

# Behavioral Health Board Meeting Minutes:

Call in number: 208-234-7951, code 7622

11:30	<b><u>Welcome &amp; Introductions to Behavioral Health Board Meeting- Matt Wadsworth</u></b>
11:35	<b><u>Approval</u></b> of October 20,2015 minutes Approve Proposed November 17, 2015 agenda  Board Members in Attendance:
11:40	<b><u>Sub-Committee Updates:</u></b> CMH Recovery Support Services
11:50	<b><u>Old Business:</u></b> Legislative Dinner Agenda (In packet)  Board Positions: Elementary or Secondary School Representative (Dave Miner)  <b><u>New Business:</u></b> "Talking Points" by the Behavioral Health Planning Council- Janae  Ad Hoc Committees: Gaps and Needs By Laws (I have already drafted a copy of the by laws, it can be used as a starting point)  Will the Board pay mileage? This can be addressed in our bylaws  Will we be having a meeting on December 15th
1:00	<b><u>Adjourn</u></b>

Children's Mental Health Sub-Committee will meet prior to the board meeting at 10:30 a.m. @ 421 Memorial, Pocatello.

Recovery Support Services Sub-Committee will meet following the Board meeting at 1:00 p.m. @ 421 Memorial, Pocatello.

# Behavioral Health Board Meeting Minutes:

Call in number: 208-234-7951, code 7622

11:30	<b><u>Welcome &amp; Introductions to Behavioral Health Board Meeting- Matt Wadsworth</u></b>
11:35	<p><b><u>Approval</u></b> of August 18, 2015, and September 15, 2015 minutes Howard motioned to approve and Barry 2nded</p> <p>Approve Proposed October 20, 2015 agenda</p> <p>Board Members in Attendance: Brenda May, Michele Osmond, Matt Wadsworth, Barry Jones, Robb Redford, Mark Gunning, Lennart Nivegard, Helen Lusk, David Williams, Fran Lands, Bill Slaven, Howard Manwaring,</p>
11:40	<p><b><u>Sub-Committee Updates:</u></b></p> <p>CMH</p> <p>Mark- provided a hand out (included in meeting packet- <a href="#">available online</a>). The CMH subcommittee has traveled to 12 of the 13 school districts to identify what needs &amp; gaps exist within those school districts and to provide resource info.</p> <p>CMH has decided to send out a news blurb with the BHB website where they can find resource info and ongoing activities/events, special events.</p> <p>Want to start having a booth at county fairs, the state fair, resource fairs.</p> <p>Recovery Support Services</p> <p>Mike Beers- RSS has submitted for the Millennium grant funding for a Recovery Community Center. The RSS is focusing on gathering needed information and creating a Business plan, etc. for the RCC if we do get the funding.</p>
11:50	<p><b><u>Old Business:</u></b></p> <p>The Legislative Dinner Invites have been sent out. November 18<sup>th</sup> 5:00-8:00 624 E Center Room 214</p> <p>Presentation Topics/Speakers: CMH: Data gathered from the School tours-Mark Gunning (5-10 minutes)</p> <p>RSS: Recovery Community Center- Tracy Beeton or Mike Beers (5-10 minutes) -Howard Manwaring requested in the presentation it is mentioned that RSS is working hard for the RCC and the great need for a crisis center and requests handouts be provided re the difference between the two.</p>

Welcome by Matt Wadsworth (15 minutes)

Board Members please RSVP if you will be attending the Leg Dinner  
JoAnn-Food

Janae will reach out to those who RSVP and request they bring side dishes

Brenda Price- The impact of the Crisis Center in Idaho Falls- Michele Osmond will speak with Brenda and see if she would be willing to present.

Approve the agenda

Barry motioned

Michele 2nded

### **New Business:**

Optum Quarterly Report- Dionne Chatel (included in meeting packet- [available online](#))

There was an excellent response to the Disruptive Behavior Disorder event. It was also broadcasted (in Pocatello and other areas) for a greater availability.

If a claim is sent out, can the payment be expected with 30 or 90 days? Dionne is going to get the answer and will send it to Janae to be distributed.

Recovery Support: Will work with the State on benefit options. Currently, benefit determinations are made by the State but Optum does provide value-added benefits that are outside of contracted benefits.

Who is the director communicating with at a state level? Dionne will get find out and will provide that information to Janae to be distributed.

Jennifer Fishman stated that if the board is looking for information on Recovery Coaching, to contact Stephanie Hoffman. She knows Stephanie is Peer Support, but Stephanie is also knowledgeable on Recovery Coaching. Board asked how to contact Stephanie and Dionne Chatel indicated her email address is located on the back page of the quarterly report.

Dionne will be requesting a Break Down by region of the last box on page five.

Welcome to the BHB:

Adult Corrections System- David Williams

Family Member-SUD Adult- Barry Jones

Parent of Child - Helen Lusk

SUD Provider - Robb Redford

Report on the meeting with Public Health- Matt Wadsworth

When the Board is making decisions about movements and expenditures of funds,

the BHB would have to vote and approve it and then it would need to go before the PHB and they would also need to vote and approve prior to moving forward.

Howard Manwaring: Presentation was well received. Doesn't see what other options this board really has other than attaching to the Public Health Board.

Regional Boards Expenditure Guidelines- Michele Osmond (included in meeting packet- [available online](#))

\$5,000 Has been added for expenses related to if we were to contract with another entity. This \$50,000 is not available until we contract with an entity.

Part of the negotiation with the other entity can be discussed if there is a need for a CRDS. The salary for the CRDS position comes from the \$50,000.

There is no specific timeline as to when this needs to happen.

Howard: Advantageous to vote on whether we want to partner with PHB and then write a letter expressing what this desire.

Mark motioned the BHB REG 6 Solicited the PHB for Partner.

Bill Slaven 2<sup>nd</sup>

Janae will draft the letter regarding the Reg. 6 BHB desire to partner with the PHB. Send to Matt for approval.

The next PHB meeting is October 27<sup>th</sup>

SPAN-Lennart Nivegard

Please Sign up!

