

# Idaho Behavioral Health Planning Council

Monday, April 24<sup>th</sup>, 2017

Holiday Inn, Airport

2970 W Elder St, Boise, ID 83705

8:30 – 9:00	Breakfast/Social, Welcome, Introductions, Approval of Minutes	Jennifer Griffis
<ul style="list-style-type: none"><li>● Introductions<ul style="list-style-type: none"><li>○ Jennifer Griffis – Chair, Parent</li><li>○ Angela Reynolds – Provider</li><li>○ Jen Haddad - Provider</li><li>○ Carol Dixon - Advocate</li><li>○ Julie Mitchell -<ul style="list-style-type: none"><li>▪ Retiring, brought a replacement application</li></ul></li><li>○ Rick Huber – Consumer</li><li>○ Jon Shindurling – Judiciary</li><li>○ Jason Stone – IDJC</li><li>○ Angenie McCleary – Provider</li><li>○ Gabriel Rudow – Empower Idaho<ul style="list-style-type: none"><li>▪ New, first time attending</li></ul></li><li>○ Greg Lewis – DoC</li><li>○ Rosie Andueza – DBH</li><li>○ Elda Catalano – Advocate</li><li>○ Tammy Rubino – Community Coalitions of Idaho</li><li>○ Ross Edmunds - DBH</li></ul></li><li>● Membership has shifted a little bit and there are some open spots but we still have good representation.</li><li>● Agenda - Angela made the motion to accept the agenda as it was written and the motion was accepted.</li><li>● Minutes from last meeting (February) – Rick moved to approve the minutes from last meeting, Greg seconded the motion. Minutes approved as written. Mindy will get the posted.</li><li>● Jennifer provided an update on the council being selected to participate in a technical assistance program with SAHMSA. So far there have been four calls participating with eight other councils. Jennifer shared that from her perspective it has been very interesting to hear where other councils are currently and it is encouraging to see how far we've come and what lies ahead of us. It is also interesting to see how these other councils function in different parts of the state. Jennifer shared that it is encouraging to see how far we've come and that we are already integrated with Behavioral Health. Jennifer shared that we have a good balance with our consumer advocacy and agency population and we don't have the same tension as other councils.<ul style="list-style-type: none"><li>○ Jennifer shared that one of our challenges is that there are some tasks that we have to do as a</li></ul></li></ul>		

council that are very specific to our state, i.e. our Governor's report and some of the Regional Behavioral Board items. One of the questions is how to manage that tension and remain focused on how to manage the tasks while utilizing time the most effective way.

- Carol asked about things that Jennifer had heard from other states that were impactful or impressive. Jennifer stated that a lot of the states really want to be action driven and not so focused on just obtaining information. Jennifer stated that Pennsylvania is perhaps one of the states doing it well, but most have barriers.
- Rick asked if most other councils meet as frequently as we do. Jennifer shared that we seem to meet less often than others; she stated that many will do monthly or bi-monthly meetings but they don't have the diversity of membership and they don't face the distance issues that we do. Jennifer stated we do meet less frequently than others. Jennifer had shared that we are often impacted by weather as well. Jennifer stated that this is one area that we could improve upon. Greg asked if those who meet more often are any more effective. Jennifer stated she got the sense that we had good justification for our meeting frequencies and durations, but it did make her wonder what we might be able to shift to be more effective. She stated that some had call-in options and met more often. Angela suggested that this may be a topic to address while we are meeting today and tomorrow.

9:00 – 9:45	Division of Behavioral Health Update	Ross Edmunds
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- Primary update – legislative session:
  - Three pieces of legislation, and two sets of rules.
    - One set of rules about childrens mental health – CAFAS,
    - The other set of rules was about creating the necessary governance over certification for Peer Specialists and Family Support Partners.
  - Legislation:
    - HB38 – Adding mental health declarations – what a person can say about their own mental health – sort of like advanced directives. There was previous legislation on the books that theses directives could largely be disregarded as our job is to restore a person to mental health. This was added to all sides of the issue to allow those committed to the department to be restored to health.
    - HB40 – This bill did three things primarily. One section, authorizing the planning council, was to add a prevention specialist to the planning council and the rbhs. The second section was to define the peer specialists. The third section was some language to clarify the language regarding how positions/membership is appointed to the regional health boards. This bill caught a little controversy as it went through. First, Idaho association of counties wanted to strike the option to have a commissioner's designee, and only have the commissioner. They also wanted to see the commissioner on the appointing authority. This bill passed the house well, went through committee with little problem, and went to the floor where there was no debate, no questions, the vote was called and

the bill failed. Two things led to this. It received negative marks by the entity that grades bills – they did not want to see another certification created, and, the second thing, was the definition of family support partner somehow became interpreted as the department’s attempt to take a back door role in family planning (advising on abortion). Because of the time it took to move the bill through there was not enough time left in the session to try a second time in this session. It will be addressed again next year.

- HB
- Budget – in considering the budget requests and the end results, at first glance, it looks like we did not get everything requested, however, it was a very successful year in regards to our appropriation.
  - In the YES program (JEFF D), we now have the resources needed to do the function of implementation. We received 18 full time positions, including 11 for the central office and seven for the regions to be experts in the field. We also got \$500,000 in university contracts to help with the practice manual, workforce development, training, and more.
    - A Medicaid expansion bill was approved, allowing for kids 185%-300% of poverty with serious emotional disturbance to receive treatment.
    - In addition, 1.1 million dollars was transferred from Behavioral Health to Medicaid to help serve this population.
      - Greg asked when this may happen for adults, and Ross explained that there is a movement and an interest to help and move in this direction. Greg expressed some optimism in this regard.
    - Angela asked how families may access the waiver allowing for their children to access the services.
      - Ross explained that it will begin January 1<sup>st</sup>, and there will be a request for proposal to find an entity to help assess this.
      - Rick asked for clarification that there will be one entity to does the assessment and Ross confirmed.
      - Angela clarified, if a family was in need, they would call a local office and obtain the waiver? Ross stated the assessment would be paid by Medicaid and that there are multiple doorways to access the treatment.
      - Ross stated that eventually there will be a single, statewide number that people can call to access services. His hope is that the assessor will be responsible to meet with the family that is convenient for them.
  - Request for 11.5 million dollars to serve the felony probation population in Idaho. We’ve been trying for years to fix code 192524, as it is all about assessment and not about services. This was the opportunity to ask for resources. This request was based off of the 2016 gap analysis. There was an updated gap analysis that occurred in January 2017, and the numbers that it was based upon were different – they showed only new people coming into the system. There are about 23,000

