

Idaho Behavioral Health Planning Council
October 13-14, 2015
8:30 AM – 5:00 PM

Tuesday, October 13, 2015

Topic
<p>Welcome (Introductions, travel forms, approve minutes, review/accept agenda) The meeting was called to order at 8:33 Change to the agenda: Wednesday morning we will have Tammy Rice present Teresa moved to accept the agenda with changes Rosie seconded the motion. There was an unanimous vote to approve the agenda, as amended</p> <p>All attendees briefly introduced themselves.</p>
<p>Council Business: - Jennifer Griffis The intention of this meeting is to have more of a legislative focus and subsequent meeting were rearranged accordingly.</p> <p>At the conclusion of this meeting, we want to be able to formulate a document to go to the Behavioral Health Board for them to present to their Legislators. As a Council, we cannot lobby for legislation; however, we can educate the Regional Boards so they can effectively communicate with their Legislators. As individuals, we can lobby for change.</p> <p>Updates from Council Work Groups There are seven (7) workgroups. Non-council members are welcome to serve on workgroups.</p> <p>Education and Legislation: Van Beechler. Van met with several Legislators to see if they know what the Planning Council does. Most of them did not know of or understand the intent of the Council. The Legislators Van spoke with suggested that the first week of session is a good time to meet with them to introduce ourselves. Van suggested that we explain how we can be a tool for them.</p> <p>Education and Legislation Workgroup Members: Van Beechler; Judy Gabert; Tracy Roe (non-BHPC member)</p>

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Block Grant. The Council met with SAMSHA via conference call to discuss the Block Grant. There will be a presentation on the Block Grant during this meeting.

Block Grant Workgroup Members:

Rick Huber; Jen Griffis; Angela Palmer; Judy Gabert

Prevention. Jen sent out a survey to identify Regional Gaps and Needs.

Mariane King posted the comprehensive list on their website. Tammy Rubino said they have it posted on their website as well.

Prevention Workgroup Members

Rick Huber; Jen Griffis; Angela Palmer; Judy Gabert;

Crisis and Recovery Center: Angela Palmer said, as a Workgroup, they need to set goals and discuss the path forward. Rosie Andueza requested to be on this workgroup.

Crisis and Recovery Centers Workgroup Members

Angela Palmer; Kim Jardine-Dickerson; Jim Meers; Greg Lewis; Rosie Andueza

Statewide BHB workgroup: This group is working with the Regional Behavioral Health Boards (BHB) on their applications. Most regions are partnering with other entities. Most are partnering with public health, depending on the Region. When their contract is in place, they can apply for funding. The Council looks at their application to ensure the Region has a plan to move forward. This BHPC workgroup approves the applications.

Rosie said the DHW will contract with the Regions prior to the application going to the Council. BHBs can't accept funds until after the Council approves the application.

Regions that have not done anything \$15K can be issued from the DHW. Once contracted with public health then the CRDS goes away and \$50K is granted to pay for salaries.

Statewide BHB Support Workgroup Members

Jen Griffis; Angela Palmer; Teresa Wolf; Rick Huber; Rosie Andueza

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Children’s Mental Health (CMH). BHBs have CMH sub-committees, too. This makes for good communication. Still working on a good communication plan. Jennifer will provide an update during the Regional BHB meetings.

Children’s Mental Health Workgroup Members

Jen Griffis; Holly Molino; Elda Catalano; Carol Dixon; Jason Stone; Steve Graci (Non-BHPC member)

Governor’s Report and Gaps and Needs: The Governor’s report is on the website as well as the Gaps and Needs report. Jennifer stated that Optum is using the Gaps and Needs report in their work.

Governor’s Report / Gaps and Needs Workgroup Members

Jen Griffis; Teresa Wolf; Elda Catalano

Q: Did you get any feedback from the Governor’s Report? Jennifer said that she ran into a Legislator who indicated she got the report but gave no indication she had read it. Members made several suggestions made to make the BHPC more visible to the Legislators:

--Van and Jen suggested that during our introduction to the report to summarize its contents.

