Region 6 Mental Health Board/RAC meeting

September 17. 2013

11:30 to 2:30

Welcome & Introductions – Brenda Price

Approval of minutes from 08.20.2013 meeting

Issues up for a vote:

- Would Region 6 like to continue doing a legislative event locally or move it to one event for all regions to be held in Boise?
- Are board members in favor of changing the meeting time back to 5:30 PM to accommodate schedules?

Prevention Update – Annette Ludington, Benchmark R&S

RAC updates – Brenda Price

Cammack Award – Zina Magee has retired. Who will take over the responsibility to coordinate?

QPR training - provided by Matt Olsen.

Next Meeting Date: Oct. 15, 2013

Region 6 Behavioral Health Board meeting notes

08.20.2013

Board Members in Attendance: Rick Capell, Carl Glover, Linda Hatzenbuehler, Barry Jones, Liz Lovell, Michele Osmond, Pam Sanford

Others in attendance: Joe Arzola, Patty Day, Lynne Gelles, Stephanie McBride, Betty Moore, Lennart Nivegard, Brenda Price, Bill Slaven, Matt Wadsworth, Rosie Andueza and Bobbi Blankenship by phone

Liz Lovell opened the meeting and introductions were made.

Barry Jones moved to approve the minutes from the July 16, 2013 meeting. Rick Capell seconded the motion, and the notes were approved by a vote.

Carl Glover – Peer Specialist, DHW

- Carl discussed his role as a Peer Specialist on the ACT Team. A Peer Specialist must be in recovery from a mental health issue and be certified through a training that is provided by Mountain States Group in Idaho.
- He does a wide variety of duties, such as medicine runs and compliance. He also does what is normally thought of as Peer Specialist duties. That includes taking time each week to work on socialization skills and encouraging them to do as much as they can to reach their potential.
- Joe asked whether the certification is state or national level. He read on the Optum website that they require national level certification for peer specialists. Rosie sent that question on to Medicaid for an answer. Bobbi also said that they may bring peer specialist training to the regions in the future. She said that if someone is interested in hiring a peer specialist, they can send the job posting to her to be shared with their graduate list. Bobbi also verified that there is no international certification for peer specialists, and Optum will accommodate each State's standards.

Lynne Gelles, DHW and Stephanie McBride, Lighthouse for Recovery – Recovery Coaches

- Recovery coaching is a community-based service that helps to sustain longer recovery because it provides a longer term follow up to treatment.
- They help to keep the consumer invested in their recovery because of the continued support.
- They understand the importance of addressing trauma for continued recovery.
- The four goals of a Recovery Coach are, 1) to promote recovery, 2) to remove barriers, 3) to connect recoveries' with recovery support services, and 4) to encourage hope, optimism and healthy living.
- Recovery coaches work for prevention and harm reduction.
- Bill Slaven asked what the target date was for recovery coaching to be up and running. Rosie said that the core group was already trained and working with Optum for approval. Currently DHW pays for recovery coaching as a life skill for the DHW population. The Courts, IDOC and IDJC have not approved it as a reimbursable service at this time. For information about recovery coach training or for a list of trained recovery coaches, anyone can email RecoveryCoaching@dhw.idaho.gov.

- Rosie said that they are working on standards for recovery coaching and eventually the training will be a certification in Idaho.
- A Recovery Coach training is scheduled for Oct. 21-24, 2013 at State Hospital South in Blackfoot. There is funding to pay for the manuals for the trainee, and there is no charge for the training. A flyer will be sent out with registration information.

Rosie Andueza, DHW – Program Manager

- Rosie said that the SUD budget is approved. There is a small cushion in there to ensure that as all the changes take place, there will be funding for the providers to try to minimize impact as all the systems are put into place.
- Rosie said that if there are funds left, she would like to open a voluntary population for a period of time.

Lennart Nivegard, IDJC – Liaison

- Lennart went over the Idaho Dept. of Juvenile Corrections year-end reports. They were able to spend more of the funding this past year because people learned that the funding was available and how to access the funds.
- The funding is appropriated per county using a population formula, but the funds can be fluid in a district. That prevents funds going unused in one county while another county runs out of treatment dollars.

Michele Osmond

- DHW Behavioral Health has been doing a lot of preparation for the managed care transition, and everything is ready. DHW will no longer be serving clients who have Medicaid. Those clients will be transferred out to community providers. The lowest care clients will be transitioned out first, and there really isn't a deadline for when it has to be done. That will allow the transition to be very personalized for each client.
- Michele said that Children's Mental Health workers can go into all counties in Region 6, and they are looking at the best way to support those outlying counties.
- There is national interest in crisis centers as a care model. Michele went with a group to tour one in Billings, Montana. The reason these have gained popularity is because it keeps people out of the jails or hospitals who are not appropriate for either of those, and therefore save money that had been spent using an inappropriate level of care. The way they operate is that a person can go to the crisis center voluntarily or be dropped off there by law enforcement. They are allowed to stay for 23 hours and 59 minutes. While there, they get a place to sleep, an assessment and referral into appropriate services. The Billings Crisis Center was funded through large donations from the two local hospitals and the county. Now they receive state general funds for operations.

State Planning Council Report – Rick Capell and Dr. Linda Hatzenbuehler

- The State Planning Council on Mental Health will be transitioning to a Behavioral Health Council.
- One of the goals of the Council is to have a legislative event, whether that is held in Boise or in each Region.