people in a year on probation or parole throughout that year. In that same time period, there were 11,000 GAINS done. The gap analysis was done on the 11,000. When the legislature saw the number, they viewed that as a need for only half of the amount requested. Based upon the lower number, we were given 5.6 million dollars. This is still money we didn't have before that we can now use to serve this population. This included an additional position to help this work.

- Ross discussed that he was contacted multiple times by different agencies to put that 11.5 into Medicaid to help serve adult mental health needs. However, the legislature does not currently agree with that idea. The 5.6 million will go to general fund to serve the population.
- Carol asked if the legislature's shift to be more supportive of mental health is part of a national trend or if it is a result of local education. Ross stated he's not entirely sure what the cause may be, but that in part, it comes as the result of the shootings, and that the legislative opinion is that it's not necessarily about gun control, but more about mental health. Ross stated that there has been a shift locally as well, perhaps a result of better education, and a result of being able to see it connected to a systematic design moving forward. Ross stated that we have become smarter about how we request items and the education behind it, especially showing the direct community impact.
  - Greg agreed that it is about making it palpable when you educate them. For example, appealing economically – nobody wants to spend more money on building prisons, so identifying how to better spend the money.
  - Rick asked about helping people ensure they are signed up for benefits before they leave incarceration, and Greg explained that that is getting better, but that there are challenges to those who have never been signed up. Rosie and Rick mentioned that SOAR may be an option to help this process and will reach out to Greg.
- 6 million dollars was requested for the HART program. Ross explained the challenges that arise in RALFs (residential assisted living facilities), and that HART is a proposal to help. Instead of 6 million, we received 2. Ross explained that some of that money will be allocated to help keep the RALFs going with safe and stable funding, and a million will be allocated to set up a HART model, geographically across the state – likely including five 8 to 10 bed houses. Optum is working on a very specific benefit package for everyone who will be housed through HART, to include therapy and various services. Ross stated that the benefit of this is that it is predictable and routine based, which is something people coming out of hospitals are used to. Additionally, Ross explained that conflict is a therapeutic opportunity, and at a HART, there will be a trained, masters level therapist on site who can help work through conflicts and issues that arise where that does not occur in RALFs. Carol asked if new facilities were

to be built or if existing facilities were to be used. Ross stated that it will depend on how an operator decides to do it. It affords \$65 per day per person. Some RUF (rent, utilities, and food) will be paid by residents.

- Two crisis centers are up and running. In last legislative session, we were given enough money to open one, but we were asked to get two up and going. We have run into some snags with the crisis center in Boise; the fiscal agent for Allumbaugh is Boise City, and they didn't want to do that, and recommended Ada County, Ada County did not want to do it. Then it was to be released as an RFP, and, as that was about to happen, St. Luke's, St. Al's, and Terry Riley came to us as a partnership and wants to do it. They requested additional time before the RFP was to be posted and they wanted it open longer. Roughly a month into the RFP, the partnership came back to us and said they weren't going to do it. The RFP closes at the end of this month, and hopefully, a contract will be in place by the month of May. The legislature this year provided full funding for all four crisis centers.
- Ross stated that resources were requested for a provider rate increase. There was some confusion with our partnership between corrections and the courts, and, as a result, it didn't work out for this year. We did get language written into the budget bill to work together to come up with a joint budget request for the next year.
  - Two different things were requested for physicians pay increases. Physicians were going to be moved to non-classified employees. However, this failed. This put pressure on the budget request to increase the salaries. We are able to pay the physicians to the max allowable, just not as much as we were hoping for.
- Currently when a person is identified as not competent to stand trial, and is identified as criminal dangerous to stand trial, we can do that restoration to competency within the hospital. We have seen a 250% increase in the past two years in this category. We've had three beds at the prison to restore people to competency. This is not enough and we have had to shuffle based on degree of danger. This year we have been given the budget to increase this from three to nine beds. We received \$300,000 to help do this. Moving to nine beds allows for the creation of a unit specifically dedicated to this.
- The adolescent unit at state hospital south will be moved to the treasure valley, most likely on the SWITC campus in Nampa.

10:00 – 11:00	Regional Board Call Update	Jennifer Griffis Angela Reynolds
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- Jennifer Griffis thanked everyone for joining and introduced everyone in the room.
- Those participating via phone included:

