Idaho State Planning Council on Mental Health January 10-12, 2012 Holiday Inn Express, Boise, ID

<u>Attendance:</u> Kathie Garrett, Pat Martelle, Gary Hamilton, Lisa Stevens (behalf of Julie Williams), Teresa Wolf, Pam Hirsch, Lisa Koltes, Steve Graci, Dr. Linda Hatzenbuehler, Stan Calder, Barbara Kauffman, Martha Ekhoff, Rick Huber, Linda Johann, Amber Seipert, Michael Stayner, Lynne Whiting

<u>Absent:</u> Representative Sharon Block, Phyllis Vermilyea, Michael Hinman, Julie Williams

<u>Guests:</u> Cynthia Clapper, Ross Edmunds, Chuck Halligan, Heidi Lasser, Jamie Teeter, Robert Willingham, Gayle Feller

	January 10, 2012	
TOPIC	DISCUSSION	ACTION
Welcome Teresa Wolf Introductions	Outgoing chair (Teresa Wolf) welcomed attendees and introduced Pam Hirsch as new State Planning Council Chair.	Announcement of SPC Chair change.
Review of Agenda Approval of Minutes Pam Hirsch	No changes to agenda for January 10-12, 2012.	August 23-25, 2011 minutes approved as written. Dr. Hatzenbuehler-1 st , Mike Staynor-2 nd .
Award Event at Capital –January 11, 2012	Reorganized for this year no educational panel or food and beverage this year.	Introduction by Pam Hirsch and then awardees will be introduced by council
Invitations Linda Hatzenbuehler	Logistics including transportation to and from hotel and capital. Decision on who to introduce which honoree at the award event. Invitations for House and Senate were given to SPC members to personalize invitations. Five awards this year: Legislative Award-John Rusche (Lewiston-District 7), Media Award-Teton Valley News, Advocates-Deanna Watson (Executive Director-Ada County Housing Authority) and Ann Wimberly (NAMI Far North) and Judicial Award-Norma Jaeger.	members. Event should last only one hour. Hotel vans to take twelve members to Capital beginning at 3:15pm and return for them around 5:30pm. Invitations routed around table and signed by attendees. Kathie Garrett delivered invitations; flyers delivered to media room and verified room reservation at capital.
Transformation- Interagency Cooperative Ross Edmunds and Teresa Wolf	Transformation: Ross presented: updates on Behavioral Health (used portions of 2012 JFAC presentation).	Current Division integrated structure- Administration (Central Office) and Operations, Mental Health

Budget consistent with what BH needs to do.

Medicaid moving to Managed Care. BH will be integrated into Managed Care as well. (Pat Martelle will expand on this).

Two things SPC has said forever: hard to get to your website and no ability to provide meaningful data. Presentation on new web site for Behavioral Health and data that can be found on the dashboard website.

Behavioral Health Interagency Cooperative Agreement:

Created executive order Governor Otter, Director Armstrong is chair, Dept of Juvenile Corrections, Dept of Education, Dept of Corrections, Ada County Commissioner, and Teresa Wolf. Kathie Garrett is my alternate. Marsha Bracke is facilitator.

BHIC vision ID citizens and families appropriate access to quality services provided through Mental Health publicly funded system and substance abuse focused on rehabilitation.

Status report submitted by BHIC to Governoragency coordination, requesting funding, new structure for effective assistance by agencies to population with better fiscal management, quality care with three guidelines: WITS (use by other agencies), electronic health records, collect outcome measures, quality assurance, service standards and provider guidelines- H&W Behavioral Health Authority- changes to Legislature on Chapter 39.

Regional focus for Behavioral Health system. Regions 2 and 7 submitted proposed plans for pilot program. Subcommittee formed to develop/craft language affecting regional and state level behavioral health boards/councils.

SPC will work closer with Regional boards, more authority to Regions, verify board members, possible regional funding.

Budget only (CMH/AMH). Priority populations and budget monies are only BH now.

SPC members requested a copy of presentation.

Website: mental health.idaho.gov

Data can now be provided monthly (15th of month)-called "dashboard". PDF format. County/regional information by fiscal year.

Suggested to provide data to the Legislature

Idaho BH System of Care. Proposal to expand role of SPC to include all of behavioral health services.

