

Behavioral Health Board Meeting Minutes:

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

11:30	<u>Welcome & Introductions to Behavioral Health Board Meeting- Janae Andersen</u>
11:35	<u>Approval</u> of June 16, 2015 minutes and July 21, 2015 minutes Approve Proposed August 18, 2015 agenda Board Members in Attendance:
11:40	<u>Sub-Committee Updates:</u> CMH Recovery Support Services
11:50	<u>Old Business:</u> Legislative Dinner, November 18, 2015: Commissioner Howard Manwaring -What topics would we like to discuss? -Legislative dinner? Desserts? Hors d'Oeures ? Flyer <u>New Business:</u> SPAN- Lennart Nivegard Board Positions: Matt Wadsworth was voted in as the new chair (votes listed in packet) Adult Corrections System (Jeff Kirkman) Family Member-SUD Adult (Bobbi Matkin) Parent of Child (Patti Allen) SUD Provider (Sean Waldron) Applications (in packets)
1:00	<u>Adjourn</u>

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.

August 18, 2015

Behavioral Health Board Meeting

Board Members Present: Sean Waldron, Michele Osmond, JoAnn Martinez, Lennart Nivegard, Matt Wadsworth, Bill Slaven, Fran Lands, Linda Shiflet, Charlie Assand, Susan Hepworth, Jim Petersen, Howard Manwaring, Vaughn Rasmussen

On the phone: Jeff Kirkham, Dionne Chatel, Bobbie Matkin

Others present: Betty Moore, Barry Jones, Dave Sorenson, Brad Baker, Janae Anderseen and others

Excused:

Approval of Minutes

Minutes were approved for May, June and July with the addition that Linda Shiflet was present at the July meeting.

Children's Mental Health Sub Committee Discussion

Dave Sorensen talked about the implementation plan of the Jeff D. Lawsuit, he can be a contact for input daves@pvfcinc.com. Brad discussed quality management and gathering data to measure improvements.

Recovery Support Services Sub Committee Discussion

Betty Moore stated that the committee has received support from numerous people in the community and are going forward with writing a grant for Millenium Funds for a Recovery Center. She stated that The Idaho Association of Counties will write the grant and invited everyone to attend their meetings as they discuss this Recovery Center.

Optum Update

Dionne Chatel will attend our meetings quarterly in person and the other times she will attend via telephone. The FCC/Provder Manager can attend meetings based on Agenda and need.

Fran Lands asked for a breakdown of authorizations and this feedback will be brought back and discussed with Optum.

Additional Updates/Business

JoAnn Martinez made a request for the board to support Recovery Fest on 9/11/15 in the amount of \$600.00. Michelle Osmond made a motion and this was seconded by Susan Shiflet—vote approved.

Sean Waldron discussed the goals for the Public Health Board and Regional Health Board. Sean also stated that he needed to step down from his position due to a new job. The board members will submit nominations for Chair via e-mail and a vote will be conducted to fill this position.

Michelle Osmond made a request to fill the Health and Welfare representative position with Brad Baker. Sean Waldron made a motion and this was seconded by Michelle Osmond—vote approved.

Sean Waldron discussed that Brenda Price informed him that she has not received the Salt Lake City Express Tickets for individuals for the Crisis Center, Michelle Osmond stated that she would follow up on this concern.

The board discussed their mission statement, goals and vision.

Vaughn Rasmussen stated that we should take our mission statement to the Public Health Board meeting. Michelle Osmond stated this meeting is on September 17, 2015.

Darin Burrell discussed ICADD scholarships in our region.

Adjourn

Meeting was adjourned at 1:00 pm.

YOU'RE INVITED

TO JOIN THE

REGION 6 BEHAVIORAL HEALTH BOARD LEGISLATIVE UPDATE MEETING

November 18, 2015

5:00 TO 8 PM

**Get to know the members of the Behavioral Health Board
Learn more about the issues that face individuals with
Mental Health and Substance Abuse needs in Region 6**

BANNOCK COUNTY COURTHOUSE

Commissioner's Chambers

624 E Center, Room 214

Pocatello, ID

**Welcome by Matt Wadsworth, R6 Behavioral Health Board Chair and
Regional Advisory Committee Chair, at 5:30 PM**

Opening remarks by:

- *Charlie Aasand, RN Pocatello Medical Center*
- *Betty Moore, Regional Advisory Committee*
- *Amber Davis, Community Mental Health Services*

Informal 'Meet and Greet' immediately following

Light buffet style supper will be served

2Nd
ANNUAL

Raising

2Nd
ANNUAL



FUN IN THE PARK

FAMILY event

LIVE MUSIC

Prizes

5K/10K WALK & RUN

ON: October 3rd

at: 9:00 AM

IN: BONNEVILLE PARK

COST: \$15.00 INDIVIDUAL / 18 AND UNDER FREE

Fundraiser to help Suicide Prevention Action Network (SPAN) Idaho in their mission to reduce suicide in Southeast Idaho through statewide advocacy, collaboration and education in best practices.

**Register ON active.com, at 1070 HILINE Rd #320
POCATELLO, ID, or IN THE PARK at 8AM October 3rd**





RAISING HOPE, SPREADING HOPE, HELP AND STRENGTH
5K-10K Run/Walk
Saturday, October 3, 2015
9:00 am

Race Location: Bonneville Park Registration begins at 8:00 am in the park.

Course Description: Bonneville Park via American Road and around the Holt Arena.

Proceeds: Will be used to help us end the stigma of suicide. Funds will be used to help increase awareness of the help that is available.

Entry Cost information: \$15.00 each. Children ages 18 and under race free. Donations are accepted.

Other Information: Goodie bags with shirt are provided day of the race. Registering the day of the race doesn't guarantee a shirt.

Make Checks Payable to: SPAN Idaho. And Mail to: 1070 Hiline Rd #320, Pocatello ID 83201

Contact: Kristy Rust 208-236-6395, email - kristy.rust@idjc.idaho.gov

Race forms are also available online at active.com through September 18th.

