

# BEHAVIORAL HEALTH

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



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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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## Tobacco age limit, hospital budget requests lead division's legislative priorities

By Ross Edmunds

Division Administrator

The 2020 legislative session will be busy, as usual, but the Division of Behavioral Health has a limited legislative agenda this session. There are no specific changes to

administrative rules; however, all the rules will be included in the omnibus reauthorization, just like all IDAPA rules. The division had proposed one small legislative change, but the Governor's Office is focused on mission-critical legislation only this session.

In December, Congress passed and President Donald J. Trump signed into law amendments to the federal Food, Drug, and Cosmetic Act, changing the legal age to purchase and consume tobacco products →

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from 18 to 21. This was a surprise and requires Idaho to bring Idaho statute and rules into compliance. This will likely be the only legislation the division will be carrying.

Fiscal year 2021 will be the first full year of Medicaid expansion, which means the division's appropriation will be reduced an additional \$6.4 million. As you might recall, last year the division's budget was reduced by \$6.4 million for six months of Medicaid expansion. This year will annualize those reductions. However, it is a very good problem to manage. Approximately 90 percent of patients served by the division will qualify for and receive their services through their Medicaid benefit. Even though

those individuals will now have Medicaid, the private network does not currently have the capacity to manage the complexity of many of the most challenging patients. Therefore, the regional mental health programs will continue to serve the most acute and challenging patients while those providers work on developing capacity.

There are two budget requests this session for the division. The first is for operating funds to open the new adolescent psychiatric hospital in Nampa. The facility is being built now, with an expected completion date of October 2020. The date for opening the new hospital will be early in 2021. Opening the adolescent hospital will free up



space at State Hospital South in Blackfoot to expand the state's capacity by 20 beds to provide inpatient care to high-risk adults. The other budget request is for partial funding to pay the bond payment of the new psychiatric nursing home at State Hospital South. This new facility will increase capacity from 29 to 36 beds and provide a safe environment for care.

## Law Enforcement Assisted Diversion (LEAD) pilot

*By Rachel Nenno  
Program Specialist*

In November 2018, the Division of Behavioral Health participated in launching a Law Enforcement Assisted Diversion (LEAD) pilot program. This pilot was achieved through collaborative efforts with the City of Boise, the Boise Police Department, Recovery 4 Life (Substance Use Disorder Treatment Provider), Raise the Bottom (Opioid Treatment Program) and BPA Health. The LEAD program diverts individuals with Opioid Use Disorder to treatment for their addiction in lieu of arrest. During the first year of the program,

11 individuals, who were identified by BPD, elected to participate in Substance Use Disorder treatment, including Medication Assisted Treatment.

The participants in LEAD were able to immediately complete an intake into treatment through Recovery for Life, with the opportunity to have immediate access to medication (either methadone or suboxone) provided by



Raise the Bottom.

While participants are actively involved in the program, charges that were incurred during their original interaction with law enforcement

are put on hold. However, charges are submitted if participants are determined by the treatment provider as not successfully completing treatment. To date, six participants have successfully remained in the program. All of the collaborative parties are proud to announce that planning has begun for the LEAD program's first graduation. Upon graduation from treatment,

the participant's original charges will not be submitted by BPD for standard court processing.

The Ada County LEAD program will continue through 2020 with the support of Idaho's Response to the Opioid Crisis program. During this upcoming year, LEAD stakeholders will continue to mold and develop a program that overcomes identified gaps in services and increases the

number of Idahoans who will have the opportunity to access treatment. It is the hope that additional programs can be implemented in other Idaho communities, and with the success of this pilot program, discussions and planning are already under way for beginning similar LEAD programs throughout the state.

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## Treatment and Transitions grant

*By Mindy Oldenkamp*  
*Project Coordinator*

The Treatment and Transitions grant, also known as TNT, has successfully completed its first year. Through the grant, awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), behavioral health and housing services have been provided to Idahoans experiencing homelessness or at risk of becoming homeless. The grant provides an award of \$1 million each year for five years.