Need statute (Title 31, Chapter 39) changed to make Regions in control of monies and outcomes. Regions want to have say what is important in their communities with resources – similar to existing Health Districts.

Other states have established this at the regional and county level.

? SUDS staff member(s) who should attend SPC meetings. RAC members, BPA staff suggested. Substance Abuse is a managed care structure. Medicaid Managed Care rollout will override H&W-need a single network of providers instead of many. Concerns about deterioration of existing network.

Regional Mental Health		
Board Reports	Region Three -? trying to meet monthly-last	
Board Members	meeting December 2011. Vacancies are filled-	
Board Members	hospital-Chuck-Intermountain Hospital, board	
	networking-five community providers last	
	meeting, needs-housing, crises intervention	
	training/first responders-rural, juvenile justice	
	member.	
	Region Four-Martha Meeting every other	
	month. Interagency group working with	
	transformation group. Children's subcommittee	
	continues to meet-stability in question-Courtney	
	Santillan left. Approving bylaws today. Scaled	
	back group: RAC, Ada County, sheriff's	
	department on attendees. Presenting needs assessment and strengths/weaknesses to board	
	today. Not knowing how transformation will	
	work-level of presence has dropped. Early	
	access, resources, peer support, providers, gaps-	
	emergency rooms-not automatically assessing	
	mental health issues, lacking skilled	
	interpreters, community help-clinics in rural	
	areas, need to expand services for serious mental	
	health issues, integration mental health and	
	substance abuse treatment, increase tele-mental	
	health in rural areas, increase faith based	
	services and increase crises services. Increase in	
	mental health issues for individuals who are	
	affected by recession. Losing momentum due to	
	interagency/transformation work group issues.	
	Region Five-Rick Lost a lot of momentum.	
	Met three times since August. Regional Program	
	Manager (Brenda Grupe) retired-serious impact	
	on board. Last meeting attendees: RAC, MH	
	providers, state employees and many law	
	enforcement officers. Community volunteers	
	are needed to provide mental health services,	
	transportation needs, more focus on prevention	
	versus institutionalization, less community	
	services, belief that mental health board more	
	community services can/will be providing	
	services-see what future holds, suggest new	

	rules for consumer category has mental health issues and receiving issues and the board meets even if Regional Program Manager is not available. With creation of new boards have stand alone administrative support. CMH subcommittee-not much focus on needs and gaps-doing best with what they have. Region Six-Mike Stayner. Struggling with membership-lost some commissioners. Focusing on moving ahead. Concerns about no suicide hotline. Portneuff Regional Medical Center opened with a behavioral health unit (doubled capacity). Medical center has some monies they can share with community-will focus on the individuals with mental health issues in county jail. County contracted with private transport-helped immensely. Mental health courts moving along with advocate Judge Steve Dowl?. Recent graduation – 3 or 4. CIT training continues-officers and dispatchers trained. Protocol (developed with Ritchie Weers) with local law enforcement-can call Ritchie and H&W will send staff if involves mental health issues. No meeting in December – meeting next week. Great cooperation from H&W.	
	Region Seven- Lynne Whiting. Shared membership on board. RAC meets quarterly. Both committees want CMH to grow. Trying to extend membership for CMH board. Struggle to have family membership. Suicides on increase-average two per week. Region 7 decided to apply a grant from Center for Medicaid (CMS) – Healthcare Innovation Grant- Bonneville agreed to be fiscal agent, expansion of System of Care, requesting a letter of support from SPC. Individuals working on include H&W, county.	
Committee Meetings- Goals Review 2011-	Two hours designated for this – agreed to make one hour.	Moved and seconded by Rick Huber.
2012-Accomplishing Goals Pam Hirsch	Membershipi/Bylaws:	All ayes.
Gould Turn Triberi	Teresa-Chair Membership Bylaws of Executive	Teresa Wolf will take care of
	Committee. Same committee for four years.	renewal committee members

Review of bylaws will appoint committees and sub-committees. Council will elect three committee members to service opposite Executive Committee.

Current members: Chair-Pam, Vice-Chair-Martha and outgoing Chair will serve as exofficio member of Executive Committee-Teresa.

