need to be Medicaid eligible for placement. Each resident in the HART will have a treatment plan completed by the HART clinical staff with the HART staff responsible for seeking authorization for the Idaho Behavioral Health Plan services detailed on the service plan. Optum Idaho has developed a robust package of treatment services which may be authorized for each HART participant to include assessment, treatment planning, counseling/psychotherapy, community supports (peer support), community based rehabilitation services, group therapy, case management, and medication services.

Updates will be provided as we add additional HART providers to the demonstration pilot. The contact for questions is Anne Bloxham in the Division of Behavioral Heath, at 208-334-5527 or Anne.Bloxham@dhw.idaho.gov.

Idaho's Response to the Opioid Crisis (IROC)

By Denise Jensen
Program Specialist

In May of 2017, the division received a $2 million federal grant to address the opioid crisis in Idaho. Idaho's Response to the Opioid Crisis (IROC) is a four-pronged approach which includes 1) Introducing Medication Assisted Treatment (MAT) to the treatment service array provided by DBH; 2) Preventing new use through educating prescribers on the Center for Disease Control (CDC) prescribing guidelines for opiates and providing them with report cards to compare their opiate prescribing patterns with their peers; 3) Expanding community-based recovery services to emergency departments, jails and prisons by offering early engagement strategies including recovery coaching, and; 4) Providing Naloxone and Naloxone education to first responders and other agencies working first-hand with individuals who are at risk of opiate overdose.

In the first six months of this grant, the division has: 1) Provided treatment services to 226 people throughout Idaho; 2) Introduced division-funded MAT in all seven Department of Health and Welfare regions; 3) Entered into a contract with Recovery Idaho to provide community-based recovery support services by expanding recovery center outreach; 4) Distributed 1,066 Naloxone kits to first responders, and; 5) Began delivering prescriber education on the CDC prescribing guidelines.

We have learned much about the true nature of Idaho's opiate crisis in our first six months and are actively planning for year two, which starts May 2018. If you have additional questions regarding IROC, please contact Denise Jensen at denise.jensen@dhw.idaho.gov or by phone at 208-332-7226.

Mental health treatment for felony probation and parole population

By Don Caagbay
Program Specialist

During the 2017 Idaho Legislative session, the Joint Finance-Appropriations Committee (JFAC) approved $5.4 million in funding for mental health services to Idaho's felony probation and parole population. The division was appropriated the funding and appointed to create a service delivery system for these mental health services.

The goal of this program is to provide mental health services and medications to the felony probation and parole population living in Idaho's communities.

The division has a contract established with the Community Health Center Network of Idaho (CHCNI) and their network of Federally Qualified Health Centers (FQHCs) to provide mental health services to Idaho's felony probation and parole population. At this time, Terry Reilly Health Services (TRHS) in Region 4 is the first FQHC participating in the program. We are closely working with CHCNI to create a roll-out plan for the remaining regions, with the goal of having the program available throughout the state by March 2018.

The following mental health services will be available to eligible felony probationers and parolees: psychiatric diagnostic evaluation, mental health treatment planning, pharmacological evaluation, pharmacological management, individual counseling, and group counseling. Services in this model were limited due to budgeting constraints. In the future, possible services to consider include: Clinical case management and community based rehabilitation services. The psychiatric diagnostic evaluation will identify the recommended mental health services for each client.

By providing this support, it is anticipated that these individuals will be more successful in their reintegration into the community and less likely to re-offend and face subsequent reincarceration. Data collected from CHCNI on the clientele served will be cross-referenced with Idaho Department of Correction data to determine impacts to the recidivism rates for this population as a result of providing these services.

