IDAHO BEHAVIORAL HEALTH PLANNING COUNCIL MEETING DECISION/ASSIGNMENT LOG

January 5th, 6th and 7th, 2015

Approved June 1, 2015

Attendees: Casey Moyer, Ross Edmunds, Elda Catalano, Stefani Campa, Jody Sciortino, Candace Falsetti, Tammy Rubino, Kim Jardine-Dickerson, Angela Palmer, Martha Ekhoff, Teresa Wolf, Stan Calder, Jamie Teeter, Rick Huber, Judge Jon Shindurling, Jennifer Griffis, Pat Martelle, Julie Williams, Holly Molino, Sheila Weaver, Shane L. Evans, Marianne King, Carol Dixon, Jessica Wojcik, Alan Aamodt, Katie Lovejoy, Katie Morales

Date	ASSIGNMENTS	Assigned to	Due Date
January 5th, 6th, 7th, 2015	All members are encouraged to attend their regional board meetings. Rosie will send the meeting times and contact information for the Community Resource Development Specialist (CRDS) for each regional board to Martha who will forward them to the council.	Rosie Andueza, Martha Ekhoff	
	Casey will send out a link when the settlement agreement is available, if the council members have questions after reviewing the agreement they can contact anyone on the Jeff D. committee.	Casey Moyer, Jennifer Griffis	
	Jody Sciortino will contact the 211 Idaho Care Line about including prevention information.	Jody Sciortino	
	Katie will reserve the Holiday Inn for the beginning of June for a State Planning Council meeting.	Katie Morales	
	Stefani Campa and Katie Lovejoy will send out an email with a link to the questions for the prevention program list so that if the council members know of someone or a program to add to the list they can forward the email onto them.	Stefani Campa, Katie Lovejoy	
	Anyone who would like to be either the chair or vice chair will submit a cover letter and resume to Martha and Teresa by the middle of February.	Martha Ekhoff, Teresa Wolf	
	Martha and Teresa will compile a list of talking points from the list of topics that the council created, this will be sent to the regional boards to update them on important information.	Martha Ekhoff, Teresa Wolf	
	The council will write and then send a proposal to Ross requesting an increased budget to add an additional meeting.	Council Members	

	Shane offered to create a digestible overview of the WICHE report so at the next meeting the council can begin to have a conversation about it. Teresa will email him her copy of that report.	Shane Evans, Teresa Wolf	June Meeting
	DECISIONS		
January 5th, 2015	Rich Huber made the motion to approve the August, 2014 minutes. Kim Jardine-Dickerson seconded the motion, motion carried.		
January 6th, 2015	The application review committee will consist of: Rosie Andueza, Stan Calder, Teresa Wolf, Angela Palmer, Jennifer Griffis, and Sheila Weaver		
January 7th, 2015	Sheila Weaver made the motion to adjourn the January 2015 meeting. Shane Evans seconded the motion, motion carried.		

1. DIVISION OF BEHAVIORAL HEALTH LEGISLATIVE UPDATE – ROSS EDMUNDS

Crisis Centers:
The Governor will give his recommendation to the legislature to approve of another crisis center in the state.
The budget for the crisis centers is $1.25 million of annual funding, and $200,000 for start-up funds. Since the crisis center is a pilot project, and since it has only been open since December, significant data hasn't accumulated to prove that the crisis center in Idaho Falls is effective. There is, however, anecdotal evidence from the Idaho Falls community regarding the effectiveness of the crisis center.

Ross outlined the difference between the crisis centers and the recovery centers.
Crisis Centers:

- Open for 23 hours and 59 minutes for people who are in crisis and need immediate intervention.
- Serve people in behavioral health crises, with Substance Use Disorder (SUD), or that have psychiatric disorders.
- Idaho based their model off of a center in Montana but with the goal to make the centers in Idaho feel like a medical clinic instead of a homeless shelter.
- Approximately 50% of the people who come to the crisis center are brought by law enforcement after they are given three options; go to the crisis center, go to the emergency room, or go to jail. The other 50% are people coming on their own and admitting themselves.
- Serve adults only, it has been found that it is not an effective model for children.
- Offer case management, where patients can receive help in applying for social security and see what other services are available to them.
- The goal is for the crisis center to become the 'revolving door' instead of emergency rooms. Which means that people who need help can in crisis can go to the centers as many times as they need and it is substantially cheaper than the cost of an emergency room.