Recommendations: Mike Stayner, Linda Hatzenbuehler and Stan Calder as alternates.

Teresa-No decision on where SPC is headed. Need to look at: Health & Welfare Committee (House and Senate) who to serve, Membership Committee and changing rules how to communicate with the Regions.

Membership discussion. Several members have expired as of December 31, 2011: Rick Humber, Linda Johann, Michael Stayner, Lisa Koltes, Pat Martelle (Guidry), Pam Hirsch and Teresa Wolf.

Children's Mental Health:

Discussion to invite to attend sub-committee: Federation of Families, NAMI and AIM Early Idaho provided they cannot be here physically – any services or date they may have to share with SPC.

In several regions CMH is struggling. Region 7-celebrate youth in Madison County— over 10,000 people to event. In Juvenile Corrections-fewer youth are being committed. Higher percentage of youth with SED in Juvenile Corrections in the past two years. Juvenile competency statute which has gone into effect. RFP for family support and education for CMH has gone out. (Was ID Federation of Families)-award sometime in March 2012.

Lynn requesting Jeff D Lawsuit updates for each SPC meeting.

who are expired or expiring.

Encourage members to look at the Bylaws to be aware of their roles and responsibilities. Potential changes to the bylaws in the future should there be statute changes.

Will have to redo bylaws when SPC is no longer under Health and Welfare.

Children's Mental Health:
Suggested that SPC members invite our partners in the community to participate in State Planning Council meetings. This is a public meeting. Suggested:
Disability Rights Idaho and State Independent Living Council.

Can also invite and put on agenda for SPC meeting(s).

Committee goals: Keep committee informed, bring issues forwarded as needed.

Region Seven has developed a CMH court docket. Judges and court staff developed.

Region Seven has developed a CMH court docket. Judges and court staff developed.

Mike Hinman to present updates on Jeff D Lawsuit.

Room has been moved. Gayle to print out new fliers,

Announcements for SPC Award Ceremony.

Committee members: Gary Hamilton, Mike Stayner, Kathie Garrett, Amber Seipert, Martha Ekhoff and Linda Hatzenbuehler.

Recommendation to attempt get on the committee agendas H&W Senate and H&W House as required in legislation. Content would be what is the Governor's Report. May include a power point presentation: suicide rates, hospital admissions rate and funding line.

Recommend we combine the Legislative and Education committees and transform it into the Advocacy Committee.

Will work on ideas for May Mental Health month at the local level. Will come up with five or six of them and send them out early for you to present to local mental health boards.

Goal: Implement this combined committee, continue to do something with the Legislature, look at the new Legislation as the BHIC.

Education/Advocacy Committee – Martha Attended SAMSHA meeting at their invitation. Spoke about Peer Specialists. Last people invited to this meeting are consumers and families. To design PSTD training in three H&W HUBS-approved by BH. Requested SPC members identify possible attendees. Possibly in Spring 2012 regarding Trauma 101.

Rick suggested calling committee Public Education instead. Advocacy Committee was chosen to cover the federal law.

Transformation/Housing Committee —Joann Housing issues-not available. Idaho no support to housing. Goal to convince Legislation to put dollars toward low income housing. Create a handout to give to them. Housing is defined as shelter, halfway housing and transitional housing. Consumers under Housing First Model

signs and invitations regarding room change. Room WW17.

Committee Agenda (Senate and House) SPC suggests Pam (as chair) would do this and if unable appoint someone on her behalf. Kathie may be able to assist with getting on the agenda.

Three action items:

- -Kathie can try to get SPC on Senate and House.
- -Pam as Chair agrees that we should do that. Martha selected as backup to Pam.
- -Mike Stayner will prepare presentation for H&W Senate and House.

SPC Members to identity consumers and families to attend Peer Specialists training.

New committee
Education/Legislation combined as Advocacy
Committee.

May wait to change name until SPC transformation is done.

Moved, seconded. All ayes. Need to be clear on definition regarding required Block Grant-consumer driven.

Further discussion needed on definition of transformation.

Continue advocating for

cannot receive Medicaid benefits unless they stay in a sanctioned facility.

BHIC is looking as a support service to regions to get this information to them-best fit.

Community (consumers and families) input needed from regions.

