Children's Mental Health Subcommittee Meeting Notes November 29, 2012 DRAFT

Stephanie Mballo and Steve Graci, Idaho Federation for Families
Jason Stone, Idaho Department of Juvenile Corrections
Valeria Delyea, Boise County Juvenile Justice
Jennifer Young and Shelley Retter, Boise School District
Gina Westcott, Mechelle Wilson, Jennifer Martin and Laura Thomas, Region 4 H&W
Doug Miller, Valley County Court Services
Carrie Morie, St. Aphonsus RMC and President elect of early childhood organization

Chair Steve Graci called the meeting to order. Introductions of individuals connecting by telephone (Doug Miller, and Carrie Morie,) and attending at Region 4 offices

Jeff D observations

Background on the Jeff D lawsuit was briefly covered. The regional Mental Health (MH) Board and State Planning Council's roles in monitoring services were reviewed. This subcommittee will review information over the next few months from various agencies and organizations to use to prepare a report for the Region 4 MH board's review and submission to the state planning council, in accordance with court directives. Mechelle Wilson of Region 4 Children's Mental Health distributed information services provided by region 4, including trend data. (See attached charts).

Jason Stone of IDJC volunteered to provide information from his agency at the next meeting, December 11, 2012. He will send any handouts to Laura prior to the meeting; she will distribute by email to subcommittee members.

Paula Campbell provided an update on plans for a Teen Suicide Prevention event tentatively planned for May 2013. The Speedy Foundation and SPAN are partnering on the effort. She will send detailed information to Laura to share with the subcommittee when it is available; most information is in the brainstorm phase and not yet ready to disseminate.

Stephanie Mballo from the Idaho Federation of Families shared information about Madison Cares, a program in the eastern part of the state that has strong connections into local schools. This program is grant-funded and includes expanding the program to other areas of the state. The Federation is hoping to help expand the program in the region 4 area.

Outreach to other regional committees was discussed. Laura will find out which other regions have subcommittees similar to Region 4 and report back at the next meeting.

The subcommittee decided to meet on the same mornings each month as the MH board meeting (second Tuesday of month) from 8 to 9 am to allow school staff to participant. A telephone call in number will be provided to allow for greater attendance at meetings. The next meeting will be December 11, 2012 at Region 4 offices in the large meeting room, #131 at 8 am.

Meeting was adjourned at 4:50 p.m.

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State Planning Council and Regional Boards Jeff D Information

The main focus of the Jeff D case is publicly funded community based services for children with serious emotional disturbances and their families. Publicly funded means any and all services paid for with tax dollars. This includes programs in Health and Welfare (Medicaid, Family and Community Services, and Behavioral Health), State and local education districts, Department of Juvenile Corrections, and any county funded programs.

Services for children with serious emotional disturbances include:

- Assessment
- Case Management
- Crisis
- Day Treatment
- Family Support
- Outpatient
- Inpatient
- Residential Care
- Respite Care
- Treatment Foster Care

Suggestions for monitoring:

- Designate a standing committee from the regional advisory board to monitor Jeff D at the local level
- Become familiar with what services are provided by what child serving agencies in the community.
- Determine where and how to get data related to those services.
- Review the data and trends over time.
- Include in the annual report to the Governor any recommendations for additional funding or services.
- Review the Consent decrees for additional information.

This document was created at the request of the State Planning Council on Mental Health during the August 2012 meeting. This document is created solely as a guide and is not binding or limiting of the activities of the State Planning Council on Mental Health or the Regional Advisory Boards.

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IDHW will prepare and submit to the Legislature separate budget requests with annual decision units in order to implement this Agreement and the 1983 Order. Such decision units will be provided to the Division of Financial Management within the Office of the Governor for its consideration for inclusion within the overall annual executive budget recommendations.

The Governor will instruct the administrator of the Division of Financial Management to identify an appropriate budget analyst to review budget proposals for programs and services for children and adolescents pertaining to the 1983 Order and this Agreement.

V. MONITORING REQUIREMENTS

- Mental Health Planning Council shall be apprised of the existence and requirements of this Agreement. The State Mental Health Planning Council shall be instructed to study issues concerning the delivery of mental health services to juveniles and make recommendations for future funding of facilities, services and programs that should be provided by the State. The Council shall monitor Defendants' compliance with the 1983 Order and this Supplemental Agreement and specifically address compliance in the annual report to be submitted to the Governor. Defendants shall appoint a member of ILAS to the State Mental Health Planning Council.
- 2. Committee from Regional Advisory Boards. IDHW shall appoint a committee from each Regional Advisory Board to monitor

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compliance with the 1983 Order and this Agreement within their region. The committee shall be comprised of 3-5 members of the Regional Advisory Board who have an interest in mental health issues, including at least one consumer representative.

- 3. Plaintiffs' counsels may monitor Defendants' compliance with the 1983 Order and this Supplemental Agreement, including but not limited to by examining documents for this purpose. Plaintiffs' monitoring requests must be directed to the Administrator of the Division of Family and Children's Services. The parties agree to exercise good faith in fulfilling the terms and intent of the 1983 Order and this Agreement.
- 4. Notice to Defendants. In the event any class member or his or her representative or attorney believes Defendants are not in compliance with this Agreement, Defendants shall be notified in writing of the specific provision of this Agreement that allegedly has not been followed. Written notice shall be sent to the Legal Services Division of IDHW. Defendants shall have 45 days to respond to the written notice and, if appropriate, to take corrective action before any legal proceeding will be implemented by Plaintiffs.