- Region 1: Ron Beecher
  - Region 2:
  - Region 3:
  - Region 4:
  - Region 5: Frank Knight
  - Region 6: Mark Gunning
  - Region 7: Geri Rackow, Randy Rodriguez
- Regional Updates:
    - Region 7: Randy shared that for Children’s Mental Health Awareness week they will be having multiple activities, including a walk, events in the park, etc. and will be providing an update on YES. Geri added that the board has been having a lot of focused discussion on the marijuana issue. Rosie added that for Region 7, they have been doing an excellent job of providing respite care with the funding available. The children’s mental health committee has been working hard to get the word out about funding available. Tammy asked if anyone from prevention has been involved with the boards and is participation. Randy asked for further information on the prevention specialist. Tammy clarified that it is mainly the prevention coalitions that she has been encouraging to be involved in the Regional Boards. Geri said she was unaware of who it would be, Tammy provided the names of some of the coalitions, and Tammy confirmed that one of them had been involved. Tammy also confirmed that someone from the recovery centers is involved in the board.
    - Region 6: Mark shared that there will be a parents and clinicians conference in May. They are working closely with Dr. Hatzenbuhler to get mental health&&& they are working on the crisis centers. They do not have a specific prevention specialist participating with the board.
    - Region 5: Frank shared that one of the biggest things accomplished this year was the opening of the crisis center on November 21<sup>st</sup> and the number of people already utilizing the crisis center has been astounding, jumping dramatically each month and just now leveling off some. Frank shared that there is some advertising to do now to increase awareness. Frank shared that biggest age group being served is 55 – 64. Angenie clarified that these numbers reflect encounters, not separate individuals. The grand opening went well, and the Governor came and spoke. Frank shared that it is a much needed service and they are hearing some impactful stories of the work being accomplished there. In other areas, the board is starting to work on the Gaps and Needs due this fall and are coordinating with CSI to help. Angenie added that they are still continuing to do some organizational work and in July they will look at filling some vacancies and reviewing terms, etc.
      - Greg asked if there was a standardized tracking for outcome measures. Rosie stated that the reports coming out of the crisis centers have the same data being published and believes it to have some standard requirements. Frank stated that there are requirements in the contract for what they must track.
      - Rick stated that now that the crisis center is up and running the board should be

able to focus on other issues. Angenie added that, along those lines, there is about \$5,000 that did not go straight into administration and can be utilized in other ways, i.e. grants, etc.

- Angenie mentioned that there will be multiple activities going on for mental health awareness month.
- Rosie asked Frank to share the plans to utilize the room within the crisis center into a recovery center, and Frank confirmed that that was the plan.
- Regions 2, 3, and 4 – Mindy will email for an update request and include in the notes.
- Region 1: Ron stated that one of the things that has been developed is a formal request for grant money from the board as well as a more formal process. A couple of grants have already been secured for the board itself. The children’s health subcommittee has been very active. && The board has been able to support the crisis center with some transportation issues they have experienced. The board has worked with the regional SPAN group to bring in a national speaker this fall. Overall, the subcommittees have been active and successful. The board has been working to get a tribal member active with the board. The board is working with the department of correction on a housing project that will supplement the amount people coming out of prison receive. Ron shared that they recently approved a very robust request for the crisis center for \$8,000. Angela added that recovery center has been doing well. Ron shared that the crisis center had over 1,000 clients in their first year of operation. Angela shared that a big issue for them is housing, and they have found someone who is willing to help with that issue.
- Angela asked those on the call to share anything additional they may need and what the board could do to help.
  - Specifically, Jennifer asked for questions or comments on the gaps and needs document. Mark stated he could not recall receiving the document and Jennifer stated she would send it to him again.
    - The Gaps and Needs document will be due September 11<sup>th</sup>.
    - Rick stated that he appreciated the updated form and that the collection of data will be a bit more uniform now going forward.
  - Jennifer stated that one of the things that they are working on as they view the open spots on the Planning Council, they are striving to ensure that representation covers all the regions. Jennifer stated that we have several open positions, and the council will be discussing it further and then sending out additional information to the boards.
  - Jennifer also mentioned that, for the last year and a half or so, talking points have been issued, and, since DBH also does them, they have become redundant. Therefore, unless the regional boards have a need, the planning council will use the DBH communication to get information out to the boards from the Planning Council specifically.
    - The other aspect of that is that Jen is resigning from the council, and will no longer be able to complete the talking points.
    - Angenie suggested that it may make sense to have talking points after the meetings due to the fact that the notes cannot be shared immediately afterwards until they are approved.

- Angela asked if all the boards were partnered with a health district, and Rosie confirmed that they are.
- Jennifer asked if this Regional Behavioral Health Board call during the planning council meeting is still helpful for them.
  - Rosie shared that monthly there is an RBHB call, and extended the invite to Planning Council members to attend.
    - Jennifer suggested that the notes can be distributed to council members.
    - Please let Mindy know if you would like to be added to the distribution list.
  - Jennifer thanked everyone who called in.

11:00 – 11:15

Planning Council Membership Update

Elda Catalano

- For Region 1: Tammy Rubino and Angela Reynolds
  - Tammy will be stepping back from CCI in June to return to her community coalition. She stated that we should have somebody hired by mid June to replace her but she will stay on until then.
- Region 2: Abraham Broncheau and Jennifer Griffis
  - His membership expire, but he is reapplying. He represents the tribal.
    - Abraham is not involved with the RBHB, as they do not allow for distance participation.
  - Jennifer has resigned.
    - This will be a good opportunity to help engage the area.
    - Jennifer recommended Charlissa to participate.
    - The board often has challenges including consumer participation and struggles with being agency and professional focused.
- Region 3: Elda Catalano, Rosie Andueza
  - Rosie will be listed as agency going forward.
  - Elda does attend some of the RBHB meetings.
  - Elda will be the co-facilitator for the children’s mental health subcommittee&&
- Region 4: Jason Stone, Dr. Hamso, Dr. Maryanne King, Carol Dixon, Anne (expires next year), Jane Donnelo
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  - Dr. Hamso has reapplied
  - Carol Dixon is not reapplying but has some ideas
  - Jane has resigned, but has asked Denise Chapman to take her position.
  - Hillary Evans has resigned
  - Judy Gappert, she may be region three
  - Greg Lewis has reapplied for another membership
  - Tiffany Kinzler - Medicaid
  - James Meer – Veterans
  - Jason Stone agreed that perhaps he, Rosie, and Greg should be considered state representation.
  - Gabe Ruddow
  - Jennifer Hadad – good until next year

