Developing Idaho’s Homes with Residential Treatment (HART) model

By Treena Clark, Program Manager

Idaho struggles to meet the needs of individuals who suffer from a mental illness severe enough that they can’t live independently, but not severe enough to require hospitalization. For several years, the challenge has been finding an efficient and effective living situation for individuals with a Serious Mental Illness (SMI) who are unable to live on their own. They require near constant supervision to ensure they eat, take their medication, manage their other health needs, etc.

Currently, many live in Residential Assisted Living Facilities, or RALFs. While the owners and staff at these facilities do the best work they can, the need for better alternatives is clear. This is where the HART model comes into play.

The HART model is a new approach designed to provide a more effective and efficient living situation for individuals with SMI. It combines elements of both residential and assisted living facilities, allowing for greater flexibility and individualization.

**October 2016, Issue 13**

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can for their residents, RALFs are not the ideal environment to meet the complex needs of these Idahoans. Idaho has identified a gap in community placement options for individuals with mental illness who have complicated personal care and behavioral challenges. The lack of placement options increases the likelihood these individuals will experience extended and unnecessary stays in state psychiatric hospitals even though they are not eligible for inpatient psychiatric treatment and have been assessed as ready for discharge. The appropriate model for providing the level of support necessary to safely manage and effectively treat individuals with mental illness of a certain severity does not exist in Idaho. To address this service gap, a workgroup of providers, advocates, stakeholders and Department of Health and Welfare (DHW) representatives was established to develop a specialized category of residential care for individuals with a SMI. The goal is to have the Homes with Residential Treatment (HART) service available mid-2017.

**Bridge Funding**

During workgroup discussions on the HART model, providers identified a need for funding support to sustain existing RALFs that were intending to transition to the HART model. Thanks to the advocacy and efforts of the Idaho Small Providers Association, the 2016 Legislature appropriated $1 million of “bridge funding” to the Department of Health and Welfare to help sustain these RALFs while the HART model is developed. The bridge funding is a one-time appropriation for state fiscal year 2017 and is available through contract to RALFs with 16 or fewer beds that intend on transitioning to the HART model. All contracts will end June 30, 2017, or when the funding has been expended, whichever occurs first. The Division of Behavioral Health (DBH) currently has contracts with 11 providers, with 30 locations statewide.

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**SHIP: Cohort 2 clinic recruitment is underway**

*By Casey Moyer,*

*SHIP Operations Manager*

Patient Centered Medical Home (PCMH) transformation is the first of seven goals in the SHIP project. This past year, 55 clinics located all around the state were selected for inclusion in the first cohort. Starting February 1, 2017, a second cohort will begin their PCMH transformation journey as well. Practices being targeted include all Primary Care Practices (PCPs) within the State of Idaho that are either engaged in the PCMH model of care or are interested in PCMH. Limited specialty clinics providing primary care services and behavioral health service providers who are offering primary care are also encouraged to apply for participation with SHIP. PCPs should consider the following questions when thinking of becoming a PCMH clinic:

1. Are you interested in lowering malpractice costs, increasing quality of care and increasing reimbursements?
2. As a physician, are you providing your patients with evidence-based medical care?
3. Are you tracking and monitoring your patients who have been identified with certain diagnoses?
4. Are you using an electronic health record that allows you and your staff to manage patients and track their care within and outside of the practice?
5. Do you provide your patients with ongoing patient education that allows for a true partnership for care?
6. Are you setting goals to make your practice clinically and operationally sound? The application for Cohort 2 is scheduled to close October 28th. The application and other helpful materials can be found at www.SHIP.idaho.gov. Navigate to the PCMH tab located in the header. Clinics selected to participate gain access to a variety of supports and incentives including: a cohort participation incentive ($10k); PCMH transformation coaching from Briljent and the local Health District SHIP Program, assistance connecting to the Idaho Health Data Exchange; national accreditation application reimbursement (up to $5k); and the opportunity to participate in the virtual PCMH pilot program. If you have questions or would like to speak with a SHIP team member further about this or other topics, please email us at OHP1@dhw.idaho.gov or call 208-334-0600.

