A look back at Idaho’s 2018 Legislative Session

By Ross Edmunds
Division Administrator

The 2018 Idaho Legislature continued to recognize the critical needs of Idahoans with behavioral health disorders. The Legislature appropriated funding for several important transformational activities and passed key legislation and administrative (IDAPA) rules. Following are short descriptions of the budget and legislation approved this session.

Note: A supplemental is an increase to the current budget year because of a funding shortfall or emergency funding need. A line item is a request for an increase in funding for a new or expanding program for the upcoming budget year.

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Appropriations – Supplementals

- $1.5 million supplemental to the FY2018 Community Hospitalization budget to cover increases in contracted psychiatric hospitalization costs in the community.
- $1.9 million supplemental to the FY2018 budget in general funds at State Hospital South to cover reductions in federal funds and receipts.
- $116,000 supplemental to the FY2018 budget in general funds to address the medical and nursing cost increases at State Hospital North.
- $650,000 supplemental to the FY2018 budget to address the cost associated with the Youth Empowerment Services (YES) program contracts for training, consultation and operations.

Appropriations – Line Items

- $2.6 million to stand up behavioral health community crisis centers in Regions 2, 3, and 6. This is approximately 50% of the annual funding needed as it typically takes six months to begin operations. The Legislature will address annualizing this during the 2019 Legislative Session.
- $256,000 for a substance use disorders provider treatment rate increase.
- $160,000 in permanent Millennium funding to continue the very important Prevention of Minors Access to Tobacco inspections program.
- $2 million in federal funds authority to operate the Idaho’s Response to the Opioid Crisis (IROC) federal grant which Idaho was awarded to enhance the substance use disorders system, including the introduction of medication assisted treatment (MAT).
- The governor’s office and the Idaho Legislature recognized the incredible workforce at the Department by approving a 3% increase in compensation. The employees of the Division of Behavioral Health are amongst the most deserving of this increase for dedication, passion and challenges they face every day.

Legislation

- HB337 (Idaho Code Title 39, Chapter 31)
The Legislature approved changes to the Regional Behavioral Services Act to add definitions of recovery coaching, peer support, and family support partners; added a prevention specialist to the State Behavioral Health Planning Council and the Regional Behavioral Health Boards; and clarified the appointment of members to the Regional Behavioral Health Boards.
- HB 431 (Idaho Code Title 67, Chapter 53)
The Legislature approved changing the State Hospital Medical Director job classification from a classified to a non-classified position. This makes the position of Medical Director an appointed position, similar to division administrators and hospital administrators.
- Senate Concurrent Resolution 140
Senate Concurrent Resolution (SCR) 140 approves the Department of Health and Welfare to work with the Idaho Building Authority to get bond funding for the design, development and construction of a new nursing home at State Hospital South to replace Syringa Chalet, which was built in 1938.

Mental Health is more than you think! #MymentalhealthIdaho

By Crystal Campbell
Program Specialist
and Optum Idaho
The Division of Behavioral Health and Optum Idaho are working together to promote Mental Health Awareness Month through a #MymentalhealthIdaho campaign. The goal is to spread a hopeful message that recovery is possible by inviting Idahoans to share positive mental health images and stories.
through the use of social media. Optum Idaho will supply 50,000 lime green silicone bracelets embossed with #MyMentalHealthIdaho and distribute those bracelets across the state. They will be shared through doctor’s offices, counselors, friends, families, crisis centers, recovery centers and more. Idahoans will be invited to post social media photos wearing the bracelets and telling stories about mental health and what helps them to feel well. For example, someone could submit a photo on a bicycle and say, “Biking makes me feel good #MyMentalHealthIdaho.” The campaign will be promoted through IDHW social media, press releases, flyers and media partners.