-----detach here -----

RAISING HOPE ENTRY FORM 10/03/2015 PLEASE PRINT LEGIBLY

Name: _____ Sex: _____ Age: _____
Address: _____
City, State Zip: _____
Phone: _____ E-mail: _____
Shirt Size: (mark one) ___SM ___M ___L ___XL
Name of group/team: _____
Activity: (mark one) ___5K Walk ___5K Run ___10K Run

Waiver (MUST BE SIGNED)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature _____ Date _____
Parent or Guardian if under 18 _____

_____ I understand that if I am participating in the 10K, I am to run on the sidewalk along 5th Ave. By initialing I indicate that I will not run in the road in this stretch of the race.

No refunds will be issued for any reason

Region 6 Behavioral Health Board Email Votes

September 15, 2015

Vote regarding: Matt Wadsworth for Region 6 Behavioral Health Board Chair	
Name	
Bill Slaven	Yes
Bobbi Matkin	Yes
Brenda May	
Charlie Aasand	Yes
Dave Miner	Yes
Dirk Bowles	
Dr. Linda Hatzenbuehler	Yes
Fran Lands	Yes
Howard Manwaring	Yes
JoAnn Martinez	Yes
Lennart Nivegard	Yes
Lynda Shiflet	
Major Jim Peterson	
Mark Gunning	Yes
Matt Wadsworth	
Michele Osmond	Yes
Shellee Daniels	Yes
Susan Hepworth	Yes
Vaughn Rasmussen	Yes

REGION VI BEHAVIORAL HEALTH BOARD
Application for Appointment to Board Applicant's

Name David Williams

Mailing Address 1451 Fore Rd: Pocatello, ID 83204

Home Phone 406-241-8857 Work Phone 208-236-6360 ext. 232

E-mail Address dkwillia@idoc.idaho.gov

Category of Membership Nomination for Region VII: (Please check all that apply)

- County Commissioner (3)
- IDHW Employee Representing Behavioral Health System (2)
- Parent of a Child with Serious Emotional Disturbance
- Law Enforcement Officer
- Parent of child with SUD
- MH Advocate
- SUD Advocate
- Adult SUD services consumer representative
- Adult Mental Health consumer representative
- Family Member of AMH consumer
- Family Member of SUDS consumer
- Mental Health Provider within Region
- SUDS Provider within Region
- Licensed Physician/Health Practitioner
- Hospital Representative within Region
- Elementary or Secondary Public Education System
- Juvenile Justice System
- Representative of Adult Corrections
- Member of Judiciary

Please indicate briefly why you are interested in serving on the Region VII Behavioral Health Board and how you will use your participation to take this information back to your organization/community:

As a community member, I am interested in creating a healthier community. As a representative of corrections, I see the possibility of linking with the community in a more productive manner.

Board members who miss three consecutive meetings without good cause are deemed to have terminated their membership.

David Williams
Signature

8/25/15
Date

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO: Andersej@dhw.idaho.gov OR MAIL TO: Janae Andersen, 421 Memorial Drive, Pocatello, ID 83201.

Thank you for your interest in the Region VI Behavioral Health Board.

REGION VI BEHAVIORAL HEALTH BOARD
Application for Appointment to Board Applicant's

Name Helen S. Lusk

Mailing Address 1190 Lusk Loop PO Box 7

Home Phone 208-221-2134 Work Phone 208-221-2134

E-mail Address hlusk@dcdi.net

Category of Membership Nomination for Region VII: (Please check all that apply)

- County Commissioner (3)
- IDHW Employee Representing Behavioral Health System (2)
- Parent of a Child with Serious Emotional Disturbance
- Law Enforcement Officer
- Parent of child with SUD
- MH Advocate
- SUD Advocate
- Adult SUD services consumer representative
- Adult Mental Health consumer representative
- Family Member of AMH consumer
- Family Member of SUDS consumer
- Mental Health Provider within Region
- SUDS Provider within Region
- Licensed Physician/Health Practitioner
- Hospital Representative within Region
- Elementary or Secondary Public Education System
- Juvenile Justice System
- Representative of Adult Corrections
- Member of Judiciary

Please indicate briefly why you are interested in serving on the Region VII Behavioral Health Board and how you will use your participation to take this information back to your organization/community:

I have been involved in the recovery world for approximately 16 years with family members and others as a Sponsor. I have been involved at every level with the problems that come from not enough care for those suffering from mental health issues or addiction. I would like to give my input from the experiences that we have had through the last 16 years and the holes in the system. I have worked with jails, prison, medical people at that level, Director Reinke when he was IDOC Director and was asked to speak at the Idaho Judicial Commission about the problems in the system from the juvenile department up. There is a HUGE need for change, education and acceptance in this State.

To Region 6 Behavioral Health Board,

I would like to nominate Barry Jones as a member of the Behavioral Health Board representing a parent of an addicted person.

Barry's son had a long time addiction problem and Barry is very familiar with the problems that presents a parent. Fortunately his son is in recovery and represents the positive side of a sober life.

Barry has shared his own recovery for many years and has worked tirelessly as a professional and a volunteer to help persons find a path to recovery. I can think of no one who has worked harder to influence county officials, state officers, legislators and the governors of this state to provide more funding and comprehensive treatment for persons needing help.

He is honest, outspoken and represents the south part of the region.

He served for 20 years on the RAC and always attended meetings. Barry deserves to hold an official spot on this committee, both for his vast knowledge of addiction and for his desire to help others.

Sincerely,

A handwritten signature in cursive script that reads "Betty Moore". The signature is written in dark ink and is positioned above the printed name.

Betty Moore

Past Chairperson of RSS

REGION VI BEHAVIORAL HEALTH BOARD
Application for Appointment to Board Applicant's

Name B. Robb Redford

Mailing Address 1501 Bench Rd

Home Phone 208-604-0098 Work Phone 208-242-3044

E-mail Address redfordcounseling@gmail.com

Category of Membership Nomination for Region VII: (Please check all that apply)

- County Commissioner (3)
- IDHW Employee Representing Behavioral Health System (2)
- Parent of a Child with Serious Emotional Disturbance
- Law Enforcement Officer
- Parent of child with SUD
- MH Advocate
- SUD Advocate
- Adult SUD services consumer representative
- Adult Mental Health consumer representative
- Family Member of AMH consumer
- Family Member of SUDS consumer
- Mental Health Provider within Region
- SUDS Provider within Region
- Licensed Physician/Health Practitioner
- Hospital Representative within Region
- Elementary or Secondary Public Education System
- Juvenile Justice System
- Representative of Adult Corrections
- Member of Judiciary

Please indicate briefly why you are interested in serving on the Region VI Behavioral Health Board and how you will use your participation to take this information back to your organization/community:

I have been a provider in our community for about 22 years. I have been on numerous boards community organizations in the past. I have been on the RAC committee in the past and am currently. I feel that with my connection in the Sixth District and Fort Hall, that I will be able to communicate the information given within the board to members of the community.

