

BEHAVIORAL HEALTH

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



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Division works to ensure access to services amid COVID-19 crisis

*April 2020,
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By Ross Edmunds

Division Administrator

As you can imagine, the end of the legislative session was overtaken with the emergence of the Novel Coronavirus (COVID-19) crisis. COVID-19 planning has been nearly

the single focus across the Division of Behavioral Health over the last month. It is critical we follow the stay-at-home order and public health recommendations for the health of our communities; however, the steps to control the spread of this virus can have the opposite effect on our mental wellbeing. Isolation, loneliness, and social distancing exacerbate depression, anxiety and emotional insecurity. Additionally, many of us are experiencing increased



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stress from financial insecurity, job loss, and fear over the unknown.

Our primary goal is to ensure access and continuity of care while keeping patients and staff at the lowest risk. For example, we have largely closed our lobbies across the state to avoid waiting room exposure. However, we have posted signs and installed doorbells, so patients can wait outside. We have, to the best of our ability, assisted patients in accessing care through video conferencing and telephones.

The health condition of COVID-19 is only one of the challenges we are facing. It would appear we are in or at least headed to a difficult recession. The division is preparing to meet the potential budget reductions, but they come at a very difficult time as more and more people are experiencing stress and there is an even greater need for mental health and substance use disorder services.

As for the legislative session, the division's IDAPA administrative rules were authorized and the only legislation we had was related to the federal law that changed the legal age to purchase and consume tobacco products and e-cigarettes from 18 to 21. The legislation would have moved Idaho laws into compliance with the federal law, but it was not passed by the legislature. This presents a confusing situation for retailers where state law and federal law are different. Our advice to retailers is to follow the federal law because inspections are conducted by the FDA in Idaho and enforce the federal age 21 law.

The Division of Behavioral Health budget for fiscal year 2021 was set as expected. The major changes include further reduction of the division's budget because of Medicaid expansion and funding to operate the new adolescent state hospital (State Hospital West) in Nampa. We expect to open the

new adolescent hospital in March or April of 2021.

COVID-19 Resources

- [This letter](#) describes temporary policy changes that have been implemented for all Behavioral Health providers.
 - Please visit coronavirus.idaho.gov for the latest COVID-19 information.
 - Visit [this page](#) for Behavioral Health information and resources related to COVID-19.
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COVID-19 Behavioral Health Distress Line

The Division of Behavioral Health has opened a COVID-19 Behavioral Health Distress Line. Please direct anyone needing emotional support or assistance with finding behavioral health treatment to 888.330.3010.

Substance Use Disorders (SUD) and COVID-19

By Mindy Oldenkamp

Project Coordinator

The Division of Behavioral Health continues to monitor and prepare for impacts from the Novel Coronavirus (COVID-19) and is working with BPA Health to ensure that individuals continue to receive Substance Use Disorder (SUD) services during these challenging times. To address this, efforts are being made to en-

sure service delivery via telehealth can occur wherever possible, and BPA Health and the division are working to expand the ability for SUD network providers to utilize telehealth where possible.



BPA Health continues to provide ongoing support, and has made changes to allow their staff to work remotely. Callers have the option to talk immediately with a crisis counselor, or to leave a message to receive a call back. During call back, BPA Health will provide normal processes for screenings,

authorizations, discharge planning, and all other services. Messages will be returned within the hour whenever possible during business hours.

The division is hosting weekly calls for SUD service providers to discuss the impacts of COVID-19, the ever-changing regulations surrounding

the delivery of services and to offer one another support. These calls are every Friday afternoon. For information on how to join these calls, email

DBHSUDServices@dhw.idaho.gov.

Continuing the transition to expanded Medicaid

By Mindy Oldenkamp

Project Coordinator

The Division of Behavioral Health continues to work through the transition to expanded Medicaid in Idaho.

The division is responsible for funding the Substance Use Disorder (SUD) Managed Services Contract with BPA Health on behalf of all participating partners: the Idaho Supreme Court, the Idaho Department of Juvenile Corrections, and the Idaho Department of Correction. The division's state-funded dollars were transferred to the Division of Medicaid to assist in

paying for the state's portion of expansion. Because of this reduction in funding, and the reduced number of uninsured Idahoans needing to access SUD services through BPA Health, the contract the Department of Health and Welfare held with BPA Health was mutually terminated February 29. In its place, a modified contract took effect March 1.

The division would like to thank BPA Health for their diligence in reaching a solution that continues to serve Idahoans. BPA Health will continue to maintain a SUD network that consists of treatment and Recovery Support Services (RSS) providers.

It is anticipated that most individuals needing SUD treatment services will now be Medicaid eligible. All partners will continue to fund treatment for those who do not qualify; however, the populations each partner serves may change in the future. RSS will continue to be covered by the partners, as well as a braided service for those receiving Medicaid-funded treatment (also known as "Medicaid supplemental state funding").

For questions, please email Sherry Johnson at

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Mindy Oldenkamp at

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New reentry program available for women with opioid use disorder

By Rachel Nenno

Program Specialist

The Division of Behavioral Health, the Idaho Department of Correction, and Recovery Idaho have collaborated to introduce a reentry program within the Pocatello Women's Correctional Center (PWCC) specifically

for women who have a history of opioid abuse and/or a diagnosis of Opioid Use Disorder (OUD). This program is funded by the State Opioid Response grant, which supports the Idaho's Response to the Opioid Crisis (IROC) program and initiatives.