The funds will be used to offer trainings

There is a SHIP (State Health Care Innovation Plan) Conference on November 3

Mark motioned to adjourn

Fran Lands Seconded

1:00

**Adjourn**

Children's Mental Health Sub-Committee will meet prior to the board meeting at 10:30 a.m. @ 421 Memorial, Pocatello.

Recovery Support Services Sub-Committee will meet following the Board meeting at 1:00 p.m. @ 421 Memorial, Pocatello.

*Janae Andersen*

Community Resource Development Specialist

**From:** Teresa Wolf [<mailto:TeresaWolf@co.nezperce.id.us>]  
**Sent:** Wednesday, October 21, 2015 4:02 PM  
**To:** Andersen, Janae - Reg6  
**Cc:** BH - Griffis, Jennifer  
**Subject:** State Behavioral Health Planning Council

Janae, the State Behavioral Health Planning Council reviewed the membership at our meeting last week and noted some gaps. Region 6 does not have anyone on the Planning Council at this time and we are requesting your assistance in filling the vacancy for Region 6.

The State Planning Council has both State and Federal membership requirements that we must meet. At the present time we have two positions that we would like to fill: Law Enforcement and a consumer. Do you currently have any members who might be able to fill either one or two of those open positions?

The State Planning Council meets 2-3 times per year. Twice a year the meetings are done face to face and generally run 2 days. Members are strongly encouraged to be on workgroup committees that also meet from time to time between our regularly scheduled meeting. So it is a time commitment.

Just let me know if you have someone in mind and I will send you the information on how to apply. Thank you for considering our request and we look forward to hearing back from you.

## November Highlights from the Idaho Behavioral Health Planning Council

- \* The BHPC met in Boise on October 13-14. Council members received updates on a variety of behavioral health issues that are likely to be discussed during the upcoming legislative session. Some of these include: Jeff D. implementation, financial support for the suicide hotline, a request for a third crisis center, applications for recovery center support, and an update of the Caregiver Alliance Taskforce (which advocates for respite care across the life span).
- \* A more detailed list of these legislative issues, as well as ideas for connecting with local legislators, will be shared with the regional behavioral health boards in mid-November via a "Legislative Toolkit" produced by the BHPC.
- \* During the past few weeks, both the Region 4 and Region 1 Behavioral Health Boards received readiness approval from the Behavioral Health Planning Council... congratulations! These BHBs can now receive funds to develop family and recovery support services in their regions. The BHPC looks forward to reviewing and approving more applications in the near future.
- \* The Office of Drug Policy would like help spreading the word about the use of Naloxone for opiate overdose. During the last legislative session, Naloxone use was approved and it can be purchased without a prescription from a pharmacy. Videos demonstrating Naloxone administration can be viewed on the ODP website (<http://odp.idaho.gov>).

**From:** Chatel, Dionne [<mailto:dionne.chatel@optum.com>]

**Subject:** RE: questions from last bhb meeting

Thanks for the recap Janae! See my response in red below:

\*If a claim is sent out, can the payment be expected with 30 or 90 days?

Contract requirement with the state: clean claim payments at 90% within 30 days and 99% within 90 days

\*Who is the director communicating with at a state level?

Re: Recovery coaching

During the 10/20/15 meeting, Jennifer Fishman indicated the board should contact Stephanie Hoffman who is knowledgeable on Recovery Coaching.

I also suggest Rosie Andueza or Stephanie Hoffman ([HoffmanS@dhw.idaho.gov](mailto:HoffmanS@dhw.idaho.gov)) who are both very knowledgeable.

The health and welfare website also has a tab on recovery coaching: "want more information" which lists an email and phone number.

<http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/RecoveryCoaching/tabid/2287/Default.aspx>

Our benefit plan is what's in the state waiver. If there are questions on what's included in the state waiver, I would contact the Program Manager David Welsh (208)364-1813

\*Dionne will be requesting a Break Down by region of the last box on page five.

Request in progress with our reporting and clinical team

Thanks have a wonderful weekend!



**Dionne Chatel** | Community Liaison

Optum Idaho

205 E. Watertower Ln. | Meridian, ID 83642

tel (208) 914-2240 | fax (844)245-8192

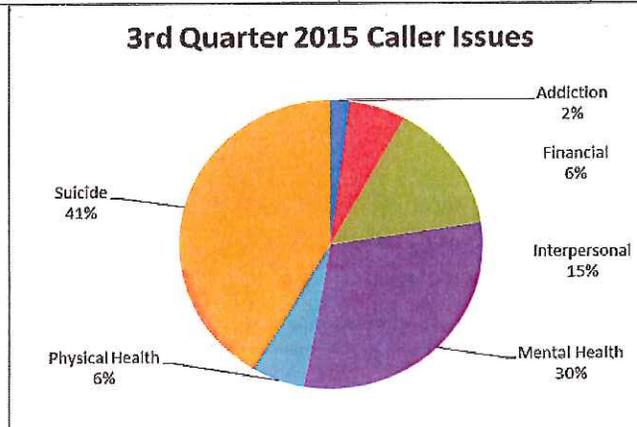
[email](#) | [website](#)



### Report for July- September 2015

The Idaho Suicide Prevention Hotline (ISPH), a program of Jannus (Formerly Mountain States Group) continues 2015 with its third full quarter of 24/7 phone response, highest ever quarterly call volume, and on-boarded it's largest ever phone responder class graduating from training. Below is a summary of the main accomplishments and activities that occurred from July-September 2015:

Idaho Suicide Prevention Hotline <b>Call Statistics</b> January 1 to September 30, 2015		
	3rd Quarter	2015
Total Calls Received	1378	3648
Military Members / Families	126	489
Rescue Calls (approximate)	24	87
Follow Up Activities Completed	160	527
Percentage of Calls Receiving Follow Up Activities	7%	10%
<b>Caller Age:</b>		
10 - 14	23	104
15 - 19	115	353
20 - 24	103	297
25 - 34	190	460
35 - 44	175	320
45 - 54	126	332
55 - 64	176	556
65 - 74	27	83
75 - 84	6	17
85+	1	4
Didn't Report	436	1122
<b>Total Calls Received</b>	<b>1378</b>	<b>3648</b>