--Angela suggested that a newspaper could do an article with a link to the report.

--Another suggestion was made to do a Press Release when the Governor’s report is submitted.

State Behavioral Health Planning Council Mission

There are two (2) authorities: Behavioral Health and Substance Use. We need to find out if these need to be separate. We could change the wording to read “authorities.” The decision was made to leave the wording as-is.

On items 9, 10, and 11 we need to add the words to say “Regional Health Board.”

If a group does not feel the Regional Board is working, we report this to the Behavioral Health Authority, Ross Edmunds.

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Membership Requirements

- On item 14, be mindful that we are Behavioral Health, not just Mental Health. We might drop this item.
- Participate on the Regional Boards.
- On item 17, members are to attend the BHPC meetings or send a proxy in your absence.

Jeff D. Update – Pat Martelle

Pat Martelle presented the case known as Jeff D.

This case started in 1980 with a focus on children being co-mingled with adults during their stay at State Hospital South (SHS). Children were not receiving appropriate care or education. There was not a private ward at SHS and there were allegations of abuse. Formal litigation wasn't working well so mediation occurred for one and one-half (1 ½) years.

The resulting Charter: The state will develop and implement a sustainable, accessible, comprehensive, and coordinated service delivery system for publicly-funded community-based mental health services to children with serious emotional disturbance (SED). A plan is developed to last until 2020. At the end of nine (9) months an implementation plan must be turned into the courts. When that plan is approved the state has four (4) years to implement the plan. After that, the state has three (3) years to show the plan is sustained. There will be a permanent injunction to maintain the system as designed.

What does this mean to the Council? The Council needs to determine the impact.

Workgroup members will be able to submit questions and promote discussion without meeting and to include all constituents via a SharePoint site. The site goes live this week.

New Website and branding. Worked with professionals and teenage focus groups. They are considering Youth Empowerment Services (YES) and using the Idaho bluebird for the logo. The slogan being considered is "Empowering the mental wellness of children, youth, and their families" and the website is: www.YouthEmpowermentServices.idaho.gov.

Medicaid is the backbone of the new system. They are forecasting how large the class membership will be.

At this time, BH estimates approx. nine thousand (9K) children with SED. This is close to the national numbers. In December, BH will present national data as well as updated state data.

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Child and Adolescent Needs and Strengths (CANS) is used in 26 states and 4 countries. It is very reliable in identifying children with SED. They hope all children seeking mental health services with public funding use this tool

Q: Where do people ask questions?

A: DHW website.

Q: Are there any estimates on how long Legislators will take to fund.

A: We have until 2020. Now we have sustainability from the courts.

Q: Will funding be asked for this year?

A: Yes and this funding is earmarked for certain things. For example, we need funds earmarked for the CANS tool.

Back to Pat's question "What does this mean to me?"

As a provider, I'm looking at benefits, tools, etc. (Angela)

How is information getting down to the regions? How will this impact your region then communicate it back to the BHB.

Kim: now people want crisis centers for kids and families.

Jen: Can we create a standardized presentation that can be presented to the BHB?

Q: Is there a webinar on the DHW website? There are 3 presentations on the Federation of Families.

Pat has in Communication plan to meet with every BHB between March - May.

Rosie: We have the BHB co-chair call but we need to have more follow-up from this council.

Action: Elda's proxy (Dennis Baughman) has a list of people to speak with from each region. Jen and Dennis will e-mail back and forth to get that list.

SAMHSA Overview – David Dickinson

Substance Abuse and Mental Health Services Administration (SAMHSA's) Mission: Reduce the impact of substance abuse and mental illness on American's communities.

Please see the handout for additional information ([insert link here](#))

There are funding opportunities available at: <http://www.samhsa.gov/grants>

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Working Lunch - Block Grant – Terry Pappin

Terry Pappin presented information about the Block Grant. (Idaho received \$2.2 million for mental health and \$8 million for substance abuse).