Transformation-increase public education. Introduce BHIC to the public.

SPC which definition regarding transformation should we be using. Provides for people to stay where they are at unless relocating for services.

System transformation/changes or we talking about the way we are thinking about changes. Block Grant monies supposed to be spent on community based services. Federal Government programs moving to encourage states to move toward community based services.

Where is SPC going?

Increase knowledge base on substance abuse – need to have more training – who would be the right entity to do that?

Do we need a subcommittee to address substance abuse disorders?

Did invite? Stain in August-Did not get substance out of that.

Would this webinar training in Moscow help with this? Is BHIC participating?-No.

According to SAMSHA what will the role of SPC and Behavioral Health? State level? Integration of RACS?

What is our focus from the Feds once we start rewriting our roles and responsibilities?

What does the statute say –intent - integrity of SPC? Stronger voice and secure SPC future. Clear roles where given. Adding Substance

housing.

Requested direct link to SAMSHA and CMHS websites be available on SPC website.

SAMHSA- Webinar topic: Evolving Role of MHPACs in Behavioral Health Reform Date: Thursday, January 26, 2012

Time: 3:00 pm, Eastern Standard Time (New York, GMT-05:00) – Meeting room set up in H&W Moscow office.

SPC advisory/advocate these priorities:

- -Substance Abuse Disorders getting training/information -Housing
- -Integrated Healthcare-Whole Health-Managed Care (Medicaid)

	Abuse here – no real involvement with	-Recovery path
	Substance Abuse programs in ID. Not just those	-SAMHSA definition of
	with mental illness.	Behavioral Health and their
		role (what to meet Block
	Need to start in Idaho with our experts on	Grant requirements)
	Substance Abuse here – those that are doing the	
	work.	Need to get training and
		knowledge on substance
	Language for State Behavioral Health Planning	abuse disorders side of
	Council- Statutory changes-scope of our	Behavioral Health. Agreed
	oversight not much evident change from existing	need to work with individuals
	SPC Bylaws.	who are doing the work.
		who are doing the work.
	Funding issues for Regional Boards – there is	S. N.
	none now, most are volunteers. BHIC is aware	A l
	of this issue. Regional boards need to stay	Amber moves that we
	proactive.	establish a substance abuse
		subcommittee. 2 nd Martha
	SPC wants to write a letter to BHIC (and to	SPC Executive Committee
	Regions) regarding concerns, what their role is.	
	Establishment of next meeting by video	can fill this role. All ayes.
	conference.	
		Executive Committee will
	Scheduled next in person meeting with hotel.	discuss morning, Thursday,
		1/12/12.
		A
		April 12, 2012 9am-12pm MST 8-11am PST – Video
		Conference
		Scheduled August 13-16,
		2012-confirmed with hotel.
		Twelve need ride to Capital
		for Awards Ceremony.
		Informed hotel.
A 32 1 7 00		
Adjourned 5:00pm	Ionuony 11 2012	
Reconvened 8:00am Agency Reports	January 11, 2012 Peer Specialists: Some new positions available,	
Agency Reports	new hires have hard time passing background	
Peer Specialists-Martha	check, 50% justice involved some graduates	
Ekhoff	from MH Court. Training (40 intensive hours	
EKNOJJ	w/CEUs) in Twin Falls for Peer Specialists-	
Implementation Report	asked for help from SPC for potential	
Overview	names/attendees – March 2012. ID Hope	
C,Clapper/H. Lasser	Pioneer Health got that contract – 3 working-	
C,Cmppei/II. Lussei	1 Toneer Treatm got mat contract – 3 working-	

Suicide Prevention Council Update Kathie Garrett

Idaho Federation of Families Steve Graci

critical time intervention. High turnoverpossibly pay and lack of hours. 2 peer specialists volunteering at SHS. Center for Hope-one here in Boise. Contact Martha if interested.

Implementation Report Overview:

Cynthia-Adult Mental Health:

- *Block Grant changed this year. FTP (substance abuse) and mental health are now included.
- *Increased access to services through SMHA.
- *Reduction in utilization of Psychiatric Inpatient Beds.
- *Evidence Based Practices include: services, housing, employment, treatment, self management, medication management, decreased criminal justice and social support/social connectedness.
- *ACT Outcomes and Fidelity Measurement and AMH Data System (more useable data tracked now).