**Idaho Suicide Prevention Hotline  
Calls by County  
January 1 to September 30, 2015**

County	3rd Quarter	2015	County	3rd Quarter	2015
Ada	284	921	Gooding	4	10
Adams		15	Idaho	1	24
Bannock	59	184	Jefferson	4	7
Bear Lake		4	Jerome	8	24
Benewah		17	Kootenai	61	348
Bingham	18	40	Latah	8	33
Blaine	15	48	Lemhi	2	20
Boise	9	23	Lewis	1	4
Bonner	25	98	Lincoln		1
Bonneville	39	161	Madison	4	18
Boundary	5	9	Minidoka	3	17
Butte			Nez Perce	41	101
Camas			Oneida	1	2
Canyon	180	415	Owyhee	4	22
Caribou	1	5	Payette	4	13
Cassia	61	82	Power	1	8
Clearwater		7	Shoshone	4	25
Clark			Teton	1	1
Custer	2	6	Twin Falls	39	173
Elmore	14	52	Valley	2	15
Franklin	4	5	Washington		1
Fremont	33	37	Caller Refused / Unable to Collect Data	382	420
Gem	5	36	* Other	49	216
			<b>Total Calls Received</b>	<b>1378</b>	<b>3668</b>

\* Calls received by out of state callers with 208 area code cell phone numbers

*Calls received by out of state callers with 208 area code cell phone numbers are handled like calls from Idaho until the initial crisis is resolved; then the phone worker performs a "warm transfer" connecting the caller to their nearest Crisis Center if appropriate or provides referrals.*

Caller Reactions	Total	1st Q	2nd Q	3rd Q	2015 so far
Appreciates service	2202	703	638	800	2141
Dissatisfied	86	20	33	32	85
No perceived difference	995	266	319	384	969
Perceived improvement	802	235	264	284	783

Call Disposition	Total	1st Q	2nd Q	3rd Q	2015 so far
1) 911 Dispatched	88	36	27	24	87
2) Caller agreed to go to the hospital	33	10	12	11	33
3) Created Safety Plan with Caller	232	78	71	77	226
4) Made contact with person-at-risk	9	3	4	2	9
5) Created Safety Plan with 3rd party caller	98	40	31	24	95
6) Support + Referral	663	207	219	222	648
7) Support only	1656	481	466	664	1611
8) Information/Referral	324	92	110	113	315
9) No service provided	387	111	129	138	378

### Staff

The hotline operates with 6.25 FTE's, a new Americorps volunteer acting as Outreach Coordinator and 3 interns that began this September. We continue to seek qualified clinicians interested in giving back to the community to volunteer their time as back up phone room supervisors, and interns from counseling or social work, psychology or related programs. ISPH offers high quality, relevant training and experience and networking opportunities.

### Volunteers & Training

***Our next Phone Responder Training begins January 31, 2016! All persons interested in volunteering for ISPH should contact Volunteer Coordinator Nina Leary at 208-258-6992.***

ISPH on boarded its largest ever class of 22 Volunteer Phone Responders in June and currently has 65 active volunteers on the phones. Most of our overnight phone coverage continues to be provided by paid supervisory staff as we recruit and train more responders.

This quarter volunteers contributed a total of 3385.8 hours on the phones for an approximate in-kind value of \$58,506. ISPH has trained 140+ volunteers since launch. Our recently expanded curriculum of 45+ hours includes a full day of communication skills and the 2-day Applied Suicide Intervention Skills Training (ASIST). All volunteer phone shifts are supervised by a master's level clinician or equivalent.

### **Facilities**

ISPH continues to operate its crisis phone room, conduct smaller-scale volunteer trainings, and distribute outreach materials from its offices provided by the Lion's Club Sight and Hearing Foundation, for an in-kind value this quarter of \$2,700.

### **Crisis Text & Chat Response**

ISPH brought Molly Brack from Contact USA (our accrediting body) to Boise to train hotline staff in this specialized form of crisis response on July 15. ISPH plans to incrementally implement crisis text and chat response in the Fall of 2015 and has acquired a dedicated crisis text number 208-398-HELP which will be activated at that time.

### **Hotline Data Capacity**

ISPH Phone Responders ask but do not require, that callers provide non-identifying demographic information to help ISPH assess its' statewide reach and impact and identify trends in call volume. ISPH is currently revamping its proprietary database to be more readily searchable and updatable but continues to access the 211 Idaho database to provide Idahoans with current resources statewide. Please direct requests for statistics related to caller demographics, to [jreusser@jannus.org](mailto:jreusser@jannus.org) with "request for Hotline statistics" in the subject line. If your agency receives an email from [noreply@icarol.com](mailto:noreply@icarol.com) on behalf of the Hotline it is not junk mail but a request from ISPH volunteers to either confirm or update listing info. If you are a provider, contact George Austin [gaustin@jannus.org](mailto:gaustin@jannus.org) to have your listing added to our database.

### **Outreach**

- Hotline staff and volunteers provided training, presentations, and outreach to many organizations this quarter, including outreach letters and materials to every hospital in the state outside of the Treasure Valley. ISPH now has a video PSA airing on KTVB. We seek committed, personable individuals statewide who support the mission of ISPH to join our Ambassador Corps and help raise awareness of this vital program. Please contact Tanya Barnes at 258-6994 or go to <http://www.idahosuicideprevention.org/hotline-ambassador/>

Staff and volunteers have distributed over 10,000 wallet cards and other outreach materials throughout the state this quarter.

- Outreach materials/ Hotline presentations are available upon request by emailing [tbarnes@jannus.org](mailto:tbarnes@jannus.org) and including "request for Hotline outreach materials" in the subject line, visiting [www.idahosuicideprevention.org/outreach](http://www.idahosuicideprevention.org/outreach) or calling 258-6994.
- A video PSA (thanks to the City of Meridian) is available for free distribution and outreach <http://www.youtube.com/watch?v=llCtJelcY4>
- We have revamped our website! It is cleaner, simpler, more informative and user- friendly [www.idahosuicideprevention.org](http://www.idahosuicideprevention.org).
- Stylish Hotline logo/ phone number t-shirts and hoodies are available to donors! Visit us at the ISPH website or Facebook page: [www.facebook.com/idahosuicideprevention](http://www.facebook.com/idahosuicideprevention).