- Julie Mitchell – retiring but will have Brady Ellis filling her position
- Region 5:
  - Rick Huber will be reapplying
  - Commissioner
- Region 6:
  - Jen
  - Susan Hepworth – resigning, recommending that Mark Gunning apply to replace her
- Region 7:
  - Holly has resigned
  - Jennifer Griffis shared that she believes this will be a pretty easy position to fill.
- Elda mentioned that we still have these needs outstanding:
  - Education
    - This is a federal requirement and, being unfilled, puts our block grant at risk.
    - Jennifer Hadad stated that she would be able to pass along some information because she works closely with someone from that area.
    - Greg asked for clarification on what was required for education, and it must be someone who is with the State Department of Education.
  - Youth
    - There will be someone attending the meeting tomorrow that may help fill this position.
  - Parent of a child with SDE
  - Family Support Partner
  - Certified Peer Specialist
    - Angela asked if this had to be a certified peer specialist or if it could be a recovery coach.
      - Rosie stated that this may be something that needs to be changed in the statute next year as the three positions are all very similar.
      - Jennifer stated that the bi-laws may not be as specific as the statute.
      - Rick explained that when reporting to the federal government, you can only fill one spot.
  - Consumer
  - Mental Health Provider
- Carol asked about concerns with members who are still technically members but who do not regularly attend.
  - Jennifer stated that we will review that after some of the open positions have been filled.
    - Elda added that two unexcused absences would terminate membership in the planning council.
      - Jen Hadad asked if there were a limit on excused absences.
        - Elda stated that not that she knew of but it may be something that should be revisited.
        - Jennifer stated that before we address that more specifically that we look at offering a call-in option.

Governor's Report – Jennifer, Angela, and Tammy

- The question arose as to whether or not someone could be hired to compile and put together the bulk of the Governor's report.

- The question then arose as to how much was in the budget for the planning council and how much they are allocated each year.
  - The answer was \$20,000
    - Most of the money goes towards the meetings and travel.
    - Approximately half has been spent thus far.
    - The remainder does not roll over to the next year.
  - In transitioning away from the legislative event, there was more money left.
- The decision was made to look into hiring a technical writer/editor. Jennifer will contact Eliza and see if she can help identify someone.
- In regards to the Governor’s Report, there are tasks that are required.
  - Angela asked if there was a subcommittee that works on the Governor’s Report.
    - Jennifer stated that it was combined with the Needs and Gaps and that a lot of the work was done during the meeting.
  - Tammy asked how long it took Jennifer to put together the Governor’s report.
    - Jennifer stated that she does it in pieces, and that last time, most of the work was done in the meeting.
      - Then, follow up emails are done to collect the updates that are outstanding.
      - Now that the structure has been put together, it is easier to drag and drop sections in.
        - The longest part now is giving the content one voice and ensuring continuity.
- The goal is to have the governor’s report due by mid-November so that it can be in hand during the legislative session.
  - Jennifer suggested sending the hard copy prior to the start of the session and then following up with the PDF version during the session.

11:15 – 12:00	Gaps and Needs	Jennifer Griffis Angela Reynolds Tammy Rubino
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- This is a requirement and is a mandatory part of the region’s contracts. It also helps us accumulate the information needed for the Governor’s report.
- This is due the first Monday after Labor Day.
- Angela asked who compiles the Gaps and Needs report.
  - Crystal, Elda, along with two or three others helped with compiling the report.
  - It is very subcommittee based, and reviewing the subcommittees helps compile everything as well.
- Angela read the strategic direction:
  - Tammy stressed the importance of getting prevention people involved in the RBHBs.
  - Jennifer stated that the RBHB will struggle with the likely upcoming mandate to add the prevention personnel to the RBHB.
    - She suggested that one of the action steps could be related to helping them educate the boards to expand their membership to include prevention, youth, tribal, et al.

- Angela asked if there were pretty active subcommittees.
  - Jennifer stated that overall there are they are active, but that Region 5 may not be as active. Rick agreed. Jennifer mentioned that she has a parent interested in being involved in Region 5.
  - Jennifer stressed the importance of including the role of a parent who is just a parent.

12:00-12:30	Break for Lunch	All
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12:30 – 1:15	Yes Update	Pat Martelle Tiffany Kinzler
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- Pat provided an update on the Youth Empowerment Services.
  - The YES System of Care is a framework by which dependable processes are set up in a collaborative and coordinated effort across agencies.
    - Significant headway has been made including a contract in place for the automated CANS system to be built, a wraparound process model, National Wraparound Initiative, contacts with universities for assistance and more.
  - Specifically, in this system of care, you can picture the big bureaucratic entities at the top, and way down at the bottom where people live and experience services, this is where we need to shift and apply our energies. We have a framework about how this has to work, but there is flexibility in regards to how this can work in the individual communities.
    - The emphasis will be on a local focus to determine what is missing at the local level specifically. It is a very exciting opportunity.
    - Parallel to this there are many opportunities to pursue. For example, there is a grant that we can pursue, and if obtained, we could get up to three million dollars a year for four years. The question then becomes, what would we do with that?
      - In this grant specifically, we cannot spend it in a way that Medicaid dollars could be spent. Therefore, this money could be focused on individual communities. The perspective then would be on how to use this money and make it sustainable after the grant money comes to an end.
      - Currently, we are in a period of analysis to determine what can be done and handled effectively. If not this grant, there are many opportunities that can be pursued at the local level.
    - Pat’s main emphasis is that she will be coming out to gather stakeholders who may be able to provide some time, some ideas, on the local level on how to affect some change locally.
      - Jennifer asked specifically what she should be looking for.
        - Pat explained look for people who can give an hour, or any time; we take volunteers wherever we can get them.