In addition to the #MyMentalHealthIdaho campaign, the division and Optum will each be hosting an event on May 4th. The division will be holding the Second Annual Mental Health Awareness Awards and Proclamation event at 11:30 am on May 4, 2018, in the Idaho State Capitol. The Mental Health Month proclamation will be presented, speakers with lived experience will talk about how mental health has affected their lives, and Clark Richman from Coeur d’Alene will receive the Voice of Idaho award. The event will be live-streamed here and a recording will be available on our website following the event. Please visit the website for more information.

The 2018 Mental Health Awareness art display will be available in the first-floor Capitol rotunda on May 4 and on our website and various locations throughout the state following the event.

What’s new, what’s next in Children’s Mental Health?

By Brenda Bielke

Public Involvement Coordinator

Youth Empowerment Services (YES) is a new system of care that is being developed for Idaho children and youth with serious emotional disturbance (SED). This new system of care is rolling out in phases through 2020. It will provide a new way for families to find needed mental health care for their children that is strengths-based and family-centered. Planning and treatment will incorporate a team approach that focuses on providing individualized care for each youth.

Changes now in effect

Liberty Healthcare is the Medicaid Independent Assessor and is available to assess children who may have an SED. This assessment is required for:

- Families with incomes up to 300 percent of the federal poverty level (FPL) who are not currently eligible for Medicaid but want to apply for Medicaid coverage for their child who potentially has SED, or
- Families who are currently eligible for Medicaid who wish to access Medicaid-covered respite services for their child with SED. Medicaid reimbursement is available for respite services that are identified on a person-centered plan as

 Helpful Links

Behavioral Health Events page
Event Flyer

The evening of May 4th, the Statehouse will be bathed in green light while Optum hosts a Green Glow Celebration. Green glow sticks and necklaces will replace candles, and attendees will hear the stories of motivational speakers. For more information visit MyMentalHealthIdaho on Facebook.

NOTE: Optum Idaho is Idaho’s Medicaid managed care contractor for behavioral health services.
Idaho’s Response to the Opioid Crisis (IROC) enters second year

By Denise Jensen
Program Specialist

The first year of the Idaho’s Response to the Opioid Crisis (IROC) grant wraps up April 30, 2018. During the first 10 months of the grant, IROC has:

• Provided Opiate Use Disorder (OUD) treatment services to 367 people.
• Introduced Division of Behavioral Health-funded Medication Assisted Therapy (MAT) in all seven (7) Department of Health and Welfare regions.
• Provided MAT to 99 Idahoans.
• Made peer-based early engagement services available to over 2,500 people statewide.
• Provided 1,794 naloxone kits to first responders.
• Delivered prescriber education prescribing guidelines from the Centers for Disease Control and Prevention.
• Provided prescribers with their first report on their opiate prescribing practices.

The division anticipates receiving an additional $2 million in funding for year two of the grant, which will begin on May 1, 2018. Year 2 of this project will focus on:

2) Continued early engagement services in the community, hospitals, and in jails/prisons.
3) Prevention efforts aimed at educating individuals receiving opiate prescriptions in hospital settings.

If you have additional questions regarding IROC, please contact Denise Jensen at denise.jensen@dhw.idaho.gov or by phone at 208-332-7226. Learn more at www.IROC.dhw.idaho.gov

BPA Health will administer the Peer Support Specialists & the Family Support Partners certifications

By Sherry Johnson
Program Specialist

Since 2015, the Division of Behavioral Health’s Quality Assurance Unit has been on the forefront of implementing a peer support specialist and family support partner certification process. The Department has certified a total of approximately 160 family support partners and 630 peer support specialists. Because of this growth, the division sought a single contractor through a Request for Proposal (RFP) process to administer a certification system and process that will enable peers to be certified, allowing them to provide mental health peer services in

Division of Behavioral Health
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Based on their response to the RFP, BPA Health was awarded the contract and is anticipated to start providing this service June 1, 2018.

Certified Peer Support Specialists (CPSSs) are individuals living with mental illness or a co-occurring substance use disorder who are grounded in their recovery, participate in specialized training and achieve professional status through an established certification process.