- The Behavioral Health transformation legislation will be brought forward again. There was some group discussion about the reasons why NAMI opposed it last year. Linda felt like NAMI's real objection was the distinction between two defined populations and how care was to be handled. The distinction is between the Severely Mentally Ill and the Severely Persistently Mentally Ill.
- The DHW Division of Behavioral Health is developing standards for Peer Specialists, Recovery Coaches, and Family Specialists.
- By October, the Planning Council will meet with Chairs of the RACs to discuss membership and ensure that the new boards are not just adding a few people to the Mental Health Boards. The Planning Council wants to make sure that each Region's board is a full representation of behavioral health.
- The Planning Council has created a subcommittee for overseeing the Jeff D lawsuit.
- They would like to expand the hours of operation of the Idaho Suicide Hotline.
- Linda handed out the Idaho State Planning Council on Mental Health FY2013 Annual Report and the accompanying letter to Governor Otter. The report has four specific goals for the regions:
    - Goal 1: Implement at least one new program in each region that has proven efficacy and measurable outcomes.
    - Goal 2: Assure that Idaho's behavioral health care system develops into a system that is trauma-informed. Increase the number of mental health and substance abuse providers who attend trauma-informed training.
    - Goal 3: Limited safe and affordable housing and employment opportunities for individuals living with severe mental health and substance use disorders are available statewide. Increase one affordable housing and employment opportunity for persons with serious mental illness in each region.
    - Goal 4: Closing gaps in the services provided for children and youth suffering from mental illnesses. Increase at least one respite care provider in each region of the state.

Brenda Price – RAC updates

- Glenda Bellanca is retiring from the Bannock County SHARE program, which is done in the jail. Mike Beers will be taking her place.
- There will be a public hearing regarding the proposed changes to the Criminal History Background Checks. It will be held at the Human Development Center on Sept. 10, 2013 at 12:30.
- Does the group want a QPR training during the September meeting? The group voted yes to bring the training during the Sept. Behavioral Health Board meeting.

Barry Jones moved to adjourn the meeting. Karen Briand seconded the motion. Meeting was adjourned.

SECTION 1. That the Heading for Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended to read as follows:

CHAPTER 31
REGIONAL ~~MENTAL~~ BEHAVIORAL HEALTH SERVICES

SECTION 2. That Section 39-3123, Idaho Code, be, and the same is hereby repealed.

SECTION 3. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3122, Idaho Code, and to read as follows:

39-3122. DECLARATION OF POLICY. It is the policy of this state to provide treatment services for its citizens living with mental illness and/or substance use disorder. These illnesses cause intense human suffering and severe social and economic loss to the state. Regional behavioral health services, providing early and appropriate diagnosis and treatment, have proven to be effective in reducing the adverse impact of these conditions and valuable in creating the possibility of recovery. Families play a key role in the successful treatment of mental illness and substance abuse disorders and provision of behavioral health services. Acknowledging the policy of the state to provide behavioral health services to all citizens in need of such care, it is the purpose of this chapter to delegate to the state behavioral health authority the responsibility and authority to establish and maintain regional behavioral health services in order to extend appropriate mental health and substance use disorder treatment services to its citizens within all regions of the state.

SECTION 4. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3123, Idaho Code, and to read as follows:

39-3123. DEFINITIONS.
(1) "Behavioral health" means a person's over- all emotional and psychological condition, including a person's cognitive and emotional capabilities, the ability to function in society and other skills needed to meet the ordinary demands of everyday life. It also de- scribes the evaluation and treatment of a person's combined mental health and substance use.
(2) "Region" means the administrative regions as defined by the department of health and welfare. Two (2) or more regions may consolidate for the purposes of this chapter.
(3) "State behavioral health planning council" means Idaho's council of consumers, advocates and professionals charged with reviewing the state's behavioral health system and advising the governor, legislature and agency leaders on the successes and challenges of the behavioral health system in Idaho.
(4) "Substance use disorder" means the misuse or excessive use of alcohol or other drugs or substances that significantly impact an individual's functioning.

Comment [ERD-C31]: Removed definitions of SPMI, SMI, SED, and BH Authority

SECTION 5. That Section 39-3124, Idaho Code, be, and the same is hereby amended to read as follows:

39-3124. DESIGNATION OF STATE MENTAL HEALTH AUTHORITY AND STATE SUBSTANCE USE DISORDER AUTHORITY. The Idaho department of health and welfare is hereby designated the state mental health authority and the state substance use disorder authority, hereinafter referred to as the behavioral health

authority. The ~~state mental~~ behavioral health authority is responsible for overseeing the State of Idaho Behavioral Health system of care. The Department shall ~~taking~~ take into consideration and ~~incorporating~~ incorporate, wherever possible, the recommendations and evaluations of the state behavioral health planning council ~~on mental health~~ and the regional ~~mental~~ behavioral health boards in all statewide efforts to expand, improve, modify or transform the mental health and substance use disorder service delivery system of the state. ~~The state mental behavioral health authority shall identify the resources necessary for these efforts to be implemented on a statewide basis.~~

Comment [ERD-C32]: Added language that state BH Authority will oversee the State BH System

SECTION 6. That Section 39-3125, Idaho Code, be, and the same is hereby amended to read as follows:

39-3125. STATE BEHAVIORAL HEALTH PLANNING COUNCIL ~~ON MENTAL HEALTH~~. (1) A state behavioral health planning council, hereinafter referred to as the planning council, shall be established to serve as an advocate for adults with a ~~severe~~ serious mental illness, ~~and~~ for children with a serious~~ly~~ emotional ~~ly disturbed children~~ disturbance and ~~youth~~ for adults and children with substance use disorders; to advise the state ~~mental~~ behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the ~~mental~~ behavioral health authority in the development and implementation of the state ~~mental~~ behavioral health systems plan; to monitor and evaluate the allocation and adequacy of ~~mental~~ behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address mental health and substance use services; to ensure that individuals with ~~severe~~ serious mental illness, ~~and~~ serious emotional disturbances and/or substance use disorders have access to prevention, treatment~~, prevention~~ and rehabilitation services ~~including those services that go beyond the traditional mental health system~~; to serve as a vehicle for intra-agency and interagency policy and program development; and to present to the governor, the judiciary and the legislature by June 30 of each year a report on the council's ~~achievements~~ activities and ~~the impact on the quality of life that mental~~ an evaluation of the current effectiveness of the behavioral health services ~~has on citizens of~~ provided directly or indirectly by the state.