- Pat stressed that the importance needs to be on the fact that these are home grown, locally focused opportunities.
- Jennifer stressed that it is important to remember that all the boards do not all have representation from across the region (i.e. McCall is part of region 4 but is not connected to the RBHB.)
  - Jennifer suggested that Pat look to some of the regional hospitals and treatment centers to find regional input across an area, especially away from the population centers.
  - Angenie suggested reaching out to Idaho Association of Counties to help gather information and feedback.
- Pat stated that she welcomes feedback.
  - Angela asked if there will be training for providers.
    - Pat confirmed that there will be statewide trainings.
- Tiffany explained that there will be a lot that will happen between now and the end of the year as there is a considerable amount of training to be done regarding the changes to the system of care.
  - Optum has been asked to build a specialty network to provide services to children.
  - Rosie explained that one of the objectives in the settlement agreement centers directly on workforce development.
- Pat stated that in the fall of 2017 a CANS pilot will be launched with just department staff. Then DJC will be brought into the pilot, and after that, early adopters will be brought in as well in early 2018.
  - Statewide roll out of the CANS tool is set to be completed by the end of 2018.
- There is a dedicated mailbox – [yes@dhw.idaho.gov](mailto:yes@dhw.idaho.gov) and a website – [www.yes.idaho.gov](http://www.yes.idaho.gov)
- Tiffany stated that they are looking at multiple providers to ensure the best services are being provided and that rates are always an issue.
  - They have talked with Optum about the rates that they pay as far as how to make it attractive.
    - Unfortunately, the Medicaid rate reflects that Medicaid is a payor of last resort and does not reflect administrative overhead.

1:15 – 2:00	Office of Drug Policy, Needs Assessment/SEOW Report	Stephanie Pustejovsky Misty Kifer
<ul style="list-style-type: none"> <li>● See presentation attached.</li> <li>● See Needs Assessment link.</li> </ul>		
2:00-3:00	Block Grant Report	Terry Pappin Jon Meyer
<ul style="list-style-type: none"> <li>● See presentation attached.</li> </ul>		

3:00 – 3:15	OCAFA – Empower Idaho	Gabe Rudow
<ul style="list-style-type: none"> <li>• This is a program of Janus. <ul style="list-style-type: none"> <li>○ Previously did the Peer Support Training, but that contract has ended. OCAFA has expanded greatly, so the focus is there predominately. Going forward training may be done at the community college level, and currently there is not a whole lot of oversight, though there has been conversation surrounding a contract for oversight.</li> <li>○ First and foremost the focus is on education for families and consumers. Every quarter the goal is to provide educational opportunities for families, consumers, and providers as well.</li> <li>○ A big part of what they are doing is creating a way to collect feedback to report back to the state. <ul style="list-style-type: none"> <li>▪ So far this has been accomplished through surveys and in the future focus groups will be added.</li> </ul> </li> <li>○ There are a lot of changes coming through, including a possible name change to enable easier understanding.</li> <li>○ Another task is resource creation and dissemination.</li> <li>○ Another focus is an awareness campaign, and there are not currently a lot happening.</li> </ul> </li> </ul>		
3:15 – 4:30	Governor’s Report Discussion, Gaps and Needs, Mission and Vision, Thank You Jennifer	Angela Reynolds
<ul style="list-style-type: none"> <li>• Angela wanted to revisit the strategic direction and vision statement of the planning council, and to harvest as much knowledge from Jennifer as possible before she retires. <ul style="list-style-type: none"> <li>○ So far on the requirements: <ul style="list-style-type: none"> <li>▪ Providing oversight coordination of the regional behavioral health boards. <ul style="list-style-type: none"> <li>• Jennifer stressed that it is helpful to have more than one person from the planning council attend the RBHB call.</li> <li>• Angela encouraged everyone to reach out and invite members from the RBHB to participate in the council.</li> </ul> </li> <li>▪ Fulfilling the requirements of the block grants/reporting requirements. <ul style="list-style-type: none"> <li>• Angela put out a call for assistance in writing. <ul style="list-style-type: none"> <li>○ Judy stated that she may be able to help as time allows.</li> <li>○ Jennifer reached out to Eliza.</li> </ul> </li> <li>• Maintain understanding of budget and expenses.</li> </ul> </li> <li>▪ Meeting the fulfillment&amp;&amp;&amp;&amp; /Supporting the development of community crisis centers in each region <ul style="list-style-type: none"> <li>• Having the regional boards reporting on what they’re doing</li> <li>• Focusing on the prevention programs and strongly encouraging partnership with the regional boards.</li> <li>• Angela asked how we make the action item on this – do we send it out with the</li> </ul> </li> </ul> </li> </ul> </li> </ul>		

application process?

- There is a map of prevention coalitions on the Idaho Association of Counties.
- Assisting regions in setting up children's subcommittees
  - Every region has set these up
  - Quarterly conference calls are being done to connect the statewide subcommittees
    - They seem to have been beneficial for those who have participated, but greater participation would be beneficial.
    - Overall they are worth continuing.
  - Angela asked if the planning council still needs to have anything to do with the calls in order to supporting the subcommittees.
    - If the calls are dropped, it lessens the connection between the regions and the planning council.
    - If it continues, it helps keep the regions connected as well.
    - Carol suggested asking the subcommittees as to their perception of the value.
      - Jennifer will send the email.
      - Rosie stated that, in light of YES, it is really important to keep these going, because the foundation is still being built and it will be so important to keep the relationships as it moves forward.
      - Jennifer stated that there is becoming even more of a need for information from Pat and others.
      - What is needed is for someone to organize these calls for the planning council to continue.
        - Jennifer suggested waiting to see what parents take her and Carol's spots.
  - Tammy suggested that the topic of additional action items be added to the work that the subcommittees discuss on the second day of the meeting.
- Discussion on strategic planning
  - Previous efforts had been focused primarily on transitioning the board from mental health to behavioral health and were short term focused.
  - Judy stated that someone from each of the RBHB should be a part of this team in order to get the best work done.
  - Jennifer suggested offering a scholarship to the RBHB to get someone on their board to come.
    - It would not have to be the same person each time.
  - Rick stated that it has been frustrating on both ends to give updates on behalf of the board and on behalf of the planning council and more engagement on both sides would be very beneficial.
    - Angenie provided the example of, although both her and Rick were in attendance at this meeting, it was very helpful to have Frank call in and participate.