Two Enhanced Safe and Sober Houses (ESSH) were open and running at capacity during the first year of the grant. In addition to providing essential and vital behavioral health services, and safe, sober housing, these houses offered their residents Recovery Coaching services, assistance applying for Supplemental Security Income/ Social Security Disability (SSI/SSDI)

benefits, and worked to help connect them with permanent housing once their six-month stay had ended. Both the house for men, located in Idaho Falls, and the house for women, located in Boise, have seen tremendous success with residents. The majority of those referred into housing stayed for the full six months available, and then successfully transitioned into continued stable housing. While housing vouchers through the Idaho Housing and Finance Administration have not been as readily accessible in all areas of the state as they were anticipated to be during the writing of the grant, individuals exiting ESSH are also eligible for continued housing at a standard safe and sober house. Both houses offer space for 10 residents and have stayed full. Results have been promising and exciting.

As the second year of the grant begins, the Division of Behavioral

Health is excited to announce the opening of the third ESSH. This third house is located in Caldwell and is operated by Supportive Housing and Innovative Partnerships (SHIP). The Caldwell location will be for men only, and offer 10 beds for residents.



Referrals for the TNT enhanced safe and sober houses are prioritized for individuals discharging from one of the state psychiatric hospitals, with remaining vacancies filled by referrals from Mental Health Court and regional staff.

For questions, please contact Mindy Oldenkamp:

[mindy.oldenkamp@dhw.idaho.gov](mailto:mindy.oldenkamp@dhw.idaho.gov)

# Wraparound implementation, training continues statewide

By Jennifer Barnett  
Program Specialist

The Division of Behavioral Health has been steadily implementing Wraparound across the state since January 2018. To date, the division has trained almost 100 people. Forty-five active Wraparound coordinators are currently practicing. In July 2019, the division branded the Idaho model of Wraparound by calling it Idaho WInS (Wraparound Intensive Services). At that time, approximately 100 youth and families had been served in the program.

## Implementing the coaching model and measuring fidelity

In July 2019, Region 7 engaged with Central Office in a pilot project for implementing the coaching model. Wraparound coordinators in Region 7 have experienced implementation of elements of the coaching model, including individualized coaching plans, the introduction of a second fidelity tool, the TOM 2.0 (Team Observation Measure), and coaching tools for record reviews.

In August 2019, the Wraparound program implementation team began the use of the WFI-EZ, a standardized tool for measurement of fidelity to the model of Wraparound. A sampling of 35 percent of the total Wraparound population was obtained and the WFI-EZ self-assessment surveys were sent

to regions. Surveys were obtained from Wraparound coordinators, families, youth and team members.

## In-person coaching to resume this spring

Additionally, coaching provided by Portland State University in conjunction with Central Office was conducted through full-day intensive coaching in the regions. The in-person coaching concluded in December 2019 with a second round to start in the spring and finish before the end of the fiscal year.

## Flex funding

One support for families in the Wraparound program that can be an effective strategy to meet identified needs is the use of flex funding. In August, the division rolled out a pilot project to use flex funding for those youth and families enrolled in Wraparound. Enrolled youth and families have accessed flex funds for needs such as moving expenses, assistance with services not covered under traditional insurance plans, recreational items, sensory swings, and rental assistance. The pilot for the flex funds will continue through March 2020.

## National Wraparound Implementation Academy

In September 2019, the regional program specialists with Central

Office were fortunate to attend the National Wraparound Implementation Academy in Baltimore, Md., for a three-day intensive conference.



Regional Program Specialists attended the 2019 National Wraparound Implementation Academy.

Program specialists attended intensive skills-based sessions to focus on deepening their skills in Wraparound facilitation, Wraparound principles in practice, system development, data collection and outcomes for Wraparound. All program specialists reported new insights into Wraparound practice that they were all immediately able to implement into their regional tools and tips. Wraparound training took to the road in October and trained an additional 10 coordinators in Twin Falls. The next foundational training is expected to be in spring 2020.

# ODP Naloxone distribution: Outcomes and opportunities

By Shaina Cales

Office of Drug Policy

The Office of Drug Policy (ODP) received a subgrant from the Division of Behavioral Health to provide naloxone kits for first responders and other agencies to prevent and reduce opioid-related overdose deaths in Idaho. The subgrant period covered federal fiscal year 2019 and ODP distributed 1,472 naloxone kits (one kit contains 2 doses of 4 mg Narcan nasal spray) to 65 agencies from February – September 2019. During this period:

- Over 48 percent of reporting

agencies were law enforcement, followed by substance use disorder treatment providers (15 percent)

- Recipients reported 46 naloxone administrations and 37 overdose reversals
- Recipients distributed 179 naloxone doses to at-risk individuals, their friends, and family.