A decision has not been made on where the second crisis center will be located, if the legislature approves it. There will be certain criteria and a process to follow to choose this location. Part of the reason that Idaho Falls was chosen as the first location was the incredible legislative support, which has been crucial in its success.

Recovery Centers:

- Open during typical business hours, and would be run by volunteers instead of paid staff.
- Would be a place for people who are trying to recover or maintain recovery from substance use/behavioral health illness.
- The center would provide recovery support such as access to a computer, coaching on how to write a resume and get hired for a job, etc.
- These models are most successful when they are community driven instead of state driven, the community would be who determines what the centers would offer and how they would run.
- IDHW is not providing any start-up funds for the recovery centers but is supporting a request to the millennial fund. The counties would be the official applicant and would request resources for a pilot recovery center in Idaho. Latah, Gem, Canyon, and Ada went in on this application together.
- As part of the pilot, there would be a community-wide meeting to help plan the recovery centers, and IDHW would provide some technical assistance.

The last update Ross gave was that the State of Idaho was granted the Access to Recovery (ATR) 4 grant, which was one of only five awards offered to all of the states. Some of the populations that are served under the grant are substance use disorder services, treatment and recovery, services for veterans, services for families that are involved in child protection, and the homeless.

2. INDIVIDUAL COUNCIL MEMBER RESPONSIBILITIES:

The council members created a list of what each member will commit to and be held accountable for:

- 100% attendance
- Come to the meetings prepared
- Engage and participate in discussions
- Mentor and support new board members
- Be knowledgeable about relevant issues to the council
- Be aware of the population that they represent
- Be willing to accept assignments and complete them
- Remain mindful that the council is now integrated to be inclusive of mental and SUD
- Council members are encouraged to be involved in the regional boards and in their communities
- Support transformation
- If a proxy attends council meetings, member will make sure they are properly informed about council business and vice versa
- Engage and participate in the yearly governor's report

3. OPTUM IDAHO BEHAVIORAL HEALTH PLAN AND UPDATES – BECKY DI VITTORIO

Optum is a health services and technology company who was rewarded a contract in a competitive bid process for the behavioral health managed care program for Idaho. They were awarded the contract in 2013, and went live offering Behavioral Health services on September 1st, 2013. Optum is focused on trying to get people the right care, at the right time, at the right place.

Optum works with providers to ensure they offer a training for a variety of different stakeholders. For example, there is a recovery and resiliency training for RBHB to enhance outpatient recovery, and they offer a mental health first aid training. Anyone can attend the trainings, for more information on locations and dates go to optumidaho.com. They also offer a web based training program that offers CEUs for providers who are a part of their network. This gives providers in frontier and rural areas an equal opportunity to access those trainings where travel can be expensive and difficult.

Optum is open to partnering with the Regional Behavioral Health Boards (RBHB) to see what services they would like to offer in their communities, Optum is then prepared to put managed care savings into these projects. As long as the services fit into the scope of Optum's contract, they can support what the regional boards would like to offer. These services can even be region specific, where there is a different, unique service offered at each region that is tailored to that community's need.

There are members, providers, and community stakeholders that are involved in Optum's governing program, influencing the day to day operations, including quality committees that drive what Optum does and how they improve. According to the member survey Optum is doing well, but has room for improvement in the provider survey.

Optum also has a provider portal located on their website that has a community transition training power point presentation, this presentation is available for the council to access at optumidaho.com under "provider" and "training peer support 12/2-4/14".

4. MEDICAID UPDATE – PAT MARTELLE

Pat answered any questions about Optum that the council members did not have a chance to ask after Becky left.

Currently, Optum is in the second year of the contract. So far, there have been an estimated 20,000-25,000 claims for services, which was about the same as it was before Idaho switched to managed care. 5-7% of the claims are denied, which is well under what is normal in the industry.