VI. AFFECT OF CURRENT AND PENDING LITIGATION

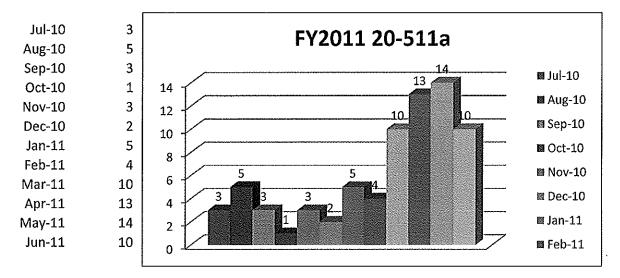
The 1983 Order, to the extent not clearly inconsistent with this Agreement, remains in full force and effect. This Supplemental Agreement resolves all pending claims of noncompliance with the 1983 Order. This Agreement shall be

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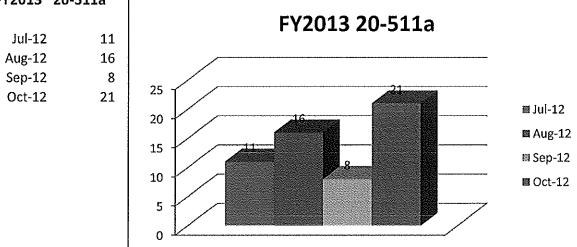
FY2011 20-511a



FY2012 20-511a

Jul-11 Aug-11	9 18	FY2012 20-511a	
Sep-11	8	25	⊠ Jul-11
Oct-11	15	25	■ Aug-11
Nov-11	10	20 18 17 16	_
Dec-11	17	20 15 17 16 15 16	IIISep-11
Jan-12	16	15	■ Oct-11
Feb-12	25	9 8 10	■ Nov-11
Mar-12	19	10	■ Dec-11
Apr-12	15	5 / 10 1	
May-12	12		ඎ Jan-12
Jun-12	16	0	■ Feb-12

FY2013 20-511a



Utilization & QA Dashboard FY13 11/27/2012

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	FY 2012	Screening	July	August	September	1st QTR-SUM	1st QTR-AVG	October	November	December	2nd QTR-SUM	2nd QTR-AVG	January	February
CMH Referrals	Rule 19 - referrals to too		18	11	7	36	12	5	14	2	21	7	8	11
	20-511A		9	18	8	35	12	15	10	17	42	14	16	25
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	Crisis, SH	S, or Residential	0	0	1	1	o	0	0	0	0	and the second desired and the second	2	1
Closures	CMH		4	9	8	21	7	6	15	16	37	12	21	19
Caseload Count	CMH		0	102	104	206	69	97	85	84	266	89	87	93
		Assessment Only	2	· 4	8	14	5	7	7	7	21	7	2	0
Case Load Acuity At End	CNAH	Low	4	5	5	14	5	4	2	2	8	3	3	2
Of Month		Moderate	61	69	89	219	73	71	70	66	207	69	67	67
		High	2	2	10	14	5	5	6	9	20		7	6
Residential Placement	COC In Placement		9	9	7	25	8	7	9	7	23	8	7	6
	Cost of Placement		\$37,819	\$38,519	\$27,392	\$103,730	\$34,577	\$28,598	\$24,050	\$26,073	\$78,720	\$26,240	\$20,349	\$20,801
PLL	Current C		0	0	o	0	0	0	0	0	0	0	9	9
	The strategic policy is seen	n Walting List	0	0	0	0	0	0	0	0	0	0	0	- 0
CRAHANAMAN HAM	# of Clien	The state of the s	0	0	0	0	0	0	0	0	0	0	0	
	% of Clients		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	- 0%
	eddel od Gero Goro degalaet a to seco	Kept	0	19	12	31	10	18	20	14	52	17	21	18
Appointments	 Manager Schemenstein Community of the Commun	No Show	0	6	7	13	4	5	9	10	24	8	5	6
		No Show Rate %	0%	32%	58%	42%	42%	28%	45%	71%	46%	46%	24%	33%

	FY 2012		March	3rd QTR-SUM	3rd QTR-AVG	April	May	June T	4th Quarter	4th Quarter	Annual SUM	Annual AVG
	Rule 19		11	30	10	2	15	12	29	10	and a second	10
CIVIH Keterrais	20-511A		19	60	20	15	12	16	43	14	180	15 15
	20-519A	, B, or C	1	1	0	1	0	0	1	0	The state of the s	<u> </u>
	Crisis, SI	IS, or Residential	4	7	2	10	13	3	26	9	And the property of the second	2
Closures	СМН		11	51	17	6	20	15	41	14		13
Caseload Count	CMH		89	269	90	95		95	283	94	1,024	85
		Assessment Only	1	3	1	2	3	8	13	4	51	
Case Load Acuity At End	смн	Low	3	8	3	2	1	1	4	1	34	
Of Month		Moderate	71	205	68	76	74	69	219	73	850	71
		High	4	17	6	3	3	2	8	3	59	, <u>, , , , , , , , , , , , , , , , , , </u>
Residential Placement	COC in Placement		6	19	6	6	7	7	20	7	87	7
Residential Flacement	Cost of Placement		\$20,998	\$62,147	\$20,716	\$21,550	\$24,370	\$27,365	\$73,285	\$24,428	\$317,882	\$26,490
PLL	Current Clients		8	26	9	8	7	7	22	7	48	, , , , , , , , , , , , , , , , , , ,
	Clients on Waiting List		26	26	9	22	21	30	73	24	99	2
CMH Medicaid	# of Clients		31	31	10	36	37	34	107	36	138	12
CIVITIIVICUICAIU	% of Clients		35%	12%	12%	38%	40%	36%	38%	38%	13%	13%
The second secon	смн	Kept	14	53	18	21	24	15	60	20	196	16
Appointments		No Show	6	17	6	4	3	6	13	4	67	10 6
		No Show Rate %	43%	32%	32%	19%	13%	40%	22%	22%	34%	34%