Certified Family Support Partners (CFSPs) are individuals who have raised or are raising a child with mental illness or a co-occurring substance use disorder and who have navigated the children’s mental health system and possibly other child-serving systems, such as juvenile justice, developmental disabilities, child protection, and education.

The CPSSs and the CFSPs are both experienced in developing the resiliency needed for recovery. This lived experience and the ability to share it with others in recovery or with parents/caregivers is what makes the CPSSs and the CFSPs different from other helping professionals.

CPSSs and CFSPs provide support and inspire hope to those living with mental illness and to families in similar situations. Integration of CPSSs and CFSPs into the workforce is a critical component to a recovery-oriented system of care. Capacity building is essential for Idaho to expand peer support services. Therefore, qualified CPSSs and CFSPs are needed in agencies throughout the adult mental health and children’s mental health systems of care.

Interested agencies may employ CPSSs and CFSPs to enhance the services they provide to Idahoans living with mental illness. The purpose for this certification process is to ensure that those who employ CPSSs or CFSPs are employing individuals who have consistent experiences and qualifications. Certification provides employers and participants with evidence and documentation that the certificate holder has demonstrated an established level of lived experience, job-related knowledge, skills, abilities, and practical experience.

### Suicide prevention risk assessment and management training

By Jessica Harris
Program Specialist

Behavioral health clinicians often say they have not had proper training to treat the clients they are most likely to lose. It is critically important that clinicians be adequately trained in suicide prevention. As concerned family and friends refer suicidal loved ones to treatment services, there is an expectation that the provider is skilled in suicide assessment and treatment. Gaining or increasing knowledge on this subject can be accomplished through appropriate training.

M. David Rudd, PhD, is a clinical psychologist and a leading expert in suicide risk assessment and management. The Department of Health and Welfare’s Suicide Prevention Program (SPP) is again bringing Dr. Rudd to Idaho.

On Monday, May 21st, Dr. Rudd will provide an all-day training in Boise. Training participants will learn about important risk factors, how to assess adequately for suicide risk, and tools for lessening client suicide risk. Past training participants have reported feeling more capable to implement an empirically-grounded approach to risk assessment and being better able to formulate a crisis response plan. Due to the high need for suicide prevention trainings, the event reached capacity quickly and a waitlist is currently in place.

To be added to the waitlist, register...
ICANS Phase 3 is coming in July

By Seth Schreiber
Program Manager

The Division of Behavioral Health’s Automation Unit is preparing to receive, test, and deploy new functionality for the Idaho Child and Adolescent Needs and Strengths (ICANS) assessment system, as part of the ICANS Phase 3 development process. Phase 3 enhancements include many valuable items, however, the most notable of these are:

- **Consent and transfer:** This allows the ICANS user to consent, share, and transfer ICANS records between all ICANS users. This way, as a child moves through the children’s mental health (CMH) system of care, the CANS ratings will be able to move with the child.

- **High-risk alerts:** For items related to suicidal behavior, a prominent alert will be displayed on-screen, requiring acknowledgement from the ICANS user that they identified a high-risk for the youth or child.

- **Detailed mode:** This is a great enhancement to the ICANS. The detailed mode will allow the user to display specific guidance on how to ask and rate a CANS item on the screen. Essentially, this integrates the Idaho CMH CANS reference guide into the assessment itself. This enhancement is expected to help those who are new to the CANS administer and rate the CANS in an easier, more accurate way.

It is anticipated that Phase 3 will be available to all ICANS users by July 1, 2018, including providers within the Optum Network, IDHW Family and Community Services (FACS), and the Idaho Department of Juvenile Corrections (IDJC). If you are interested in signing up for training on this new functionality, please go to the Division’s Training Calendar or ICANS Calendar to register. Sessions begin in June 2018.

For any questions related to the ICANS, please do not hesitate to contact the ICANS Helpdesk at icanshelpdesk@dhw.idaho.gov.