One thing that has changed since the beginning of the contract is the process Medicaid has to go through if a claim is denied. Even though members can still go through Optum to contest a denial, Medicaid has to also offer them a fair hearing. Based on the outcomes of these hearings and the feedback from IDHW and hearing officers, this new requirement will influence the way that benefits are administered. Medicaid has received 15 cases so far, but only one has been processed. The outcomes of all of the fair hearings associated with Behavioral Health are available to the public, but you have to submit a public information request to receive the information.

DISCUSSION:
The council discussed receiving information from Pat, and how it would be more efficient to have a point person from the council that could be in contact with her to receive data.

They also discussed the need to have consistent questions, or requests for certain data sets so that they can compare the same information over time.

5. AGENCY PRESENTATIONS

Judge Shindurling – Supreme Court

Idaho has developed a wide array of courts (mental health, substance abuse, domestic violence, veterans, etc.) that deal with specific issues giving offenders better options to help with their specific problems than always having to go to prison or jail. (Council members can find information on the number of people served in the courts on a yearly basis on the Supreme Court website http://www.isc.idaho.gov/)

He also talked about another problem solving court called the Wood Pilot Project, which gives offenders treatment in their communities. There are four phases to the program that participants have to complete. The Wood Pilot Project has been successful in providing a smoother transition for offenders than the drug courts, by focusing on employment like a work release program and utilizing half-way houses.

Community Coalitions of Idaho – Tammy Rubino:

In 2009 the Community Coalitions of Idaho (CCI) was formed to provide a statewide advocacy network for all of the coalitions. Idaho has many active coalitions throughout the state, the exact number is dependent on how much funding is available and utilized at one time. CCI offers three trainings per year to help the coalitions in Idaho be successful. Currently the CCI has lost its funding so it is maintained by volunteers.

The coalition's main focus is on youth and prevention, they are active in communities working with law enforcement, youth groups, doing assemblies in schools, and partnering with alcohol beverage control.

Tammy passed around a map with the areas in Idaho that have the most coalitions and the areas that are lacking, and a paper introducing the CCI.

Idaho Housing and Finance Association (IHFA) - Julie Williams

IHFA provides affordable housing opportunities. Some of the programs that IHFA provides and is involved in includes issuing vouchers to pay for a portion of tenants rent, issue non-profit bonds for multi-housing buildings, administer IRS tax credits for builders who are building income controlled multi-family units, utilize block grant money for homeless services, and support operating and structural costs for half way houses.

Currently they have 33 families receiving rent assistance around the state, this program is annually reviewed by congress and has been funded for the past several years. The wait time approximately 2-5 years. The federal priority populations are households with people with disabilities and or the elderly, for those who are not in these populations the waitlist is longer.

Some of the goals of the IHFA is that they look at what methods of funding will provide the greatest outcomes for families in Idaho. They also raise awareness about the availability of federal resources to help affordable housing and make plans for increasing affordable housing in Idaho.

Idaho Juvenile Justice – Jody Sciortino

Currently there are 289 juveniles in the juvenile justice system. There are three facilities; one in Nampa, Lewiston, and St. Anthony. The majority of juveniles in these facilities are boys.

In order for a child to be committed to the state and to one of the three facilities, a judge will first order a rule 19 screening. Different agencies and individuals including: children's mental health, child protection, Juvenile Correction, family members, SRO offices, and school officials, will gather together to discuss what solutions are available besides the child being admitted to a facility. If the juvenile cannot be safely handled at the county level, the juveniles are placed in the facilities for 30 days. This observation gives the clinicians an opportunity to do an extensive evaluation and evidence based testing.

All three facilities have an accredited high school, where they hold class year round for the kids that have dropped out of school which gives them the opportunity to earn their GED or High School Diploma. The goal for kids in these facilities is to focus on developing skills and abilities, and to have them participate in the decision making about their medication and treatment. This helps them value the changes they make because they have had a part in making them.

Behavioral Health – Rosie Andueza

There are three major groups in Behavioral Health (BH); Substance Use Disorders (SUD), Adult Mental Health and Children's Mental Health.