ISPH staff conducts ongoing outreach to, and dialogue with, representatives from education, law enforcement and other first responders, the medical community, outpatient treatment providers, and advocacy organizations to ensure continuous collaboration and improved service provision. To arrange for a presentation *anywhere* in the state, call Tanya Barnes at 258-6994.

**Sustainable Funding**

ISPH has been operating for almost 3 years, thanks to generous support from the following donors.

• Idaho Department of Health and Welfare	• St. Luke’s Health System
• Idaho Division of Veteran’s Services	• United Way of Treasure Valley
• J.A. and Kathryn Albertson Foundation	• Various Chapters of United Way
• Lions Sight and Hearing Foundation	• Treasure Valley Association of Health Underwriters
• Saint Alphonsus Health System	• United Way of Southeast Idaho
• Speedy Foundation	

Sustainability for ISPH continues to depend upon robust public/ private partnerships. Hotline operations require a diverse and varied mix of partner and funder investment in this vital statewide service. The hotline’s budget for FY 15-16 is \$454,000. Staffing and budget plans for year 3 include an increasingly robust mix of paid and volunteer supervisory staff and efforts to recruit volunteer phone workers for early morning shifts, and expanded, assertive exploration of grant opportunities. ISPH got its first modest fee for service contract this quarter with The Idaho Lives Project and held 2 successful fundraisers in September for National Suicide Awareness week, raising almost \$6,000 over 2 days.

The ISPH Advisory Board met in person in September and conducts monthly conference calls to discuss strategic program goals related to outreach, operations and fundraising. The next in-person meeting is scheduled for November 2016. ISPH continues to seek Advisory Board representation from Southeastern Idaho and members with fund development expertise.

**Plans for the Next Quarter**

Top goals for the Hotline’s next quarter of operation are: training our 10<sup>th</sup> volunteer Phone Responder class, beginning crisis text & chat response, broadening our advisory board membership, continuing to increase our and outreach and volunteer recruitment efforts, expanding our Volunteer Outreach Ambassador program, and continuing to seek a broad base of sustainable funding.

**Contact Information**

John Reusser, Executive Director  
 208.258.6991  
[jreusser@jannus.org](mailto:jreusser@jannus.org)



Nina Leary, Volunteer Coordinator  
208.258.6992  
[nleary@jannus.org](mailto:nleary@jannus.org)

Tanya Barnes, Outreach Coordinator  
208-258-6994  
[tbarnes@jannus.org](mailto:tbarnes@jannus.org)

Karan Tucker, Executive Director  
Jannus  
1607 West Jefferson Street  
Boise, ID 83702  
208.336.5533 Ext 252  
[ktucker@jannus.org](mailto:ktucker@jannus.org)



# Toy Drive

**SATURDAY DECEMBER 12  
NOON TO 8:00 PM**

**INDOOR AQUATIC CENTER IN LAVA HOT SPRINGS**

**BRING AN UNWRAPPED NEW TOY DEC. 12 AND  
RECEIVE FREE ENTRY TO THE SWIMMING POOL\***

**DONATE TOYS THROUGH DECEMBER  
16 AT THE INDOOR AQUATIC CENTER  
OR WORLD FAMOUS HOT POOLS**



**Plus**

**Swim  
with  
Santa**

**\*ONE FREE ENTRY FOR EACH  
NEW TOY ON DEC 12.**

**\*OFFER VALID AT THE  
SWIMMING POOL ONLY.**

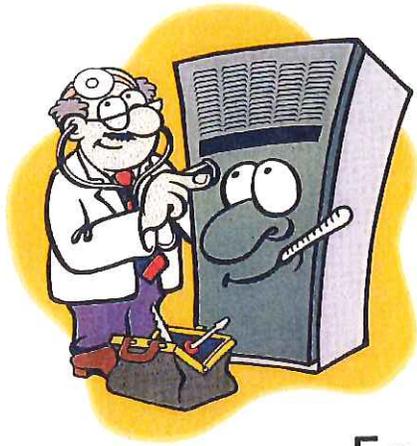
**\*OFFER FOR FREE ENTRY NOT  
VALID AT THE HOT POOLS.**

**NOON-2:00PM**

**INDOOR AQUATIC CENTER LOBBY**

**SANTA WILL BE ON SITE TO  
GREET GOOD BOYS AND GIRLS!**

# FURNACE NEED REPLACED?



NeighborWorks®  
Can Help!!

For a limited time only:

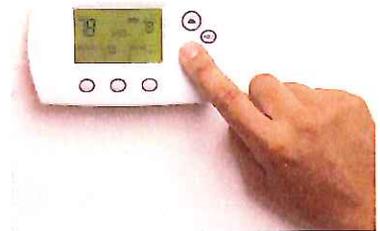
**Special 1%\* Financing!**

*\*Income limits may apply*

**NeighborWorks®**

**POCATELLO**

[nwpocatello.org](http://nwpocatello.org)



For details, call NeighborWorks® Pocatello at  
232-9468 or visit the office at 206 N. Arthur





## SOCKS FOR SENIORS



**Dear Friends,**

**We are doing it again this year! Socks for Seniors' mission is to increase smiles and hope, spread joy, unite our community and decrease loneliness during the holiday season for local Seniors. We are stuffing Christmas stockings (with the help of local businesses and individuals) for seniors in southeast Idaho who otherwise wouldn't get a visitor or present for Christmas. Last year, with a lot of community support, were able to stuff 576 stockings and distribute them to seniors through referrals from area organizations, individuals, community programs, civic projects and personal referrals. This year's goal is 800! *Thank you for your interest in helping us!***

***HELPING IS EASY!* Decorate a box and support us in filling it! Please **DO** include our "Socks for Seniors" signage on your box. Please send us a picture of you/your organization along with your decorated box so we can update our social media pages and give thanks to all that are helping this year. Our email address is listed below.**

**When your box is full, please bring it to Care Connection of Idaho Home Care at 215 N. 9<sup>th</sup> Ave, Suite F. in Pocatello, call 208-240-5535, email [CareConnectionOfIdaho@gmail.com](mailto:CareConnectionOfIdaho@gmail.com), or visit us on Facebook "SOCKS FOR SENIORS IDAHO" to have a volunteer pick it up for you.**

**Thank you again for participating!**

**Best Regards,**

**From all of us on the Socks for Seniors Team**



# SOCKS

# FOR SENIORS

We are stuffing Christmas stockings this year for seniors in our area. We are doing this to increase smiles, decrease loneliness and give hope! **HELP US FILL THIS BOX!** If you have any questions about this project, please contact Care Connection of Idaho Home Care at 208-240-5535. OFFICIAL DROP OFF LOCATION: 215 N. 9<sup>th</sup> Ave., Suite F.



