



# Provider Press

## Quarterly Newsletter

We hope you find this publication of Provider Press helpful and insightful. Your network management staff are continuing to enhance communication opportunities and will cover important updates, upcoming trainings and topics of interest to our provider network on a quarterly basis. To ensure we are providing relevant and timely information that is important to you, we welcome your feedback. Additional detail can be found in the Provider Alerts at [optumidaho.com](http://optumidaho.com) should you want more information on any of these topics.

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## Family engagement in the care of a child or youth

The family/caregiver should play an active role in the member's treatment by identifying goals for the member and family to work on, which helps the member and family achieve those overall goals. The level of involvement may look different for each family, depending on the actions or steps needed to achieve those goals. At a minimum, the family or caregiver should participate in treatment planning, identify actions and activities for them to work on (related to the plan), and engage in regular sessions where they update the provider on progress and receive feedback from the provider on their actions and activities. It's critical to have a strong family presence and active engagement from the beginning of the member's care and continuing throughout. By investing in this time with the family up front, the subsequent treatment outcomes are likely to improve as a result.

*(Family engagement continued on page 2)*

# Family engagement (continued from page 1)

See 'Resources for Providers' to the right for more information on ways to engage families.

We also encourage you to refer the member and family or caregiver to the helpful free resources in the sidebar to the right. There are two courses from National Alliance on Mental Illness (NAMI), and additionally we have heard directly from several families that the resources and groups at the Idaho Federation of Families have been very helpful.

Providers have different approaches for putting this concept into practice. If you have a method or resource that has been especially helpful in getting families engaged, please let your Provider Relations Advocate know. We'd love to hear from you! In the meantime, this is how some of your colleagues manage family involvement:

*"One conversation that I often have with families is: there is a whole dynamic that the family is wanting to shift and the sole responsibility of that cannot rest on your child alone. There are things that every family member can do to support this change."*

**Shawna TenEyck, LCSW**

Children's Supportive Services, Inc. - Idaho Falls, ID

*"Parent participation is so complex as it varies on the needs of the patient. Every therapist on my team believes that since we work with children we also work with parents/families, and it is our role to make that happen and facilitate those interactions as much as possible. As therapists, we can change the culture of how families are involved. We can work to shift from a drop-off culture of therapy to one that is collaborative and engaged... Optum setting policy is not a solution to this problem. Working to provide skills to boost the confidence of providers and support of agency leadership seems more meaningful."*

**Brhe Zolber, LCPC, RPT**

St. Luke's Center for Neurobehavioral Medicine - Boise, ID

Please check future editions of the Provider Press for additional information on this topic. In addition, we are planning a session on family engagement at the Optum Conference Oct. 18-19, 2022. See page 3 for more information about the conference. ■

## Resources for providers

**National Federation of Families:**

[www.ffcmh.org/resources-familydriven](http://www.ffcmh.org/resources-familydriven)

**6 Ways to Engage Families to Support Child Mental Health**

(Closler/Johns Hopkins Medicine):

[closler.org/connecting-with-patients/6-ways-to-engage-families-to-support-child-mental-health](http://closler.org/connecting-with-patients/6-ways-to-engage-families-to-support-child-mental-health)

**Webinars through PsychU:**

[mailchi.mp/psychu/your-weekly-news-psychu-spills-the-tea-on-sdoh-1033424?e=ecfeb0eb0c](http://mailchi.mp/psychu/your-weekly-news-psychu-spills-the-tea-on-sdoh-1033424?e=ecfeb0eb0c)

## Resources for families and caregivers

**Course 'Family to Family' from National Alliance on Mental Illness (NAMI):**

[www.nami.org/Support-Education/Mental-Health-Education/NAMI-Family-to-Family](http://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Family-to-Family)

**Course 'NAMI Basics' from NAMI:**

[www.nami.org/Support-Education/Mental-Health-Education/NAMI-Basics](http://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Basics)

**Idaho Federation of Families Resources and Groups:**

[www.fyidaho.org](http://www.fyidaho.org)

Save the date!

## Optum Conference is Oct. 18-19, 2022



### Idaho's Behavioral Health Landscape

IMPACT. UNITE. EMPOWER.

We are very excited to announce the keynote speaker for the Optum Conference: Thomas Koulopoulos! Tom is the Chairman and founder of Delphi Group, a 30-year-old Boston-based think tank named one



**Thomas Koulopoulos**

of the fastest growing private companies by Inc. Magazine, and the founding partner of Acroventure Ventures, which invests in early-stage technology startups. He is the author of 13 books, including *Reimagining Healthcare*, in which he describes methods for fixing the health care system without substantial policy change. Experts have described Tom's work as "a brilliant vision of where we must take our enterprises to survive and thrive," and "makes you question not only the way you run your business but the way you run yourself."