Youth Empowerment Services (YES) update: October 2016

By Pat Martelle, Project Manager

The Youth Empowerment Services: Children’s Mental Health Reform Project Plan is now posted at www.yes.idaho.gov. The plan describes the history of the Jeff D. class action lawsuit, the purpose of the project, the work that is needed to be performed to achieve the goals, the milestones and when they are scheduled to be achieved, and who is directly working on the project. The plan is a living document that will continue to evolve as more information about the work of the project is identified. Stakeholders are encouraged to review the plan and offer input through the interactive feature on the website.

The first Parent Network workshop was held October 13-14, 2016. Parents from around the state came together in Boise for learning, sharing and collaborating about their roles in the system of care as parents of children or youth who need the services and supports.

The Clinical Advisory Workgroup is working to define the services and supports that will be in the continuum of care in the system of care. The work is on schedule for producing final recommendations for all services and supports by October 30, 2016.

The CANS workgroup is working with Dr. John Lyons, of the Praed Foundation, and Dr. Nate Israel, of Chapin Hall, to finalize the clinical profiles that will be used to identify children with serious emotional disturbance and children who need intensive services.

The Division of Behavioral Health will be forming the Automation, Transition, Communication and Practice Manual workgroups later this year.
The Division of Behavioral Health is holding public hearings this month on proposed IDAPA rules to be presented during the 2016 Legislative session. The proposed rule dockets were published in the Idaho Administrative Bulletin on Wednesday, October 5, 2016. The Department is proposing the following:

**IDAPA 16.07.37, “Children’s Mental Health Services.”**
- Revises eligibility requirements to reflect adoption of new assessment tool in compliance with the Jeff D. lawsuit.
- Aligns alternative care placement sections with current practice.

The public hearing concerning this rulemaking was held as follows on Oct. 17:

- **Docket No. 16-0737-1601**
- **Date:** Took place Monday, October 17, 2016
- **Time:** 11:00 a.m. (MDT)
- **Place:** Idaho Department of Health and Welfare Central Office
  450 West State Street,
  Boise
  3rd Floor Conference Room 3A

- Provides for the qualifications and requirements needed for certification as well as administration for certification.
- Is based on standards and practice currently in place.

The public hearing concerning this rulemaking will be held as follows:

- **Docket No. 16-0719-1601**
- **Date:** Friday, October 21, 2016
- **Time:** 11:00 a.m. (MDT)
- **Place:** Idaho Department of Health and Welfare Central Office
  450 West State Street
  3rd Floor Conference Room 3A

The public may also participate in the public hearings via teleconference. **To participate in the conference call,** dial 1-866-906-9888 and use passcode 5082829.

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**Recovery Self-Assessment (RSA): How recovery oriented are we?**

*Candace Falsetti, Program Manager*

The Division of Behavioral Health (DBH) is committed to ensuring that mental health and substance use services are recovery oriented. One way that DBH measures this is through the Recovery Self-Assessment (RSA) survey. This survey was distributed in 2013 to mental health administrative staff at state-operated mental health facilities and again in 2016 to all administrative staff at state-operated mental health facilities and contracted substance use programs in the BPA Health network.

The highlights from the results of the surveys indicate system strengths and areas for potential improvement:

**The top four (4) areas that reflected system strengths were:**

1. Staff encourages program participants to have hope and high expectations for their recovery.**
2. Staff makes a concerted effort to welcome people in recovery and help them feel comfortable in this program.**
3. Staff do not use threats, bribes, or other forms of

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*Division of Behavioral Health*

*Idaho Department of Health and Welfare*
pressure to influence the behavior of program participants.

4. Staff believe that program participants have the ability to manage their own symptoms.

The top four (4) areas for potential improvement were:

1. People in recovery are involved in facilitating staff trainings at this program.**
2. People in recovery are encouraged to attend advisory boards and management meetings.**
3. Agency provides structured educational activities to the community about mental illness and addiction.
4. People in recovery are encouraged to help staff with the development of new groups, programs, or services.

Ready for appointment reminders?