Planning for healthcare transformation post-SHIP

By Casey Moyer
Program Manager

The Statewide Healthcare Innovation Plan (SHIP) has just started its fourth and final year of the grant project. There remains a significant amount of work to be done to assist practices in transformation, enhancements to the health IT infrastructure, integrations of behavioral health into primary care and more ground to cover related to payment reform as well. Much has also been accomplished so far, thanks largely to the continued engagement and support of the Idaho stakeholder community.

SHIP will be winding down and closing out in January 2019.
Through this model test project, Idaho has gained momentum in several areas of healthcare transformation where we hope to maintain progress after the grant. The Office of Healthcare Policy Initiatives currently houses the SHIP within the Department of Health and Welfare and recently completed a visioning session and will be working with the Idaho Healthcare Coalition (IHC) on what comes next – post SHIP.

In the coming months, a subcommittee of the IHC will be working with the Office of Healthcare Policy Initiatives (and its subcontractors) to scope out and redefine the vision for healthcare transformation in Idaho using the lessons learned and infrastructure from SHIP. There will be a variety of meetings and opportunities to participate in the process. All the information will be on the SHIP website: www.SHIP.idaho.gov.

The final year of the grant also requires the submission of two reports in the months of May and September; the IHC will review these operational reports prior to submission to the Centers for Medicare and Medicaid Innovation (CMMI). There is so much that has been accomplished through the SHIP model design and implementation, and still much opportunity to improve the health outcomes and cost of care to all Idahoans.

Utilization data provides detailed picture of clients’ needs

By BPA Health

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 the Follow Up Survey promptly.

As clients are successfully discharged from care, we are able to engage new clients in treatment. 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.
Idaho Caregiver Alliance and ICOA Respite Project

By Stephanie Hoffman
Program Specialist and ICA Respite Workgroup

The Division of Behavioral Health is working with the Idaho Caregiver Alliance (ICA) to grow ICA lifespan respite services throughout Idaho. A workgroup has been formed to support the successful development of sustainable respite programs funded by the Idaho Commission on Aging’s (ICOA’s) Lifespan Respite grant awarded by the U.S. Administration on Community Living.

The ICA is sponsored through the Idaho Commission on Aging’s Lifespan Respite grant and managed in partnership with the Center for the Study of Aging at Boise State University.

In 2016, the ICA created the Idaho Lifespan Caregiver Action Plan (Action Plan), which is supported by the Idaho Legislature through House Concurrent Resolution 24. The Action Plan prioritizes respite (short breaks for caregivers) as a need for caregivers across the lifespan.

The Lifespan Respite Care Act of 2006, the federal legislation enabling the Lifespan Respite grants, defines respite care as “Planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.”

The Idaho Commission on Aging, with the help of the ICA workgroup, is developing a Request for Proposal (RFP) to fund a project that will result in a wide and diverse group of grantees who will develop a varied array of respite programs throughout the lifespan.

Based on approval of the proposals, seven organizations will be approved for funding of $14,000 plus match of $4,667 for the period of June 11, 2018 through August 31, 2019, and $11,000 plus $3,667 match for the period of September 1, 2019 through August 31, 2020.

Responses to the RFP will be accepted soon. The workgroup will also create a repository of successful respite programs and a business toolkit to support the funded programs. In addition, we anticipate including a mentoring element to assist grantees.

For more information, please contact Pam Oliason, Lifespan Respite Program, pam.oliason@aging.idaho.gov or at 208-577-2852.

Attention Recovery Coaches!
The deadline for recovery coaches to be certified so they can bill for their services through BPA Health is June 30, 2018.

ICADD set for May 22-24
The Idaho Conference on Alcohol and Drug Dependency (ICADD) will be held at Boise State University on May 22-24, 2018, with pre-conference workshops on May 21. For more information, visit attendicadd.com

Empower Idaho Webinars
5/2/18 – Mental Health & Diabetes with Dr. Amy Walters, St. Luke’s Humphreys Diabetes Center. Learn more and register here.
6/19/18 – Compassion Fatigue with Patricia Smith, Compassion Fatigue Awareness Project. Register at www.empoweridaho.org

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