Tom is a well-known futurist with a unique and respected perspective on healthcare and the workforce, to help us navigate the post-pandemic period. Tom's messaging will also include creative

ways to help rural areas, use of technology, importance of self-care, and the reason for optimism.

We are in the process of finalizing all other speakers, many of whom are Idaho behavioral health providers. Below are some additional details:

**Date:** Oct. 18-19, 2022, two full days

**Theme:** Idaho's Behavioral Health Landscape: Impact. Unite. Empower

**CEUs:** Yes, details coming soon

**Who:** Optum network providers  
Other interested behavioral health & primary care providers  
Other community stakeholders

**Where:** JUMP\* in downtown Boise or virtually from anywhere

**Cost:** FREE!

*\*Based on health and safety guidelines, which may require us to limit in-person attendance*

**COVID-19 vaccination required** if attending in-person.

More conference details coming soon at [www.optumidahoonference.com](http://www.optumidahoonference.com). In the meantime, please email [optumconference@optum.com](mailto:optumconference@optum.com) with any questions. ■



## How do your clinical practices meet the growing epidemic of suicide?

Suicide is a significant public health concern. The American Psychological Association (APA) website featured an article, **New Research in Suicide Prevention**. This article reported that nearly 45,000 Americans died by suicide in 2020. According to Substance Abuse and Mental Health Services Administration (SAMHSA), suicide is the 10th leading cause of death worldwide. It's also the second leading cause of death for adolescents and young adults aged 15 to 24 in the United States. Additionally, Idaho

consistently ranks higher than the national average. Suicide can be prevented but there are several steps we as mental health providers need to remember. Screening and hospitalizations are only part of the solution.

Do you recall the warning signs and risk factors, do your interventions and safety plans also address those with escalating risks? Are you using practices that are evidence-based or out-of-date?

### Myths about suicide

There are several myths around suicide. Let's start by debunking a few of the key myths.

**MYTH:** Asking a person about suicide will encourage or lead to a suicide attempt.

**FACT:** This is false. It opens the door for communication and further opportunity to assess and intervene so don't be afraid to ask!

**MYTH:** Only certain types of people have thoughts of suicide.

**FACT:** This is false, all people have the potential to have suicidal thoughts and not everyone with a mental illness experience suicidal thoughts.

**MYTH:** Most people that are thinking about suicide never talk about it or seek help.

**FACT:** This is false, studies show that most people that attempt suicide sought help days to months before they made their attempt. On the flip side, not everyone that completes suicide has a mental health illness.

*(Continued on page 5)*



## Suicide (continued from page 4)

**MYTH:** People who die by suicide are selfish and weak.

**FACT:** People that die by suicide feel trapped, helpless, and hopeless. They often feel completely alone or like a burden to others. They are suffering so deeply that they see no way out.

**MYTH:** Some people say they're suicidal just to get attention.

**FACT:** People that have suicidal gestures or express suicidal thoughts are in distress and may

use these actions as a way to get help they need.

The myths mentioned here are very common, but all myths are just that, myths, and remind us to review the facts. It's also equally as important to understand and recognize the warning signs and risk factors related to suicide. Whether someone reports suicidal ideation or not, they may be at elevated risk and being aware of the warning signs can alert you to take further action. These steps may save a life!

Below is a list of risk factors to consider when determining overall risk:

- Previous attempt(s)
- History of mental illness
- Current psychosis with command hallucinations to harm/hurt self
- Highly impulsive behavior
- Exposure to suicide from family, friend, or peer
- History of abuse
- History of substance use disorder
- Current suicidality
- Acute medical problems and/or chronic pain
- Access to unsecured firearms or other lethal means
- Post-discharge acute inpatient psychiatric hospital
- Local epidemic of suicides
- Low availability to natural supports, few hobbies/interests and or unhealthy coping skills

How do you manage at risk clients that deny suicidal ideation? Do you stop there, or do you consider the above-mentioned issues when assessing overall risk? It's not uncommon for us to focus only on imminent risk and forget to consider the additional conditions that can greatly increase the overall risk. According to SAMHSA, those with a single risk factor are much more difficult to predict, but multiple risk factors increase the predictability and therefore should be thoroughly assessed.

If someone has multiple risk factors, even if not actively suicidal, is it good practice to document "no" risk without accounting for and reporting on overall risk? And what if they are chronically or passively suicidal with multiple risk factors? What steps do you take next?