Heidi-Children's Mental Health

- *Increased access to services.
- *Reduction in utilization of Psychiatric Inpatient Beds.
- *Evidence Based Practices include: services, Therapeutic Foster Care, Family Functional Therapy, client increase in positive perception of care, return to/stay in school increase, decreased criminal justice involvement, increased stability in housing, increased social supports and connectedness, improved level of functioning, CAFAS outcomes-50% decrease in functional impairment, increase in use of Wraparound Services, services increase for rural children and families and increase in youth and children receiving Medicaid mental health benefits.

Clarification Local Council Services offering should be Wraparound Services. Suicide Prevention Council Update: Two major projects-Crises Hot Line Proposal from Mountain States and National Guard (has housing for hotline staffing).

- Ann Kirkwood doing training
- Administration manuals/need 90 volunteers
- Sustainable Project
- Support letters mail to JFAC
- VA may have some funding
- Working with Legislators.
- Timeline 2/3/12-Public listening at JFAC.
- ID 6th highest suicide rate in nation.
- Action Guide-prompts suicide awareness in communities, empowerment to people (everyone has a prevention role).
- More communication from SPC to people of Idaho regarding stigma around suicide.
- Working on Tribal involvement.

Idaho Federation of Families:

Steve reports in transition now only on board two months.

Project include:

- Promotion and education to increase children and family involvement-trying to demystify programs for them, educate parents, address issues they will be facing, increase familiarity of providers, promote school involvement, access CMH, NAMI and utilizing 211.
- Increase community support by: advocating for children and families, empowering them and reviewing what is working or not in their current way of doing this job.
- In process of: developing newer, better outreach plans/programs to include: NAMI, LETS and ID Youth – "Move" Program, Looking a theatrical approach – REACH program from Eastern U.S.

Rick moves write a Letter of Support for ID Suicide Prevention Council, 2nd by Gary. Executive Council to write letter. All ayes.

Action Guide by Suicide Prevention distributed. Need Suicide Awareness.

Governors Report 2012 Lynn Whiting, Rick Huber, Pam Hirsch, Teresa Wolf	 Organization needs collaboration from many other organizations. Number one need is Respite Care-working with H&W to resolve this. Identification of what needs to be done and what has been done in the past. Suggestion to have prepared early January so it can be given to Legislature when in session. Teresa commented 	Suggestions: • Prepare report by early January to give to Legislature while in session.
	 Report to Governor due late June 2012. Legislators will be given report as well. Work gaps and needs into this report. Needed SPC member input. Additional information from local level. Concentrate on "snap shots". Wanted to capture "voice" from the communities in this document. 	 Include a copy of 2011 survey as backup information. Need more Idaho specific CMH information and include telepsychiatry utilization. Change report to reflect Idaho information. Use snapshot information from SPC Award ceremony.
		Teresa requested SPC member input by e-mail.
		Deadline prior to end of 2012 Legislative session.
Medicaid and Medicaid Managed Care Pat Martelle (Guidry)	 Report and discussion included: Getting information to individuals in nursing homes re: Ohmstead Grant. Transitional housing. Existing barrier to using Medicaid monies for private home stay. Inclusion of Disability Rights member on SPC would increase legal rights to approach residents of nursing and residential facilities. Children's developmental disabilities 	Heidi (H&W) to follow up on the potential of adding a Disability Rights member to SPC. (Gayle: the first 3 bullents in the neighboring column—this stuff is out of context and I don't know enough about it to expound on itit has to do with the Medicaid Money Follows the Person project to help deinstitutionalize Participants—
	benefit is in process of redesign now.	you should get Heidi to add

Primary interest of parents is in support services not treatment i.e. Respite Care. All children will be mandated into this program effective January 1, 2012.

• Programs implemented in co-pays include: podiatry and chiropractic and ??? only in non-emergency situations.

