

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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A Day in the Life of the Assertive Community Treatment Team in Region 3

By Jon Meyer
Program Specialist

(Client names have been randomly changed to a letter to protect their identity.)

To an outsider, it's a pretty casual meeting on a recent late summer morning. It would be easy to assume

clinicians Ashley Hammond, Angela Saitta, and Tara Dennis, and Clinical Supervisor Brian Lindner are discussing family or friends or catching up after a holiday weekend. Until you listen a little closer.

"She's been stable, but she does have an upcoming (appointment), so we want to follow up on what her plan is for that," Angela says of Client D, who they'll be seeing today. "I'm concerned he may be drinking again because I got a text from him ... after missing his home visit," →

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Ashley says about Client H, who she'll be seeing this morning. They celebrate another client who has taken the initiative to contact the Social Security administration on his own: "He is capable of that." Another client may not be able to make their rent payment this month, and the team explores programs that may be able to help her. The team shares a moment of victory as they hear a client will be returning after being out of contact for a while after a medication change.

"Yes, we found him!" Brian says. "He's back in (the area)," Angela shares, before the conversation shifts to the best way to connect with him. "He likes music," Angela says. "I've talked to him about Game of Thrones."

For clients served by the Idaho Department of Health and Welfare's Region 3 Assertive Community Treatment (ACT) team, mental health support and treatment doesn't look like what many people may think of as typical counseling or medication management. The team isn't preparing for a day of office hours and appointments; they are planning for the 16 clients they will be meeting in the community on this day – some at home, some at work, others in challenging living situations because of their serious and persistent mental illnesses and resulting symptoms.

Tara leaves the staffing meeting shortly after and will be working to get a housing voucher for a client who lives in a shed.

"We have to find ways to connect with them,"

Ashley explains as she prepares to head out to see Client D. ACT programs rely on teams of professionals with expertise in psychiatry, nursing, social work, counseling, and addiction services to keep people engaged in their communities. ACT teams across the state provide continuity of care to some of Idaho's most vulnerable adults. Support by an ACT team improves people's ability to function in their communities and reduces the need for future hospitalization. ACT teams plan and monitor treatment, accompany patients to medical and dental appointments, attend court hearings, and help them manage money, pay bills, and apply for services. Clients also receive help with housekeeping, shopping, cooking, transportation, finding and keeping jobs, and finding housing. Team members educate



(Clockwise from front left) Region 3 Assertive Community Treatment (ACT) team Clinician Ashley Hammond, Clinical Supervisor Brian Lindner, Clinician Angela Saitta, and Clinician Tara Dennis meet for a recent morning staff meeting.

the patients about mental illness, provide counseling, and help patients cope with psychotic episodes and other psychiatric crises. They also order, deliver, and supervise the use of medications. The ACT team based in Caldwell is on a first-name basis with all their clients, "and their plus-ones, pets, their friends, and landlords," Ashley says. She has clients who send her pictures of their cats. The Caldwell team currently serves 45 clients. All of the clients have frequent contact with the ACT team; the relationships can last years to even decades. One client has been with the ACT team for 20 years.

[Read the rest of the article on the DHW blog.](#)

Free Prescription Opioid Misuse Prevention Materials

By Shaina Cales

Office of Drug Policy

The Office of Drug Policy (ODP) launched the Speak Out/ Opt Out/ Throw Out prescription opioid misuse prevention campaign in five hospitals in Idaho earlier this year and is now offering the free materials to all. Speak Out/ Opt Out/ Throw Out was adapted from a Utah hospital-based campaign designed to prevent and reduce the misuse of prescription pain medications. It encourages individuals to talk to their providers

and ask questions about opioids and their alternatives, and promotes safe disposal of unused, unwanted, and expired medications.

Campaign materials are relevant in many different settings and can be displayed and distributed by clinics, hospitals, pharmacies and community organizations. More than 25 Idaho organizations have already requested and received materials. In addition to clinical settings, partners have used the materials for workplace education, health fairs, and conferences.

Print collateral includes posters, table tents, handout cards, brochures, rack cards, and coffee sleeves. Order through ODP's [online order form](#).

Digital materials include graphics and videos for social media, and monitor graphics that are great for waiting room screens. [Click here](#) to access and download those files along with suggested social media post copy.

ODP also has files for elevator wraps, floor and wall stickers, table wraps, counter clings, and retractable banners that can be made available upon signature of a use agreement. ODP will provide the files but the recipient organization is responsible for coordinating and funding installation and deinstallation. If your organization is interested in these materials, contact Shaina Cales at

Shaina.cales@odp.idaho.gov.