Let's look at some warning signs that may hint at an escalating situation:

- Increased talk about desire to be dead or die or feeling they are better off dead.
- Talk of feeling helpless, hopeless or have no reason to live.
- Talk of feeling trapped or burdensome.
- Talk of unbearable pain.
- Severe mood changes including extreme depression, anxiety, agitation, and/or restlessness
- Increased isolation
- Increased drug or alcohol use
- Extreme changes in sleep
- Researching ways to die
- Giving away personal belongings

*(continued on page 6)*



## Suicide (continued from page 5)

Once you've identified a suicidal individual, remember to ask about intent, method, access, and lethality. This information is also critical to determining the three core elements of an at-risk client:

1) intervention, 2) monitoring and 3) follow up. Action should be appropriate to risk, evidence-based, and feasible. Remember to include thorough documentation, necessary care coordination and implementation expectations as these don't take place unless your policies and procedures are clear to all staff. These actions may look different from practice to practice, but your practice philosophy should drive the elements of at-risk care. Information to consider when updating or developing policies and procedures around risk assessment, mitigation and follow up are:

- Use of evidence-based suicide screeners, when to expand an assessment and intervention taken based on risk level
- Use of a risk stratification system: what constitutes low vs moderate vs high or imminent risk
- Use of assessment tools: consider staff requirements and expectations, validity, and ease of tool but also how you'll use the information obtained

- Use of different policies and procedures when employing telehealth vs in office situations
- Use of technology and resources to keep a suicidal client on the phone while simultaneously requesting emergency services
- Use of crisis planning and/or safety plans for all at-risk and actively suicidal clients, expectations for updates and reviews, including family members
- Use of internal and / or external care coordination with other mental health treatment team providers
- Use of local law enforcement and when to call

To tie all this information together as you may consider changes, the afore-mentioned **APA article** shares that there are things clinicians and providers can do to reduce a patient's risk. The article reported that crisis planning was far superior to a safety contract. Requesting the client promise to not attempt to harm themselves, is not sufficient and does not have evidence to support such an intervention. It also reported that a study of military members given a brief cognitive behavioral therapy (CBT) intervention demonstrated they were 60% less likely to attempt suicide over the next two years compared to those without CBT. We need to remember that more is not always better but intervening, monitoring, and following up are imperative.

Additionally, there are free evidence-supported assessment tools available that take into consideration, current and overall risk, as well as protective factors that also assist in determining actions to minimize risk of a bad outcome.

In summary, given the statistics above, we encourage you to review your policies around at-risk and suicidal clients and ensure all staff are trained accordingly. Finally, we urge you to ensure these policies align with community practice standards, current guidelines, and best practices. ■

### Resources for suicide prevention

**American Psychological Association (APA) New Research in Suicide Prevention:**  
[www.apa.org/monitor/2021/09/news-suicide-prevention](http://www.apa.org/monitor/2021/09/news-suicide-prevention)

**SAMHSA Evidence-Based Resource Guide Series: Treatment for Suicidal Ideation Self-Harm, And Suicide Attempts Among Youth:**  
[store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP20-06-01-002.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-002.pdf)

**Zero Suicide:** [zerosuicide.edc.org](http://zerosuicide.edc.org)

Also see the additional Optum Idaho Relias Learning courses below that are available for providers through your Relias account.



## Learning is the key to new opportunities

*By the Optum Idaho Education and Training Team*

Hello Providers! We wanted to make you aware of some new courses that are available through Optum Idaho Relias Learning that are interactive and engaging! These courses provide interactive scenario-based activities and offer the opportunity to earn continuing education units (CEUs).

We are excited to inform you about these new inventive trainings that available for you to continue to enhance your knowledge and skills.

Log into your Relias account, and then click on the links below to access these courses:

- **Crisis Management Across Health and Human Services**
- **In Session: Practicing Clinical Skills to Prevent Other-Directed Violence in Adults**

- **In Session: Practicing Clinical Skills to Prevent Other-Directed Violence in Children and Adolescents**
- **In Session: Practicing Clinical Skills to Prevent Suicide**
- **In Session: Practicing Clinical Skills to Prevent Suicide in Children and Adolescents**
- **In Session: Practicing Clinical Skills to Prevent Suicide in Older Adults**
- **In Session: Suicide Assessment and Interventions for Adults**

Or access the courses at:  
[optumidaho.training.reliaslearning.com](https://optumidaho.training.reliaslearning.com) ■



# Role of Quality Management at Optum Idaho

## What we do

For Optum Idaho, Quality Management is not only a department, but a central tenet in the way we conduct all aspects of our operation. Our Quality program is a comprehensive and outcome-driven program inclusive of quality assessment, quality management, quality assurance, and performance improvement for all covered services.