ICANS web-based platform now available

By Seth Schreiber
Program Manager

The Division of Behavioral Health is excited to announce that the ICANS, a statewide web-based platform developed by the division for the administration and scoring of the Idaho Children's Mental Health Child and Adolescent Needs and Strengths (CMH CANS) assessment, is now available for use. Beginning on 1/2/18, the ICANS became available statewide to Division of Behavioral Health regional staff, as well as to assessors from the Medicaid-contracted Independent Assessment provider (Liberty Healthcare). Division regional staff will use the ICANS to administer and score the Idaho CMH CANS for division children's mental health clients and clients involved in the person-centered planning process. Assessors from Liberty Healthcare will generally use the system to administer and score the Idaho CMH CANS-50 as part of the Independent Assessment process. The ICANS plays a key role in the YES Program, and following this initial release of the ICANS to division and Liberty Healthcare staff, ongoing enhancements to the system will expand what ICANS can do, and will allow for ICANS access to additional users (e.g. Medicaid-Optum providers). For additional information on the ICANS implementation, please feel free to contact Seth Schreiber at seth.schreiber@dhw.idaho.gov.

Process developed for Children's Mental Health concerns

By Candace Falsetti
Program Manager

One requirement of the Jeff D. Agreement is that a cross-system, collaborative complaint and due process system will be developed for the child mental health serving systems. The division's QA Unit has established a toll-free number to receive complaints and concerns: **855-643-7233**

In addition, the division's QA Unit has completed the following milestones towards this requirement:

1. Gathered information about current complaint systems in the regions. This information was used to develop a Regional Complaint Process Crosswalk to determine current practices.
2. Gathered information from families about experiences they have had in navigating any child serving complaint or due process system. This was done through a focus group and questionnaires with volunteer families.
3. Gathered information from community providers on their complaint and due process protocols.
4. Researched other states' complaint and due process systems.
5. Identified a method for routing complaints and points of contact to address complaints.
6. Developed letters and notices for the Central Office complaint process.
7. Developed a tracking log to track and follow up on complaints.
8. Developed informative materials to be provided to the youth and families Children's Mental Health serves informing them of their right to file a complaint.
9. Developed training material for Central Office and Regional Children's Mental Health Staff on the complaint process.
10. Policy is currently under revision for a unified complaint system.
11. An expeditated appeal process has been developed in accordance with the IDAPA rules.

Behavioral Health Integration Stakeholder Convening

By Gina Westcott
HUB Administrator

On Thursday, November 9th, the Division of Behavioral Health, in collaboration with the Eugene S. Farley, Jr. Health Policy Center at the University of Colorado School of Medicine, convened over 50 stakeholders to participate in an important conversation about Idaho's vision for the future of behavioral health integration. The Eugene S. Farley, Jr. Health Policy Center was a recipient of the Robert Wood Johnson Foundation grant (more information here).

The goal of the convening was to help stakeholders understand what is currently happening in Idaho, its challenges and gaps, and facilitate discussion about ways to better integrate behavioral health into the health care system. Time was also spent defining a common vision for behavioral health integration in Idaho.

Farley shared date and survey information gathered prior to the meeting to help stakeholders understand current practices, efforts and initiatives across the state to integrate behavioral health.

Several central themes emerged focusing on workforce development, payment reform, and providing ongoing technical assistance and mentorship to transforming practices.

At the end of the meeting, assets and barriers to integrating behavioral health were identified and strategies for next steps were developed that will be rolled out over the next year.

Statewide Healthcare Innovation Plan
Improved health, improved healthcare, and lower cost for all Idahoans

Once the final report is released, the Behavioral Health Integration Sub-Committee will review the recommendations in January and begin to develop a plan for moving forward in the final 12 months of the SHIP grant.

New Disaster Preparedness and Response Program Specialist

By Denise O'Farrell
Program Manager

In November, the Division of Behavioral Health's Policy, Planning, and Communications Unit hired Alyssa Diehl to fill the Behavioral Health Disaster Preparedness and Response Program Specialist position that was recently vacated by April Theberge. The position is made possible through collaboration between the divisions of Behavioral Health and Public Health. Alyssa will be working 19 hours per week and is enthusiastic to continue the work of increasing behavioral health disaster preparedness and response capacity in Idaho.

Alyssa has experience as a Case Manager and Community Based Rehabilitation Specialist in Idaho and is a Masters of Public Health candidate at the University of New England. She will act as a liaison between behavioral health regional offices, the public health districts, and other key partners statewide. In her role, Alyssa will assist with planning and implementation of evidence-based practices for meeting the behavioral health needs of victims and responders in the event of a natural or human-caused disaster.