Q: How do you see this being useful to the Regional Health Boards?

A: Take this to board meeting, fill it out together that the state has requested information.

Q: Does someone from this group go to every Region BHB?

A: We will discuss a little later. This is about the third time that question has come up today so it's becoming clear how important it is for Council members to attend.

Q: Do you think we should have an introductory letter to accompany this initiative?

A: Rosie could also add this topic to the BHB Co-chair call and ask Terry to attend.

A: Terry will do an information cover sheet

Q: Who does free TB testing if client has no insurance?

A: The Health Districts will help with that (the feds will pay)

BH is very careful in writing goals. If we don't meet a goal, then we have to write a corrective action.

Under Integration of BH and primary care.

Q: Increase access to respite care service. Do you want a specific number?

A: Terry will add more information

Q: is there training for respite providers?

A: There is a 1.5 hour online training. It's not really adequate. Parents can use known resources (sibling, friend, etc.) but when the parent doesn't know anyone they can request assistance. The resources on that list must take the 1.5 hour training.

Please see the handout for additional information ([insert link here](#))

Department of Health & Welfare - Behavioral Health (BH) Update – Ross Edmunds

Budget requests:

--BH asked for another crisis center in SW Idaho (possibly Twin Falls or the Treasure Valley area). This is approximately \$1.7 million for the crisis center.

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--Expand respite care system and get CANS system – CANS \$1.3M with 1.1 at one time. This will exist externally and internally with \$200 thousand for on-going maintenance

--Respite care: Currently budgeted \$125 thousand per year. Behavioral Health requested around \$800K bringing the total amount to around \$1 million.

--The Department tries to maximize the use of Medicaid everywhere they can.

Q: State Hospital North (SHN) remains uncertified. Is there going to be any push to move the hospital to the same quality as SHS

A: There is no current move to accreditation. Medicaid Institutions for Mental Diseases (IMD) exclusion. If psych hospital has over 16 beds they can't bill Medicaid. SHN has 55-bed Cost to achieve an accreditation wouldn't provide any real benefit.

Policies, Rules, and Statutes

The statute that is changing is the legend drug act to make us a charitable organization. Currently, patients are matched to a pharmaceutical company to receive free medication. However, if the patient's medication changes, the Board of Pharmaceuticals say we cannot put the unused medication back in a stockpile of medications for use with another patient on that medication. The legend drug act, if passed, this will create \$1.5M savings.

House Bill 260 directed DHW to move toward managed care.

Optum said they do credentialing of providers. It is not the same definition as we have for credentialing. We have a facility approval system.

Last year we developed a waiver process for recovery coaches. BH rules govern BH providers. SUD rules allows for a waiver process. Externally for SUD providers.

Q: will there be two approval processes for facility approval?

A: No. We're moving from SUD facility approval to BH facility approval.

In discussions with Legislators, there will likely not be an expansion to Medicaid this year. The DHW feels strongly that something needs to be done to provide health coverage for families who don't qualify for health insurance. County indigent funds. There's nothing in place that allows families to get general health care.

Jennifer wondered where we, as a Council, might go legislatively. Ross stated that there is a line between advocacy and education, which is broader. He indicated that the department relies heavily on advocacy to do the work the DHW cannot. Ross said that all agency requests are listed for legislature, but the Governor gets to zero them out. Only then can a legislator ask about it, but the DHW still cannot lobby for it. Ross recommends that everyone knows what is in the Governor's budget request. Any individual can go out and lobby for whatever they want as long as he or she does not indicate he or she is representing a council.

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Updates from Council Members

Region 7: Kim Dickerson. Sent MOU to state for approval. Working in Children's Mental Health subcommittee. Brenda Price is the coordinator. Since they opened, they have seen 1,100 clients with an average length of stay 13 hours. Only 111 were brought in by Law Enforcement. Most are walk-ins. The other half of the building will be turned into the Center of Hope Recovery Center.

Kim shared a story of a suicidal individual and was saved because she had the Crisis Center available. This shows the need for resource availability for families and friends.