Executive Department  
State of Idaho

The Office of the Governor  
**Proclamation**

State Capital  
Boise

*WHEREAS, family caregivers are an essential part of Idaho's healthcare system – valued community members who are the backbone of Idaho's long-term care system, providing uncompensated support and care to ill or disabled family members or loved ones; and*

*WHEREAS, family caregivers greatly improve the quality of life for their loved ones, spending an average of 20 hours per week providing care, with many caring for their loved ones around the clock; and*

*WHEREAS, across Idaho there are more than 300,000 family caregivers who give their hearts every day, helping their parents, spouses, children with disabilities and other loved ones who stay at home; and*

*WHEREAS, Idaho family caregivers provide 201 million hours of unpaid care annually at an estimated value of \$2 billion; and*

*WHEREAS, more than half of care recipients are under the age of 75 and almost one-third are under the age of 50, illustrating that caregiving is a multigenerational issue in family life; and*

*WHEREAS, more than two-thirds of family caregivers are employed either full or part time, resulting in stress from uncompensated time off, lost work, sacrificed benefits, and economic hardship on both caregiver employees and their employers; and*

*WHEREAS, the accelerated growth of the elderly population, accompanied by an increase in occurrences of Alzheimer's disease, is creating an unprecedented demand on services, communities, and families; and*

*WHEREAS, family caregivers are the only people who are present with patients in all care settings, often managing overwhelming schedules and completing complex medical activities; and*

*WHEREAS, considering caregivers' increased risk for health problems resulting from chronic stress, it is important for family caregivers to take a respite to recharge in order to protect the family caregiver's own health, strengthen family relationships, prevent burn-out, and greatly extend a care recipient's time at home; and*

*WHEREAS, the Idaho Caregiver Alliance and Idaho Caregiver Task Force are working to enhance respite services and other caregiver supports in Idaho;*

*NOW, THEREFORE, I, C.L. "BUTCH OTTER, Governor of the State of Idaho, do hereby proclaim November 2015 to be*

**FAMILY CAREGIVERS MONTH**

*in Idaho.*



*IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 1<sup>st</sup> day of November, in the year of our Lord two thousand and fifteen and of the Independence of the United States of America the two hundred fortieth and of the Statehood of Idaho the one hundred twenty-sixth.*



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C. L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

ROSS EDMUNDS – Administrator  
DIVISION OF BEHAVIORAL HEALTH  
450 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE 208-334-6997

Date: November 5, 2015

To: BPA SUD Provider Network

From: Idaho Department of Health and Welfare, Division of Behavioral Health

RE: SUD Recovery Coach Supervision Requirements

As previously communicated, IDHW, IDJC and IDOC are reimbursing for Recovery Coach Services; ISC will not be reimbursing for this service at this time. On 08/07/15, a memo was issued describing the details of this service. See attached.

Since the time of the original communication, a few changes and clarifications have been made regarding requirements of those individuals supervising recovery coaches.

**Supervision Qualification**

Supervision qualifications are as follows and conducted by either:

- A CADC that has completed 30 hours of the CCAR Recovery Coach Academy training (RCA), and 12 hours of the CCAR Ethical Considerations for Recovery Coaches and the 4 hour Idaho Specific Recovery Coach Ethics training.
- A Clinical supervisor that has completed 30 hours of the CCAR Recovery Coach Academy training (RCA), and 12 hours of the CCAR Ethical Considerations for Recovery Coaches and the 4 hour Idaho Specific Recovery Coach Ethics training.
- A Recovery Coach that has documented proof of 2 years of work or volunteer hours as a Recovery Coach and CCAR Recovery Coach Academy training (RCA), 12 hours of the CCAR Ethical Considerations for Recovery Coaches, and the 4 hour Idaho Specific Recovery Coach Ethics training utilizing the attached Performance Enhancement Form during each supervised session.

If you have any questions, please contact Michael Armand – [ArmandM@dhw.idaho.gov](mailto:ArmandM@dhw.idaho.gov) or phone 208-332-7238.



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C. L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

ROSS EDMUNDS – Administrator  
DIVISION OF BEHAVIORAL HEALTH  
450 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE 208-334-6997

Date: August 7, 2015

To: BPA SUD Provider Network

From: Idaho Department of Health and Welfare, Division of Behavioral Health

RE: SUD Recovery Coach Reimbursable Services

Effective immediately, IDHW and IDJC will be reimbursing for Recovery Coach Services. IDOC is determining how they will add Recovery Coaching services to their SUD program, and will provide information later. ISC is not reimbursing for Recovery Coach services.

Now as its own billable RSS in WITS, Recovery Coaching will be reimbursed at the rate of \$10.00 per 15-minute unit. Authorizations will not exceed 192 units per 6 month episode and will be prorated accordingly for shorter authorizations.

**Idaho Recovery Coach Certification**

This service is billable for credentialed Recovery Coaches only. Credentialing is offered through the Idaho Board of Alcohol/Drug Counselor's Certification (IBADCC). The credential became available for application July 1, 2015. For more information, go to [http://www.ibadcc.org/new\\_web/resources/news/news.shtml](http://www.ibadcc.org/new_web/resources/news/news.shtml)

Grace Period: Because many of Idaho's trained Recovery Coaches will need time to get the required experience for the IBADCC credential, the partners will offer a 2-year grace period, allowing Recovery Coaches trained in both Recovery Coaching and Ethics for Recovery Coaching under the Connecticut Community for Addiction Recovery (CCAR) model to bill for their services. If you currently employ a Recovery Coach who has not received the Ethics for Recovery Coaching training, please contact Michael Armand at [armandm@dhw.idaho.gov](mailto:armandm@dhw.idaho.gov).

