

BEHAVIORAL HEALTH

Quarterly news
and updates from
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Department of
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

Medicaid expansion shifts Division's focus for 2019 Legislative session

By Ross Edmunds

Division Administrator

The 2019 Legislative Session has begun. I anticipate this will be a challenging year for our esteemed Legislature as they conduct the state's business with lower than expected state revenue, several new

legislators, and a new administration in the Capitol. I encourage each of you to reach out to your legislators and communicate with them what is important to you as a citizen in this great state.

The passage of Proposition 2, Medicaid expansion, means a dramatic pivot in the direction we thought this session was headed. Originally, we had requested funding to enhance and expand the mental health court model in Idaho and an increase in funding for substance use



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disorders services. Nearly all the individuals that would have benefited from these services will be Medicaid eligible under the expansion and, therefore, have a health plan that will cover behavioral health services.

Idahoans with serious mental illness stand to benefit significantly from the expansion of Medicaid because it offers the health coverage to meet their physical health needs and also their behavioral health needs. As a result, they should no

longer need services from the Division of Behavioral Health. Therefore, the Division of Behavioral Health is planning, at the direction of the Governor and the Legislature, to transfer approximately \$12 million in General Funds to the Division of Medicaid. These funds will come from the appropriation the Division of Behavioral Health gets for services to the felony probation and parole population, community hospitalization, substance use disorders, and adult mental

health budgets. The crisis centers in Idaho are working with Optum and Medicaid to reimburse for services at crisis centers. This will free up additional appropriated funding for transfer to Medicaid.

If you are interested in further information regarding the planning for implementation of Medicaid expansion, please see the Department's blog for frequently asked questions. [Click here to view the blog.](#)

Proposals for administrative rule changes and legislation

*By Treena Clark
Program Manager*

The Division of Behavioral Health is proposing changes to two IDAPA administrative rules during the 2019 Legislative session.

IDAPA 16.07.37 "Children's Mental Health Services"

- The intent of the rule change is to update Diagnostic and Statistical Manual language and remove the requirement to refer parents to Child Support for payment calculation and payment arrangement when placing a child in alternate care. By removing this requirement, families seeking help for their child through the Division of Behavioral Health will no longer have a judgement from the court entered against them when a child is placed in alternate care.

IDAPA 16.07.50 "Minimum Standards for Nonhospital, Medically Monitored Detoxification/Mental Health Services"

- This chapter of rule was promulgated in 2010 to establish requirements for a new model of care being implemented at the Allumbaugh House in Boise. The

intent of this rule change is to update limited sections of the rule that are outdated and no longer reflect best practice, update staffing requirements and align program approval processes and fees with other Division rules.

The Division is also proposing a change to the definition of Serious

Emotional Disturbance in the Children's Mental Health Act to align with definitions used in the Youth



Empowerment Services (YES) program and found in the IDAPA administrative rules for Children's Mental Health Services. The amended definition would include reference to the Diagnostic and Statistical Manual and the Department of Health and Welfare's standardized functional assessment tool.

New Youth Empowerment Services (YES) video, handbook and training available to help families

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

Idaho is developing a new system of care for children's mental health called Youth Empowerment Services (YES). YES provides options for families who need care for their child with serious emotional disturbance (SED).

A new video to help families understand the Child and Adolescent Needs and Strengths (CANS) assessment tool used in the YES system is now available online. The CANS helps identify a child's strengths and needs. Learn why participating in the CANS is important, what is involved in the assessment and how it can help both child and family:

[Watch the CANS for Families video here.](#)

The new Wraparound for Families Handbook serves as an informative guide to help parents and youth learn what Wraparound is, how it can benefit a child and family, and determine if Wraparound is the



right option for them. Wraparound is a team-based, family-driven, and youth-guided planning process. This handbook was developed by Youth Empowerment Services (YES) parent partners for parents. This resource is downloadable from the [YES Resources and Training page](#) on the YES website, yes.idaho.gov.

Get YES News and Updates in Your Inbox

Youth Empowerment Services distributes a monthly newsletter via email! Sign up now on the YES website on the [YES Newsletter Opt-in page](#) to make sure you stay up to date on YES.

YES Family Engagement Trainings

Parents and caregivers can learn more about Idaho's mental health options for children and youth through the Family Training Series. Series one will wrap-up January 29th with a discussion around roles in the new system of care and what they look like for families involved in services from multiple systems. Recorded webinar videos are available on the [YES website](#). Go to the About YES section and find the Resources and Training page to view.

Series 2 will kick-off in February and registration information will be available soon.

Parent Network publishes children's mental health survey results

By Jen Griffis and Laura Wallis

The Idaho Parent Network for Children's Mental Health conducted an online survey between April 2017 and October 2018 for families in

Idaho who have children with mental health needs. The results of the survey include information about crisis response, desired mental health services, access to insurance

and ways to communicate with families.

