

**BEHAVIORAL HEALTH INTERAGENCY COOPERATIVE
REPORT TO THE GOVERNOR
DECEMBER 22, 2012**

INTRODUCTION

Executive Order 2011-01 assigns the Behavioral Health Interagency Cooperative (BHIC) the responsibility to:

Facilitate transformation efforts outlined in the October 2010 Behavioral Health Transformation Plan with consideration for fiscal restrictions in Idaho's budget, current needs of agencies, and recommendations of the Idaho Health Care Council. (EO-2011-01)

BHIC observes the transformation of the behavioral health system is complex and multidimensional. BHIC's activities to date feature cross-system coordination, proposed statutory changes, and the support of regional and local partnerships and leadership. Collateral efforts underway by individual BHIC members or in coordination among one or more members are important supports to transformation and demonstrate the commitment to achieve an effective behavioral health system.

This Annual Report (Report) of the BHIC presents transformational activities implemented in response to BHIC leadership, identifies the numerous individual and cross-agency collateral activities that support transformation, and presents BHIC's objectives for 2013.

Idaho's Transformation Vision

Idaho citizens and their families have appropriate access to quality services provided through the publicly funded mental health and substance use disorders systems that are coordinated, efficient, accountable and focused on recovery.

Goals

1. Increase availability of and access to quality services
2. Establish an infrastructure with clear responsibilities and actions
3. Create a viable regional and/or local community delivery system
4. Efficiently use existing and future resources
5. Increase accountability for services and funding
6. Seek and include input from stakeholders and consumers.

- Transformation Plan 2010 -

IMPLEMENTING THE TRANSFORMATION OF THE BEHAVIORAL HEALTH SYSTEM

Cooperative Led

BHIC members are working on a number of specific implementation activities, which will result in a shared infrastructure to better support and serve behavioral health clients and provide a foundation for standards of service delivery. A subcommittee appointed by BHIC works the details of each initiative on a dedicated basis.

BHIC members, including the Idaho Department of Health and Welfare (DHW), Department of Correction (DOC), Department of Juvenile Corrections (DJC), the Idaho Supreme Court (Courts), Office of Drug Policy (ODP), State Department of Education (SDE), State Planning Council on Mental Health (Planning Council), and the Idaho Association of Counties (Counties) are working together to:

- Coordinate the operation of the delivery system by developing an electronic health records and treatment system to support

the entities' collective and individual needs, fostering the sharing of information across systems to serve the customer's best interest. The **Web Based Infrastructure Treatment System (WITS)** is in a multi-agency pilot phase, involving DHW, DOC, DJC and the Courts. It is poised for full implementation in July 2013. Initially focused on substance use disorders, the intent is that the system will ultimately serve the entire behavioral health system.

- Develop a shared **Request for Proposal** for a new management services contract for substance use disorders across systems as requested by the Joint Finance Appropriations Committee. Jointly developed by DHW, DOC, DJC and the Courts, a single provider will support and be accountable to each entity through a vehicle that establishes shared standards and quality assurance. The RFP is scheduled for release in late 2012.

Members of the cooperative are committed to see through the implementation of these activities and others as the coordinated system matures.

Collateral Efforts

BHIC members have taken the initiative to improve the behavioral health system on an individual basis and through partnerships as they identify and pursue transformational opportunities. While many of these activities are not a direct result of a BHIC-generated decision, they are collateral efforts reflecting the intent and commitment of the entities involved to perpetuate the development of the most effective behavioral health system. For example:

- DHW proposes changes to Title 39 in the 2013 session of the State Legislature to provide the opportunity for regional stakeholders to form Regional Behavioral

Health Boards (Regional Boards), with the corresponding authority for those Boards to enter into contractual arrangements to provide or oversee the delivery of community based behavioral health services.