- Angenie suggested that it would be helpful to not just have one person attend from each region, but to have two each time.
    - Rick agreed that that way even if one didn't make it, it would be more likely that at least someone could.
    - Jason stated that the Juvenile Justice Commission is set up similarly and now it has been set up that there are requirements to attend.
    - Jason also suggested that once or twice a year having someone come would be better than not attending.
- Mission and Vision
  - Angela suggested changing the vision to “supporting....that are focused on recovery...”
    - Jennifer stated that the only challenge with that is that when you are focused on children you are not focused on recovery.
    - Rick suggested resiliency and Jennifer agreed.
  - To have a holistic ...
  - Jennifer Hadad
  - Reworking of the vision and mission
    - The mission was left to stand as it was
    - The vision was reworked to state:
      - We envision an accessible, holistic, and integrated behavioral health care system that cultivates and supports health lives and community.
- Thank you, Jennifer
  - Rosie presented a letter from the Director to say thank you to Jennifer.
  - Angela's name will be sent to the Governor in recommendation for the new chair appointment.
    - A vice chair will also be needed.
      - Tammy is willing to serve as vice chair until she may need to step down dependent upon other duties, at which point it may need to be reconsidered.
    - Mindy will check with Ross in regards to the proper protocol for appointment to the positions.
  - Rosie made the motion that Angela be recommended to be the new chair.
    - The motion was seconded and passed.
  - Rosie made the motion that Tammy Rubino be recommended as the vice chair.
    - The motion was seconded and passed.

4:30

Adjourn – get input for next agenda.

All

- In light of extra time, Judy provided an update on SPAN
  - Idaho lost 316 people in the past year to suicide.
  - As of 2015, we are fourth in the nation for suicide rates.
  - The biggest rate increase was seen in working males, and there was a slight drop in youth 18 and

under.

- Rosie provided an update on the workgroup currently occurring focused on what happens to people who have discharged from hospital and what happens to them in the first 90 days after discharge.
  - People who are co-occurring with mental health and SUD issues, are being discharge upon mental health issues being treated, but still suffering from SUD issues.
    - Because of issues with space and funding, people discharged from hospital are sometimes discharged to homeless shelters and hotels.
    - The workgroup is focusing on what services can be done to better serve this population.
      - The goal is to provide beds for people being discharged, have access to take their medications in with them, and will have access to peer counseling and support.
    - This will be a big project in the year coming.
  - The other aspect of work being done with this population is in regards to the requirement that in order to receive services, they must be in treatment.
    - As a result of this, there are often a lot of people lost in the gap between eligibility being determined and an assessment being done.
      - In order to address this issue, access to a peer support counselor is going to be made right up front.
      - The goal is to create a much warmer handoff and that people being discharged are at least being exposed to recovery coaches.
      - There are still details being worked out, but the goal is to connect people with support as soon as possible.
  - DHW will be adding medically monitored treatment, which is not an option right now.
    - This is a new service that will be added soon.
    - Additionally in home treatments may be an option soon as well, as research is starting to show that services in home provided on a relationship basis are very beneficial.
    - Rick stressed the importance of it all needing to be flexible to meet the needs of the various people involved.
    - Rosie explained that the upcoming services being created will be carefully monitored and measured.
- Greg provided a quick DOC updated.
  - Legislatively everything went well.
  - Greg has been working with Rosie to work out some funding challenges.
  - There was a three year grant through Terry Riley that will apply in the greater Boise area that will help with services for offenders, starting with at least 170.
    - Specifically the adult felon population with an underlying behavioral health need being released in Boise.
    - This grant is a pilot and is renewable for three years.
    - Rick asked if these are people coming out with probation, or without.
    - Greg explained that it could even apply to the rider population, as well as parolees. They have to have gone through the behavioral health unit.
      - Greg stated he believed that they do have to be coming out on parole or probation.

- The grant is in place and referrals will be beginning as soon as possible.
- Parent Network Update – Carol Dixon
  - The parent network started rather angry and agitated because they had worked so hard with their kids without getting anywhere, and now, through working together, has begun to recognize the power of their voice.
    - They have created a survey that is to be disseminated across the state that will provide valuable information as the YES workgroups move forward.
    - The survey launched last week, and in the first week, through basic social media, there had been nearly 1000 hits and 50 completions.
      - They want to see posters in all doctor’s offices, courts, (anywhere parents may be seeking services for their children).
        - The challenge is the cost, as this is a nonprofit, and printing is expensive.
    - Carol has copies of the posters electronically and as soon as approval has been received, Carol can distribute.
      - It can then be sent on out to the RBHB (Mindy), and other groups.
  - The next survey will be focused on crisis respite.