SUD:
SUD services are funded through the block grant and are funneled through BPA – who manages statewide care. If an individual needs services BPA does a screening to see what services are available and what they qualify for. There are certain eligibility requirements for someone to receive services, but the state is also mandated to spend a certain amount of money on populations, including pregnant women who have a SUD problem. BH is working on an outreach program to inform pregnant women of availability of services for substance abuse.

Because of an increase in the block grant dollars, ATR 4 dollars, and lower referrals in other populations, BH would like create a population for those who are 'volunteers', or who voluntarily would like to receive services.

MH:
BH has offered Recovery Coach training for free as a result of grant funding but now that the funding has gone away, they will charge $50-55 dollars for the cost of the book.

They also provide Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery (SOAR) training. They have recently done 3 SOAR trainings, where at least 10 or 15 people attended the three day training.

Certified Family Specialists – Carol Dixon

Idaho is currently putting out an RFP for organizations to do a training for the Family Peer Specialist Certification. Once parents have been certified they then can be hired to work by being a mentor to parents on how to be an advocate for their child, how to understand the diagnosis, give them guidance with IEP and how to work with schools.

When the certification is available providers are going to need to be educated on how to utilize peer specialists in their practices. Specifically that these peer specialists are providing support to *parents* not directly to the *children*.

Carol also gave a quick update on the Federation of Families before Steve Graci will give his presentation. In Idaho City they are starting a wellness center for children; the federation will provide a family support specialist for them at that center. This specialist will help connect families to providers and guide them through getting services. The center invited Optum to be involved and Optum sent six representatives to visit the center and ask what they could contribute.

The Federation of Families is also doing a statewide webinar series, where they hold live trainings once a month, thousands of people have participated in the trainings. Professionals from different fields regarding mental health have presented on topics such as ADD, eating disorders, 'Chaos to Calm – Parenting Strategies', and suicide prevention. The trainings are archived on the Federation of Families website for anyone to go back and view later.

Vocational Rehabilitation – Alan Aamodt

Vocation Rehabilitation (VR) is state and federally funded. Individuals who qualify can receive help to get back to work. To receive services, VR first establishes that the individual qualifies by determining that they have some type of mental or physical disability, that this disability affects them getting work, and that they could benefit or that they need their services. The VR has 60 days to determine if an individual qualifies; it is completely based on individual circumstances but if someone is on social security or public assistance that usually means they will qualify. Many people are referred to VR from other agencies, but they do have some people walk in from the street requesting services.

They base program successfulness on how many people get back to work, which is determined by people staying at a job for more than 90 days.

Idaho Department of Corrections – Shane Evans

The prisons are somewhat overcrowded, but the number of inmates has remained flat for the past several years. Idaho has one of the toughest sentencing practices which contributes to it having the safest communities in the country. The average stay for inmates is 26 months, and only about 100 people are serving for life.

Each individual that comes through corrections goes through a month long screening to determine if there is a mental illness. Once they are done with the screening they are giving one of six designations. Those who are designated acute correctional mental health are placed in the CRU units, where the goal is to be able to mainstream them back into the prison community. Around 32% of inmates have been diagnosed with a variety of mental illness, 57% are diagnosed with SUD, and 35% (included in the 37%) are co-occurring diagnosis.

IDOC has an extensive suicide watch, they refer to as the 'easy in and hard out' practice, where if inmates show even the slightest risk for suicide they are placed on watch and then only a clinician can release them. There are about one to two suicides per year, but there has never been a successful suicide for inmates on suicide watch.

DAY 2

Peer Specialists – Jessica Wojcik

The Office of Consumer and Family Affairs (OCAFA) is currently working on informing the public about what they offer and enhancing their website to house information about support services available in each region. They would like their website to be considered the resource hub for people to be able to visit and seek providers, support groups, reentry services, etc.

Another program OCAFA supports is Peer Specialist training, which is housed out of Mountain States Group in Idaho. A Peer Specialist is someone who has lived experience, who is grounded in their recovery, and would like to work as a peer to share their experience. There are two peer specialist trainings per year, with 25 students each time equaling 50 a year. The process to be accepted into the training includes answering and submitting an extensive and in-depth 21 question application. They also have to submit two letters of recommendation from people who have known the applicant in their recovery. The next phase is to have a phone interview and speak to each applicant about their interest in becoming a peer specialist. From there they will choose the top 25 to participate in the training. The trainings offer a comprehensive curriculum with a lot of group work (practicing through scenarios) and at the end they are given a certification exam.