Board members who miss three consecutive meetings without good cause are deemed to have terminated their membership.

B. Robb Redford

Signature

9/2/2015

Date

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO: Andersej@dhw.idaho.gov OR MAIL TO: Janae Andersen, 421 Memorial Drive, Pocatello, ID 83201.

Thank you for your interest in the Region VI Behavioral Health Board.

JJ SUDS Treatment Services									
AUTHORIZED LEVEL OF CARE (Individual or Parent Service)	BILLABLE ITEM					APPLICABLE FUNDING		FREQUENCY	
	Child Service (Bundled services only)	Procedure Code	Unit	Billable Rate	IDJC	Medicaid Supplemental	Frequency Limits		
Alcohol or Drug Assessment	n/a	H0001	15 min.	\$12.40	X	X	20 units max for regular assessments; 22 units for onsite Detention/Facility assessments; if mileage to the facility is needed, authorize Travel for Professionals		
Level 1.0 Outpatient Bundle	Parent Code: 90847/HZ; Parent Rate: \$7.86								
	Outpatient (Education)	S9448/TF	15 min.	\$4.14	X	X	No more than 9 hours per week for Adults and 6 hours per week for Adolescents		
	OP and IOP (Group)	H0005/HZ	15 min.	\$6.21	X	X			
	Outpatient (Individual Counseling)	H0004/HZ	15 min.	\$12.40	X	X			
	Outpatient (Family Therapy)	90847/TF	15 min.	\$14.20	X	X			
	Outpatient (Family Therapy with Client Not Present)	90846/59	15 min.	\$14.20	X	X			
Level 2.1 Intensive Outpatient Bundle	Parent Code: 90847/TF/HZ; Parent Rate: \$7.86								
	Intensive Outpatient (Education)	S9448/HZ/59	15 min.	\$4.14	X	X	Min 9 hours per week for Adults and 6 hours per week for Adolescents		
	OP and IOP (Group)	H0005/HZ	15 min.	\$6.21	X	X			
	Intensive Outpatient (Individual)	H0004/HZ/59	15 min.	\$12.40	X	X			
	Intensive Outpatient (Individual with Family Members)	90847/TF/59	15 min.	\$14.20	X	X			
	Outpatient (Family Therapy with Client Not Present)	90846/59/HF	15 min.	\$14.20	X	X			
Adolescent Transitional Housing	n/a	H0043	Day	\$143.33	X	X	Once per day; include admit day, do not include discharge day		
Level 3.5 Adult Residential	n/a	H0017	Day	\$176.40	X	X	Once per day; include admit day, do not include discharge day		
Level 3.5 Adolescent Residential	n/a	H0017/HA	Day	\$198.45	X	X	Once per day; include admit day, do not include discharge day		

JJ SUDS Recovery Support Services

AUTHORIZED LEVEL OF CARE (Individual or Parent Service)	BILLABLE ITEM					APPLICABLE FUNDING		FREQUENCY
	Child Service (Bundled services only)	Procedure Code	Unit	Billable Rate	IDJC	Medicaid Supplemental	Frequency Limits	
Adolescent Safe & Sober Housing	n/a	H0045	1 day	\$75.00	X	X		
Adult Safe & Sober Housing	n/a	H0044	1 day	\$11.50	X	X		
Case Management (Basic and Intensive)	n/a	H0006	15 min.	\$12.40	X	X		
Child Care	n/a	T1009	15 min.	\$4.04	X	n/a	Approval by Probation and IDJC on case by case basis	
Drug/Alcohol Testing	n/a	H0003	1 Test	\$13.50	X	X		
Oral Interpreter	n/a	T1013	TBD	Billed Amount	X	X	If travel is needed, authorize Travel for Professionals. Approval by Probation and IDJC on case by case basis	
Life Skills Bundle				Parent Code: H2015/HF/U1		Parent Rate: \$6.56		
	Life Skills-Client not present (Individual)	HQ2015/HS/HS	15 min.	\$6.56	X	X		
	Life Skills (Group)	H2015	15 min.	\$3.94	X	X		
	Life Skills-(Individual)	H2015/HF/U7	15 min.	\$6.56	X	X		
	Life Skills-Client not present (Group)	HQ2015/HS	15 min.	\$3.94	X	X		
Recovery Coaching- over 18 yrs only	n/a	H0038/69	15 min.	\$10.00	X	X		
Staffing	n/a	H0022	15 min.	\$6.21	X	X	No identified limit.	
Transportation Bundle				Parent Code: A0080/U9		Parent Rate: \$1.17		
	Transportation Pick Up	T2002	Pick-up & 1st Mile	\$4.20	X	X		
	Transportation of Client	A0080	1 mile	\$1.17/mile	X	X		
Transportation Flat Fee	n/a	T2003	1 unit	\$1.00	X	n/a	Approval by Probation and IDJC on case by case basis	
Travel for Professionals (Frontier Travel)	n/a	S0215	1 mile	\$0.55	X	X	Mileage pre-approved by Probation and IDJC	

Behavioral Health Statewide Board Co-Chair Call Minutes
August 27, 2015
10:00 – 11:00 MST (9:00 – 10:00 PST)
Hosted by the Division of Behavioral Health, Rosie Andueza

Due to technical difficulties, the call began at 10:15

Roll Call:

Central Office

	Ross Edmunds	x	Rhea Morrison – Chair
x	Rosie Andueza		Kim Keyes – Vice Chair
x	Kathy Skippen		Jess Wojcik – Vice Chair
	Jamie Teeter	x	Jennifer Burlage
		x	Laura Thomas