(2) The planning council shall be appointed by the governor and be comprised of no ~~less~~ more than fifty percent (50%) ~~family members and consumers with mental illness~~ state employees or providers of behavioral health services. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall ~~strive to~~ include representation from consumers, families of adult individuals with ~~severe~~ serious mental illness or substance use disorders; families of children ~~or youth~~ with serious emotional disturbance or substance use disorders; principal state agencies including the judicial branch with respect to ~~mental~~ behavioral health, education, vocational rehabilitation, ~~criminal justice~~ adult correction and juvenile justice, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services or substance use disorders, and related support services; and the regional ~~mental~~ behavioral health board in each department of health and welfare region as provided for in section 39-3130~~2~~, Idaho Code. The planning council may include members of the legislature ~~and the state judiciary~~.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first

appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion.

SECTION 7. That Section 39-3126, Idaho Code, be, and the same is hereby amended to read as follows:

39-3126. DESIGNATION OF ~~REGIONS FOR COMPREHENSIVE MENTAL~~ REGIONAL BEHAVIORAL HEALTH ~~SERVICES~~ CENTERS. Recognizing both the ~~right~~ need of every citizen to receive the best ~~mental~~ behavioral health services that the state is able to provide within budgetary confines and the disproportionate ability of counties to finance ~~mental~~ behavioral health services, the state ~~mental~~ behavioral health authority shall designate regions and be responsible for establishing regional ~~comprehensive mental~~ behavioral health ~~services~~ centers for all areas of the state. In the establishment of regions, primary consideration will be given to natural population groupings and ~~trading~~ service areas, the regions previously designated for the establishment of other health services, the ~~mental~~ behavioral health needs of the people within the proposed regions, and the appropriate maximal use of available funding.

SECTION 8. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and des- ignated as Section 39-3127, Idaho Code, and to read as follows:

39-3127. COORDINATION OF SERVICES BETWEEN REGIONS AND STATE. The director of the department of health and welfare shall establish the areas of coordination between the regional behavioral health centers and the state psychiatric hospitals.

SECTION 9. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3128, Idaho Code, and to read as follows:

39-3128. FACILITIES FOR BEHAVIORAL HEALTH CENTERS. The state behavioral health authority may contract for the lease of facilities appropriate for the establishment of behavioral health centers. In order to encourage the development of comprehensive and integrated health care and whenever feasible and consistent with behavioral health treatment, these facilities shall be in or near facilities within the region housing other health services. The state behavioral health authority may, when necessary, contract with public or private agencies for the construction of appropriate facilities when approved by the advisory council for the construction of community mental health centers.

SECTION 10. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3128, Idaho Code, and to read as follows:

39-3129. DIVISION ADMINISTRATOR FOR REGIONAL BEHAVIORAL HEALTH CENTERS -- DUTIES. The director of the department of health and welfare shall appoint a division administrator to manage the regional behavioral

health centers and shall supervise its program; shall prescribe uniform standards of treatment and care provided by each regional center; shall set the professional qualifications for staff positions; and make such other rules as are necessary and proper to carry out the purposes and intent of this chapter.

Comment [ERD-C33]: Moved section up to this from below to gather all the sections related to the state BH centers together rather than split up as

SECTION 11. That Section 39-3127, Idaho Code, be, and the same is hereby amended to read as follows:

39-31~~27~~30. RECIPROCAL AGREEMENTS BETWEEN STATES TO SHARE SERVICES. In such regions where natural population groupings overlap state boundaries, as interstate regional ~~comprehensive mental~~ behavioral health service may be established jointly with a neighboring state or states. In such instances, the state ~~mental~~ behavioral health authority may enter into reciprocal agreements with these states to wither share the expenses of the services in proportion to the population served; to allow neighboring states to buy services from Idaho; or to allow Idaho to purchase services that are otherwise not available to ~~her~~ its citizens.

SECTION 12. That Section 39-3128, Idaho Code, be, and the same is hereby amended to read as follows:

39-31~~28~~31. BEHAVIORAL HEALTH SERVICES TO BE OFFERED. ~~A~~ The regional ~~mental~~ behavioral health ~~service~~ center shall ~~include one (1) or more of the~~ provide or arrange for the delivery of services that, combined with community recovery support provided through the regional behavioral health boards, medicaid and services delivered through a private provider network, will lead~~ing~~ to the establishment of a ~~regional~~ comprehensive ~~mental~~ regional behavioral health ~~center~~ system of care that incorporates patient choice and family involvement to the extent reasonably practicable and medically and professionally appropriate. ~~A comprehensive mental~~ The regional behavioral health center ~~may include such~~ shall provide or arrange for the delivery of the following services ~~as~~:

(1) ~~Short-term hospitalization for psychiatric treatment in an ap- proved medical facility within the region~~ Evaluation and intervention for individuals experiencing a behavioral health emergency;

(2) ~~Partial hospitalization~~ Hospital precare and postcare services, in cooperation with state and community psychiatric hospitals, for individuals who have been committed to the custody of the director of health and welfare pursuant to sections 18-212 and 66-329, Idaho Code, or who are under an involuntary treatment order pursuant to chapter 24, title 16, Idaho Code;

(3) ~~Outpatient diagnosis and treatment~~ Evaluation and securing mental health treatment services as court ordered for individuals pursuant to section 19-2524, 20-511A or 20-519B, Idaho Code;

(4) ~~24-hour emergency psychiatric services~~ Evaluation and securing treatment services for individuals who are accepted into mental health courts;

(5) ~~Community consultation and education~~ Treatment services to individuals who do not have other benefits available to meet their behavioral health needs as resources allow including, but not limited to, psychiatric services, medication management, outpatient and intensive outpatient services, assertive community treatment, case management and residential care; and

Comment [ERD-C34]: I took out reference to SPMI, SMI, & SED.