Region 6 (currently there is no member in this Region):

Region 5. Rick Huber said they are partnering with regional public health. They are close to signing. They already moved meetings to district health office. One or two members are on the district health board. Rick is concerned that their main activities have been on Regional Behavioral Health Boards. Carol agrees that the application process has been all-consuming.

Region 4: Van Beechler said they are partnering with the District Health office. They have applied for funding and delineated goals and objectives and committees to address issues. Van will be the Region 4 board representative.

Region 3: Dennis Baughman said Region 3 decided to partner with Southwest District Health. The contract is complete and the Memorandum of Understanding (MOU) is being finalized. They are finalizing their application to the BHPC. This partnership also provides the opportunity to look at alternative sites for our Regional Meetings. Dennis said their Provider Subcommittee was involved with coordinating and planning the 9th Annual Recovery Day (9/12) in Caldwell. The Provider subcommittee is working on a Region 3 equivalent of the Self Rescue Manual.

Region 3's Children's Mental Health subcommittee is reviewing the latest Jeff D. Agreement and determining what role the board and subcommittee will play in local implementation and evaluation. The CMH subcommittee is also working with the Idaho Federation of Families to get access to respite care for families. The CMH subcommittee has assisted with trainings, such as Restorative Justice and Risk and Threat Assessment, for local school districts to provide education and tools for students and families.

Region 3 also has two new Recovery Centers, one in Emmett and one in Caldwell.

Region 2: Teresa Wolf said they are reviewing the MOA from Region 1 and are drafting an MOA for Region 2. They are ready for discussion. Roles and responsibilities were reviewed with the Board at the October meeting. Discussion on the development of Recovery Support Center in Nez Perce County. They have a separate group promoting the development of the Recovery Support Center (a meeting for the public will be on 11/13/15). They held workshop on 10/8/15 and developed sample Mission & Vision Statements for the full Board to review and revise.

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Region 2 is developing a value statement as part of the MOA with Public health. The Executive Committee will have this available for the Full Board at the November meeting.

Region 2 will hold another meet and greet with the Legislature in December. The Board membership will discuss the four goals with the legislators during the meeting. The goals are:

1. Support Recovery Support Centers
2. Support Crisis Centers
3. Support close the gaps for the uninsured
4. Support the Jeff D. implementation Plan

A letter will be sent to the Millennium Fund Committee supporting the Latah County Recovery Community Center and seeking funds to maintain the organizations.

A letter will be sent to the Idaho Association of Counties supporting the establishment of a Recovery Community Center in Nez Perce County.

Region 1: Angela Palmer said they have good attendance at regional meetings and active community participation. Region 2 has submitted their application to the BHPC. The Region partnered with Panhandle Health. They hired a part-time person in September to replace the CRDS. This person is shared with Panhandle Health. The Crisis Center is opening in December. An extremely qualified individual has been hired to manage the crisis center. A sub-committee is pursuing a recovery center. They submitted a letter of support from the community and have a potential location.

The Children's Mental Health sub-committee is active with Trauma Care training. They had over 400 participants and brought in matching funds. Kootenai Alliance gave a \$10 thousand donation to continue trauma training. During trauma month they plan to show "Paper Tiger."

The Region is working on a media outreach plan.

The region has an active Legislation and Housing support service subcommittee.

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Corrections - Greg Lewis: The Justice Reinvestment Initiative (JRI) is what drives our correctional system. Two years ago brought in outside consulting group to review how we do business. This is mandated by Idaho code that recommendations is follow up on. Use of therapeutic treatment is not effective and has been cut. Working with Judiciary on next step for best practices to implement.

All programs are under review. There will be more to come. Right now they're saying the programs are too complex.

Externally, there is a gaps analysis going on now. JRI will implement

Parole violators will serve 90-100 days in jail.

Is there anything to be communicated to the BHB?

Optum Update – Becky Vittorio and Tiffany Kindler

Operates the Idaho Behavioral Health Plan

Focused on outcomes-driven care

Please see the slides for information.