Region 4

Region 1

x	Ron Beecher – Chair	x	Debbie Thomas – Chair
	Claudia Miewald – Vice Chair		Tom Hanson – Vice Chair
	Joyce Broadsword		John Hathaway
	Holly Bonwell		Scott Rasmussen
	Todd Hurt	x	Erica Estes
	Angela Palmer		
x	Linda Johann		

Region 5

Region 2

	Chris Goetz – Chair		Vacant – Chair
	Jim Rehder – Vice Chair		Vacant – Vice Chair
x	Jennifer Burlage		Joann Martinez – Secretary
	Joyce Lyons		Michele Osmond
x	Darrell Keim	x	Janae Andersen
			Tracy Sessions

Region 6

Region 3

x	Chuck Christiansen – Chair		Elaine Sullivan – Chair
	Kenny Gray – Vice Chair		Janet Goodliffe – Vice Chair
	Gary Moore		Randy Rodriguez
x	Heather Taylor		Monica Martin
x	Gina Wescott		

Region 7

State Planning Council		Guests	
x	Jennifer Griffis	x	Aaron Darpli – Optum Idaho
	Teresa Wolf		

Update from Central Office (CO)

As Transformation occurs across the state, DHW is losing some of its CRDS'. To date, DHW has held a monthly CRDS and dispersed a lot of info for the regional boards via this meeting. Because of the transition of the CRDS positions, we held the last CRDS meeting on Tuesday, August 25, 2015. This co-chair call will be the new mechanism for sharing this information with all regional boards. As a result, this meeting will take on more importance and we encourage full participation from all regions.

Regional Updates

State Planning Council (SPC)

Jennifer Griffis is aware that some Regions are waiting on feedback from the SPC. She stated that the SPC has been working under a tight timeline on the block grants and unable to respond to the regions timely. They will re-focus on BHB Transformation as soon as the block grant is finalized.

Region 1

Ron Beecher - Corrine left on August 18th. The Health District has hired for an Administrative Assistant for the SHIP grant and for the BHB. She starts on September 8th.

Region 1 is ready to do their readiness application but understood from the SPC that the application will be updated. They do not want to submit the application until that update is complete.

Jennifer suggested that they complete the application now and that they will communicate throughout the process for any necessary clarification. She stated the application will probably remain as-is but that some Regions have asked for clarification for how the information should look.

Ron requested that during the Optum update, Aaron addresses the limit on the number of peer trainings.

Region 2

Darrell Keim – Stated that Jim Rehder wanted more detail from Ross on how to spend the annual \$50K.

Rosie Andueza asked what they wanted to know. Kathy Skippen stated that the legislation is now in code and would be the guide for spending the \$50K.

Darrell stated that last year large sums of the regional board funds were given as “mini-grants” to local organizations. He asked for guidance on how much should be for grants or whatever else they could spend on.

Rosie indicated that they could do an e-mail chain or additional call with Ross present to address this. All Regions without a signed contract indicated they would like to be included on that call. This will be set up in the near future. OPEN

Region 3

Chuck Christiansen state the BHB application is approved with SW District Health. The contract is being finalized at the CO. An initial meeting will be held soon to discuss how the process will work.

Region 4

Jennifer Burlage said they already transitioned with Central District Health (CDH) and that the Memorandum of Agreement is ready for signatures. The Transition is nearly complete, hopefully within the next two weeks. CDH lead the last regional behavioral health board meeting. Laura stated that within the next two weeks they will have all files transitioned.

Region 5

Debbie Thomas said Region 5 is in the process of finalizing the Scope of Work with the health district on Monday, August 31.

Region 6

Janae Anderson reported that the board and the health district will have a meeting on September 17th to further discuss partnership possibilities.

Region 7

No one representing Region 7 on the call. We know they have a contract and are waiting for it to be signed.

OTHER INFORMATION:

Recovery Centers Update:

Boise Peer Wellness Center opened in late May. In July they tracked a variety of data. There were approximately 325 phone calls with about 250-260 answering their phone. During their first month of operation, the center served 300 individuals and at the end of the month, all 300 were still clean and sober. The center is already expanding their hours.

Latah will open on September 1st. August 27th is the first volunteer orientation. Initially, they will open from 10:00 am – 3 pm. They hope to have a strong enough volunteer team that they can open evening hours soon.

Canyon Recovery Center will have people attending the BHB now. They have furniture and some staffing hired. Anticipated opening date – October 1, 2015

Gem County/Emmett will be operated by Recovery Idaho led by Tammy Rice. They are located across the street from the courthouse and jail and hope people can be directed to the center. No target date set for opening but more than likely sometime this fall.

Rosie stated that parole/probation are doing their community service hours at the Peer Wellness Center. Many are continuing to volunteer at the center once their hours are complete and are even bringing friends in to the center.

Kathy stated there is volunteer training. Contact Jayne for training information.

September is Recovery Awareness month. Kathy worked with the Governor's office to declare a Proclamation. They are planning a rally at the Capital on September 25th.

OPTUM Update

Aaron said he wanted to touch base about the BHBs. They have been trying to make sure their data point reports and graphs are relevant at the Regions. He mailed a checklist of all data points and graphs they provide now to the Chairs and asked that they review and return that to him after identifying the information that is relevant to each Region. He would like the checklist returned by September 7th.

SHIP Update

Gina Westcott stated that Casey Moyer is working with a vendor to write the data analytics Request For Proposal (RFP). They hope to approve and release the RFP by the end of September.

All positions are filled. The data analytics contact monitor will be hired and work under Casey Moyer.

SHIP and Gina went to north Idaho to visit patient centered medical homes and discussed Behavioral Health integration.

The Health Districts finalized contracts with the Department of Health and Welfare to develop the Regional Health collaborative. The Health Departments are in the process of hiring, or have hired, SHIP managers. District 5 hired their SHIP manager and that person will start on Monday, August 31st.



