

**Region V RAC Meeting Minutes
December 13, 2012**

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| ATTENDEES | Kim Dopson, Beth Cothern, Lauri Heward, Carmen Babb, Dawn Anderson, Marsha Stallones, LeWayne Jungert, Jaci Urie, Nancy L. Kurnau, Debbie Thomas, Scott Rasmussen | ACTION ITEMS |
| APPROVAL OF MINUTES FROM 10-11-12 | A motion was made and seconded to accept the minutes from the October 11, 2012 RAC meeting. | Minutes from 10-11-12 accepted. |
| RAC CHAIR UPDATE- KIM DOPSON | The meeting was called to order by Kim. She opened the meeting discussing the transformation model of the MHB/RAC from Region 1. A discussion ensued. She invited all RAC members to stay after the completion of the RAC meeting and meet the legislators at the MHB meeting from 11:30-1:30. Kim stated that the RFP is out for SUD Medicaid. The design couldn't control inpatient psychiatric care which is a big deal for providers and creates the potential for a fractured system. Kim announced that ProActive has a sliding scale for MH services in the Burley, Twin Falls and Gooding area. | |
| GROUP DISCUSSION ON TRANSFORMATION | A lengthy group discussion introduced by Kim about transformation occurred. The group relayed their desire to continue to communicate and join together with MHB or SUD will be pushed out. It was suggested that the process begin immediately and that the system thinks mental health not behavioral health. RAC members need to be a part of the process to give them the language and educate the community members and have their own identity. Members felt it would be beneficial to have a joint discussion on the transformation. It was mentioned that it would be beneficial to keep the RAC group together since it was unclear how the MHB is set up to bring RAC members in. Scott Rasmussen commented that the MHB has made changes that are allowable and included the RAC chair position, a SUD provider, a consumer rep, children's consumer advocate and a parent of a child with co-occurring issues. This process hopes to be as smooth as possible and keeps the channels open between RAC and MHB members. MHB meetings occur the 1 st Thursday of the month. It was concluded that RAC members would attend the next MHB meeting on January 3, 2013 at Adult Mental Health at 823 Harrison at 11:30 to observe the meeting. The issue was raised of meeting just prior to the meeting at 10:30 am. | Handouts were distributed of the Region 1 transformation model. |
| TRANSFORMATION SUBCOMMITTEES GROUP DISCUSSION | There was a short discussion of the subcommittees created by Region 1 and Debbie Thomas suggested brainstorming possible subcommittees. Jaci Urie asked to look at the Idaho Behavioral Health System of Care pyramid to incorporate | Slight modifications made to |

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| | <p>those areas. The following subcommittees were suggested: 1)Legislative/Data 2)Community Education/Prevention/Stigma 3)Services to support recovery for behavioral health (transportation, housing, employment, dental, medical, and education) 4)Child/Youth/Adult: Issues (with consumers themselves).</p> | <p>subcommittee titles at the MHB meeting with RAC members approval</p> |
| <p>MENTAL HEALTH/PRIVITIZATION OF ALCOHOL/MEDICINAL MARIJUANA</p> | <p>Lauri Heward-There was a discussion of the accessibility of mental health and that it is not very easy to access and that they brings a lot of patients from Burley to MH court. Comments that school counselors get basic training not specialized. Nancy Kunau-spoke about privatization of alcohol which they have already done in Washington State. She pointed out that the drug of choice with teens is often weed and with the push for medicinal marijuana coming to Idaho "How can we manage to control this?" She mentioned Monte Stiles and the prevention/education trainings he does with the possibility of him coming to CSI in April. Kim Dopson-said that if Medicaid does expand it will be nice that more are covered but the ability to have enough providers would be an issue and that the revenue does not match the expense. The need is going up and the ability to fill the gap is difficult. Nancy asked Jaci of those she serves how many have a mental health diagnosis? She responded that 85-90% have some symptoms and about 50% have a formal diagnosis. Scott was asked how all this feels to him? He responded that we could present to the MHB about our possible subcommittees. He stated that those not covered will be hindered in services; there will be gaps for more individuals. We can work within the community and it would be beneficial to both groups to communicate and share expertise. He gave the example of the Haze and bath salts and how some viewed this as a MH issue and that it is essential to share with MHB. He mentioned that RAC is welcome to attend MHB meetings and the possibility of combining the two in February was discussed. Scott said he would let Sally know of the possibility of more people and she would arrange things. The group discussed the overlap of MH and SUD and how a younger age group is being affected and receiving services.</p> | |
| <p>SUBCOMMITTEE MINUTES</p> | <p>A discussion on if subcommittees are formed who would do the minutes, would they be combined or would individual minutes be submitted? Discussion ensued with possible suggestions such as: people would alternate taking minutes in subcommittees. Scott stated how Region 1 introduced the minutes from MHB and</p> | |