(6) ~~Diagnostic services for other agencies;~~ Community recovery support services as defined in section 39-3133(8), Idaho Code, until the regional behavioral health board can meet the criteria necessary to be responsible for these services.

~~(7) Rehabilitative services;~~

~~(8) Precare and postcare services in cooperation with a state mental hospital;~~

~~(9) Training of mental health personnel;~~

~~(10) Research and evaluation;~~

~~(11) Transitional housing for individuals, including juveniles, with mental illness and/or addiction disorders to promote and sustain the ability of these individuals to live in the community and avoid institutionalization; and~~

~~(12) Intensive supportive services such as those delivered by assertive community treatment teams. Assertive community treatment teams provide individualized treatment, rehabilitation and support services to the severely and persistently mentally ill.~~

SECTION 13. That Section 39-3129, Idaho Code, be, and the same is hereby repealed.

SECTION 14. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3131, Idaho Code, and to read as follows:

39-3132. REGIONAL BEHAVIORAL HEALTH BOARDS -- ESTABLISHMENT. There is hereby created and established in each judicial district according to chapter 8, title 1, Idaho Code, a regional behavioral health board. It is the legislative intent that the regional behavioral health boards operate and be recognized not as a state agency or department, but as governmental entities whose creation has been authorized by the state, much in the manner as other single purpose districts. However, the regional behavioral health boards shall have no authority to levy taxes. For the purposes of section 59-1302(15), Idaho Code, the seven (7) regional behavioral health boards created pursuant to this chapter shall be deemed governmental entities. The regional behavioral health boards are authorized to provide the community recovery support services identified in section 39-3133 (7), Idaho Code. The services identified in section 39-3133(7), Idaho Code, shall not be construed to restrict the services of the regional behavioral health board solely to these categories.

SECTION 15. That Section 39-3131, Idaho Code, be, and the same is hereby repealed.

SECTION 16. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3132, Idaho Code, and to read as follows:

39-3133. EXECUTIVE COMMITTEE OF THE REGIONAL BEHAVIORAL HEALTH BOARDS. Each regional behavioral health board shall annually elect from within its membership an executive committee of five (5) members empowered to make fiscal, legal and business decisions on behalf of the full board or join with another governmental entity that can fulfill the same management infrastructure function. If the regional behavioral health board elects to create their own internal executive committee, the membership shall be representative of the regional behavioral health board membership and must, at a minimum, include one (1) mental health consumer or advocate and one (1) substance use disorder consumer or advocate. The executive committees or the partner public entity shall have the power and duty, on behalf of the regional behavioral health boards, to:

(1) Establish a fiscal control policy as required by the state controller;

(2) Enter into contracts and grants with other governmental and private agencies, and this chapter hereby authorizes such other agencies to enter into contracts with the regional behavioral health boards, as deemed neces-

Comment [ERD-C35]: To allow partnerships with Public Health Districts or be a free standing public entity.

Comment [ERD-C36]: Same as above

sary to fulfill the duties imposed upon the board to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;

(3) Develop and maintain bylaws as necessary to establish the process and structure of the board; and

(4) Employ and shall fix the compensation, subject to provisions of chapter 53, title 67, Idaho Code, of such personnel as may be necessary to carry out the duties of the regional behavioral health boards.

(5) All meetings of the executive committee shall be held in accordance with the open meeting law as provided for in chapter 23, title 67, Idaho Code.

SECTION 17. That Section 39-3130, Idaho Code, be, and the same is hereby amended to read as follows:

39-313~~0~~4. REGIONAL ~~MENTAL~~ BEHAVIORAL HEALTH BOARD -- MEMBERS -- TERMS -- APPOINTMENT. A ~~regional mental~~ behavioral health board for each region shall consis~~ting~~ of ~~seventeen~~ twenty-two (~~17~~22) members ~~is hereby created~~ and shall be appointed as provided herein. All meetings of the regional behavioral health board shall be held in accordance with the open meeting law as provided for in chapter 23, title 67, Idaho Code. Members shall be ~~qualified electors and shall represent~~ comprised of the following: three (3) county commissioners; two (2) department of health and welfare employees who represent the ~~mental~~ behavioral health system within the region; ~~two~~ one (~~2~~1) parents of a child~~ren~~ with a serious emotional disturbance~~, as defined in section 16-2403, Idaho Code, provided each parent's respective child is no older than twenty-one (21) years of age at the time of appointment~~; one (1) parent of a child with a substance use disorder; a law enforcement officer; ~~three~~ one (~~3~~1) adult mental health services consumer representative~~s, advocates or family members~~; one (1) mental health advocate; one (1) substance use disorder advocate; one (1) adult substance use disorder services consumer representative; one (1) family member of an adult mental health services consumer; one (1) family member of an adult substance use disorder services consumer; a private provider of mental health services within the region; a private provider of substance use disorder services within the region; a representative of the elementary or secondary public education system within the region; a representative of the juvenile justice system within the region; a representative of the adult correction system within the region; a representative of the judiciary appointed by the administrative district judge; a physician or other licensed health practitioner from within the region; and a representative of a hospital within the region~~; and a member of the regional advisory substance abuse authority~~. The consumer, parent and family representatives shall be selected from nominations submitted by ~~mental~~ behavioral health consumer and advocacy organizations. The board may have nonvoting members as necessary to fulfill its roles and responsibilities. The board shall meet at least twice each year, and shall annually elect a chairperson and other officers as it deems appropriate.