Executive Department
State of Idaho

The Office of the Governor
Proclamation

State Capital
Boise

WHEREAS, substance use disorders are serious but treatable issues that impact Idahoans; and

WHEREAS, more than 96,000 Idahoans in need of substance use disorder services could benefit from treatment; and

WHEREAS, every \$1 invested in treatment results in a return of \$4 to \$7 in reduced instances of drug-related crimes, criminal justice costs, and theft; and

WHEREAS, with positive support and encouragement, people struggling with an addiction can recover and lead healthy and productive lives; and

WHEREAS, untreated substance use disorders negatively affect individuals, families, and communities while also affecting the criminal justice and child welfare systems, family and social service agencies, and faith-based and community organizations; and

WHEREAS, this year's theme is "Join the Voices of Recovery: Visible, Valuable, and Local."; and

WHEREAS, Alcohol and Drug Recovery Month is an opportunity to encourage those dealing with substance use disorders to seek treatment, and to recognize the work of those providing affordable treatment programs in Idaho and across the country;

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

**ALCOHOL AND DRUG RECOVERY
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 the 1st day of September, 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.


C.L. "BUTCH" OTTER
GOVERNOR


LAWRENCE DENNEY
SECRETARY OF STATE



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 28, 2015

TO: BEHAVIORAL HEALTH STAKEHOLDERS, NETWORK PROVIDERS AND
OTHER INTERESTED PARTIES

FROM: IDAHO DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF BEHAVIORAL HEALTH

RE: DIVISION OF BEHAVIORAL HEALTH PROPOSED IDAPA RULE AND PUBLIC HEARINGS

Through Idaho Behavioral Health Transformation, the Department of Health and Welfare is moving towards an integrated Behavioral Health system of care that includes mental health and substance use disorder services and programs. Recognizing the benefit and necessity of integrated monitoring and credentialing of community mental health and substance use disorder providers, the Department is proposing to establish a behavioral health certification that allows community mental health and substance use disorder treatment agencies to obtain state approval while maintaining core requirements for substance use disorders services and programs. The Department of Health and Welfare has worked with providers, consumers, partners, stakeholders and other interested parties to review current IDAPA rules related to substance use disorders and draft proposed rule that allows community mental health and substance use disorder agencies to obtain state approval. Drafts of the text to be published as proposed rule are now available for review. You may access these documents on the Idaho Department of Health and Welfare website at the following URL:

<http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/tabid/105/Default.aspx>

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/AdultMentalHealth/tabid/195/Default.aspx>

The proposed rules will be published in the Idaho Administrative Bulletin on **Wednesday, September 3, 2015**. Once published, official dockets of the proposed rule text will be available on the Idaho Department of Administration website at:

<http://adminrules.idaho.gov/bulletin/index.html>

Formal public hearings on the proposed rules are being held via video conferencing as follows:

Thursday September 17, 2015

9:00am—11:00am (PT)

10:00am—12:00pm (MT)

And

1:00pm-3:00pm (PT)

2:00pm-4:00pm (MT)

VIDEO CONFERENCING LOCATIONS

Region I Office – Coeur d’Alene Main Conference Room 2195 Ironwood Court Coeur d’Alene, ID 83814	Region II Office – Lewiston 1st Floor Conference Room 1118 “F” Street Lewiston, ID 83501
Region III Office – Caldwell Owyhee Conference Room (Rm. 226) 3402 Franklin Road Caldwell, ID 83605	Region IV Office – Boise Room 131 1720 Westgate Drive, Suite A Boise, ID 83704
Region V Office – Twin Falls Room 116 823 Harrison Twin Falls, ID 83301	Region VI Office – Pocatello Room 225 421 Memorial Drive Pocatello, ID 83201
Region VII Office – Idaho Falls Conference Room 240 150 Shoup Ave. Idaho Falls, ID 83402	State Hospital South—Blackfoot Administration Building, Classroom A09 700 E. Alice St Blackfoot, ID 83221
State Hospital North Administration Conference Room 234 300 Hospital Dr Orofino, ID 83544	ORIGINATING LOCATION IDHW Central Office Conference Room 3A (3rd floor) 450 West State Street Boise, ID 83702

Please note that the public hearing is an opportunity for the public to comment on the proposed rule but it will not be interactive and will not involve discussion or negotiation of the proposed rule dockets.

Questions regarding the public hearing or proposed rule dockets may be directed to Treena Clark at clarkt@dhw.idaho.gov