Billing: Beginning July 1, 2017, Recovery Coaches will be required to have an IBADCC credential and be contracted through BPA to provide this service in order to be reimbursed by SUD funding Services must be requested through the Authorization Change Request process.

If your agency has a Recovery Coach on staff and would like to bill for services, you must complete the attached application to add a service and submit it to BPA. In addition, your agency will need to comply with the supervision requirements for Recovery Coaches, which is two hours a month of supervision by either a CADC or clinical supervisor utilizing the attached Performance Enhancement Form. Also attached, you will find the Idaho Recovery Coach Code of Ethics.

The following is a description of Recovery Coach reimbursable services and non-reimbursable services.

**Recovery Coaching Services:**

**Reimbursable services:**

The following may be billed by the Recovery Coach:

1. Face-to-face contact between the Recovery Coach and the client, client's family members, legal representative, primary caregivers, service providers, or other individuals directly involved with the client's recovery;
2. Telephone calls or e-mail contact between the Recovery Coach, and the client, client's family members, legal representative, primary caregivers, service providers, or other individuals directly involved with the client's recovery.

**Non-reimbursable services:**

The following cannot be billed:

1. Missed appointments;
2. Attempted contact or leaving a message;
3. Travel to provide services or transporting clients;
4. Group sessions; or
5. Recovery Coach services for clients under the age of 18.

If you have any questions, please contact Michael Armand – [ArmandM@dhw.idaho.gov](mailto:ArmandM@dhw.idaho.gov) 208-332-7238 or see Recovery Coach DBH standards link below.

<http://healthandwelfare.idaho.gov/Portals/Rainbow/Manuals/Mental%20Health/BHStandardseManual/NetHelp/index.html#!Documents/20recoverycoaching.htm>

**SECTION 6:****PROVIDER SPECIALTY ATTESTATION**

Facility Name: \_\_\_\_\_

Please check all areas you have clinical training/experience AND are currently willing to treat.**Populations:**

- Adults (18+)
- Adolescents (12-17)
- Children (Under 12)
- Veterans
- Hearing Impaired
- Gender Specific
  - Female
  - Male

**Languages:**

- Bilingual: Spanish
- Bilingual: French
- Bilingual: German
- Bilingual: American Sign
- Will work with Interpreter
  
- Other  
\_\_\_\_\_

**Offenders:**

- High Risk
- Medium Risk
- Low Risk

**Services Provided:**

- Adult Outpatient
- Adolescent Outpatient
- Adult Intensive Outpatient
- Adolescent Intensive Outpatient
- Adult Residential
- Adolescent Residential
- Adult Detox
- Adult Halfway Housing
- Adolescent Transitional Housing
- Adult Safe & Sober Housing
- Adolescent Safe & Sober Housing
- Adult Basic & Intensive Case Management
- Adolescent Basic & Intensive Case Management
- Adult Life Skills
- Adolescent Life Skills
- Adult Recovery Coach
- Adult Alcohol & Drug Testing
- Adolescent Alcohol & Drug Testing
- Adult Transportation
- Adolescent Transportation
- Childcare
- Dual Diagnosis Enhanced (ASAM)
- Dual Diagnosis Capable (ASAM)
- Medicaid IBHP Network Provider

**Idaho Recovery Coach  
Code of Ethics & Professional Conduct**

Preamble

The purpose of the Recovery Coach Code of Ethics is to outline the basic values and principles of recovery coaching practice. The Code shall serve as a guide for Recovery Coaches in Idaho by defining professional responsibility and ethical standards for the profession.

The primary responsibility of Recovery Coaches is to help individuals achieve their own needs, wants and goals. Recovery Coaches will maintain high standards of personal conduct, and will conduct themselves in a manner that fosters their own recovery. Recovery Coaches will be guided by the principle of self-determination for all, and shall serve as advocates for the people they serve.

Recovery Coaches will perform services only within the boundaries of their expertise. Recovery Coaches shall be aware of the limits of their training and capabilities, and shall collaborate with other professionals to best meet the needs of the person(s) served. Recovery Coaches will, at all times, preserve an objective and non-clinical professional relationship.

1. Recovery Coaches believe that every individual has strengths and the ability to learn and grow.
2. Recovery Coaches will advocate for the full integration of individuals into communities of their choice.
3. Recovery Coaches will respect the rights and dignity of those they serve.
4. Recovery Coaches will respect the privacy and confidentiality of those they serve.
5. Recovery Coaches will not abuse, intimidate, threaten, harass, make unwarranted promises of benefits, or use undue influence or physical force with anyone at any time.
6. Recovery Coaches will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical disability.
7. Recovery Coaches will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.
8. Recovery Coaches will not give or accept gifts of significant value from those they serve.
9. Recovery Coaches will not enter into dual relationships or commitments that conflict with the interests of those served.
10. Recovery Coaches will seek to role-model recovery.
11. Recovery Coaches will openly share their personal recovery stories with colleagues and those they serve.
12. Recovery Coaches will not abuse substances under any circumstances.
13. Recovery Coaches will not use derogatory language in their written and verbal communication to or about persons served. Recovery Coaches will ensure that all information and documentation provided is true and accurate to the best of his or her knowledge.
14. Recovery Coaches will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues and those they serve.
15. Recovery Coaches will not provide services or represent themselves as expert in areas for which they do not have sufficient knowledge or expertise.
16. Recovery Coaches shall disclose any existing or pre-existing professional, social, or business relationships with person(s) served. Recovery Coaches shall determine, in consultation with their supervisor, whether existing or pre-existing relationships interfere with the ability to provide recovery coaching services to that person. Recovery Coaches are responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.