Some of the most interesting data collected from the survey involves mental health crisis. Over 70% of

families reported that their child has experienced a mental health crisis, but only 28.5% of those families said they could get the help they needed in their communities. Forty-three percent of those families also reported that law enforcement was involved during their crisis.

Often policy makers and professionals struggle to define what a mental health crisis looks like. Definitions from families were captured and presented in the survey results. When asked what services included in the new Youth Empowerment Services (YES) system of care were most likely to be used by each



family, over 78% wanted skills building, which was desired more than both the existing services of individual therapy and medication management. The data also suggests that families overwhelmingly want community-based services for their

children, with only about a third of the families expecting to use services such as hospitalization or residential care.

It is also important to note that survey results were consistent between rural and urban communities.

Full results of the survey, can be found on the [Idaho Parent Network website here](#).

Diversion program pilot diverts individuals with Opioid Use Disorder to treatment in lieu of arrest

*By Rachel Gillett
Program Specialist*

The Division of Behavioral Health participated in launching a Law Enforcement Assisted Diversion (LEAD) pilot program on November 26, 2018. This pilot was achieved through collaborative efforts with the City of Boise, the Boise Police Department (BPD), Recovery 4 Life (a Substance Use Disorder Treatment Provider), Raise the Bottom (an Opioid Treatment Program) and BPA Health.

The LEAD program will divert individuals with Opioid Use Disorder (OUD) from arrest to treatment for their addiction. How will it work?

BPD will select 10 individuals who, in lieu of arrest for a crime they have recently committed, will be offered Substance Use Disorder (SUD) treatment and Medication Assisted Treatment (MAT). The individuals selected for LEAD will immediately complete an intake into psychosocial treatment through Recovery 4 Life, and receive instant access to medication (either methadone or suboxone), provided by Raise the Bottom. Services for these individuals will be carefully coordinated and closely monitored. Services will be provided for up to one year. Individuals who successfully complete the program, as

determined by the SUD professionals serving the client, will not face the original criminal charges. Those who are not successful will.

Diversion programs in other states have seen positive impacts such as lower recidivism rates, higher employment rates, and increased stable housing for LEAD participants. Idaho hopes to learn a lot from this pilot: Is it successful? Are individuals involved finding recovery from their disease? How much does it cost? Can we afford expand the pilot to include more individuals? Can we launch a similar program in other parts of the state?

New functionality coming to ICANS early this year

*By Michelle Buskey
Program System Specialist
Automated*

The ICANS, the statewide platform for the administration, scoring, and management of Child and Adolescent Needs and Strengths (CANS) assessments for the Youth Empowerment Services (YES) program, will be implementing two changes early this year.

The ICANS is used by Medicaid-Optum network providers participating in the YES program as well as the Idaho Department of Health and Welfare and the Idaho Department of Juvenile Corrections. The Division of Behavioral Health oversees the ICANS, and these changes are part

of the ongoing enhancement to the system to increase functionality and make the system easier to use.

The first change is the ability to download a PDF of the CMH CANS Assessment, referred to as the Offline PDF. The Offline PDF allows individuals to complete the CMH CANS Assessment without access to the internet. The Offline PDF can be downloaded from multiple areas in ICANS. When the PDF is completed, individuals will be able to upload the Offline PDF into the ICANS system. The information captured in the Offline PDF will populate the CMH CANS Assessment in the ICANS system. Individuals will then need to complete the diagnosis fields and

will then sign the assessment in the ICANS system.

The second change is the ability to generate both the CMH CANS Assessment Summary Report and the Full Report in Spanish. This change does not apply to previously signed CMH CANS Assessments.

Once the functionality is in the Production sites, each time a new CMH CANS is completed and signed, individuals will have the option to generate the CMH CANS Assessment Summary Report or the Full Report in English or Spanish.

Behavioral Health Integration Sub-Committee held its final meeting in December

*By Gina Westcott
Hub Administrator*

It's hard to believe that four years have passed since the Behavioral Health Integration (BHI) Sub-Committee was chartered under the SHIP Idaho Healthcare Coalition. Since that time, with the leadership of co-chairs Ross Edmunds and Dr. Charles Novak, the sub-committee has supported the work and expansion of Behavioral Health Integration in the state of Idaho.

During its first few years, through technical assistance grants from the National Academy of State Health

Policy, the sub-committee was able to bring to Idaho national experts in the field of behavioral health integration. Since that time, conceived by the BHI Sub-Committee, the Idaho Integrated Behavioral Network (IIBHN) was formed to help meet the training and technical assistance needs for its workforce.

In the spring of 2018, the IIBHN successfully launched the first Behavioral Health Integration Conference in the state, which is planned to be an annual event.