Thank you



Understanding and Treating
Eating
Disorders
For Professionals

.....
at Eastern Idaho
Technical College

Friday & Saturday, Sept. 18-19, 2015

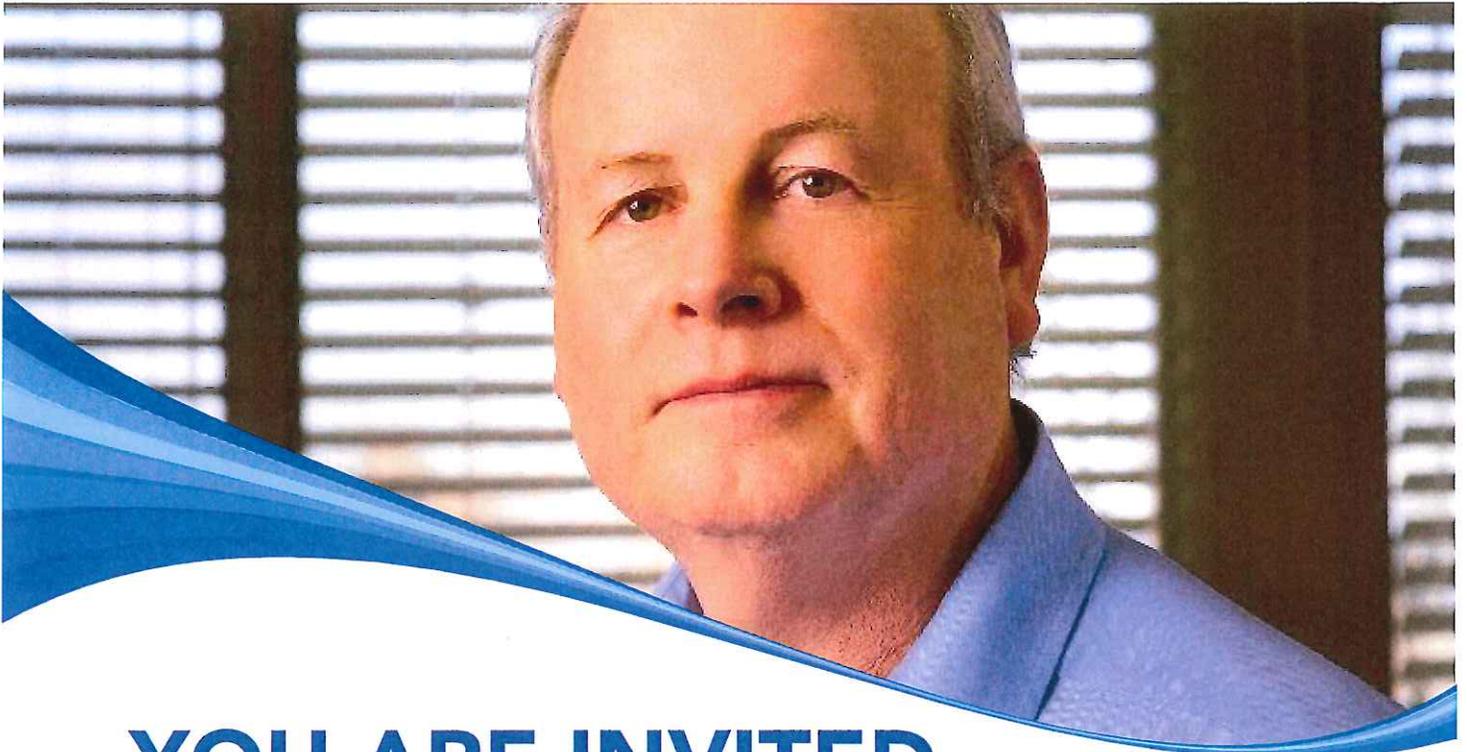
9 CEU's
available

includes:
3 hours of ethics

Register
Online
at

www.IDAMFT.org

Discounts also
available for
IDAMFT
Members &
Students



YOU ARE INVITED

TO AN EVENING WITH DR. MICHAEL BERRETT

TAKING CARE OF YOURSELF WHILE HELPING A LOVED ONE WHO IS IN AN ADDICTIVE PROCESS

This presentation is designed to offer help and support for those who may have a loved one struggling with an addictive process, be it substances, eating disorders, gambling, sexual addiction, etc. Dr. Berrett will outline the process of addiction and offer ways to support a loved one while still taking good care of oneself. This presentation is not only educational, but also offers hope for those involved in an addictive process, as well as the people who love them.

PRESENTATION FEATURING:

Michael E. Berrett, PhD

Psychologist, CEO, and Co-Founder, Center for Change

WEDNESDAY, SEPTEMBER 16, 2015

6:00pm - 7:30pm

Teton County Library

125 Virginian Lane

Jackson, WY

light refreshments will be served

**This community event
is FREE of charge.**

Sponsored by:



QUESTIONS?
Contact Kari Jacobson at
Kari.Jacobson@uhsinc.com



**Essentials of Case Management
Registration Form
Due by September 7, 2015**

Training Date: September 17, 2015

Location: Region 5
 Department of Health and Welfare
 Conference Room A & C
 601 Pole Line Rd
 Twin Falls, ID 83301

Time: 8:30 am – 4:30 pm

Please fill out a registration form for each participant

Name: _____

Organization: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Please register as soon as possible as seating is limited to 25 participants. Region 5 providers will be given priority for this training.

Complete registration form by **5:00 pm Monday, September 7, 2015** and fax or email back to:

Provider Network Management

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

Confirmation of attendance will be confirmed by BPA via email.



Date: August 11, 2015
To: SUD Provider Network
From: Business Psychology Associates
RE: Case Management Training

Business Psychology Associates will be conducting “**Essentials of Case Management**” training **September 17, 2015 in Twin Falls, Idaho**. The training will provide the necessary information for staff to provide basic and intensive case management services to SUD funded clients.

Case Managers must meet or exceed the minimal standards per IDAPA 16.07.20 (<http://adminrules.idaho.gov/rules/current/16/0720.pdf>), sections 745 & IDAPA 16.05.06 “criminal history and background check.”

Information on the training:

Date: September 17, 2015
Time: 8:30 am- 4:30 pm
Location: Region 5
Department of Health and Welfare
Conference Room A & C
601 Pole Line Rd
Twin Falls, ID 83301

Please submit the attached registration form by **Monday, September 7, 2015** to Michelle Barker via fax or email:

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



DATE: June 15, 2015
TO: SUD Provider Network
FROM: Provider Network Management
SUBJECT: WITS Enhancement – ASAM Concurrent Review Sign Off Functionality

On June 16, 2015 there will be an enhancement to WITS where users can sign the ASAM Concurrent Review. Sign Off functionality on the ASAM Concurrent Review has been enabled. The program field on the ASAM screen has been modified to now populate with the most current program enrollment.

After completing the ASAM Concurrent Review, the QSUDP must click the ‘Sign ASAM’ link.

The screenshot shows the 'ASAM - PPC2R' form in the WITS system. The form is divided into six dimensions for assessment, each with a 'Level of Risk' and 'Level of Care' dropdown menu. The 'Level of Care' dropdowns are currently set to 'LO Outpatient'. Below the dimensions, there are fields for 'Requested Level of Care' and 'Current Level of Care', both set to 'LO Outpatient'. There is also a 'Program' dropdown menu. At the bottom left of the form, there is a link labeled 'Sign ASAM' which is highlighted by a red arrow. At the bottom right, there are buttons for 'Cancel', 'Save', and 'Finish'. The left sidebar contains a navigation menu with options like 'Home Page', 'Agency Contacts', 'Client List', and 'ASAM'.

Once the QSUDP has clicked ‘Sign ASAM’, the ASAM Concurrent Review will become read-only.