- DHW also proposes to statutorily change the State Planning Council on Mental Health to the State Behavioral Health Planning Council, so this important advocacy organization embodies the behavioral health community-mental health and substance use disorders-in its statewide advocacy capacity. The Council is already, in practice, moving in this direction.
- DHW proposes to transfer the federal prevention grant funding it receives to ODP, as ODP's mission is specific to drug abuse prevention and those funds can best be leveraged there.
- Recognizing DHW's mission for the delivery of treatment services, ODP is working to move the trustee and benefit funds it receives for Allumbaugh House to DHW to ensure the funding is located where it is most effectively delivered.
- DHW and ODP will continue to look for ways to include local entities in community-based prevention on a contractual and/or grant basis and encourage increased local decision-making.
- DHW, DOC, DJC, and the Courts have all been appropriated funding to manage substance use disorder budgets and services delivered to targeted populations. The entities have demonstrated successful and effective implementation of the decentralized substance use disorders budget.
- During 2012, ODP invigorated its drug prevention mission by initiating the development of the Idaho State Drug Prevention Strategy, designed to guide the

efforts of prevention providers in Idaho to ensure prevention resources are applied to implement environmental or evidence-based strategies and to address identified priority issues. The transformed system will allow prevention transformation grant funds to pass through to communities to implement prevention strategies, providing for increased local control, direction and decision-making.

- DHW has invited the Courts to jointly plan to access DHW misdemeanor funding for offenders who participate in Domestic Violence Courts and Misdemeanor/ DUI Drug Courts.
- DJC continues to leverage its regional network, featuring the active involvement and leadership of Counties and Courts throughout the state, to provide a locally managed substance use disorder and mental health treatment system for justice involved juveniles. DJC's efforts maintain standards of service delivery promulgated and monitored by DHW and the additional involvement of local judges and probation officer to ensure oversight of each case.
- Veteran Treatment Courts (VTC) use the successful framework of problem-solving courts where local teams hold regular meetings and hearings to ensure offenders in the community are held accountable. The courts match judicial oversight, intensive treatment, and probation supervision; however, the focus for VTC is on ensuring offenders who have served their country and have substance abuse and/or mental health problems receive treatment and support in the community rather than in a correctional facility. In Idaho, local court teams work with the Veterans Administration and community providers to coordinate resources, services, and to

take advantage of the supportive camaraderie of the military experience.

- DOC is implementing a Pathways to Success Program, within which offenders are provided a "pathway"—including placement and services—in response to their actual diagnoses and needs. The goal is to maintain optimal levels of functioning for inmates in least restrictive settings, and from the first contact prepare offenders for an effective transition back to the community. The program features coordination and collaboration with 1) each District Probation and Parole Officer (to manage the assessment, treatment recommendation and reporting to the courts prior to sentencing as well as post sentencing); 2) DHW (to assign specific clinical staff to each district probation and parole office to better facilitate the screening and assessment of offenders prior to sentencing, and to coordinate with mental health treatment for offenders under supervision; and 3) the management services contractor (to provide core treatment and recovery support services).
- DOC, DHW and the Courts have partnered to implement Section 19-2524 Idaho Code, expanding assessment and treatment services for felony offenders.

Clearly, the work of behavioral health transformation and coordination is underway within, among and across the various entities and systems in a manner supporting the transformation goals to:

1. Increase availability of and access to quality services.
2. Establish an infrastructure with clear responsibilities and actions.
3. Create a viable regional and/or local community delivery system.

4. Efficiently use existing and future resources.
5. Increase accountability for services and funding.
6. Seek and include input from stakeholders and consumers.

OBJECTIVES FOR THE COMING YEAR

BHIC members seek continued transformation of the behavioral health system in the years to come. For 2013 the group will

- Work collaboratively to award and implement the SUDs services contract.
- Work collaboratively to maximize benefits of using the WITS system.
- Work collaboratively to support the transformation of Idaho's substance abuse prevention system.
- Begin to plan for the impact of changes in the funding structure related to Medicaid managed care, potential Medicaid expansion, and the proposed health insurance exchange.
- If legislation passes, consolidate regional behavioral health functions in Regional Boards and work collaboratively to support those functions.
- As resources allow, consider and implement collaborative strategies at a regional level to demonstrate the states' efforts to serve all populations.