# Idaho Behavioral Health Planning Council

Tuesday, April 25<sup>th</sup>, 2017

Holiday Inn, Airport

2970 W Elder St, Boise, ID 83705

8:30 – 8:45	Breakfast/Social, Welcome	Angela Reynolds Tammy Rubino
<ul style="list-style-type: none"> <li>See attached presentation.</li> <li>Grant is renewable and may be available in the next year.</li> <li>Idaho was awarded the funds as of April 24<sup>th</sup>, 2017.</li> <li>Medicated Assisted Treatment that is publically funded is a first for Idaho. <ul style="list-style-type: none"> <li>Rosie suggested having a presentation next time on PDMP (Prescription Drug Management Program) <ul style="list-style-type: none"> <li>Further, have an update on IROC at the next meeting.</li> </ul> </li> </ul> </li> <li>Jon asked about what's being done in medical training to identify opioid issues. <ul style="list-style-type: none"> <li>Magni replied that it is starting to change and to be included in medical training curriculum, but there is still a lot of work to be done.</li> </ul> </li> </ul>		
8:45 – 9:15	IDHW, IROC 21st Century Cures Act and State Hospital Info	Rosie Andueza
9:15 – 9:35	MAT Presentation	Magni Hamso
<ul style="list-style-type: none"> <li>See attached presentation.</li> </ul>		
9:35 – 10:00	Veterans Update	Jim Meers
<ul style="list-style-type: none"> <li>Jim was not able to attend.</li> </ul>		
10:00 – 10:30	Office of Suicide Prevention	Kira Burgess-Elmer
<ul style="list-style-type: none"> <li>See attached presentation.</li> <li>Idaho was 5<sup>th</sup> in the nation for suicide completion rate. (adults) <ul style="list-style-type: none"> <li>The second leading cause for death for adolescents in Idaho is suicide.</li> </ul> </li> <li>Kira has the Barbara wefjoeijowei manual she can share with everyone.</li> <li><a href="http://www.zerosuicide.com">www.zerosuicide.com</a></li> </ul>		

- Kim also does gatekeeper trainings – these are for non-clinical staff to help them recognize the signs and get someone to help.
- Kira is in the process of creating a list of providers and it will be posted on the SPAN website.
  - Currently the website is under Health and Welfare but will soon have their own separate site.
- Idaho’s Office of Suicide Prevention is new, and is currently staffed with four people.
  - In comparison, other states don’t have an office, or have fewer staff.

10:30 – 12:00

Youth on Board Project

Suzie Delyea

- See attached presentation handouts.
- Today’s information is designed as a training:
  - Introductions on what the program is
  - Why youth in decision making
  - Beyond barriers
  - Doing it right
  - Next steps
- Goals for today’s training:
  - Enable adults to see themselves as allies
    - Recognize what might deter youth involvement
  - Adults assess their groups commitment to youth involvement
    - Everyone understand the importance of youth involvement
      - Develop specific personal and organization next steps.
- 1<sup>st</sup> group activity (everyone pair off)
  - Each person take three minutes to talk with the other person, then switch who is speaking
    - Scenario to discuss:
      - Imagine that your council is being half run by young people. Half the board consists of young people, as does half the staff.
      - What is exciting about this scenario? What is challenging?
      - Young people in this example is defined as 18-24
    - Results:
      - Scheduling is often a challenge, juggling school, etc.
      - One benefit is a fresh perspective that youth bring
      - Technological insight and advantage is another benefit youth bring.
      - One challenge is the varied experience level in combination with high levels of enthusiasm and achieving the balance between.
      - Youth perspective provides insight on how to build better connections.
      - Size of the group may be challenging.
    - Discussion:
      - There is a huge difference between having youth on board as a token and actually engaging youth.

- Common Motivations for Youth Involvement – handout
  - Remember, we are impacting youth and setting a course for their life and we have to consider their involvement.
  - Suzie runs multiple youth groups, and, as an example, spends the bulk of her time on various social media platforms in order to fully connect and how to stay current.
- Barriers preventing youth engagement
  - Discussion of defining adultism – handout
    - Negative messages we often send without even thinking.
      - Examples –
        - *“Do as I say, not as I do.”*
          - Holding to a different standard, not leading by example
        - *“You’ll understand when you’re older.”*
        - *“You don’t know what you’re talking about.”*
        - Jumping to conclusions and laying blame because of stereotyping – mind frame
        - Repeating instructions because of the assumption that youth can’t multi-task or aren’t paying attention.
        - Not allowing for the opportunity for mistakes to be made
        - *“I’m older so I’m better/know more.”*
        - Lack of understanding of media platforms and how they are engaged/youth communication methods
      - Apply the mentality of if you wouldn’t say it to an adult, don’t say it to a young person.
    - Age/legality
      - The question often arises as to whether or not a youth under the age of 18 has full voting rights
        - In Idaho, they can, as determined by the board upon which they serve.
- Why Youth Should be Decision Makers
  - Point 1: Define Decision-Making:
    - Should youth be able to make decisions on this board
      - Yes. They would be counted as a full vote.
  - Point 2: Know Why You Want to Involve Young People:
  - Point 3: Assess Your Organization
    - Ensure that there is a mentor assigned because this dramatically increases the level of retention.
      - Discuss commitment levels – how much interaction will be had?
  - Point 4: Determine Your Approach
  - Point 5: Overcome Organizational Barriers
    - In certain circumstances a chair has written to the school/professors to request assistance in allowing youth participation/request for absence.
  - Point 6: Overcome Personal Barriers
    - Keep their involvement consistent, not just for directly youth related matters.
  - Point 7: Address Legal Issues

- Creating Allies
  - If we can identify one or two people who will be allies to the youth members of the board, Suzie can help put together curriculum and guidance to help us welcome the youth to the board appropriately and effectively.

12:00 – 12:30	Working Lunch	
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12:30 – 2:00	Recovery Idaho	Norma Jeager
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- Norma shared her background with working with the courts and specifically, mental health courts.
  - There is some interest in beginning another court in Latah County.
- Currently, Norma is working with Recovery Idaho.
  - Recovery Idaho was created in 2015 to provide an overall umbrella for efforts around the state to focus on the reality of recovery and provide pathways for individuals seeking recovery, whether it is for mental illness or substance use disorders.
  - Recovery Idaho was not funded by the legislature, and was the basis of the financial decline.
    - With some of the remaining funds available, they were able to contract for the Recovery Coach Training.
      - A contract was issued and a curriculum was developed.
      - Trainings have since been conducted.
- Recovery Idaho has a number of roles and responsibilities – handout
- Recovery Idaho’s Vision for the Future – handout
  - Aosidfjos **Revisit the recording to capture Norma’s highlights because you were eating.**
  - Finding ways that we can make our recovery community centers a beacon of light where people are welcomed and encouraged on their path to recovery.
  - Angela added that recovery centers are not just for people who are recovering from substance abuse. In her area, they have veteran’s support groups, people who come to the center to volunteer, come for multiple reasons.
    - Additionally, the recovery center in Coeur d’Alene offers free counseling for mental health and drug addiction as 29% of their clients come in without insurance.
  - As peer run and peer supported organizations, it allows for people who have previously been victimized to become someone who can reach out and help others.
  - Rosie mentioned that the location of these centers should be in a place that is integral to the community, right in the heart.
    - Rosie also mentioned the phone system that she saw in Connecticut where people in recovery can sign up to have someone call them at certain intervals.
      - These are beneficial because they become a positive interaction where people are often used to only receiving phone calls because someone is looking for them

(i.e. law enforcement) or is looking for a supply of a substance.