Many providers are still developing their peer specialist programs. At the beginning of the process there was a lot of skepticism about how the program would do and if it would be effective. There will need to be continued education and advocacy about the effectiveness about Peer Specialists.

Since July, 50% of the Peer Specialists trained have been employed (although some individuals were already employed at the beginning of the trainings and were certified with the intent to enhance their current positions). Currently there are Peer Specialists who work on the Project for Assistance in Transition from Homelessness (PATH) and at state hospitals.

Federation of Families – Steve Graci

The Federation of Families formed in the late 1990's, and became the affiliate of the national Federation of Families. Their objective is to promote the mental health of youth and families, and that there is value in having lived experience and working with people who have lived experience.

One of the goals of the Federation of Families is to erase stigma from mental health, one of their new projects is called Youth Move where they work on education and involving youth and family members to change the stigma of mental health.

Elisha Figueroa – Office of Drug Policy

The Office of Drug Policy (ODP) is part of the executive office of the Governor for SUD prevention and policy in Idaho. The top priorities for ODP, and the worst problems in Idaho, are underage drinking, Marijuana use, and prescription drug abuse. To see the regional reports for these statistics, the council members can visit ODP.idaho.gov for more information.

ODP is funded by the prevention dollars from the block grant which comes through IDHW. They have providers in every region of the state. These providers are doing prevention work in schools, hosting parenting classes, strengthening families, promoting project ALERT, and hosting life skills trainings. 20,000 people throughout the state are affected in a positive way because of these programs. They are able to use about $1.8 million per year, and the block grant is awarded annually on February 2nd.

Some of the campaigns that are funded by ODP are 'Be the Parents' (betheparents.org), and 'Lock Your Meds' which helps educate people to be aware of where they store their medication and that they are disposed of properly.

ODP is also working on several policy issues in Idaho. Every year they have to go to the legislature to change the illegal drugs list to be inclusive of the newest synthetic drug introduced in Idaho. Another hot topic in legislature for this year is Cannabidiol (CBD) which is a component of Marijuana that doesn't give users a 'high' and can be effective for certain types of medical conditions such as seizures. ODP has spent a lot of time researching CBD, they are concerned about it and any medication that has not gone through the FDA channels because if a medication ends up having negative side effects they cannot recall it. ODP is working with pharmaceutical companies and the FDA to bring a CBD trial to Idaho so that people who need this treatment and want to try it, can do so in a safer way.

6. BLOCK GRANT – TERRY PAPPIN

For more information on the block grant, refer to the outline of the presentation.

Terry went over the history of the block grant and the differences between the mental health portion and substance abuse prevention and treatment portion of the grant. The application process is also different between the two grants, but both include many levels of feedback and comments from the public and from the planning council. The block grant is submitted every two years and updated on even years. The application went over the history of the block grant.

Behavioral Health Planning Council Goals:

1. Educate the Governor and Legislature on Behavioral Health including:
    a. the importance of supporting a comprehensive behavioral health system;
    b. service needs and gaps; and
    c. efficacy of the behavioral health services provided to adults and children in Idaho.

2. Establish a system to map existing resources and populations served and identify service gaps and populations in need.

Technical Assistance Requests:

a. Development of a system to map existing behavioral health resources and the populations being served (and regularly update the map).

b. Develop materials/resources to educate Regional Boards on the importance of gaps/ needs analyses and train them on methods to collect needed data.

c. Develop a tool for collecting gaps and needs data from Regional Boards.

3. Establish a Children's Mental Health subcommittee in every region including:

a. identification of resources needed by the subcommittees;

b. methods to identify potential subcommittee members; and

c. system for communication among and between the regional subcommittees.

4. Recruit individuals to represent each of the consumer groups/organizations identified Behavioral Health Planning Council Membership Matrix.