Seth Schreiber,
Program Manager

The Division of Behavioral Health (DBH) is moving forward in its deployment of an automated appointment reminder system through vendor 1-800 Notify. Driving the deployment of this system is a need to maximize prescriber resources by reducing the frequency of missed appointments. This system will use both voice messages and text messages to remind clients of upcoming appointments with their prescribers. The reminders will be similar to those used by dentists, primary care providers, and even hairdressers, requesting appointment confirmation or a call to reschedule. A pilot of this system will occur in the Region 6 Pocatello office over the next few weeks. Barring any major issues, full deployment of the system in all locations will occur by the end of 2016. During the initial implementation, voice messages will be sent to all clients with upcoming prescriber appointments at least 2 business days prior to the scheduled date of the appointment. Text-based reminders will be implemented later in the process, as DBH is required by law to secure consent from clients for text-reminders prior to using this function. The protocols, processes, and documentation related to the reminder system are currently being developed. Initial use of the messaging system will be evaluated closely; if it is determined to be successful, DBH anticipates enhancing the automation of the system through integration with WITS and/or other sources.

6 of 7 regional boards approved to provide support services

By Jennifer Griffis,
State Behavioral Health Planning Council Chair

According to Idaho Statute 39-3135, each of the seven regional Behavioral Health Boards (BHBs) have the opportunity to develop and provide community family support and recovery support services in their region. To take on this role, a BHB must demonstrate readiness to accept this responsibility. Per statute, the criteria for readiness, as well as the approval process, are established by the Idaho Behavioral Health Planning Council (BHPC).

Over the past two years, the BHPC has worked with the regional BHBs to assist them in the readiness process. As of September 2016, six of the seven regional BHBs have submitted their readiness
applications to the BHPC. Those regions - 1, 2, 3, 4, 5, and 7 - have all been approved to provide community-based family and recovery support services. The readiness approval process is only one aspect of the relationship between the BHBs and the BHPC established by Idaho Statute 39-3135. Additionally, the BHPC is instructed to incorporate recommendations from the regional BHBs into its annual report to the governor and legislature. Since each regional BHB is required by statute to identify gaps and needs and recommend service enhancements, the BHPC uses this needs and gaps process to provide regionally specific information for their annual report. The BHPC workgroups also use information from the regional gaps and needs reports to inform their current projects. The BHPC has appreciated the opportunity to work with the regional BHBs during the readiness approval process and is currently exploring additional ways to provide support as the BHBs begin the critical work of providing support and recovery services in their regions.

Recovery Idaho “reboot” and Recovery Coach training

By Norma Jaeger,
Recovery Idaho Executive Director

Recovery Idaho is pleased to announce plans for the Idaho Model Recovery Coach training. This training will provide core knowledge and skills as well as targeted preparation for successfully completing the Recovery Coach Certification Exam. The first training will be held the week of January 23rd in Boise and will include a Training of Trainers option. Recovery Coaches must be certified by July 1, 2017 to be reimbursed for their services. Email normajaeger@cableone.net for registration details.

Norma Jaeger, the former Idaho Statewide Drug Court and Mental Health Court Coordinator, has been named Recovery Idaho’s Executive Director. She has proposed plans to make Recovery Idaho a strong statewide voice for recovery and for confronting the destructive stigma attached to addiction and mental illness. Recovery Idaho will work to strengthen collaborations with recovery allies, advocate for wider access to treatment and broader pathways to recovery, expand the understanding of the critical role of peers in supporting those in any stage of recovery, and provide meaningful opportunities for recovering persons to “give back”. Recovery Idaho will advocate for a vibrant network of recovery community centers providing a consistent array of recovery support services across Idaho and will work to develop a solid funding foundation for these centers. Recovery Idaho will also collaborate with prevention partners to promote an understanding of the critical role of recovery in achieving drug-free communities and reaching the goal of individual, family, and community wellness and independence. Stay tuned for updates at www.recoveryidaho.org.

Recovery Month 2016 Recap

By Crystal Campbell,
ATR Project Coordinator

September was Recovery Month and Idaho did not disappoint. This year’s theme, “Our Families, Our Stories, Our Recovery!” was brought to life throughout the state, allowing communities to celebrate those in recovery, those working toward recovery, and those who support people in recovery.

The Division of Behavioral Health

Division of Behavioral Health
Idaho Department of Health and Welfare

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sought nominations from all seven (7) Regional Behavioral Health Boards to recognize an Advocate for Recovery in each region of the state, as well as an overall Idaho Champion of Recovery. There was tough competition, but the first Idaho Champion of Recovery is Darrell Keim! Darrell was chosen for his work in the “development, formation and realization of the Latah Recovery Center in Moscow.” His nomination called him “the face of the recovery community in our rural college community.” Keim said: “I’m deeply honored by the recognition. Our whole committee has worked hard on this project.” Darrell received his award at the 2016 Idaho Recovery Awareness event at the Idaho capitol in Boise on September 8, 2016.