At the core of the Quality program within Optum Idaho is the mission statement that was written and distributed by the Idaho Department of Health and Welfare (IDHW) and serves as a guiding declaration for the Idaho Behavioral Health Plan (IBHP) Quality Management program:

Our mission is to promote and protect the health and safety of Idahoans.

- Improve the quality of care provided to all behavioral health Members;
- Improve behavioral health Member satisfaction with services received; and
- Improve health outcomes for all behavioral health Members.

To that end, as a provider, areas that you may have collaborated with the Quality team include:

- Adverse Benefit Determinations
- Retrospective Reviews
- Member Appeals
- Provider Disputes
- Critical Incidents
- Complaints
- State Fair Hearings

## The Quality Assurance and Performance Improvement (QAPI) Program

Our QAPI is a comprehensive program that incorporates the review and evaluation of all aspects of the behavioral health managed care delivery systems. The program monitors: accessibility; quality of care; appropriateness, effectiveness, and timeliness of treatment; and member satisfaction.

Quality chairs the Quality Assurance and Performance Improvement (QAPI) Committee that oversees the

following external committees, allowing providers and members to have a voice in the improvement of behavioral health services, access, and processes.

- Provider Advisory Committee
- Member Advisory Committee
- Peer Review Committee ■

## Member Satisfaction Survey comments regarding provider satisfaction

*“I am all about self-growth and self-help and they have helped me to overcome my battles that I was facing. I guess Optum, my health care provider and my counselor were very helpful in the success I have been given.”*

*“It’s about the counselors themselves that you have chosen to be part of your network. I really like the counselor I’m going to as well as one my son is going to. If they are good counselors that are part of your network, that is good.”*

*“I am happy with my counselor. She seems to genuinely care about my wellbeing.”*

*“My daughter started on the services because we needed help badly since we have helped with Optum. She is in school and able to stay in school. We have had diagnosis and services for therapies that have been able to help her. It’s a complete turnaround; our lives have changed. In whole, I feel the services have given my daughter an opportunity at life.”*

*“I have had good experiences with my health care or with Optum Idaho and I feel like all of my needs have been met. ...My doctor is friendly, the nurses are friendly, my counselor and all of the staff at the counseling place are very friendly.”*



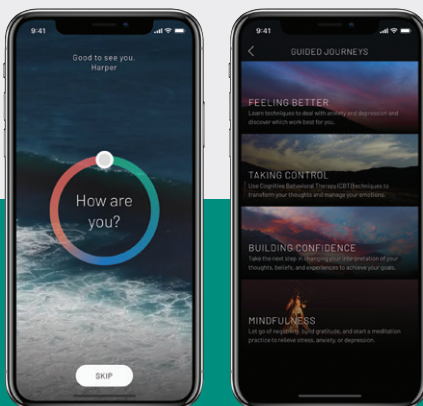
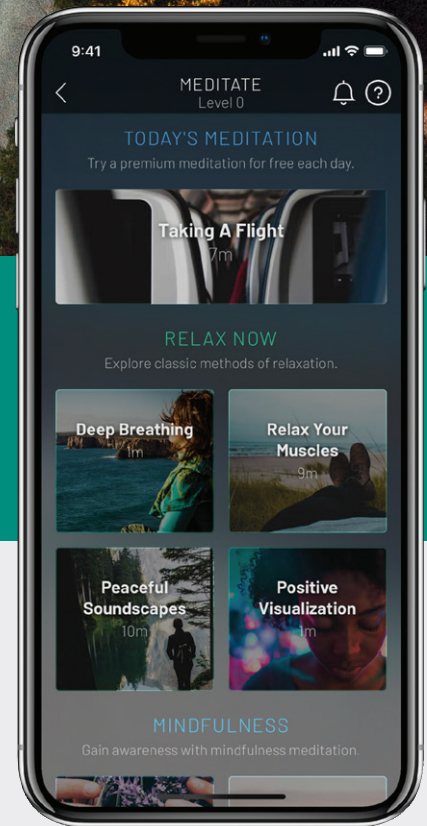
# Say hello to Sanvello

SANVELLO™

The new app for  
on-demand help with  
stress, anxiety and depression

The Sanvello app is **free to anyone** and the *premium version* is available at **no extra cost** for members of Idaho Medicaid and other select health insurance plans.

Sanvello is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression—anytime. Connect with powerful tools that are there for you right as symptoms come up. Stay engaged each day for benefits you can feel. Escape to Sanvello whenever you need to, track your progress and stay until you feel better.



More information about the app features available on [Sanvello.com](https://www.sanvello.com)

Get the Sanvello app on Google Play or the App Store. Use your Medicaid insurance ID for **free access** to the premium version.