Medicaid Update - Tiffany Kindler, David Welch, Sarah Stith, Art Evans

Dave Welch – Program Manager –

Sarah – Dental – root canals and crowns are not covered at this time.

Dentures approved every 7 years

Fillings are allowed every 36 months

Early & periodic screening.

Tiffany is working on rules that help align primary care provider's reimbursement to align with the SHIP initiative. Moving from fee for service to value based service.

EPSDT: Early and Periodic screening and diagnostic and treatment. (EPSDT

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<p>Art Evans: Home and Community based services rules. 1915C Agent and disabled waiver Adult Development Disability Waiver Children’s Development Disability Waiver</p>
<p>Ajourn meeting adjourned at 4:51</p>

Wednesday, October 14, 2015

Topic
<p>Welcome (Introductions, council business) Meeting called to order at 8:38 Jen asked if there were any changes to the June 1-2 meeting minutes. No changes were suggested. Dennis Baughman moved to approve minutes as written. Marianne King seconded. The June 1-2 meeting minutes were unanimously approved.</p>
<p>Office of Drug Policy - Elisha Figueroa</p> <p>Elisha Figueroa. Naloxone legislation passed and we now have easier access to this overdose reversal drug. Pharmacists can prescribe this drug now, as well. The question is how we get people to implement it. There are issues that need to be worked out (expiration dates, heat in cars, etc.). It’s important in the rural areas to begin using. Magni said there is not a lot of information “on the ground” for how to make this work. Medicine is a conservative profession. If people have done something before, they’re scared to try something new. Medicaid covers the cost. Autoinjector is \$700. The injectable form is approx. \$16. The nasal aspirator just needs to be purchased. The United States has 5% of the world population but prescribes over 90% of the Opioids.</p>

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Subcommittee around prescribers. Compact where they agreed to follow certain protocol when prescribing. Signed compact. Next meeting is what are the next steps? If you have a controlled substance license you are encouraged to use this compact but it is not mandatory. ODP is watching the stats to see if they're using it.

Marijuana. Bill passed. The Governor vetoed it. The DHW already has a clinical trial with a small population using a placebo. The DHW is asking for 3oz to be decriminalized. Now they are asking for 8 oz. for medical marijuana.

SHIP - Casey Moyer

There is a \$ 40 million grant over four (4) years and centers on patient-centered medical homes. There will be 165 primary care clinics enrolled in the program. An application that will go out to clinics and the application form is being finalized today, Oct 14, 2015.

You have to have an electronic health record that ties to the records database. PCMH records will tie into the Idaho Health Data Exchange. SHIP will bring in a Data Analytics exchange.

please see the handout <insert link here> The SHIP website www.SHIP.Idaho.gov

Recovery Idaho - Tammy Rice

Canyon County Recover Center opened Oct 1 and hired a volunteer coordinator. They served 681 people by August in Ada County using trained volunteers. In Latah County, they had 118 people attend Alcoholics Anonymous. Each center has a volunteer coordinating and a director. Canyon County opened on October first. Gem County commissioners rented a building to the group for \$1.00. They site has a volunteer coordinator. Tammy is the director. All regions except 5 has a center. Rosie shared that a judge in Gem County is mandating that people volunteer to do work at the center. She has heard great stories from people who are helped by these centers. Now, Ada County is open from 11:00 – 8:00 and seven days a week. They do family nights and activities.

Jennifer asked if we need Crisis and Recovery Centers together. Rosie state that the gap is in detox and immediate support for substance abuse. In Ada County, recovery centers need to have some place to handle short-term immediate help and long term recovery. Jennifer added that we also need to add families to this. Each center works differently for its community.

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Idaho Caregiver Alliance (ICA) - Sarah Toevs

Sarah directs the center on aging at Boise State University where they focus on the caregiver.

Mission: ...to advance the well-being of caregivers by promoting collaboration to improve access to quality and responsive supports.