The Regional Advocates for Recovery were also recognized during the event, and received a certificate in front of their local Regional Behavioral Health Board. The 2016 Regional Advocates for Recovery are Angela Palmer (Region 1), Tom Stroschein (Region 2), Joy Husmann (Region 3), Monica Forbes (Region 4), Betty Roberts (Region 5), and Sandy Baiocco (Region 7). A video of the 2016 Idaho Recovery Awareness presentation can be found here. At the event, Lt. Governor Brad Little presented the 2016 proclamation declaring September as Recovery Month in Idaho.

In addition, every region celebrated Recovery Month with their own events. A list of events that occurred throughout the state can be found here. For pictures and more information, please visit www.sud.dhw.idaho.gov and look under “Coverage of your local events.”

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2016 Peer Support Connections Conferences

By Michael Armand, Program Specialist Technician

Recently, Peer Support Connection Conferences were held for Certified Peer Specialists, Recovery Coaches, and Family Support Partners. The goal was to allow peer support workers to network with each other and offer the opportunity to gain CEUs toward their certifications.

The conferences were a product of a workgroup last year where peer support specialists gathered together to discuss peers support workers in Idaho and a committee was formed by grassroots community organizers. During August and September of this year, conferences were held in northern Idaho, eastern Idaho, and the southwest portion of Idaho.

Topics of discussion from each conference included ethics, recovery oriented systems of care, and working within a system of care. Participants reported the conferences were successful, and it is anticipated that the conferences will become an annual event. Organizers would like to thank the Idaho Youth Treatment Program, BPA Health, Optum Idaho, and the Idaho Recovery Coach Training Program for sponsoring the events.

A committee for the 2017 Connection Conference will be organizing this month. Please call Michael Armand (IDHW) at 208-332-7238, or email armandm@dhw.idaho.gov, for more information.
Medical Reserve Corps behavioral health volunteering

By April Theberge,
Program Specialist

Have you ever thought about volunteering to help in the event of a natural or man-made disaster? The Medical Reserve Corps (MRC) is a nationwide program that identifies and trains volunteers for disasters and public health incidents. In addition to medical professionals, the MRC needs volunteers with behavioral health expertise. The Division of Behavioral Health is working together with the Division of Public Health and the Public Health Districts to identify and recruit behavioral health volunteers to better meet the behavioral health needs of Idahoans after a disaster. Behavioral Health MRC volunteers have expertise in behavioral health crisis response and coordinating community resources. They may currently work in, or be retired from, behavioral health or a related community support service profession. They may be licensed or unlicensed social workers, behavioral health counselors, school counselors, case managers, substance use professionals, chaplains, psychiatric nurses, or professionals from a closely related field.

MRC behavioral health volunteers can assist in disaster response and recovery in a number of ways, including:

- Disaster education and crisis counseling
- Assisting waiting family members and/or disaster survivors through information briefings, providing psychological first aid, family reunification, death notification support, and linkage to community resources.
- Behavioral Health outreach for survivors without access to services and/or survivors not seeking services.
- Support services for disaster response staff.

Because it is not possible to identify and train volunteers in the midst of a disaster, it is critical to register before an incident occurs. Visit volunteeridaho.com/ if you are interested in registering to be an MRC volunteer.

Opportunities to Get Involved

Youth Empowerment Services (YES)

Learn more about the YES project and opportunities to get involved and ask questions at yes.idaho.gov.

Peer Services

Learn more about Recovery Coaching here. You can also visit Recovery Idaho’s website for updates.

Learn more about Certified Peer Support Specialists and Certified Family Support Partners at this site.

Regional Behavioral Health Board Contacts

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<th>Region 1</th>
<th>Panhandle Health District</th>
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<td></td>
<td>Perri Larson</td>
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<th>Region 3</th>
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<td>Katrina Williams,</td>
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<td><a href="mailto:Katrina.Williams@phd3.idaho.gov">Katrina.Williams@phd3.idaho.gov</a></td>
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<td>Administrative Assistant</td>
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<td>Alaina Hayden,</td>
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<td>Public Health Administration- SCPHD</td>
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<td></td>
<td>Nancy Andreotti,</td>
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