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| <p>ANNOUNCEMENT FROM BENCHMARK-ANNETTE LUDINGTON DELIVERED BY KIM DOPSON</p> | <p>RAC at the beginning of their combined meetings for approval. Benchmark will continue to do the prevention services contract for another fiscal year. Applications for the FY 2014 will come out late March 2013 and will be due a month later in April. Benchmark will have an updated note in the near future on our website.</p> | |
| <p>TREATMENT AND RECOVERY CLINIC (TARC)- JACI URIE</p> | <p>Jaci discussed what TARC does and the services it provides. They provide licensed SUD services that includes; intensive outpatient drug and alcohol treatment, recovery support, drug testing and life skills education to adolescents (11-17), adults and families through individual and group services that include teen groups, anger management and parenting. GAIN assessments are completed to create a treatment strategy and cognitive behavioral treatment is designed and implemented. All services are on a sliding-fee scale. They received a grant from the TF Health initiative which will be for TARC clients to receive dental, medical and education care. There is a cap per person.</p> | |
| <p>IDAHO DEPARTMENT OF CORRECTIONS (IDOC)- DAWN ANDERSON</p> | <p>Dawn spoke about the IDOC CAPP (Correctional Alternative Placement Program). CAPP offers programs for substance abuse (can request to go to CAPP for 90 days) and cognitive issues for low to moderate offenders for three types of groups: those on probation, parolees, and retained jurisdiction. All offenders are assessed to determine their needs and identify their risk. Those that are violent can be put into the program for six months. <u>Aftercare discussion:</u> Providers were asked how aftercare is working? The general consensus was that some are humble and work the program while others go right back to street thinking. There are always transition issues. There is hope for improvement in quicker consequences for non-compliance. Dawn-said they struggle with client consequences if they aren't meeting the program criteria. They utilize a lot of resources to get them on the right path. Discretionary jail time depends on the individual and is not a consistency, their job is to know the individual and use sanctions to get them to come into compliance. It is a fine balance. She stated that they do a GAIN short screener on everyone coming through but can't meet the entire need and voucher those out as they always have. Pre-sentence investigation and short screener gets referred out. A MIH person is now in their office. She stated that providers should still identify and just do a regular referral.</p> | |

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| <p>NETWORKING UPDATES</p> | <p>Scott was asked about MHB funding stream. He stated that there is a point of contact in MH office and also those with substance use treatment need can access those treatment funds. Treatment in house allocation per region. Fourteen people in MH court call BPA and provider does the GAIN, DHW provides services in house or drug MH court, relapse prevention-low level treatment. Debbie Thomas-Why create that instead of utilizing providers? Why aren't you collaborating with providers who know addiction? Gina-The goal is the priority population within groups we serve most needy clients (ex. Indigent) of which 60-70% have co-occurring disorders. We have a point of contact in the region then select a provider and they get the service. MH court has money set for treatment and MH court teams mandated to provide inclusive services. There is a limited number of money and how do you utilize this? MH folks get large array of services. We are trying to reach a different population. Intensive outpatient services, each region will execute differently.</p> | |
| <p>NEXT MHB MEETING</p> | <p>January 3, 2013 at 11:30 am at H & W Pole Line Road</p> | |
| <p>NEXT RAC MEETING</p> | <p>February 6, 2013 at 11:30-1:30 pm at Dept. of Health and Welfare on Pole Line Road</p> | <p>RAC and MHB are now combined as: Behavioral Health Community Board</p> |