Perhaps the most notable accomplishment of the BHI Sub-

Committee has been a partnership with the Farley Health Policy Center that engaged stakeholders in the development of a strategic plan for continuing the work of integration in Idaho. The plan focuses on the alignment of goals, workforce education and training and working with payers to advance behavioral health in primary care clinics.

The Division of Behavioral Health would like to thank all of the BHI Sub-Committee members for their hard work and dedication towards advancing integration efforts in Idaho.

Division working to enhance data accessibility

By Ashley Daly

Research Analyst Sr.

The Division of Behavioral Health has an abundance of data which can be used to inform policy, quality assurance, and communications. One of the current initiatives is to make our Division's complex and copious data more accessible, understandable, and usable. The primary way we hope to achieve this goal is by using the latest methods of data visualization. Data visualization is the art and science of creating graphics to communicate data and/or information clearly and efficiently.

Over the past several months, the Division's Data Team has rolled out

more than a dozen data visualization dashboards using an industry leading data visualization software called "Tableau." Tableau displays intuitive, easy-to-read graphs and charts that highlight pertinent information quickly. It also allows users from different locations to filter through and drill-down – to refine as far as you need – the same data, reducing confusion from data that changes over time.

Our Tableau dashboards are designed with input from staff who have special interest in the programs that create the data points. The data can be updated very easily, from a central source, so everyone sees the most current in-

formation available.

Though these dashboards are presently only available to Division staff and leadership (due to Information Technology security concerns), in the future we hope to create interactive dashboards for the public Youth Empowerment Services website as well.

In addition, while our current data focus has primarily been on the Youth Empowerment Services project, our future plans are to develop an expanded array of data visualization dashboards that highlight topics such as Substance Use Disorder and Adult Mental Health trends.

Optum Idaho adds Child and Family Team (CFT) as billable service

By Optum Idaho

The Child and Family Team (CFT) is a central component of the Youth Empowerment Services System of Care. Members of the CFT must include the child and family or guardian, as well as the mental health provider who will develop a treatment plan for your child based on the results of the Child and Adolescent Needs and Strengths (CANS) assessment. However, the CFT may also include other family members, friends, and individuals involved in the life or care of the child and family. The size of your CFT will be determined by your child's treatment goals, the

needs of your family, and the number of people in your child's life who need to participate to create a meaningful and effective plan.

Members of your CFT can be added or removed as your child's needs change over time.

The goal of the Child and Family Team is to collaboratively develop a coordinated care plan, facilitate service delivery, resolve disputes, monitor outcomes, and make any needed adaptations to the plan to ensure its effectiveness. Using information gathered from individual member perspectives as well as information from the CANS functional assess-

ment, the team can make more informed and collaborative recommendations to support the goals of the child and family. The CFT may determine that new services are more appropriate, or that the existing services need to be modified to better reach the identified goals. To incentivize and compensate for participation on a Child and Family Team, Optum Idaho added this as a billable service for in-network providers on July 1, 2018.

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

Big things coming this year for the Substance Use Disorders Telehealth Program

By BPA Health

BPA Health has taken significant steps in developing a comprehensive Telehealth program that has started rolling out to SUD providers. BPA Health recognizes the value and potential that Telehealth can have for SUD clients, especially when it comes to improving access in rural areas of Idaho.

In early 2018, BPA Health brought on Leann Arkema as a subject matter expert to help begin this process. Leann brings with her extensive experience in building out telebehavioral health programs. Leann now serves as BPA Health's VP of Strategic Partnerships and Innovation, and is overseeing the telehealth program process.

Given feedback from SUD agencies and providers, researching, accessing, and setting up the secure video technology needed for a telehealth program has been a barrier. Based on this, BPA Health has licensed a HIPAA compliant video conference solution called Zoom and will share licenses with interested SUD providers at no cost. BPA Health will also offer secure virtual conference rooms for agencies to facilitate group sessions with clients anywhere there is internet access.

Throughout 2019, BPA Health will continue its efforts to engage providers in the Telehealth program by providing education and assisting providers in developing Telehealth-specific policies and procedures, and

will be sharing best use cases with providers in their quarterly Town Hall meetings.

BPA Health is excited to continue to work with the SUD network to broaden access and improve outcomes in treating clients with substance use disorders.

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

Idaho Opioid Needs Assessment 2018

Drug-induced deaths have increased in Idaho since 2010, but an updated report shows that the state remains slightly lower than the national average for this number. In 2016, the most recent year for which confirmed data is available, Idaho ranked 36th in the age-adjusted rate of drug-induced deaths by state, according to the Idaho Opioid Needs Assessment, which was released in 2018 by the Division of Behavioral Health. [The report](#) contains data regarding treatment needs in Idaho, availability of Medication Assisted Treatment, prevention efforts, recovery support initiatives, and policies and legislation proposed or enacted in Idaho related to the opioid overdose, as well as a variety of other topics.

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