The ICA works to make connections, currently working to serve as the voice, convener, and catalyst for support of unpaid family caregivers.

They are working on a resolution to give Legislators. Wording for the resolution: Family caregivers are an essential component of Idaho's healthcare system. They need to identify initiatives to increase support for family caregivers and explore innovative approaches: education, outreach.... Identify synergies with existing initiatives: IBHPC, IHC, SHIP, NWD (No Wrong Door)

About 30% of Medicaid recipients need long term care and about 70% are children and pregnant women. Medicaid spending trends are still growing but at a much lower rate. Sarah questions if the unpaid caregivers are helping to fashion this change. Could this be a reason to enhance our care for the caregiver?

Jen: Yes, you can logically conclude that fewer services are going to the children but not necessarily at the request of the parent (aka caregiver).

Insert .ppt here <link>

Idaho Federation of Families for Children's Mental Health - Steve Graci

Steve has worked with the Alliance for approximately three (3) years. They now have an emergency caregivers respite program. Caregivers are able to access funds to pay for emergency care when needed. The lack of respite care available to families has been identified over the years as the number one (1) issue. The Federation is trying to expand the definition of emergency as families become overwhelmed and may fall apart. They can get some respite care from CMH services.

Steve asked how do you communicate to the caregiver that respite care is available. Webinars are available to target mental health through free CEUs. They will do the same for families so they can assess webinars. About one-half of the attendees from the last webinar were parents.

Continuing with respite and the alliance. Emergency Respite Caregivers Program where caregiver can access funds.

It's a little tricky to define "emergency." The Federation has agreed to expand the definition of emergency.

There is \$600/6 months and parents have to negotiate with the caregiver to get the biggest bang for their bucks.

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Crisis hours – respite hours - Carol Dixon

They received two (2) contracts with the state and received a SAMHSA renewal.

They are trying to create youth groups throughout the state, called Youth Move. In 4 regions now. Trying to evidence based programs around the state as well. Youth Move is funded by SAMSHA grant. National program and working to enhance it here in Idaho.

Community Conversation (town meeting) November 7 at Quail Hollow Golf course Club House.

Signed contract with state last week to create parent/partners family training. Medicaid pays for this training. First, they will train parents willing to be trainers with this 40-hour training. Then they will train others throughout the state.

Legislative Discussion (Healthy Idaho/Medicaid Redesign and other legislative topics) - Working Lunch - Jen Griffis

Budget specific to Jeff D and respite

Region 2 has Jeff D implementation as one of the talking points

CANS & respite may be the only issues we have.

Funding ops regarding grants 21st century strategic planning framework, block grant

(keep a running list of these)

Sources of strength schools applications are out \$3,000 grant to schools

Boards could support funding for another crisis center with hope that all 7 regions will have one. Recovery center requests are going in via millennium.

Suicide hotline (1/2 hotline permanently funded)

Potential for office of suicide prevention

Easier access to Opioid recovery drug

BHB boards need to reach out to prevention folks

Caregiver

Medicaid – would like to have monitoring staff engage with the boards as to what's going on.

Encourage legislative contact at region level

How to Communicate with Legislators - Van Beechler

www.legislature.idaho.gov shows all legislators. Van explained how to navigate through the web site.

Be attentive to where you are meeting a Legislator and dress appropriately. For example, home, capital building, during testimony.

Do your best to find a common interest. How can the topic you're discussing benefit the Legislators community?

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When first meeting the Legislator

1. Introduce yourself
Name
Where I live
I'm a constituent
2. What is my issue
I'm here to talk to you about _____
3. Why I care
This is important to me because _____
4. Why the legislator should care
This is important to the state and you because _____
5. The ask
The invitations of ask
For support
To meet again
Etc.

Tie all of this to a personal story

Work Group Meetings and Reports - All

Prevention – Marianne King, Lead

Connect with Nina O'Leary to use the database. Tammy will address regional board meetings about getting prevention resources. We need to get information into exam rooms to provide information. Develop a brochure for treatment and give to homeless. Tiffany will find a connection to the Idaho Wellness Guide.