The program was developed in an

effort to provide services for women reentering their communities after a time of incarceration. The goal is to improve the likelihood of continued recovery for these women and reduce recidivism. The reentry program includes the introduction of three new positions to the current

<p>PWWC release process: a Case Manager designated to the incarcerated OUD population, a Recovery Coach based out of Pocatello/Eastern Idaho, and a Recovery Coach based in the Treasure Valley. Each position in this continuum will provide the opportunity for women with a history of OUD to have an individualized comprehensive reentry plan and</p>	<p>immediate connection with a Recovery Coach in the community upon release. The Recovery Coach will work with women throughout reentry and provide warm hand-offs into community services and treatment, including Medication-Assisted Treatment. The Recovery Coach will continue to provide support during the first few weeks of release where</p>	<p>the chance of relapse is at its highest. To further support successful reentry into the community, funding from the IROC reentry program will also be available for released women for the purchase of essential living items through St. Vincent De Paul.</p>
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Tobacco 21 Legislation Update

*By Alacia Handy
Program Specialist*

On December 20 2019, President Trump signed into law amendments to the federal Food, Drug, and Cosmetic Act, changing the legal age to purchase and consume tobacco products and e-cigarettes from 18 to 21, effective immediately. While this is a step in the right direction toward preventing youth from accessing tobacco products and e-cigarettes, this immediate change was unexpected and left a conflict between federal law and state law. The department proposed amendments to Idaho Code 39-5700, Pre-

vention of Minors' Access to Tobacco Products, to increase the state's minimum legal age for tobacco products and electronic cigarettes from 18 to 21 years old. Senate Bill 1308 was presented to the Senate State Affairs Committee on February 24th and passed on a vote of 5-4, but ultimately failed on the Senate floor.

The gap between federal and state law remains and has caused some retailers to wonder if they would be breaking the law by selling tobacco products or e-cigarettes to individuals between the ages of 18 and 20. The answer is YES — as of December

20, 2019, federal law prohibits the sale of tobacco products and e-cigarettes to people under the age of 21. This means that while the state law remains 18 and the state is unable to enforce otherwise, the federal law is 21. With the federal law in effect, selling tobacco products or e-cigarettes to people under the age of 21 is a federal violation. While the state of Idaho Tobacco Project will continue inspecting retailers under the current rule of age 18, the FDA will conduct compliance inspections among retailers to ensure they do not sell to people under 21.

Crisis Intervention Teams (CIT) Collaborative

*By Region 1 Program Manager
Michael Wraith and Clinical
Supervisor Laura Treat*

The first Crisis Intervention Teams (CIT) Collaborative was created by Region 4 Adult Behavioral Health in 2015. It developed out of several years of implementing the CIT Memphis Model across the state.

CIT and collaboratives are designed to improve the outcomes of police interactions with people with behavioral health concerns, improve the criminal justice and mental health systems, and help prevent unnecessary hospitalization and incarceration of these individuals. A key component of CIT is the

community collaboration and partnerships between behavioral health providers, systems of care, and law enforcement.

As the Adult Behavioral Health program is evolving into a crisis system, our focus is on crisis intervention. In June of 2019, Region 1 Adult Behavioral Health staff had

the privilege of observing the mobile response model that had been developed in Region 4. Part of the observation was attending a CIT Collaborative meeting. We were impressed with the relationships that had been developed between the Department, law enforcement agencies, crisis center, jail, and various other first responders. It was

apparent that this would be a key component to establishing Region 1's mobile response program. It took several months of meeting with our local stakeholders to get commitment to this endeavor. As a result, we began our CIT Collaborative in October of 2019.

Due to Region 4's demonstrated suc-

cess with their collaborative, all 7 regions have committed to implementing CIT Collaboratives. The strength of the relationships developed through these collaboratives will positively serve our communities. These relationships will contribute to a successful transition in mobile response.

CANS Learning Collaboratives

By Shane Duty

Program Supervisor

Two core values of Idaho's Child and Adolescent Needs and Strengths (CANS) assessment strategy are Collaborative Decision Making and Local Contributors. These two values are exemplified in our statewide CANS Learning Collaboratives.

As one of three initiatives within the Idaho Transformational Collaborative Outcomes Management (TCOM) Institute, our Collaboratives create an environment for maximizing user experience and assessment data to generate conversations around system barriers and methods of resolution. The intent is not only to have a lateral sharpening of skills from provider to provider, but to also pair practitioners on the frontlines with national experts to creatively resolve issues and enhance CANS practices.

So far, Dr. Shimshock and Dr. Fernando, of the University of Kentucky, have done a great job aiding us in cultivating a truly collaborative environment. Even within the first three months, the

group has begun analyzing the discrepancy between the number of initial CANS and CANS updates. Participants have been asked to take these ideas and return to their agencies for continued discussion.

Provider agencies, parents and youth, and state agencies alike have done wonderful work in getting the Idaho CANS where it is today. Despite this continued progress there are many barriers left unresolved, such as multiple CANS per participant. This issue strikes against the heart of the TCOM philosophy and is not in-line with expectations originally identified with the Youth Empowerment Services (YES) System of Care. This and other concerns are vital and must be resolved. We strongly believe the most effective mechanism to deploy is a well-developed Collaborative of practitioners and experts such as the one we are building now, maximizing local contribution in the creation of systemwide solutions.

If you would like more information or to join our CANS Learning Collaboratives, contact ITI@dhw.idaho.gov.

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