17.21.1

WITS Idaho-WITS Training

User: Willingham, Robert, WA | Location: Provider Training Agency, Treatment Location 1

Client: Testing, 17.11 SUD | 20320170000304 | 1 Clear Client

- Home Page
- Agency Contacts
 - Agency
 - Group List
- Clinical Dashboard
- Authorization Dashboard
- Client List
 - Client Profile
 - Gain Short Screener
 - Eligibility Screener
 - Benefit Application
 - Linked Consents
 - Contacts
 - Non-Episode Contact
 - Activity List
 - Intake
 - Fee Determination
 - Drug Testing
 - Wait List
 - Screening
 - Assessments
 - Diagnosis List
 - Admission
 - Program Enroll
 - ECourt
 - Problem List
 - Encounters
 - Notes
 - ASAM
 - Profile
 - Treatment
 - Continuing Care
 - Discharge
 - Recovery Plan
 - Recovery Plan Rvw
 - Consent

ASAM — PPC2R

Dimension	Level of Risk	Level of Care I.D Outpatient	Comments
1 - Acute Intoxication and/or Withdrawal Potential			
2 - Biomedical Conditions and Complications			
3 - Emotional, Behavioral, or Cognitive Conditions and Complications			
4 - Readiness to Change			
5 - Relapse, Continued Use, or Continued Problem Potential			
6 - Recovery / Living Environment			

Requested Level of Care I.D Outpatient: Clinical Override

Current Level of Care I.D Outpatient:

Review Date: 12/26/2014

Administrative Actions

Signed by: Willingham, Robert, WA | Signed on: 8/1/2015

[ASAM Notes](#) Cancel Save Finish

If your credentials do not appear as you would expect, please contact your agency's Agency WITS Administrator.

Providers should use this function to indicate which QSUDP has completed the ASAM Concurrent Review. When reviewing an "Authorization Change Request", BPA will confirm that the ASAM Concurrent Review has been signed by a QSUDP. If the ASAM Concurrent Review submitted is not signed or is not signed by a QSUDP, BPA will administratively deny the "Authorization Change Request" and no authorization will be entered. Providers can resubmit an "Authorization Change Request" with an ASAM Concurrent Review signed by a QSUDP. Authorizations will start on the date an approved "Authorization Change Request" is received.

If you have any questions about this functionality, please contact the Wits Help Desk.



Idaho Department of Correction

To promote a safer Idaho by reducing recidivism

C. L. "BUTCH" OTTER
Governor

KEVIN H. KEMPF
Director

Date: September 4, 2015

To: BPA SUD Provider Network

From: Idaho Department of Correction, SUD Unit

RE: SUD Recovery Coach Reimbursable Services

Effective immediately, IDOC will be 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 48 units per 90-day episode for treatment and parolee aftercare clients or 32 units per 60-day episode for pretreatment clients.

Recovery Coaching Grace Period and Billing

Grace Period: Because many of Idaho's trained Recovery Coaches will need time to get the required experience for the Idaho Board of Alcohol/Drug Counselor's Certification (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 he will need to receive the Ethics for Recovery Coaching training.

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. Recovery coach 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 Jim Meldrum – wmeldrum@idoc.idaho.gov 208-672-3425 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	<hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>	Area of Improvement needed:
2. Mentorship	<hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>	Area of Improvement needed:
3. Recovery/Wellness	<hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>	Area of Improvement needed:
4. Ethical Considerations	<hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>	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;
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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

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.

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.

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The following cannot be billed:

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

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- Other _____

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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:

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- RC participates in senior level discussions regarding this competency;
- RC assists in the development of reference and resource materials in this competency.



DATE: August 7, 2015
TO: SUD Provider Network
FROM: BPA Provider Network Management
SUBJECT: Sentinel Event Reporting Requirements

As we begin the new fiscal year we want to remind providers of Sentinel Event reporting requirements. All Sentinel Events are required to be reported when they occur or when notification of an event is received. Providers should report events to Provider Network Management by completing the attached Sentinel Event Form. The form can also be found on the BPA website at http://www.bpahealth.com/providers/provider_forms and should be e-mailed to providerrelations@bpahealth.com. A Regional Coordinator will contact providers to follow-up on all Sentinel Events. Please see below for the definition and examples of a Sentinel Event.

A Sentinel Event is including, but not limited to, any event or events that threatens the safe and efficient operations of any provider or of the Contractor, or any event involving violence or serious injury at a provider site or during a provider sponsored activity, or any event involving a client who received services within the last thirty (30) days.

Sentinel Events may include, but are not be limited to the following:

1. Death that is related to client's condition, such as a Motor Vehicle Accident, accidental overdose or medical condition that is related to Substance Use Disorder
2. Completed suicide
3. Suicide attempt while receiving treatment services
4. Actual, alleged or suspected cases of violence, abuse or neglect of a client
5. Any facility or provider related event that will substantially interfere with care
6. Any facility or provider related event requiring emergency services or law informant involvement
7. Any facility or provider break-in resulting in missing or stolen client files
8. Improper use or disclosure of patient records covered under CFR 42 and HIPAA
9. Major disaster or accidents affecting the location or well-being of clients
10. Employee criminal activity resulting in arrest, detention, or involvement with law enforcement

If you have any questions, please contact your Regional Coordinator below:

Region 1

Nancy Irvin, LMSW & ACADC
nancyi@bpahealth.com
208 964-4868

Region 2

Dean Allen, LCPC
dean.allen@bpahealth.com
208-305-4439

Region 3 & 4

LaDessa Foster, LCPC, MAC, NCC
ladessa.foster@bpahealth.com
208-284-4511

Region 5

Sharon Burke
sharon.burke@bpahealth.com
208-841-4944

Region 6 & 7

Doug Hulett, LPC, ACADC
doug.hulett@bpahealth.com
208-921-8923

Address:

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



Sentinel Event Report Form

Form must be emailed to ProviderRelations@bpahealth.com Attention: Provider Relations.

By definition a sentinel event is including, but not limited to, any event or events that threatens the safe and efficient operations of any provider or of the Contractor or any event involving violence or serious injury at a provider site or during a provider sponsored activity, or any event involving a client who received services within the last thirty (30) days.

Agency Name: _____ Site Location: _____
 Person Completing the Form: _____ Title: _____
 Phone Number: _____ Ext: _____ Today's Date: _____

Type of Event:

Death or Other: If event is a DEATH please complete the appropriate section on page 1 and complete the signature section on page 3. If event is anything other than a death, complete the OTHER section on Pages 2 & 3 and sign.