Regions previously did gaps and needs document but needs some language changes and an abbreviated version for two years with a major document update every three years. Report projects and updated gaps, if appropriate. Rosie said we will have a checklist for IBHC to easily identify items needed. We need to have a conference call with the regional representatives within two weeks so they know we are committed. The committee will address application within those two weeks.

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Education and Legislation – Van Beechler and Judy Gabert

Elaborated about what we would like to cover

1. Jeff D update
More family/team approach
Respite (funding and message issue)
2. Crisis center
How useful they are
3. Recovery centers
Longer term solution
4. Suicide hotline
Sustainable funding
5. Caregiver report
Give more support to care givers

We have a talking point that prevention saves money.

Children's Mental Health – Dennis, Tiffany, Jason, and Jennifer

There was a good discussion on respite. This will be a big issue for the next couple of years. Funds are increasing, but what does that mean? The ability to access those funds is small. Until changes in accessing the funds change, how can we best support the framework?

We need to know how many people service to provide access in different regions. Perhaps we can give the Region's this as a project.

VA Update - Jim Meers

Jim stated there are about 275,000 veterans in this area with only about one-half of veterans eligible for benefits. Jim shared that a friend was a '66 Vietnam Vet. No disability had been declared for him although he had been shot in the thigh during Vietnam. In 2012, the friend was finally diagnosed with PTSD. Jim feels we will be talking about people in 40 – 50 years who will have issues. While the VA does many things well, substance abuse is not one of them. The often do this treatment in conjunction with PTSD. The patient can walk out anytime they want, even if ordered by a judge to be there. If they are in the program but allowed to leave at will, the program and treatment for that individual will not be successful.

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Review and Update BHPC Talking Points, Next Meeting Dates, Other Unfinished Business

Jennifer contacted Idaho Telehealth Council. They had nothing new to report but asked that if a region or the BHPC have any questions or information for them.

Alacia Handy from Behavioral Health wants to know if anyone on the council would like assist with disaster planning. They are working on a disaster plan for a vulnerable population. Teresa Wolf stated every county has an emergency manager. In her Region there is a disaster exercise that will include some of Canada, WA, OR. "Cascadia Rising" will happen in June 2016. This exercise will prepare law enforcement, elected officials, fire department, and others on what to do. We have to provide shelter along with special needs population. This is a large scale exercise with a plan to identify strengths and weaknesses. The FEMA is involved in it, Nes Perce and Kootenai will perform the exercise for two-days. Angela and Van volunteered.

Van asked what is the BHPC relationship to the regional boards.

We approve grants and offer some oversight. Teresa said we are the inside of the wheel and regions are spokes and communication is to go both ways. The statutes changed so with approval of application, they now need us. They, in essence, report to the BHPC. Rosie said that we call Ross if we feel they are not acting in good faith. We have to develop relationships. We monitor to see if the BHB is doing what they said they are doing. Statute states readiness; connect with health district then do other activities, then monitor activities. There is an ongoing responsibility of the BHPC to know what is happening in Regions.

Where are members located that can attend the Regional Behavioral Health Board meeting?

R1: Tammy and Angela

R2: Teresa and Jennifer

R3: Elda

R4: Van and Bobbie

R5: Rick

R6: Jen will send in to Jannea

R7: Holly Molino

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List of when the Regional BHB calls are

- R1 1st Wednesday
- R2: 2nd Tuesday
- R4: 2nd Tuesday
- R5: 2nd Wednesday
- R6: 3rd Tuesday 11:30
- R7: ??

We discussed language changes:

- Change Jeff D to Y.E.S
- Substance *abuse* should be Addiction. Abuse carries a tone of there is a choice.
- Individual's do not commit suicide – they complete suicide

Meeting adjourned at 4:19

Video/Conference Call meeting: March 2, 2016 (9 – 11 am MST)

Next In-Person Meeting: April 25 – 27, 2016