Managed Care:

- Exploration of different managed care programs. Long term care program is next. Waiting to see what Legislative session produces.
- Fee for Service model has a built in incentive for more services to be delivered instead of services to assist with reason for using Medicaid.
- RFP in process-bulk of work is design, technicalities, contract requirements, flow of money. Waiver from CMS needed. Has to be cost effective. Intention is to include peer support and hospital diversion if CMS will approve.
- MH and Substance Use a lot of stakeholders have provided inputalthough invited to provide input Medicaid has not received input form Hispanic stakeholders.
- Transition time –RFP scheduled to be posted First Quarter of 2012. End of 2012 services to be in place with new vendor.
- Requirement will be for managed care company to effect a seamless transition for participants from the current system to the managed care system.
- Hospital treatment is not in the scope of the RFP. For the interface between outpatient services and inpatient hospital services Medicaid may use Qualis, the

text for clarity; also I think you should add a heading or something to indicate the context?

State needs to be in charge of the managed care company by being clear on the expectations in the written contract.

Suggestion: Hold a "Managed Care Fair" and invite companies to discuss their services.

	<u>, </u>	
	company presently under contract that manages general hospital services. There is not a Medicaid benefit for adults in free-standing psychiatric hospitals, only children, Adult participants may access inpatient psychiatric hospital care when it is provided in a general hospital—usually on a psychiatric unit, e.g. St. Alphonsus.	
	Managed Care Company Characteristics	
	This model allows:	
	The contractor to use some of its profits to "reinvest" in the system of care	
	The department to use penalites and incentives to ensure the Contractor achieves the stated goals, which are chiefly: positive outcomes	
	Demands uniform accessibility to all services across the state	
	Encourages use of telehealth and other technologies like electronic health records.	
	Have invited a mental health advocate for RFP evaluation teamcannot release name now. Team from Idaho will be doing RFP review.	
	Contract will be for MH services beginning the 1 st Year and Substance abuse services will be added in the 2 nd year.	
Regional Mental Health Boards Report- Legislative Events All	Region One - Stan Calder Did not have one. Have had a Legislative breakfast.	
	Region Two – Amber Seipert Held in December 2012. Trail, Nesse, Rusche, Ringo, and Schmidt were there. What they are working for: community services, barriers for	

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	services/access to providers, managed care	
	concerns, burden share (statewide), more doctors	
	(Rural Area program), cuts short sighted and	
	pharmaceutical drug prescriptions tracking	
	(three week lag time).	
	(unce week lag time).	
	Region Three-Phyllis Vermlyea	
	Tried to have meeting both Region Three and	
	then with Region Four – still no meeting yet.	
	Region 4-Martha Ekhoff	
	No meeting held.	
	No meeting neid.	
	Region Five-Rick Huber	
	First meeting scheduled in November 2011 – did	
	not have one then.	
	Reluctance of H&W employees involved with	
	- · ·	
	senators/legislators present.	
	Region Six-Mike Stayner	
	Met in November 2011, good presence of	
	senators (5). Open discussion. All of board	
	there. County Commissioner assisted with	
	promoting meeting.	
Recess at 3:00pm	Moved to Capitol.	
Award Ceremony-	3:30-5:00pm	
Pam Hirsch, Linda	Adjourned.	
Hatzenbuehler, Kathie		
Garrett		
Reconvene 8:00am	January 12, 2011	
Award Ceremony	Went well, well attended, length of time just	Suggestions for next year:
Discussion	right.	*Move time to 4:30pm.
Linda Hatzenbuehler		*Earlier date – first week of
	Opportunity to speak on MH issues around the	Legislative session.
	state. Wimberly, Rusche comments.	*Invite Boise Mayor, H&W
		staff.
	Talking points-specific speakers.	*Select and vote on awardees
	Ø1 · · · · · · · · · · · · · · · · · · ·	at August meeting.
	Compressed event-rich content introductions.	(Honorees-more in depth
	compressed event from content introductions.	information).
	Attendance-Court no presence-Norma Jaegar-	*Chair go through issues and
	staff did know.	concerns of SPC.
	Start ard Know.	*Peers introduce honorees.
		1 cers mirroduce nonorces.
	Horty_tive attended with twelve to tourteen	
	Forty-five attendees with twelve to fourteen legislators	

State Planning Council – Meeting Overview – Open Discussion

All Members

Linda

- ✓ Leadership training for Regional meetings?
- ✓ Merging of MH and SUDS-only major event.
- ✓ Request assistance on technical issues at local level.
- ✓ H&W usually does this organizationcounty and consumers involvement-up front training-more inclusive that H&W staff only – include people from Regions
- ✓ Better communication on organizational change issues, reorganization issues and sources.
- ✓ Using VCE more instead of bringing people in to Boise.