**Performance Enhancement Rating Form**

**Monthly Update**

Recovery Coach Name (RC):	
Date:	
Supervisor's Name :	
Observation Schedule	(Jan.) (Feb.) ( March) ( April) (May) ( June) ( July) ( August) (Sept.) (Oct.) (Nov.) (Dec.)

Competency Categories	*Rating (1-3) 1: Basic Knowledge 2: Competent Knowledge 3: Proficient Knowledge	
1. Advocacy	_____ _____	Area of Improvement needed:
2. Mentorship	_____ _____ _____	Area of Improvement needed:
3. Recovery/Wellness	_____ _____ _____	Area of Improvement needed:
4. Ethical Considerations	_____ _____ _____	Area of Improvement needed:

**Basic Knowledge**

RC has an understanding of basic techniques and concepts of competency. RC is expected to need assistance when performing this skill.

- Focus is on developing through on-the-job experience;
- RC understands and can discuss terminology, concepts, principles, and issues related to this competency;
- RC utilizes the full range of reference and resource materials in this competency

### **Competent Knowledge**

RC is able to successfully complete tasks in this competency as requested. Help from a supervisor may be required from time to time, but RC can usually perform the skill independently.

- Focus is on applying and enhancing knowledge or skill;
- RC has applied this competency to situations occasionally while needing minimal guidance to perform successfully;
- RC understands and can discuss the application and implications of changes to processes, policies, and procedures in this area.

### **Proficient Knowledge**

RC can perform the actions associated with this skill without assistance. RC is recognized within the organization as "a person to ask" when difficult questions arise regarding this skill.

- Focus is on broad organizational/professional issues;
- RC has consistently provided practical/relevant ideas and perspectives on process or practice improvements which may easily be implemented;
- RC is capable of coaching others in the application of this competency by translating complex nuances relating to this competency into easy to understand terms;
- RC participates in senior level discussions regarding this competency;
- RC assists in the development of reference and resource materials in this competency.



November 11, 2015

To: SUD Provider Network  
From: BPA Health  
RE: SUD Clinical Supervision - Using the How to Manual

BPA Health will be offering a one (1) day training on SUD Clinical Supervision utilizing the NFATTC model and "How to Manual". This training is for individuals who are currently working with agencies contracted under the SUD Provider Network.

**This training is for individuals who meet the Clinical Supervision standards set forth in IDAPA 16.07.20 to provide clinical supervision to QSUDP's and QSUDP Trainees.** Please review the Clinical Supervisor Checklist to see if you meet criteria. You may also find the standards using the link provided below and go to section 216-218:

<http://adminrules.idaho.gov/rules/current/16/0720.pdf>

Information on Training:

When: December 15, 2015  
Where: Region 5  
Department of Health and Welfare  
Conference Room A & C  
601 Pole Line Rd  
Twin Falls, ID 83301  
Time: 9:00 am – 4:30 pm

**Please Note:** Attendance of the training does not qualify you as a Clinical Supervisor.

Providers wishing to attend the training may submit the attached registration form by **Tuesday, December 8, 2015** to Michelle Barker via fax or email:

- Fax: (208) 344-7430 - Attention: Michelle Barker **or**
- Email: michelle.barker@bpahealth.com

(800) 688-4013  
(208) 947-4377

380 E. Parkcenter Blvd.  
Suite 300  
Boise, ID 83706 USA

*Connect. Improve. Achieve.*

[BPAHealth.com](http://BPAHealth.com)



SUD Clinical Supervision – Using the How to Manual  
Registration Form  
Due by December 8, 2015

Date: December 15, 2015  
Location: Region 5  
Department of Health and Welfare  
Conference Room A & C  
601 Pole Line Rd  
Twin Falls, ID 83301  
Time: 9:00 am – 4:30 pm

\*Please fill out a registration form for each participant\*

Name:  
Organization:  
Organization Address:  
Phone Number:  
Email:

- I have previously attended a SUD Clinical Supervision Training  
 I have not attended a SUD Clinical Supervision Training

Registration is limited to 20 participants with preference being given to individuals who have never participated in SUD Clinical Supervision Training.

Please complete the registration forms by **5:00 pm December 8, 2015** and fax or email to:

- Fax: (208) 344-7430 - Attention: Michelle Barker **or**
- Email: michelle.barker@bpahealth.com

**Confirmation of attendance will be confirmed by BPA Health via email.**

(800) 688-4013  
(208) 947-4377

380 E. Parkcenter Blvd.  
Suite 300  
Boise, ID 83706 USA

*Connect. Improve. Achieve.*

[BPAHealth.com](http://BPAHealth.com)

# Death Rates Rising for Middle-Aged White Americans, Study Finds

By [GINA KOLATANOV](#). 2, 2015

Something startling is happening to middle-aged white Americans. Unlike every other age group, unlike every other racial and ethnic group, unlike their counterparts in other rich countries, death rates in this group have been rising, not falling.

That finding was reported Monday by two Princeton economists, Angus Deaton, who last month [won the 2015 Nobel Memorial Prize in Economic Science](#), and Anne Case. Analyzing health and mortality data from the Centers for Disease Control and Prevention and from other sources, they concluded that rising annual death rates among this group are being driven not by the big killers like heart disease and [diabetes](#) but by an epidemic of suicides and afflictions stemming from [substance abuse: alcoholic liver disease](#) and overdoses of heroin and prescription opioids.

The analysis by Dr. Deaton and Dr. Case may offer the most rigorous evidence to date of both the causes and implications of a development that has been puzzling demographers in recent years: the declining health and fortunes of poorly educated American whites. In middle age, they are dying at such a high rate that they are increasing the death rate for the entire group of middle-aged white Americans, Dr. Deaton and Dr. Case found.

The mortality rate for whites 45 to 54 years old with no more than a high school education increased by 134 deaths per 100,000 people from 1999 to 2014.

“It is difficult to find modern settings with survival losses of this magnitude,” wrote two Dartmouth economists, Ellen Meara and Jonathan S. Skinner, in a commentary to the Deaton-Case [analysis](#) to be published in Proceedings of the National Academy of Sciences.

“Wow,” said Samuel Preston, a professor of sociology at the University of Pennsylvania and an expert on mortality trends and the health of populations, who was not involved in the research. “This is a vivid indication that something is awry in these American households.”