Supportive Housing Programs Through the Idaho Housing and Finance Association

By Alacia Handy

Program Specialist

The Idaho Housing and Finance Association (IHFA) has two supportive housing programs, Shelter Plus Care and Mainstream for Non-Elderly Disabled.

Shelter Plus Care is for people experiencing homelessness who have a serious mental illness or a disability because of chronic substance abuse. Shelter Plus Care referrals to the

Homeless Connect agencies currently come from the Division of Behavioral Health Regional Offices, which certify a person's homeless status and disability. An Idaho Housing coordinator links the referring agency to an IHFA branch office to begin the rental assistance process. Some areas of the state, including Ada County, do not fall within the catchment area of this program.



The **Mainstream for Non-Elderly Disabled** program is for those experiencing or who are at risk of homelessness or those who are transitioning from, or are at risk of placement in, an institution. Referrals for the Mainstream program come from partner organizations that provide

certification of their homeless or institutional status. Clients for the Mainstream program must complete an application for rental assistance online at [this link](#) or at an IHFA branch office in Idaho Falls, Twin Falls, Lewiston or Coeur d'Alene. Clients are placed on a waiting list after their initial eligibil-

ity is determined. When a voucher becomes available, a client is scheduled for additional screenings to determine final eligibility. For both programs, success depends on collaboration between Idaho Housing and service providers to ensure mutual clients have the necessary support to navigate program

requirements, secure housing, complete the lease-up process and maintain their housing. For more information on these programs, branch offices or regional Homeless Connect Access Points, contact Vicki Schaffer at 208-331-4715.

Honoring Champions in the Fight Against Opioids

*By Mindy Oldenkamp
Project Coordinator*

September marked National Recovery Month, with celebrations and awareness events happening in a unifying effort to not only increase awareness of mental and substance use disorders, but to celebrate recovery.

The 2019 theme, Together We Are Stronger, was well represented throughout Idaho as regions across the state held a wide variety of community events aimed at celebrating the journey of recovery and reducing stigma. Additionally, the Division of Behavioral Health,

along with the Regional Behavioral Health Boards across multiple regions, recognized individuals for their work in the fight against opioids in their respective communities. These individuals exemplify what it means to be a champion: providing compassionate and stigma-free services, striving to improve treatment options, developing programs and activities to support people in recovery, providing one-on-one recovery coaching, and being advocates for recovery in their communities, to name just a few of their nomination-worthy qualities. It is because of the work

of each of these tireless champions, alongside so many others across the state, that the message of recovery continues to provide hope and strength to so many in their journey to healthy, rewarding lives. This year's Regional Empowerment Awards recognizing Champions in the Fight Against Opioids have been awarded to:

- **Region 1:** Lisa Alberts
 - **Region 2:** Aaron St. George
 - **Region 4:** Ginny Goeble
 - **Region 6:** Dr. Trevor Jacobson
 - **Region 7:** Dave Pinegar
- Congratulations to each of these well deserving award-winners!

Changes to the Suicide Prevention Program

*By Sharon Fritz
Program Manager*

"The secret of change is to focus all of your energy, not on fighting the old but on building the new."

-Socrates

Change is in definitely in the air, with the weather and with the Suicide Prevention Program. The

Program recently brought on board Sharon Fritz, Ph.D., as program manager, Anne Daggett, LCSW, as the health program specialist and Elaine Arterburn as administrative assistant 2. Sharon and Anne bring years of experience working in behavioral health and health care settings while Elaine brings years of



project management experience. This team will be a force to contend with as they work to continue the efforts outlined in the State Suicide Prevention Plan. They have begun this journey by reaching out and building strong collaborative working relationships with partners and

stakeholders across the state who have shared goals of reducing death by suicide. They have been exploring where the Suicide Prevention Program has been, where it is now, and where it needs to go to achieve the goal of reducing deaths by suicide in the Idaho by 20% by the end of

2023. Another change you will notice is their Central Office location. The Center for Drug Overdose and Suicide Prevention will be moving to the third floor where we will continue to work as a team toward creating a healthier and safer environment for the citizens of Idaho.

Expiration of IDAPA 16.07.15 Behavioral Health Programs

*By Treena Clark
Program Manager*

In response to the Red Tape Reduction Act and Medicaid Expansion, the Division of Behavioral Health (DBH) has taken a very close look at the Behavioral Health Program approval rule (IDAPA 16.07.15). After consideration of the value, function, and effectiveness of the rule, we have determined that eliminating this rule chapter will reduce duplication, confusion, and multi-step credentialing processes for publicly-funded community be-

havioral health treatment programs in Idaho. This rule will expire on the final day of Idaho's 2020 Legislative session (Sine Die). DBH will accept new applications from Behavioral Health Programs until 12/31/19. The renewal application process will remain unchanged until the rule expires.