- Recovery Coaching – handout
  - Recovery coaching may be the missing element for someone who has been through treatment but needs a way to regain their footing in recovery and reconnect them to the recovery community.
- Recovery Coach Training Scheduled – 5 Day – handout
- Questions –
  - Angenie asked how many people have completed the recovery coach training through Recovery Idaho and Norma stated it is 46, and previously, the department has trained over 500.
  - The department is going to pay for one more year of certification of recovery coaches.
  - DOC has not decided as of now whether or not they will continue to pay for certification.
  - The work is challenging and sometimes people get into it and then leave, much like with counselors.
  - Carol asked about supervision and stated that she believes it is harder to have a clinical supervisor understand the full impact of what is going on.
    - Norma added that there are multiple layers needed within that supervision so that it is a well-rounded relationship and includes content supervision.
    - Rosie shared that in the BH division, we have someone in CO who supervises, and conducts phone calls to reach out on a weekly basis.
    - Rick expressed concerns over what the peer specialists do and the lines being blurred in regards to what they do and how that fear translates into how providers are reacting to recovery coaches.
      - It's important for them to understand the clear definitions of the roles.
  - Rosie shared that we have spent \$63,000 on recovery coaches this year. All total, with ATR and block grant in combination with DOC nearly \$190,000 has been spent.
- Norma stated that this is a game changer, our next potential leap forward in terms of long term recovery and outcomes.
- Hollywood Beauty Salon – handout
  - Film being shown at the Egyptian Theater
    - DATE UPDATE – Now September 20<sup>th</sup>.
- Recovery Oriented System of Care Summit – Thursday and Friday, the 15<sup>th</sup> and 16<sup>th</sup> of June
  - More information will be sent out as event draws near.
- Angela stressed the importance of remembering that treatment needs to have a plan beyond that initial six months and that the support network must be in place.

2:00 – 3:00	Subcommittees Meet/Membership Discussion	Angela Reynolds
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- There are specific positions that are mandated by federal guidelines and/or statute
- Angela will reach out to those who did not attend and find out who is still interested in participating.
- The State Department of Education is required to be involved. Elda asked for assistance in ensuring participation.

- The planning council membership shall include... “education”
  - The question arose as to whether or not a teacher or anyone from education would count versus someone from the state department.
  - Jennifer asked where we could go for guidance.
    - Rosie will follow up with Terry in regards to the qualifications required by the block grant.
    - Angela will ask on the upcoming SAHMSA call.
  - UPDATE: Rosie received clarification that the participation by education should be at the state level.

3:00 – 4:00

BHIQ Review and Completion

Angela Reynolds

- Angela worked through the questions on the BHIQ with the council as a whole.

4:00 – 4:30

Review Next Steps, Plans for Next Meeting

All

- Youth on Board Position
  - Clarification of the age
    - General consensus was 18 -24 to avoid legal complications
  - Carol added that it is very important to ensure there are two youth members on the board, not just one.
- Angela suggested having the meeting consolidated down to one day, or one day and a half or doing every other meeting doing two days.
  - Angela added that the planning council participating in the monthly regional calls would also help streamline the planning council meetings.
    - This fits with the planning council goal of supporting the boards.
    - The general consensus was in favor of participating as possible.
- Suggested agenda items for next meeting
  - Rosie suggested having the PET presentation done (Psychiatric Evaluation Team)
  - Greg suggested the Riley Centers coming to present or he could provide a verbal update
  - Angela suggested an update on MAT/IROC
  - Greg suggested an update on mental health services on the parolee population
  - Angenie suggested the legislative update
  - YES update
    - Suggested to create a YES 101 and to be aware of what details are important to share and what are not
      - Angela mentioned that she just wanted to know the impact on the people we serve
      - Angenie stated that she would like to know more about how services will be

implemented.

- Carol stated it would be helpful for the YES 101 pamphlet to be distributed to everyone to provide some foundational information
  - The e-version of the brochure can be found here:
    - [http://youthempowermentservices.idaho.gov/Portals/105/Documents/YesBrochure\\_web.pdf](http://youthempowermentservices.idaho.gov/Portals/105/Documents/YesBrochure_web.pdf)
- *Proposed date for next Monday: October 1<sup>st</sup>, workgroups to stay on October 2<sup>nd</sup>*
- *Proposal to have articles for Governor's report to be due the same time as the Gaps and Needs*
- Carol added the reminder that Children's Mental Health week is coming up next week and that there will be several events happening next week, specifically a webinar regarding YES and the film Resilience (the second part of Paper Tigers) is being shown.
  - James Redford, the director, will be here, as well as the principal from Paper Tigers, to participate in a discussion afterwards. May 15<sup>th</sup>.
  - Each region will be doing specific things around children's mental
  - May 11<sup>th</sup> there will be an art display and proclamation as well as speakers at the capitol in the Lincoln auditorium from 1:30 – 3:30.
- Jennifer Griffis shared that if you would like to continue to follow her story, please feel free to follow her blog and/or friend request her on Facebook. Her blog can be found here:
- <http://jengriffis.com/>

4:30	Adjourn	
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