Teresa

Interagency Co-op Meeting

- County Commissioners attend this meeting.
- ✓ Gleaned that Regional boards feel a bit out of the loop. Executive committee feels that this is an issue.
- ✓ Pyramid from Ross is out at the Regional level already.
- ✓ Regional Boards not funded-grants, volunteers will fund boards.
- ✓ Opportunity to weigh in changes coming from Interagency Coop integration. Direction not defined at Region level.
- ✓ Three unknowns: Behavioral Health, Medicaid and SPC transition.
- ✓ BH Administrator (Ross) wants transparency in SPC changes.

Pam

- ✓ SPC develop a cohesive voice. SPC members want Substance Abuse to join Mental Health (not MH join SA). Must have clarity for Regional boards.
- Create clear, short and concise statement from Interagency Coop information. Include progress updates of Medicaid Managed Care and integration in H&W.
- ✓ Request timelines for transition.

Pam –Suggest notes to Regions – not a directive.

Pam and Teresa to work on letter to Interagency Cooperative for January 23, 2012 meeting. SPC members to review before presenting.

SPC Board requests across the board communication from H&W and Interagency Cooperative.

Develop Guidelines –not statutory...compose a letter, review by SPC and then give to Regional boards.

 ✓ Concerns expressed that Legislation will pass this year without SPC or Regional Board input. ✓ SPC concerned with cuts to statewide services. ✓ Regional boards are concerned decisions are already made without their say. Concerned about the lines of communication between H&W and SPC. ✓ Want to keep mission clear with clarity (limit restrictions and restructuring angst). ✓ SPC satisfied with Idaho Code as written is what Mental Health Authority's main mission? Or role MH Authority-crises mode only? 	
Task List for SPC Members Logistics Establish and confirm August SPC Meeting Dates. 4/12/12 – 3 hours – Topic-VCE + Conference Call Legislative meeting – VCE and conference call. Linda Work on Membership List. SPC Letterhead- Fix Bios SPC members. Submit new appointments. Work with Ann Biebee. Inform and invite important constituents-NAMI, SPAN-to meetings. (No voting rights) Pictures for post release issues. Create final press release. Thank you notes to event attendees working with Teresa for each Region. May MH month – Mike and Linda will work on idea. Lynn-SAMSHA free literature regarding May MH month to work with Linda. Contact Steve	August 14-16, 2012 next SPC meeting in Boise, ID 4/12/12 – Video Conference scheduled for Regions 1-7 and Central Office.

IFofF, Aim Early Idaho, Jeff D updates-Mike Hinman, create and develop talking points regarding CMH issues.

Executive Committee – will share cell phones.

Martha

Working with Regions 2, 5 and 6 for training. Trauma SOC Training. When dates finalized-will email consumers, family and SPC members to attend.

Linda

Create a list of housing options in ID. Assist with talking points for transformation. Rick will use Linda's white paper on transformation as a template.

Kathie

Reminder SPC to send letter of support for Suicide Prevention Hotline. Kathie and Martha will work on it.

Phyllis-

Discussion of 2013 nominations in April 2012, finalize in August and then have made. Close nominations at least one week prior to August meeting. Agree to have CMH and AMH nominees.

Martha motion that all nominations have to be in by August 1, 2012 to Advocacy (Linda). Amber 2nd. All ayes.

Report to Governor-discuss in April. Talking points were good for event-will continue.

Amber and Kathie

Make a point to invite Substance Abuse staff to future meetings. Suggest "RAC" chairs from Regional Offices.

Teresa will continue to be SPC Interagency Cooperative connection.

Press releases at Regional level-Gayle-Public

	Relations.	
	Copies of bylaws to all members.	
	Food- Request Travel Dates make breakfast large when no lunch.	
Adjourned 12:00pm	A Motion was made by Rick Huber, seconded by Mike Stayner to adjourn the meeting at 11:45 am; unanimously passed.	