

**Introduction for Becky diVittorio, Executive Director, Optum Idaho  
Idaho Senate/House Committee on Health and Welfare**

My name is Becky diVittorio and I am the Executive Director for Optum Idaho.

Thank you for allowing me the opportunity to discuss the progress that has been made in helping Idahoans get the behavioral health care services they need. Since last year, some new faces have been added to this committee so I would like to share some background on Optum and what we are working to achieve in Idaho.

The State of Idaho hired Optum in September 2013 to manage the outpatient mental health and substance use services for people enrolled in the Idaho Behavioral Health Plan. I have been with Optum Idaho since we started our work here and I can truly say this has been an incredibly rewarding experience because it's an opportunity to advance Idaho's system of care and take it to the next level for people who need our support. In partnership with the state, we are enhancing the system by linking more people to the care they need based on nationally recognized evidence-based medical practices that have proven to work. I know change is not easy. I call what we are doing disruptive innovation. The disruptive part is hard but the innovation is exciting and rewarding.

Before I begin my presentation, I would like to introduce Craig Herman, the Senior Vice President for Optum who oversees the work we do and provides national support to ensure that we continue to execute our best work. Also joining me is Optum Idaho's clinical director Dr. Dennis Woody. Dr. Woody is an Idahoan and

has worked in the Idaho behavioral health system for more than 25 years. He is responsible for leading Optum Idaho's clinical program to ensure people are getting high quality and appropriate services.

At Optum Idaho, we are helping people reach recovery by getting them the outpatient care they need at the right time and place, and ensuring efficient, effective use of Idaho taxpayer dollars. Our work is done in partnership with members, providers, the state and community partners.

In the next few minutes I'll talk about our progress and the goals we have for 2015 and beyond.



**Idaho Behavioral Health Plan Update:**  
Senate Health and Welfare Committee  
January 27, 2015

*Attachment 4*

# Agenda

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- I. System Transformation
- II. Outcomes
- III. Our Work Ahead

## Evidence-Based Practices

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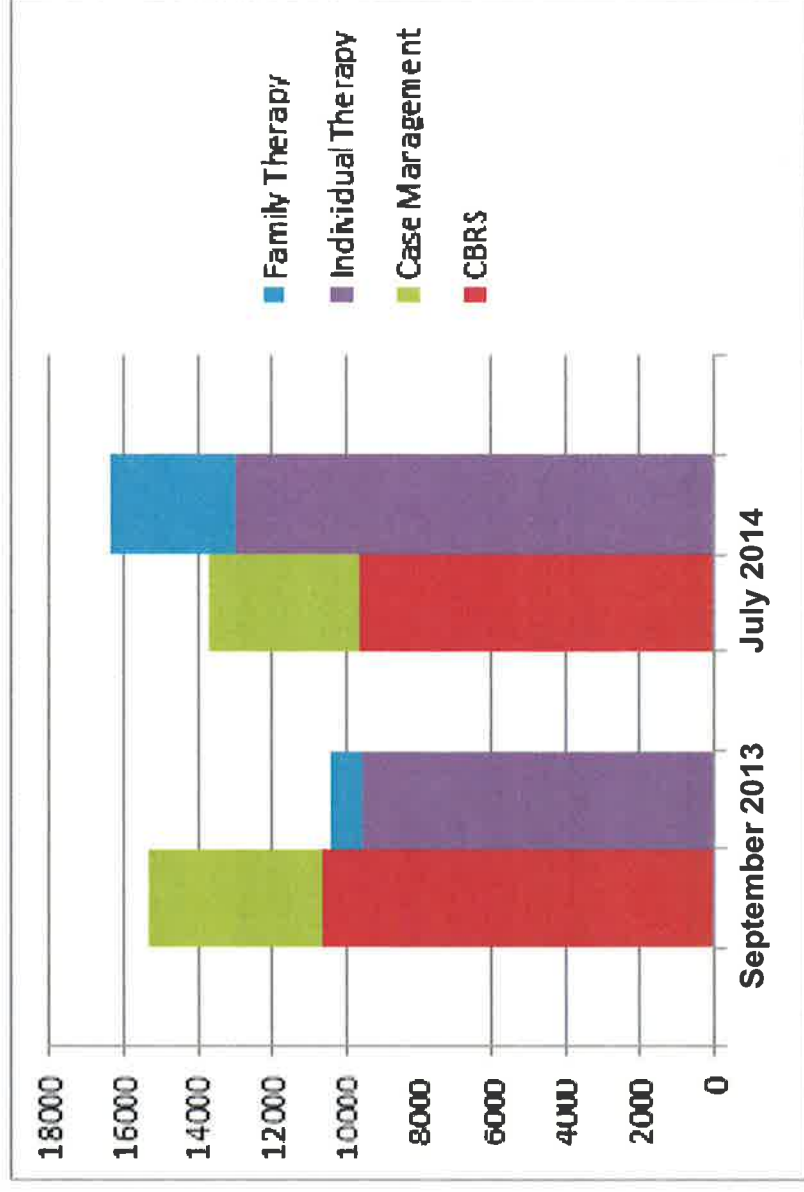
- Evidence-based practices are interventions that are known to work.
  - The U.S. Surgeon General, the Institute of Medicine (IOM) and the President's New Freedom Commission Report on Mental Health call for the broad use of evidence-based practices to help improve care.
  - According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), in the behavioral health field, the term evidence-based practices refers to interventions that have been **rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial, and effective** for most people diagnosed with mental illness and substance use disorders.
- Evidence-based guidelines for the behavioral health field are provided by the:
  - American Psychiatric Association
  - American Academy of Child and Adolescent Psychiatry
  - and governmental sources such as SAMHSA, Centers for Medicare and Medicaid Services and the U.S. Department of Veterans Affairs