The appointing authority in each region shall be a committee composed of the chairperson of the board of county commissioners of each of the counties within the region~~, the regional mental health program manager for the department of health and welfare and the regional director for~~ on the effective date of this chapter, the current chair of the regional mental health board and the current chair of the regional advisory committee and, after the initial appointment of members to the regional behavioral health board, the current chair of the regional behavioral health board and one (1) representative of the department of health and welfare. The committee shall meet annually or as needed to fill vacancies on the board. ~~The list of appointments shall be submitted to the department of health and welfare.~~

The appointing authority in each region shall determine if m~~M~~embers of the regional mental health ~~advisory~~ board and the regional advisory commit-

tee who are serving on the effective date of this ~~act~~ chapter may continue to serve until the end of the current term of their appointment~~.~~ or they may end all current appointments and create the board membership based upon the requirements of this section. If the appointing authority decides to allow current members of the board to serve out their current terms, a~~A~~ppointments made after the effective date of this ~~act~~ chapter shall be made in a manner to achieve the representation provided in this section as soon as reasonably practical.

The term of each member of the board shall be for four (4) years; provided however, that of the members first appointed, one-third (1/3) from each region shall be appointed for a term of two (2) years; one-third (1/3) for a term of three (3) years; and one-third (1/3) for a term of four (4) years. After the membership representation required in this section is achieved, vacancies shall be filled for the unexpired term in the same manner as original appointments. Board members shall be compensated as provided by section 59-509(b), Idaho Code, and such compensation shall be paid from the operating budget of the regional behavioral health board as resources allow.

SECTION 18. That Section 39-3132, Idaho Code, be, and the same is hereby amended to read as follows:

39-313~~2~~5. POWERS AND DUTIES. The regional ~~mental~~ behavioral health board:

(1) Shall advise the state ~~mental~~ behavioral health authority through the ~~state~~ planning council on local ~~mental~~ behavioral health needs within the region;

(2) ~~Shall assist in the formulation of an operating policy for the regional service;~~

~~(3) Shall interpret the regional mental health services to the citizens and agencies of the region;~~

~~(4)~~ Shall advise the state ~~mental~~ behavioral health authority and the ~~state~~ planning council of the progress, problems and proposed projects of the regional service;

~~(5) Shall collaborate with the regional advisory substance abuse authorities to develop appropriate joint programs;~~

(~~6~~3) Shall promote improvements in the delivery of ~~mental~~ behavioral health services and coordinate and exchange information regarding ~~mental~~ behavioral health programs in the region;

(~~7~~4) Shall identify gaps in available services including, but not limited to, services listed in sections 16-2402(3) and 39-3128, Idaho Code, and recommend service enhancements that address identified needs for consideration to the state ~~mental~~ behavioral health authority;

(~~8~~5) Shall assist the ~~state~~ planning council ~~on mental health~~ with planning for service system improvement. The ~~state~~ planning council shall incorporate the recommendation to the regional ~~mental~~ behavioral health boards into the annual report provided to the governor by June 30 of each year. This report shall also be provided to the legislature; ~~and~~

(~~9~~6) May develop, or obtain proposals for, a ~~service plan component~~ petition for regional services for consideration by the state ~~mental~~ behavioral health authority;

(7) May accept the responsibility to develop and provide community recovery support services in their region. The board must demonstrate readiness to accept this responsibility and shall not be held liable for services in which there is no funding to provide. The readiness criteria for accepting this responsibility shall be established by the planning council. The planning council shall also determine when a regional behavioral health board has complied with the readiness criteria. Community recovery support services include, but are not limited to:

(a) Community consultation and education;
(b) Housing to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;
(c) Employment opportunities to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;
(d) Evidence-based prevention activities that reduce the burden associated with mental illness and substance use disorders; and
(e) Supportive services to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization including, but not limited to, peer run drop-in centers, support groups, transportation and family support services;
(8) Shall annually provide a report to the planning council of its progress toward building a comprehensive community recovery support system that shall include performance and outcome data as defined and in a format established by the planning council.

SECTION 19. That Section 39-3133, Idaho Code, be, and the same is hereby repealed and moved to SECTION 10 as a New Section:

SECTION 20. That Section 39-3134, Idaho Code, be, and the same is hereby repealed and moved to SECTION 8 as a New Section:

SECTION 21. That Section 39-3134A, Idaho Code, be, and the same is hereby repealed.

SECTION 22. That Section 39-3135, Idaho Code, be, and the same is hereby repealed and moved to SECTION 9 as a New Section:

SECTION 23. That Section 39-3136, Idaho Code, be, and the same is hereby amended to read as follows:

39-3136. FUNDS. The financial support for the regional ~~mental~~ behavioral health ~~services~~ centers shall be furnished by state appropriations and by whatever federal funds are available in an identifiable section within the ~~mental~~ behavioral health program budgets. ~~Mental~~ Behavioral health services ~~which~~ that are financed or contracted by local or federal sources may be incorporated into the regional ~~mental~~ behavioral health ~~services~~ centers subject to the approval of the state ~~mental~~ behavioral health authority.

SECTION 24. That Section 39-3137, Idaho Code, be, and the same is hereby amended to read as follows:

39-3137. SERVICES TO BE NONDISCRIMINATORY -- FEES. No regional ~~mental~~ behavioral health ~~service~~ center or services provided by regional behavioral health boards shall refuse service to any person because of race, color or religion or because of ability or inability to pay. Persons receiving services will be charged fees in keeping with a fee schedule prepared by the state ~~mental~~ behavioral health authority. Fees collected shall become part of the operating budget and may be utilized by direction of the state ~~mental~~ behavioral health authority.

SECTION 25. That Section 39-3138, Idaho Code, be, and the same is hereby amended to read as follows:

39-3138. EXISTING STATE-COUNTY CONTRACTS FOR SERVICES. No section of this ~~act~~ chapter shall invalidate, or prohibit the continuance of, exist-

ing state-county contracts for the delivery of ~~mental~~ behavioral health services within the participating counties.

SECTION 26. That Section 39-3139, Idaho Code, be, and the same is hereby amended to read as follows:

39-3139. TITLE OF ~~ACT~~ CHAPTER. This ~~act~~ chapter may be cited as the "Regional ~~Mental~~ Behavioral Health Services Act."