She can be contacted at Alyssa.Diehl@dhw.idaho.gov. Please join us in welcoming Alyssa!

Suicide Prevention Program seeks funding for Zero Suicide initiative

By Jessica Harris
Program Specialist

Zero Suicide is an approach to reducing suicide by utilizing a comprehensive approach within health systems. The core belief is that suicides for people under medical care are preventable. This approach includes assessing all patients for suicidal ideation, training staff, providing brief interventions, initiating warm-handoffs, and following-up after discharge. These processes assist health systems to close the gaps that suicidal patients can fall through. The Henry Ford Health System that started Zero Suicide had an 80% reduction in the suicide rate among health plan members. Zero Suicide has been proven to be effective and could impact the lives of many Idahoans.

The Department of Health and Welfare's Suicide Prevention Program (SPP) applied for two federal grants to fund a Zero Suicide initiative in Idaho. Unfortunately, SPP was not awarded either of the two grants. Only four grants were awarded for the first, National Strategy on Suicide Prevention, grant; and only three were awarded for the second, Zero Suicide, grant.

SPP is actively looking for alternate funding sources to bring Zero Suicide and other critical training to Idaho. SPP will also apply for these grants again in the spring should they be offered. Twenty health system partners participated in the grant applications and continue to be committed to bringing Zero Suicide into their facilities.

For more information about Zero Suicide, visit zerosuicide.sprc.org.

Gathering and using utilization data

By BPA Health

In the world of substance use disorders treatment, it takes many important factors to provide quality care; people and systems are two of the critical ones. From the clinicians that facilitate treatment groups to the electronic systems that track client use, each is a key component to running an effective office. While we don't think of ourselves or our clients as numbers, utilization data provides stakeholders and decision makers with an accurate picture of the needs of our clientele. From generating an itemized list of expenditures by service, to showing what is available for the remainder of the year, the information gathered from this data paints the picture.

How is this information used?

- To show how the populations we treat have grown.
- To measure outcomes of different demographics.
- To help show specific needs of target groups.
- To provide budget makers with accurate information.

How can providers help?

- Bill for services as soon as possible.
- Discharge clients in a timely manner.
- Complete Follow Up Survey promptly.

By improving our contribution to quality data, we can help to paint a more complete and accurate picture – to change more lives.

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

Respite as new service for Medicaid-eligible YES members

By Optum Idaho

As part of the Youth Empowerment Services (YES) program, Optum Idaho has implemented respite as a new service for Medicaid-eligible YES Members. Initially, we contracted with agencies that had existing contracts with the Division of Behavioral Health, but we are looking forward to expanding the network in 2018! To be contracted into Optum's network July 1, 2018 and beyond, all respite workers will be required to participate in an online training, which will be available April 2, 2018. We will also offer a respite-specific training for supervisors in May 2018.

To access respite, the child must be deemed a Class Member by meeting the functional and diagnostic requirements of Serious Emotional Disturbance (SED). This will be determined by the independent assessment agency, Liberty, through the use of the CANS-50 and the Comprehensive Diagnostic Assessment (CDA).

Once the assessments are complete and eligibility is confirmed, children and youth will meet with Division of Behavioral Health clinicians to complete a Person Centered Plan. To receive respite, the need for this service must be indicated on this plan. Individual respite can be provided in the member's home, another home, a foster family home, or at an agency and is provided at a staff-to-participant ratio of 1:1. This service can also be provided overnight for up to 72 hours. Group respite can only be provided at a credentialed agency and overnight stay is not allowed. The staff-to-participant ratio is 1:4. Members can receive a total (group and individual combined) of 300 hours per calendar year/ member.

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

Perrine Bridge Signage

The Region 5 Behavioral Health Board has identified that the current signage on the Perrine Bridge in Twin Falls is inadequate in regards to providing suicide hotline and other hopeful information for those who may be on the bridge contemplating suicide.

The board, championed by Blaine County Commissioner Angenie McCleary, is in the process of updating the signage as is shown in the photo above. Stay tuned for more information.

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