# Clinical Excellence Spotlight: Evidence-Based Practices

## Members Accessing Care – Service Comparison

From September 2013 through July 2014:

- The number of members accessing individual therapy increased 36%.
- The number of members accessing family therapy more than tripled.



# Strengthening Communities Spotlight: Mental Health First Aid

Mental Health First Aid is recognized by SAMHSA as an evidence-based practice for communities.

In rural communities, Mental Health First Aid has been shown to:

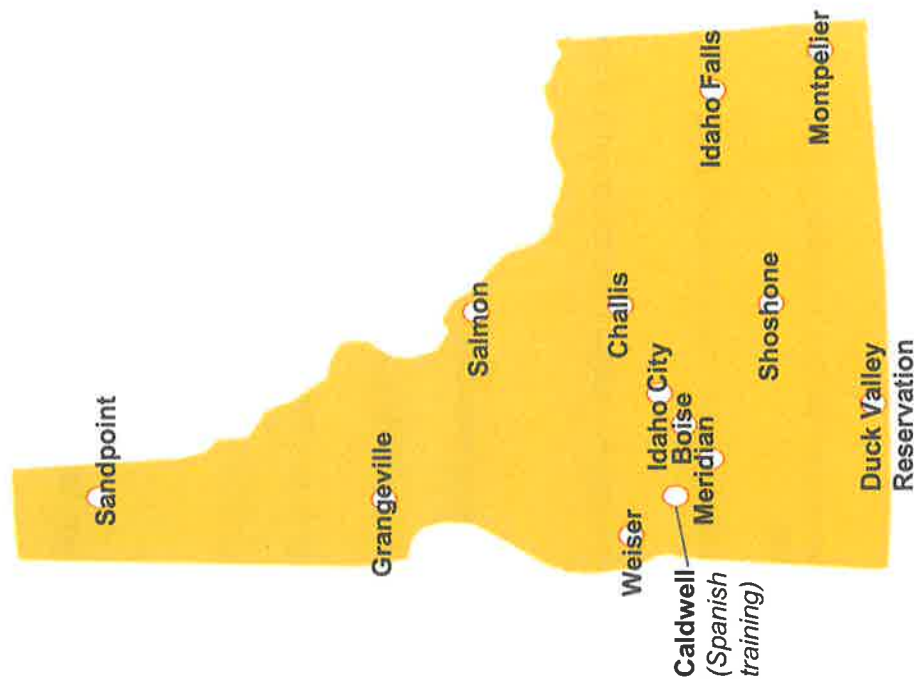
- Increase understanding of mental illness.
- Improve participants confidence in helping those in a mental health crisis.
- Changed attitudes and behaviors towards those with a mental health issue.

***“...empathy toward clients presenting with mental health issues has improved as a result of this training. I do thank Optum Idaho for offering it and especially in our community.”***

- Grangeville provider whose non-clinical staff attended training.

Sources: Mendenhall AN, Jackson SC, Hase S. **Mental Health First Aid USA in a rural community: Perceived impact on knowledge, attitudes and behavior.** *Social Work in Mental Health*, 2013.

**Mental Health First Aid Trainings: 2014-2015**





# Enhancing Programs and Services

## Challenges and opportunities

- Nationally recognized peer support program was not a reimbursed benefit under Medicaid.
- There was a need for additional support for families.
- While Optum only manages the outpatient system, we identified the opportunity to help members transition from inpatient levels of care back to their community.

## Changes Optum made

- Peer support services are now an available benefit under the Idaho Behavioral Health Plan.
- Developing new services to help families understand and navigate the mental health and substance abuse treatment system.
- Created new community transition services that provides in-home support, assists with outpatient follow-up appointments and helps people who were hospitalized work effectively with their treatment providers.

## Results

- Since April 2014, more than **1,200 members** have accessed the new peer support service benefit and that number continues to grow.



## **Our Work Ahead**

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- Implement evidence based practices
- Expand the array of covered services with value added benefits
- Engage consumers in recovery & resiliency
- Enhance the crisis response system
- Strengthen the role of stakeholders in system design
- Build healthy relationships



Thank You.