SECTION 27. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3140, Idaho Code, and to read as follows:

39-3140. DEPARTMENT RULES. The director is authorized to promulgate rules necessary to implement the provisions of this chapter that are consistent with its provision.

State of Idaho
2014 Substance Abuse Prevention Program

Regional Service Schedule

Idaho Office of Drug Policy
Benchmark Research and Safety, Inc

IDHW Region 6

Agency	Program	City	Target Population	Risk Factors	# of Programs	Agency Contact	Agency Email(s)
Bannock County Jv Diversion	Active Parenting	Arimo Pocatello	Family	Family	8	Todd Mauger	toddm@co.bannock.id.us
Bannock Youth Foundation	Nurturing Program	Pocatello	Family	Family	11	Heather Kemp	heatherandhannah1@msn.com
Bear Lake School Dist #33	Class Action	Montpelier	High School	Individual Peer Community	2	Dorothy Crane	dcrane@blsd.net
	Project Northland	Montpelier	Middle School	Community Individual Peer	10		
City of Montpelier Coalition	Coalition/CTC	Montpelier	Community	Community Environmental	18	Chris Henderson	grandpahenderson55@gmail.com
Oneida SD	Life Skills Training	Malad City	Middle School	Individual Peer	3	Terri Sorenson	terri.sorensen@malad.us
	Towards No Drug Abuse	Malad City	High School	Individual Peer	4		
Priestley Mental Health, Inc.	Life Skills Training	Preston	Middle School	Individual Peer	6	Jennifer Anderson	jennifer.andersen@pmhinc.net
	Towards No Drug Abuse	Dayton Preston	High School	Individual Peer	2		
Still Waters Outreach	Life Skills Training	Pocatello	Middle School	Individual Peer	42	Jim McGahey	swcounseling@qwest.net
	Towards No Drug Abuse	Pocatello	Middle School	Individual Peer	28		
Still Waters Out Reach TND+	TND+	Pocatello	Middle School High School	Individual Family Peer	6	Jim McGahey	swcounseling@qwest.net

DHW Expenditures as of 8/30/2013	Region 6	Claims Report*	% of Year Complete
		8/30/2013	16%

Insurer	Client Count (YTD)	Sum of Paid Plus Incentive	% of Non-Medicaid	Non-Medicaid Total	Medicaid Total
DHW - IDHW - ATR-III - Administrative	2	$ 310	100%	$ 310	$ -
DHW - IDHW - ATR-III Adolescent Benefit	0	$ -	100%	$ -	$ -
DHW - IDHW - ATR-III Adolescent Benefit - Medicaid	0	$ -	30%	$ -	$ -
DHW - IDHW - ATR-III Military Benefit	18	$ 8,735	100%	$ 8,735	$ -
DHW - IDHW - ATR-III Military Benefit - Medicaid	0	$ -	30%	$ -	$ -
DHW - IDHW - ATR-III Misdemeanor	67	$ 31,983	100%	$ 31,983	$ -
DHW - IDHW - ATR-III Misdemeanor - Medicaid	6	$ 2,052	30%	$ 616	$ 1,436
ATR Total	**93**	**$ 43,080**		**$ 41,644**	**$ 1,436**
Adult	1	$ 2,312	100%	$ 2,312	$ -
Adult-Medicaid	0	$ -	30%	$ -	$ -
Adult Total	**1**	**$ 2,312**		**$ 2,312**	**$ -**
Adolescent			100%	$ -	$ -
Adolescent-Medicaid	0	$ -	30%	$ -	$ -
Adolescent Total	**0**	**$ -**		**$ -**	**$ -**
CP-SUD	19	$ 8,761	100%	$ 8,761	
CP-SUD - Medicaid	0	$ -	30%	$ -	$ -
CP-SUD Total	**19**	**$ 8,761**		**$ 8,761**	**$ -**
DV Court	17	$ 12,052	100%	$ 12,052	$ -
DV Court- Medicaid	2	$ 2,095	30%	$ 628	$ 1,466
DV Court Misdemeanant Total	**19**	**$ 14,146**		**$ 12,680**	**$ 1,466**
IVDU	32	$ 7,003	100%	$ 7,003	
IVDU - Medicaid	3	$ 1,992	30%	$ 598	$ 1,394
IVDU Total	**35**	**$ 8,995**		**$ 7,601**	**$ 1,394**
PWWC	19	$ 19,574	100%	$ 19,574	
PWWC - Medicaid	8	$ 2,061	30%	$ 618	$ 1,443
PWWC Total	**27**	**$ 21,635**		**$ 20,192**	**$ 1,443**
State Hospital	15	$ 7,298	100%	$ 7,298	
State Hospital - Medicaid	7	$ 2,334	30%	$ 700	$ 1,634
State Hospital Total	**22**	**$ 9,633**		**$ 7,999**	**$ 1,634**
Mental Health Court	8	$ 4,685	100%	$ 4,685	
Mental Health Court - Medicaid	0	$ -	30%	$ -	$ -
Mental Health Court Total	**8**	**$ 4,685**		**$ 4,685**	**$ -**
Misdemeanant PSC			100%	$ -	
Misdemeanant PSC - Medicaid			30%	$ -	$ -
Misdemeanant PSC Total	**0**	**$ -**		**$ -**	**$ -**
Medicaid Only	99	$ 49,806	30%	$ 14,942	$ 34,864
Medicaid Only Total	**99**	**$ 49,806**		**$ 14,942**	**$ 34,864**
Unknown / Ineligible / Reserve	**96**	**$ 1,530**	**100%**	**$ 1,530**	
Non-Medicaid Total				**$ 122,345**	
Medicaid Total					**$ 42,238**
Grand Total	**419**	**$ 164,583**			**$ 164,583**