5. Develop a comprehensive tool kit to assist Regional Boards seeking Behavioral Health Planning Council to demonstrate readiness to accept responsibility over the family support and recovery support services for the region including:

a. an application packet;

b. resource materials for initiating the process and completing the packet;

c. methodology, evaluation committee membership and criteria for evaluating Regional Board applications; and

d. a protocol for notifying Regional Board's of the Planning Council decision.

Technical Assistance Requests:

a. Development of a system to evaluate Regional Board applications.

b. Resources to assist Regional Boards in development process.

TA Request not attached to a goal:

1. Regional Staffing

7. JEFF D. UDPATE – CASEY MOYER

Casey went over the background of the Jeff D. lawsuit for those who were new to the council.

A group consisting of the attorneys, key stakeholders, agencies, and individuals has met for the past 18 months with guidance from a facilitator to iron out the settlement agreement. The settlement agreement is done but is not ready for public comment; the Governor's office will first read it and have time to comment and ask questions. They will then release it to the public with an official comment period for 60 days.

They don't have the ability to disclose what is in the agreement, but that it outlines what the CMH system will look like and what it will do. It includes the principles of care (similar to a mission statement) and encourages the governor to work with the legislators to abide by the agreement.

This lawsuit impacts many of Idaho's health systems, and will change the entire system of care for children. The class membership is also much bigger in this lawsuit, and the scope of the changes that are proposed have a broader reach.

Casey will send out a link when the settlement agreement is available, if the council members have questions after reviewing the agreement they can contact anyone on the Jeff D. committee.

8. COUNCIL COMMITTEE WORK

Readiness Criteria Committee:

The committee passed out copies of the readiness criteria packet that was created for the regions to follow so that they understand their next course of action depending on what option they choose, and what the council's expectations are. As of today the committee has not received any applications.

The committee outlined their goals they would like to accomplish:

- Have better communication between the regional boards and the council, and have the leadership of the council create a formalized approach to distribute information such as creating talking points
- Send out updates and communications in a timely fashion
- The committee will take the Q&A that was created to each of the boards and be available to answer questions and offer assistance if needed.
- Review the regional board guidelines so they understand the options they have according to statute
- Create a method for reviewing incoming applications from the regions. The application review committee will consist of: Rosie Andueza, Stan Calder, Teresa Wolf, Angela Palmer, Jennifer Griffis, Sheila Weaver
- Create and give a deadline to the regional boards for the gaps and needs analysis

The group also discussed who from the council are either a member of a regional board, and/or who attends the board meetings. All members are encouraged to attend their regional meetings.

Prevention:

Stefani Campa and Katie Lovejoy are putting together a prevention program list with contacts for all the programs in Idaho, including school counselors, churches, etc. The project will be completed May 1st, and when it's done the program list will be sorted alphabetically by counties in an excel document.

They will send out an email with the link with the questions so that if the council members know of a program or someone to add to the list they can forward the email onto them.

Education Committee

The education committee is going to create and send out a survey to legislators in the fall with questions about if they know who the council is, what the council does, and if they read the council report. They talked about the best times to resend the report to the legislators before they send out the survey, and that when they do it, it would be a good idea to include a one page highlight of the topics in the report and a link to the report on the council's website.

Another goal of the education committee is for the legislators to know that the council is the BH authority in Idaho and that they can come to the council with questions that their constituents have. Essentially the council can be a 'tool' for the legislators and offer their expertise in anything to do with behavioral health.

Environmental Scan

The environmental scan committee has been gathering a lot of data concerning BH, the task now is to compile it into something useful for the council. They are still creating a framework of what information to gather and how they will present it. They passed out a report form Optum and went over it with the council, then asked the council if they had any requests for information they would like to know.

IDOC is preparing a lengthy report about Idaho's capacity as part of the justice re-investment (JRI). Once they have shared it with JRI, Rosie will email it out to the council.

Children's Subcommittee:

The Regional Boards' main goal after the August meeting was to make sure that each region had a children's sub-committee. From what they can tell, each region does and they have been able to get contact information for each one. Steve Graci from the Federation of Families is spearheading a movement to get those committees involved into the statewide network and invited onto the quarterly phone calls, January will be the first one where they are included.