[Read the full report](#), including reported barriers and successes and direct quotes from recipients.

The federal fiscal year 2020 subgrant period started October 1, 2019 and ODP has distributed nearly 500

kits to agencies in Idaho. Some agencies carry or store naloxone to use in the event of an overdose and others distribute to clients and their friends/family who may be in the position to administer naloxone. Interested agencies — especially those in contact with individuals at-risk for opioid overdose — are encouraged to submit a request form.

For more details about eligibility and reporting requirements, and to access a link to the naloxone request form, visit

[prevention.odp.idaho.gov/naloxone-distribution/](http://prevention.odp.idaho.gov/naloxone-distribution/).

## Speak up about Idaho's training needs

By Adam Panitch

Program Specialist

The Northwest Mental Health Technology Transfer Center wants to hear from you about training needs in your community and state.

The center supports resource development and dissemination, training and technical assistance, and workforce development to the mental health field. It works with organizations

and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver evidence-based practices to individuals, including the full continuum of services spanning mental illness prevention, treatment, and recovery support.

Faculty from the University of Washington Department of Psychiatry and Behavioral Sciences lead the center, in

collaboration with program staff. Funding for this five-year project began in August 2018.

You are encouraged to take the brief assessment to have your voice heard regarding Idaho's training needs. Take the assessment:

<http://bit.ly/nwneeds>

Further information about this resource can be found on their [website](#).

## Idaho Psychiatric Bed and Seat Registry

By Nicole Coleman

Program Specialist

The Idaho Psychiatric Bed and Seat Registry (IPBSR) is an online platform specifically designed to

show end users the number, the availability, and the demographic of psychiatric beds and crisis seats across Idaho. The Division of Behavioral Health identified that the state did not have a centralized

platform where medical professionals, mental health professionals, and first responders can access current information on open psychiatric beds and crisis stabilization seats. Therefore, the

division began the process of developing the Idaho Psychiatric Bed and Seat Registry (IPBSR). The initial goal in creating IPBSR is to aid in the placement (or referral) process for urgent mental health care by allowing medical professionals, mental health professionals, and first responders a simplified online platform that provides the number

of open psychiatric beds and crisis seats across the state. Our next step for a successful launch is to add all psychiatric facilities and crisis centers throughout the state. We will also add and train staff as needed while monitoring the use to ensure updates are being done on a regular basis. The IPBSR was made possible by the

funding received from the Transformation Transfer Initiative Grant sponsored by National Association of State Mental Health Program Directors. For additional information or to learn more please feel free to email IPBSR at [IPBSR@dhw.idaho.gov](mailto:IPBSR@dhw.idaho.gov) or visit us at [healthandwelfare.idaho.gov/ipbsr](http://healthandwelfare.idaho.gov/ipbsr)

## Suicide prevention a top priority

*By Sharon Fritz  
Program Manager*

As reported in recent media coverage, Idaho is consistently among the states with the highest rates of death by suicide; in 2017, Idaho had the 5th highest suicide rate in the U.S.

Idaho's data shows death by suicide was the second leading cause of death for all age groups except for females aged 15-44, where it was the third leading cause of death. Additionally, 418 Idahoans lost their life to suicide in 2018, at a rate of 23.8 Idahoans per 100,000. We also know, across all age groups, Idaho's veterans have an increased rate of suicide

compared to non-veterans. More Idaho residents die by firearm than any other method combined. While looking at this data, we might feel discouraged, but there is hope and there is help. The Division of Public Health has made suicide prevention a top public health priority and is committing resources to reducing death by suicide.

The Suicide Prevention Program has been working closely with the Idaho Suicide Prevention Action Collective to implement the 2019-2023 Idaho Suicide Prevention Plan ([spp.dhw.idaho.gov](http://spp.dhw.idaho.gov)).

The focus has been on integrating and coordinating suicide prevention activities across multiple sectors and

settings. Efforts include providing funding to help staff the Hotline 24/7/365 days a year (both talk and text options), working with the Department of Education to provide prevention, intervention, and postvention to our students, working with regional partners to assess and develop suicide prevention activities at the local level, and implementing the Zero Suicide framework to promote organization-wide changes toward safer suicide care in health and behavioral health care systems. Efforts also include providing grant opportunities for sworn officers in rural communities to attend the Crisis Intervention Team (CIT) Training and learn about suicide prevention.