If you have any questions, please email BHIDAPAQuestions@dhw.idaho.gov.

YES Family Survey Results

*By Candace Falsetti
Program Manager*

One of the requirements in the Jeff D. Settlement Agreement is for a quality review process to assess how things are going with the implementation of YES services. To meet this requirements and pilot the use of an external body conducting the quality review, DBH contacted with Boise State University (BSU) to survey parents of children and youth who were

provided services by the Children's Mental Health regional clinics as to their perception of the care and treatment they received. BSU conducted this survey in the spring of state fiscal year 2019. The goal of the pilot was to assess the option of having an external entity conduct the quality review



process. Overall, the pilot was very successful. The survey was sent out to 1,087 families and 141 (or 13% of the sample) returned a 

completed survey. There were responses from all parts of the state. The survey addressed family-centered care, strengths-based care, youth-focused care, case management quality, and satisfaction with services. Questions were vetted through experts in the field and fam-

ily members prior to the survey being distributed. Although satisfaction was notably good in some parts of the survey, responses do point to areas for the state to focus on for improvement. The results of the survey will be used to support YES training and workforce development

efforts.

For details from the survey here is a [link](#) to the whole survey which is posted on the YES website.

Office of Healthcare Policy Initiatives transitioning to Division of Public Health

By Mary Sheridan

Bureau Chief

The Office of Healthcare Policy Initiatives (OHPI) received a legislative appropriation in 2014 to house transformation initiatives, with the Statewide Healthcare Innovation Plan (SHIP) being its first major project.

SHIP concluded its work in early 2019 and delivered a \$213 million reduction in potential healthcare spending.

OHPI currently supports the work of the Healthcare Transformation Council of Idaho, including a Payer Provider Workgroup and Telehealth Taskforce. OHPI initiatives directly align with the Department of Health and Welfare's strategic plan, goal 1: Ensure affordable, available healthcare that works. Additional collaborative efforts will help move Idaho into value-based models that demonstrate better health, improved outcomes and reduced

costs.

To continue this work toward value-based care, OHPI is transitioning to the department's Division of Public Health, Bureau of Rural Health and Primary Care, and will blend seamlessly with the division's mission to improve the health of Idahoans. The transition will also provide opportunities to leverage and align with multiple initiatives in the bureau that support rural hospitals, clinics and providers.

After current OHPI limited-service

staff finish their work, those positions will end. The two remaining classified vacant positions appropriated by the Legislature will transition to the Division of Public Health, and the division will fill those positions, accordingly.

The division looks forward to supporting this important work and implementing initiatives in the movement to value-based healthcare.



Targeted Care Coordination & Person-Centered Service Planning

By Optum Idaho

We are excited to announce that Targeted Care Coordination went live with the Optum provider network this past summer. Targeted Care Coordination is the process that helps youth and their family to locate, coordinate, facilitate, provide linkage, advocate for, and monitor the mental and physical health, social, educational, and other services as identified through a child and family teaming process that includes assessment and reassessment of needs and strengths.

This process includes the development of a person-centered service plan, the content of which is driven by the Child and Adolescent Needs and Strengths (CANS). The person-centered service plan is

created and regularly updated at Child and Family Team meetings that include everyone that the Member/family would like to participate.

This process is directed by the individual, is ongoing, and focuses on the strengths, interests, and needs of the whole person. The person is supported to use their own power to choose what they will do and who will help them to achieve a life meaningful to them.

Targeted Care Coordinators submit person-centered service plan to Optum for review of compliance to the Code of Federal Regulations using a web-based tool called Optum Supports and Services Manager. Optum Supports and Services Manager also allows Targeted Care Coordinators to track meeting attendance

and see which person-centered service plans are coming up for annual renewal. In addition, Targeted Care Coordinators use Optum Supports and Services Manager to grant the Member, family, and other Child and Family Team members online access to the final person-centered service plan if consent is signed.

Optum looks forward to enhancing mental health care in Idaho with this new service!

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

Additional Resources

Empower Idaho newsletter: Sign up for trainings, webinars and more

Empower Idaho distributes a regular e-mail newsletter that outlines educational activities, behavioral health webinars and workshops, conferences, community events and more. If you'd like to sign up to receive their newsletter, [click here](#).

You can also find more information on behavioral health events, advocacy and empowerment on their website [here](#).

Behavioral Health Board Contacts

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