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IDOC FY14 Substance Use Disorder Utilization Report
YTD 8/15/13

Report date: 8/23/2013

Treatment	D1	D2	D3	D4	D5	D6	D7	Grand Total
Assessment ONLY	$5,481.03	$1,303.97	$10,763.67	$17,584.01	$434.02	$5,580.23	$4,712.20	$45,859.13
Institution Assessment	$4,165.50	$1,364.05	$13,566.10	$7,700.71		$5,505.81	$2,827.31	$35,129.48
Institution Assessment - Travel	$93.27	$346.50	$1,212.84	$27.68		$110.92	$56.60	$1,847.81
IDOC - Pre-Treatment Services	$5,266.34	$1,885.96	$11,290.01	$20,388.06	$3,533.66	$7,230.60	$5,191.95	$54,786.58
IDOC - Stage 1: Level I - Outpatient	$12,020.13	$12,530.94	$24,617.70	$51,962.89	$9,186.31	$13,173.80	$10,748.64	$134,240.41
IDOC - Stage 1: Level II - Intensive Outpatient	$1,724.55	$13,334.38	$12,402.47	$20,103.11	$2,663.18	$12,866.89	$3,628.75	$66,723.33
IDOC - Stage 2: Level I - Outpatient	$13,352.37	$10,973.68	$31,713.69	$42,796.15	$17,100.95	$21,493.12	$11,796.87	$149,226.83
IDOC - Stage 2: Level II - Intensive Outpatient	$620.32	$16,900.98	$6,229.46	$12,944.51	$682.66	$6,178.97	$5,602.16	$49,159.06
Level III.2 - Adult Detoxification	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total	**$42,723.51**	**$58,640.46**	**$111,795.94**	**$173,507.12**	**$33,600.78**	**$72,140.34**	**$44,564.48**	**$536,972.63**
Support Services								
Child Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Drug Testing	$5,737.50	$6,520.50	$8,734.50	$19,399.50	$4,951.50	$1,930.50	$256.50	$47,530.50
IDOC - Case Management (Basic & Intensive)	$471.28	$1,877.28	$4,440.56	$17,334.84	$1,539.88	$7,495.73	$3,590.24	$36,749.81
IDOC - Life Skills (Individual & Group)		$112.88	$47.28	$875.58		$104.96	$26.24	$1,166.94
Oral Interpreter / Sign Language (includes travel)						$200.00		$200.00
Staffed Safe and Sober Adult Housing	$2,070.00	$598.00	$1,805.50	$20,723.00			$322.00	$25,518.50
Transportation		$2,192.22	$1,413.17	$14,098.35	$1,585.68	$3,574.65	$2,502.00	$25,366.07
Total	**$8,278.78**	**$11,300.88**	**$16,441.01**	**$72,431.27**	**$8,077.06**	**$13,305.84**	**$6,696.98**	**$136,531.82**
Administrative Cost								
Direct Client Services - Screening & Chart Review								$80,481.81
Total								**$80,481.81**
Grand Total	**$51,002.29**	**$69,941.34**	**$128,236.95**	**$245,938.39**	**$41,677.84**	**$85,446.18**	**$51,261.46**	**$753,986.26**
Average Cost per Unit of Care	$39.91	$42.08	$40.62	$28.06	$34.11	$44.27	$39.71	$4.17
Average of Length of Stay	169	164	157	136	177	187	168	165

Unique Client Counts (8/18/13)

	Client Region	Provider Region
Region 1	109	118
Region 2	49	50
Region 3	183	202
Region 4	262	249
Region 5	77	75
Region 6	136	137
Region 7	88	94
Region None	17	0
Total	921	921

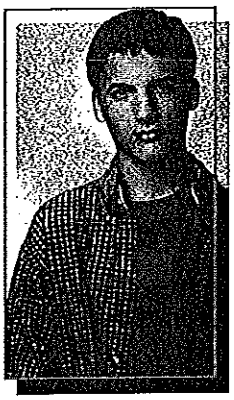
Fiscal Data is based on BPA's Claims Report for period of 6/7/13 to 8/15/13

Idaho Awarded SAMHSA Grant

Transitional Age Youth Treatment

Regions 2 & 4 Pilot Project

The Division of Behavioral Health (DBH) began sponsoring implementation of the Parenting with Love and Limits (PLL) EBP for youth 10-17 in 2008. PLL provides parenting management group therapy, family therapy and wound work. The PLL program has improved family involvement, reduced treatment periods and costs of care and tracked accountability. Graduates demonstrate reductions in delinquency, acting out at home and school related offenses. Similar behavioral concerns related to substance use, delinquency and family conflict exist for transitional aged youth ages 18-24 and their families, but there are no EBP behavioral health services in Idaho that are specifically for this population.



The Division of Behavioral Health applied for and received a grant to implement the Idaho Youth Treatment Program (IYTP). The purpose of the IYTP is to improve quality treatment for transitional age youth with substance use disorders (SUD) and/or co-occurring SUD and mental health diagnoses and their families.

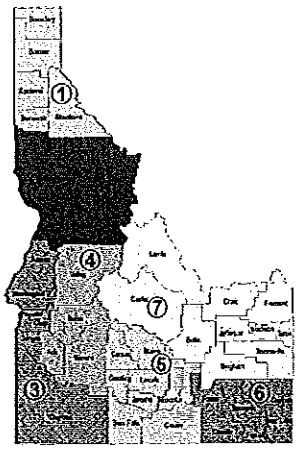
The Division will offer a Request for Proposals (RFP) to identify providers to implement the evidence based practice (EBP) of the Adolescent Community Reinforcement Approach (A-CRA) for transitional aged youth 18-24 with substance abuse or co-occurring diagnoses and their families in Region 2 (i.e., Clearwater, Idaho, Latah, Lewis and Nez Perce counties) and Region 4 (i.e., Ada, Boise, Elmore, and Valley counties). A full time Project Coordinator will be hired to facilitate dissemination of IYTP data and outcome information to regional Behavioral Health Boards, the state Behavioral Health Planning Council and other stakeholders.