Dr. Deaton had but one parallel. “Only [H.I.V./AIDS](#) in contemporary times has done anything like this,” he said.

In contrast, the death rate for middle-aged blacks and Hispanics continued to decline during the same period, as did death rates for younger and older people of all races and ethnic groups.

Middle-aged blacks still have a higher mortality rate than whites — 581 per 100,000, compared with 415 for whites — but the gap is closing, and the rate for middle-aged Hispanics is far lower than for middle-aged whites at 262 per 100,000.

David M. Cutler, a Harvard health care economist, said that although it was known that people were dying from causes like opioid addiction, the thought was that those deaths were just blips in the health care statistics and that over all everyone’s health was improving. The new paper, he said, “shows those blips are more like incoming missiles.”

Dr. Deaton and Dr. Case (who are husband and wife) say they stumbled on their finding by accident, looking at a variety of national data sets on mortality rates and federal surveys that asked people about their levels of pain, disability and general ill health.

Dr. Deaton was looking at statistics on suicide and happiness, skeptical about whether states with a high happiness level have a low suicide rate. (They do not, he discovered; in fact, the opposite is true.) Dr. Case was interested in poor health, including chronic pain because she has suffered for 12 years from disabling and untreatable [lower back pain](#).

Dr. Deaton noticed in national data sets that middle-aged whites were committing suicide at an unprecedented rate and that the all-cause mortality in this group was rising. But suicides alone, he and Dr. Case realized, were not enough to push up overall death rates, so they began looking at other causes of death. That led them to the discovery that deaths from drug and alcohol poisoning also increased in this group.

They concluded that taken together, suicides, drugs and alcohol explained the overall increase in deaths. The effect was largely confined to people with a high school education or less. In that group, death rates rose by 22 percent while they actually fell for those with a college education.

It is not clear why only middle-aged whites had such a rise in their mortality rates. Dr. Meara and Dr. Skinner, in their commentary, considered a variety of explanations — including a pronounced racial difference in the [prescription of opioid drugs and their misuse](#), and a more pessimistic outlook among whites about their financial futures — but say they cannot fully account for the effect.

Dr. Case, investigating indicators of poor health, discovered that middle-aged people, unlike the young and unlike the elderly, were reporting more pain in recent years than in the past. A third in this group reported they had chronic [joint pain](#) over the years 2011 to 2013, and one in seven said they had [sciatica](#). Those with the least education reported the most pain and the worst general health.

The least educated also had the most financial distress, Dr. Meara and Dr. Skinner noted in their commentary. In the period examined by Dr. Deaton and Dr. Case, the inflation-adjusted income for households headed by a high school graduate fell by 19 percent.

Dr. Case found that the number of whites with mental illnesses and the number reporting they had difficulty socializing increased in tandem. Along with that, increasing numbers of middle-aged whites said they were unable to work. She also saw matching increases in the numbers reporting pain and the numbers reporting difficulty socializing, difficulty shopping, difficulty walking for two blocks.

With the pain and mental distress data, Dr. Deaton said, “we had the two halves of the story.” Increases in mortality rates in middle-aged whites rose in parallel with their increasing reports of pain, poor health and distress, he explained. They provided a rationale for the increase in deaths from [substance abuse](#) and suicides.

Dr. Preston of the University of Pennsylvania noted that the National Academy of Sciences had published two monographs reporting that the United States had fallen behind other rich countries in improvements in life expectancy. One was on mortality below age 50 and the other on mortality above age 50. He coedited one of those reports. But, he said, because of the age divisions, the researchers analyzing the data missed what Dr. Deaton and Dr. Case found hiding in plain sight.

[Continue reading the main story](#) [Write A Comment](#)

“We didn’t pick it up,” Dr. Preston said, referring to the increasing mortality rates among middle-aged whites.

Ronald D. Lee, professor of economics, professor of demography and director of the Center on Economics and Demography of Aging at the University of California, Berkeley, was among those taken aback by what Dr. Deaton and Dr. Case discovered.

“Seldom have I felt as affected by a paper,” he said. “It seems so sad.”

**From:** [Brandi.Daw@HCAhealthcare.com](mailto:Brandi.Daw@HCAhealthcare.com) [<mailto:Brandi.Daw@HCAhealthcare.com>]  
**Sent:** Thursday, November 12, 2015 5:50 PM  
**To:** [Brandi.Daw@HCAhealthcare.com](mailto:Brandi.Daw@HCAhealthcare.com)  
**Subject:** Full Time Therapist Position Available at BHC

Greetings Community Partners,

I wanted to share with you regarding a great opportunity to come work with the amazing team at BHC. BHC is currently looking for a Primary Therapist (LCSW, LCPC, LMSW, LPC, or LMFT) to work Sunday through Thursday, primarily on the Adult/Daybreak units. The job is posted on EIRMC's website in the Careers section: <http://eirmc.com/careers/>

Feel free to share and pass along😊

Brandi Daw  
Community Outreach Coordinator  
Eastern Idaho Regional-Behavioral Health Center  
O: (208) 227-2190  
C: (208) 360-1328  
F: 855-373-2368



*I Am EIRMC. Improving the lives of those we touch.*

Turkey Box Vouchers  
Participating Agencies

Agency	Address	Phone Number	
<b>First Baptist</b>	408 N. Arthur Pocatello	232-6305	TH 3:30-7pm
<b>Christ's Love Vineyard</b>	415 S. 2 <sup>nd</sup> Pocatello	221-6292	SA 10am-1pm
<b>God's Home of Compassion</b>	845 S. Hyde Pocatello	236-0075	TU- 10-1 W, TH- 9-Noon
<b>The Salvation Army</b>	400 N. 4 <sup>th</sup> Pocatello	232-5318	M,T,W,T,F 1-4
<b>Aid for Friends</b>		232-0178	Friday 1:30pm- 2:30pm
<b>Family Services Alliance</b>	355 S. Arthur Pocatello	232-0742	Please call

\*Please note there is only one voucher given per household. This will help us to ensure that we can help as many families as possible have a happy holiday season!!!