They are also requesting a 'big picture' needs and gaps analysis from the children's sub-committees that address their top 3-5 priority needs specifically concerning children's mental health and any barriers they see to fixing those problems. If these priorities are the same in all the regions they can bring this information back to the council and IDHW to address.

They would also like to create a place, like a Facebook group, to share information and contacts, connect resources, and facilitate communication.

9. UPDATED TIMELEINE FOR GOALS CREATED IN AUGUST – MARTHA EKHOFF

Discussed the timeline of the goals that were outlined in August. Edited the working document with what had been accomplished and then created new due dates for those that hadn't. It was suggested to create a GoogleDoc so that all members could access the document and update and edit as needed. Sheila Weaver or the new council support admin will assist in creating that.

DAY 3

10. NEW CHAIR AND VICE CHAIR FOR THE COUNCIL

Anyone who would like to be either the chair or vice chair will submit a cover letter and resume to Martha and Teresa by the middle of February. From there, Teresa will submit all applications to the Governor's office who will have the final decision. If you have any questions contact Martha or Teresa; the role of both positions is outlined in the bylaws.

11. UNFINISHED BUSINESS

The council created a list of topics that they would like to communicate to the regional boards:

- Crisis Centers – the center in Idaho Falls has so far been a success, the council would like to see more of them created around the state
- Providers around the state are just beginning to use peer providers (certified family support specialists, and peer specialists) in the service array and the council is excited about this progress which it has been advocating for a long time
- The status of the council membership, including what spots have been filled and whether or not all the regions are adequately represented.
- Information about Recovery Centers
- Update on Jeff D., will include more detailed information and discussion once the settlement is released
- The need to receive the gaps and needs analysis from the regions
- Continued movement and progression towards complete integration
- Definition of the role of the planning council as stated in their mission and in the statute
- Inform the council on the community transition support from Optum, which is a value-added service. Currently Optum does not have community reinvestment dollars, but will when the system becomes more stable and they can reinvest that money
- Working on creating a comprehensive list of statewide prevention programs, or a county prevention directory, and if the regions have any programs to add contact the prevention committee at communitycoalitionsofidaho@gmail.com
- Give the suggestion to the regional boards to host a legislative event as a great opportunity to connect with their legislators

Martha and Teresa will compile this list of talking points that will be ready for the next regional meetings.

DISCUSSION:

The council went over the current council membership and what positions are still vacant. The positions missing are a veteran representation (or a family member of a veteran), tribe member, primary care provider (can be retired), social services agency, and there is still a request in to the Department of Education for a representative.

The council also discussed the 2015 meeting schedule and what has been done historically. Previously the council has had two meetings a year with an executive council meeting the night before, and then they have a video conference meeting mid-April. They brainstormed multiple options for the best timing to have meetings and a new meeting schedule. They decided to try having meetings in February, June, and October; Katie will see what dates are available and email the dates to the council. The council will then write a proposal to Ross requesting an increased budget to add an additional meeting. They will demonstrate how this request will increase the council's effectiveness, describe that more time is needed for the council's extra responsibilities, and what additional outcomes will be accomplished if the request is approved. If the request is denied they will have a video conference in June instead of a meeting.

12. LAST MINUTE DISCUSSION

At the next meeting the council members would like to have BH and Optum presentation on the second day after the other presentations so that members can be more informed and ask questions that come up throughout the meeting.

What can the council do to ensure that people who need services for MH and SUD can get them?

- In the regional gaps and needs analysis make sure to have the regions identify who is not able to access services.
- Have a report that outlines the priorities of the council so if there is funding available it can go towards those priorities.
- Look at the WICHE report, the council can analyze those statistics and create a comparison about the current data that is available. Shane offered to create a digestible overview of the report so at the next meeting the council can begin to have a conversation about it. Teresa will email him her copy of that report. They will also utilize Optum's national data on Best practice services and how much it costs to implement and deliver those services. That way they can present detailed solutions to the legislators; what is wrong and missing in Idaho, how to fix it, and how much it's going to cost.
- The council will present to the Health and Welfare committee about the progress of the transformation the next legislative session.