DEATH

Death	Check Cause of Death	
	<input type="checkbox"/>	Natural (related to a chronic condition or old age)
	<input type="checkbox"/>	Motor vehicle accident (MVA)
	<input type="checkbox"/>	Accidental Overdose
	<input type="checkbox"/>	Suicide
	<input type="checkbox"/>	Unknown
	<input type="checkbox"/>	Other
	<u>Client Information:</u>	
	Client Name: _____	
	WITS Client ID #: _____	
Date of Birth: _____		
Social Security Number: _____		
Funding Source: _____		
Current Level of Care _____		
Was service provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please answer the following questions. If no, skip to "Event Information."		
Admission Date: _____		
Last Date of Service: _____		
Drug of Choice: _____		
Collateral Contact (i.e. Parole Officer):		
Name: _____ Phone: _____		
<u>Event Information:</u>		
Date of Death: _____		
How were you notified: _____		
Date notified: _____		
Description/cause of death: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>		



OTHER

Check all that apply

- Suicide Attempt
- Violence or threatening behavior by the patient/client or staff which resulted in the individual or others being harmed
- Any facility or provider related Event that will substantially interfere with or delay patient/client care
- Any facility or provider break-in resulting in missing or stolen client files
- Any facility or provider regulatory violation (HIPAA, CFR 42, client rights)
- Major disasters or accidents affecting the location or well-being of clients
- Actual, alleged or suspected cases of violence, abuse or neglect of a patient/client care

1. **Date of Event:** _____ **Time of Event:** _____

2. **Location/address of Event:** _____

3. **Description of the Event (attach additional paper is necessary):**

4. **Were the police contacted:**

YES NO

If yes, please provide the Police Officers name: _____

(If a police report has been filed, please provide us with a copy)

5. **Was equipment or property damaged?**

YES NO

If yes, please explain: _____

6. **Who was involved?**

A. Client/s:

Please list each client involved, including clients that were witnesses

Last Name, First Name	Sex (M/F)	Date of Birth	Residence	Participant/Witness (P/W)	Injured? (Y/N)	Medical Attention Required? (Y/N)

B. Providers/Staff Members:

Please list each provider/staff member involved in the Event, including those that were witnesses

Last Name, First Name	Sex (M/F)	Date of Birth	Residence	Participant/Witness (P/W)	Injured? (Y/N)	Medical Attention Required? (Y/N)

(If more than 4 clients and or providers/staff members are involved in the Event, please attach an additional sheet with their details).

Other



Other	OTHER Continued.... C. Describe the immediate response of staff during and/or after the Event: (Attach additional paper if necessary)
	7. What actions have been taken? To be completed by Supervisor, Executive Director or CEO of provider/staff member: Please describe what actions have been taken to address safety risks and what will be done to prevent reoccurrence of the Event, if applicable:

Signature	Print Name: _____		
	Position: _____	Telephone: _____	Ext.: _____
	Signature: _____		Date: _____

BPA USE ONLY	
Date received from provider: _____	
Resolution or findings from investigation:	

Closed on date: _____	Reviewer signature: _____

From: Susan Bradley [<mailto:Susan.Bradley@aging.idaho.gov>]

Sent: Tuesday, August 18, 2015 10:47 AM

Subject: Critical information from Idaho Commission on Aging: respite for caregivers

Dear Idaho Caregiver Alliance Members,

My name is Susan Bradley and I am working on the Emergency Caregiver Respite (ECR) Program with the Idaho Commission on Aging. I am working on getting the information about the ECR Program out to all agencies working in the field of caregiver respite. I need your help.

I am sending you an informational fact sheet about the program. Please send the fact sheet and an encouraging note* (see an example below) throughout your network, particularly the gatekeepers who come in contact with caregivers. You are welcome to add your website and contact information to the fourth bullet on the fact sheet in order to connect better with your contacts.

The program is reaching caregivers of children with mental health needs, but we need to reach caregivers of other children, people in their middle years, and older adults.

Thanks much for helping us get this valuable information into the hands of those who can use it. Let me know if you have any questions.

Thanks,
Susan

*Encouraging note: For instance if you are sending this information to a local agency you might suggest that they share the information with staff and clients/members, place the information in their newsletter, make an announcement at a group meeting, etc.

Susan Bradley

Technical Records Specialist I

Idaho Commission on Aging
341 W. Washington, 3rd Floor
Boise, Idaho 83702
208.334.3833 ext. 224
Fax 208.334.3033
Susan.Bradley@aging.idaho.gov

For more information go to www.aging.idaho.gov,
visit us on [Facebook](#) or tweet with us [@commissionaging](#)



EMERGENCY CAREGIVER RESPITE (ECR)

WHEN NO OTHER RESOURCE CAN HELP

AVAILABLE TO ALL 24/7 IDAHO CAREGIVERS

ECR is a respite care program designed to assist 24/7 family caregivers. **Through ECR any caregiver providing 24/7 care to any person of any age (child, adult or elder) is eligible to apply for funding.**

Facts

- Respite care is an intermittent period of relief for primary caregivers so that s/he may take a break from the continual responsibilities of caregiving. ECR is a short-term period of relief when there is an unforeseen emergency or crisis or there is trauma or increased family stress.
- An emergency is an urgent or unforeseen event such as a funeral, need for medical attention, or severe emotional distress, which results in the immediate or unavoidable absence of the primary caregiver or back up caregivers from the home where care is provided.
- To obtain ECR funds, caregivers in an emergency situation, and/or agency staff assisting a caregiver, may apply for emergency respite care funds at www.idahofederation.org. Click on "Respite Care" and then "Emergency Caregiver Respite" to complete an on-line application form, or print a form to email or fax. Caregivers or agency staff can also call the Federation of Families for Children's Mental Health (Federation of Families) at (208) 433-8845 or 1-800-905-3436 to initiate the application process.
- Caregivers are responsible for identifying their choice of respite care provider. The respite provider can be a family member, trusted friend or an agency providing in-home or temporary residential care. If the caregiver needs assistance locating a respite provider the 211 CareLine may be of assistance.
- ECR is a collaborative project of the Idaho Commission on Aging, the Idaho Federation of Families for Children's Mental Health, and the Idaho Caregivers Alliance. More detailed information regarding eligibility, emergency criteria, additional resources and the application can be found at: www.idahofederation.org or by contacting the Idaho Federation of Families at: (208) 433-8845 or 1-800-905-3436.