In addition to hiring a project coordinator and releasing the RFP, the two pilot sites will be up and serving at least 20 families in the first year. At least 200 transitional aged youth will be served in year 2-4 of the grant with a total of 620 to be served during the pilot process.

As our Behavioral Health system continues to implement changes that align with our transformed system model, we enthusiastically embark on this project. More information including details and announcements will be forthcoming. In the interim if you have questions, please contact the Principle Investigator:

Cynthia Clapper, PhD

ClapperC@dhw.idaho.gov



- **More information in A-CRA can be found at** http://www.nrepp.samhsa.gov

Region 6 Behavioral Health Board meeting notes

09.17.2013

Board Members in Attendance: Amy Cunningham, Linda Hatzenbuehler, Barry Jones, Howard Manwaring, Lennart Nivegard, Michele Osmond, Pam Sanford

Others in attendance: Larry Bradley, Chris Brayton, Robert DeHart, John Hathaway, Suzanne Johnson, Betty Moore, Lela Patteson, Brenda Price, Dave Sorensen, Brenda Valle, Matt Wadsworth, Sean Waldron, Rosie Andueza and Bobbi Blankenship by phone

Brenda Price opened the meeting and introductions were made.

Barry Jones moved to approve the minutes from the July 16, 2013 meeting. Pam Sanford seconded the motion, and the notes were approved by a vote.

Rosie Andueza, DHW – Program Manager

- Rosie said that the SUD budget is approved and will be shared with the regions. (It has been posted to the RAC website.)
- At 20% of the year gone, 27% of the SUDS budget has been spent.
- The PWWC budget has been 46% spent.
- There is a small cushion in the budget. It may be used to augment certain population categories that historically have closed because the funds were spent long before the year ran out.
- Rosie said that if there are funds left, she would like to open a voluntary population for a period of time.
- WITS implementation is set to go live effective October 1st.
- The transformation legislation will be brought forward in this legislative session. This legislation codifies the combination of the Mental Health Boards and the RACS into a Behavioral Health Board, defines membership parameters and sets responsibilities of the new board.
- Recovery Coach training is set for the week of October 21 – 24 at State Hospital South in Blackfoot. The training is free, but mileage, meals and accommodations will not be provided or reimbursed.

Discussion of voting items on the agenda.

1. The State Planning Council on Mental Health has encouraged each region to do a legislative event. We can either do this as one combined event in Boise or each region can hold its own local legislative event. The purpose of holding an event is to invite local elected officials to a short presentation on Behavioral Health Board issues. Right now I would like you to take this survey to express whether you would like to hold a local

legislative event or to do a legislative event in Boise. Group discussion favored doing a local event in Region 6.

A motion was made that: The Region 6 Behavioral Health Board members would like to do a local legislative event. Barry Jones made the motion, and Howard Manwaring seconded the motion. The group vote was in favor with none present opposed.

2. Dr. Deric Ravsten asked whether the board would consider moving the meeting time to an evening so that he and others could more easily participate in the meetings. Group discussion was that past history indicated that evenings were difficult for people to attend as many are attending as part of their job, which would necessitate their employer paying overtime for evening attendance. It was discussed that daytime meetings are difficult for some attendees because of the length of the meetings, which are required to be three hours long in order to pay for refreshments using state funds.

A motion was made that: The Region 6 Behavioral Health Board meetings should be kept during the lunch hour, and that efforts should be made to keep the meeting to one hour, and that lunch will no longer be provided. Suzanne Johnson made the motion, and John Hathaway seconded the motion. The group vote was in favor with none present opposed.

Annette Ludington – Benchmark R & S Regional Representative

- Annette handed out a chart showing the prevention programs that were funded in Region 6 for FY 2014. She went through the chart and explained the components of each program and the target audience.
- Annette reported that the Region 6 budget for these prevention programs is $125,161.34 for FY 2014. These programs are funded by Health & Welfare and managed by Benchmark R & S.

Brenda Price – RAC updates

- Zina Magee has coordinated the Cammack Award for many years. Zina has retired and would like someone to assume those duties, which include asking for nominations, calling for a vote, presentation of the award, and any publicity that may be necessary. Dr. Linda Hatzenbuehler volunteered to assume those duties. She asked that people email suggestions to her for the Cammack Award, and asked that if anyone has suggestions for the State Planning Council's annual awards to email those to her as well. hatzlind@isu.edu (They especially need a nomination for a legislator who has worked to improve/support the field of mental health.) The Planning Council gives an award in four categories: Legislative, Media, Judiciary/Law Enforcement, and Advocacy.
- Marinell Rhine has been a substance abuse treatment provider in American Falls for nine years. She is retiring and closing her business. Her clients have already been transitioned out.

- Recovery Coach training has 24 slots, and 20 of those are filled already. The training will be held Oct 21 – 24 at State Hospital South in Blackfoot. The registration form is on the RAC website.
- Peer Specialist training will be held November 10-15 in Boise. There are two training slots for each region. Bobbie said that she is planning to have one or two people in each region become Peer Specialist trainers so that the trainings could be held locally as needed. She said that if we know someone who would be a good facilitator, please send that name to her via email. bblankenship@mtnstatesgroup.org or 208-479-9311.
- Optum will be presenting next month at the Region 6 Behavioral Health Board meeting. The information that they are presenting is on resiliency and recovery. It is helpful for providers to attend and to be able to ask questions about this information that directly affects their future business. If people would like to send questions in advance, Brenda can forward them on to the Optum presenter.

Dale Condor thanked Suzanne Johnson for all her work as chair of the committee that put on Recovery Fest in Pocatello.

Matt Olsen provided a QPR (Question, Persuade, Refer) Suicide Prevention training for attendees.