## Idaho Behavioral Health Plan – New Services for 2020

*By Optum Idaho*

As of the beginning of January, members in the Idaho Behavioral health Plan have three new services available.

### **Partial Hospitalization**

Partial Hospitalization (PHP) is a

facility-based program that individuals attend at least 20 hours a week. PHP is for people who have symptoms that need a level of care that is less intensive than psychiatric hospitalization but higher than routine outpatient or other intensive services. Partial Hospitalization

services include but are not limited to; individual, group and family psychotherapy, cognitive behavioral therapy, and substance use monitoring, if appropriate.

### **Recovery Coaching**

Recovery Coaching can be offered

by two types of providers, a Recovery Coach or a Peer Recovery Coach. A recovery coach is different from a therapist or sponsor. A recovery coach serves as an advocate, a guide, a leader, and a mentor. They help people get connected to services, and connect them to the recovery community. Recovery coaches help individuals create a recovery and resilience plan that meets their needs. If someone has a relapse, a

recovery coach can help them re-engage in supports and treatments. Members who work with a recovery coach may see fewer and less severe relapses.

### **Crisis Center Reimbursement**

Optum Idaho will reimburse for Medicaid members served at Regional Crisis Centers. Crisis services include: behavioral health assessment, medical evaluation, treat-

ment/crisis planning, case management/coordination, crisis services, peer support and/or recovery coaching, and referrals.

To learn more about these services, members can call the Optum Idaho Member Access & Crisis Line at 1-855-202-0973 (TDD/TTY 711).

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

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## Updated intake process for CMH voucher respite program

*By BPA Health*

BPA Health is excited to announce changes to the CMH voucher respite program intake process. These changes were made in response to feedback from our families, providers, and regional advocates. The new process no longer requires a treatment plan, and all that is needed to verify that a child has SED is a Comprehensive Diagnostic Assessment (CDA) with Child and Adolescent Needs and Strengths (CANS). Additionally, in an effort to expedite the approval for families

who are in a crisis and are unable to provide the required documentation, families are allowed to attest on the application that their child has SED. In this case, a one-time initial respite voucher will be issued, and the family will be required to provide the CDA with CANS upon reapplication. Families who are on a waitlist to get an assessment through Liberty Healthcare are afforded the same opportunity to attest and receive a one-time voucher. Finally, families who are reapplying for respite and have previously

submitted a CDA with CANS are now able to substitute the assessment with a provider referral that indicates the child has SED and is in need of respite. BPA Health is working closely with the division to ensure the CMH Voucher Respite Program is accessible to families. We strongly encourage families who are struggling with the application process to call the BPA Health Respite Care helpline at (208) 947-5154 or toll free at (800) 688-4013 and are happy to assist.

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## Behavioral Health Board Contacts

### **Region 1—Website**

Panhandle Health District  
Jennifer Ugolini  
[jugolini@phd1.idaho.gov](mailto:jugolini@phd1.idaho.gov)

### **Region 2—Website**

Public Health – Idaho North  
Central District  
Perri Larson,  
[plarson@phd2.idaho.gov](mailto:plarson@phd2.idaho.gov)

### **Region 3—Website**

Southwest District Health

### **Region 3:** Linda Pratzner

[linda.pratzner@phd3.idaho.gov](mailto:linda.pratzner@phd3.idaho.gov)

### **Region 4—Website**

Central District Health  
Carly Doud  
[CDoud@cdhd.idaho.gov](mailto:CDoud@cdhd.idaho.gov)

### **Region 5—Website**

South Central Public Health District  
AA/liaison to BHB  
EJ Poston  
[eposton@phd5.idaho.gov](mailto:eposton@phd5.idaho.gov)

### **Region 6—Website**

Southeastern Idaho Public Health  
Administrative Assistant  
Effie Jones  
[ejones@siph.idaho.gov](mailto:ejones@siph.idaho.gov)

### **Region 7—Website**

Eastern Idaho Public Health  
Board Liaison  
Mimi Taylor  
[mimi\\_taylor@eiph.idaho.gov](mailto:mimi_taylor@eiph.idaho.gov)