

# Idaho Behavioral Health Planning Council

Wednesday, October 4<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	Angela Reynolds Tammy Rubino
<p>Angela welcomed everyone and brought the meeting to order.</p> <p>In attendance: Angela Reynolds, Tiffany Kinzler, Rosie Andueza, Brady Ellis, Magni Hamso, Angenie McCleary Rick Huber, Jason Stone, Emily Allen, Gabe Rudow, Pat Martelle, Greg Lewis, Marianne King, Debi Dockins, Tammy Rubino, Mindy Oldenkamp, Nicole Fitzgerald,</p> <p>Review of minutes from last meeting: Notate IROC powerpoint inclusion from Rosie’s presentation, pending inclusion, minutes approved.</p>		
9:00 – 10:15	YES Update	Pat Martell - DBH Tiffany Kinzler - Medicaid
<p>Pat presented a PowerPoint update on Youth Empowerment Services (YES). PowerPoint will be included with the minutes.</p> <p>Pat referenced that spirituality and religion is missing from the components of the system of care, as they are typically important to a person’s recovery.</p> <p><b>Pat will provide Angela with some recommendations for parents who may participate with the BHPC.</b></p> <p>Pat explained that Youth M.O.V.E. (Motivating Others through Voices of Experience) is expanding and present in multiple places throughout the state.</p> <p>Angenie asked for clarification on the Interagency Governance Team. Pat explained that the settlement requires there be a governance council or team over the system of care that includes stakeholders from all aspects of the system. The team has an advisory role and is currently defining their operations and creating an operational guide. The purpose of the IGT is to oversee that the project is implementing what it is supposed to according to the lawsuit. Even after the project is completed, the Team will continue on.</p> <p>Pat explained that there was to be a System of Care grant pursued that would help focus on providing support to all children in all areas. Pat explained that there are some requirements of the grant that we are not currently able to meet, and they are all related to costs. The grant is sponsored by SAHMSA, and there are requirements</p>		

that state that the partners must also contribute funds, and we are not there yet. Pooled funding is part of the long term discussion, but is not a reality yet. This grant is not part of the Block grant. Pat will be focusing her time on the goals of Youth Development and Regionally based Coordinated Crisis Response. She will be scheduling time with each regional board to explore gaps and baselines present in each community. In the new system of care, Medicaid will be reimbursing crisis respite and crisis intervention, as well as crisis response. These will look to begin in 2018.

Pat explained that there are new services coming in 2018 and will include things outside of the box such as flex funds that can be used for diverse services that help the quality of life for a child (i.e. an air conditioner for the home to improve the environment allowing for the child to function easier and complete homework, etc). Pat explained that there are 11 Principles of Care that services and supports will be based upon.

Early in 2018, there will be a contractor operating vouchered respite (formerly family to family). Angela asked how parents will access the vouchers, and Pat explained that there will be a Request for Proposal seeking a contractor to oversee the system.

Pat explained that in January 2018, an independent assessor will be put in place and we will launch a pilot to test this new system including Person-Centered Planning, Wraparound, etc. Medicaid is working on a waiver that will be the backbone of this system. The current system will continue to operate until we are ready to go state-wide with all of the new features. We are optimistic to go statewide in 2018. Tiffany explained that going through the independent assessor will help allow children 300% above poverty rate to also be included in Medicaid services. Tiffany explained the waiver and that it allows targeting and the provision of services above the poverty line. Rosie explained that it also allows children to be put into services without having to be court-ordered in and going statewide will help provide a wider success.

Rick inquired as to whether or not qualification would have to happen repeatedly and expressed concern about services being removed when they are most benefiting the child. Pat explained that the design of the new system is created in such a way as to help avoid that. Pat explained that there will be a required team effort in place to provide care for the child. Pat explained that the system is designed to avoid the old mentality of needing to have children prove that they need services.

Pat explained that the CANS tool of the checklist will be coming out later in 2018 and can be completed by anyone. The screening tool will continue to be shaped and be released later, after information has been gathered from the pilots. Data will be collected from the CANS tool, and will be used to evaluate how the system is working. The data collection and evaluation is what is referred to as TCOM.

Pat explained that the independent assessor will help allow for more children to access and apply for Medicaid in order to receive services. Pat further explained that the earlier identification of children with these needs will allow for earlier treatment.

Tiffany explained that while CHIP has not been reauthorized yet, it is not necessarily over, and Medicaid currently is operating on a day to day sort of basis until further determinations are made.

Pat explained that children who do not have Medicaid or who want waiver services will go through an independent assessor. Pat explained that allowing for 300% of poverty will encompass approximately 95% of children or more.

Pat stated that utilizing the CANS will help all the agencies working together count more accurately the number of children being provided services.

Pat reminded the group that we are always looking for participants to join workgroups and committees.

Tiffany added that there are 9 rule dockets going forward this year that she is personally working on, five of them are YES associated. Tiffany explained that there are parity rules that have to be followed and that Medicaid is required by legislative intent language to require children and families above 150% the poverty guidelines to cost share in order to be part of the Medicaid program. In summary, there are rules that are being published this month and next that are relevant to the YES program. Medicaid is working closely with Optum to ensure the level of care guidelines are all met and they are requiring Optum to do an Idaho-specific addendum to meet YES requirements. In the future, CANS will become the Idaho-approved diagnostic and functional assessment tool and will hopefully help identify more kids more quickly. Tiffany explained that Medicaid is really focusing on how to ensure all the families that need services are connected with one plan and that everything is working together well.

Rosie added that all the kids will be receiving a full wraparound plan, and that the field offices will be responsible for putting those together with the goal of July those services become provided by Optum and the DBH staff become trainers, etc.

***Tiffany stated that if you are a provider, or know a provider that would be interested, to please contact her.***

10:15 – 10:45

Office of Drug Policy Update

Nicole Fitzgerald

Nicole is the interim administrator for ODP. She provided a PowerPoint presentation.

The Idaho Healthy Youth Survey begins this week with 6<sup>th</sup>, 8<sup>th</sup> and 12<sup>th</sup> graders. It asks about substance use and other activities within the youth's home.

Currently, from SAHMSA, they are looking at applying for the Partnerships for Success grant, as the current grant they are operating with is expiring this year.

Nicole explained the medication disposal drop boxes that have been set up through the Millennium Fund. There are 22 locations and additional ones being added.

Nicole discussed the five year Opioid Misuse and Overdose Strategic Plan and provided a handout of the plan itself.

Magni added that the ECHO program is a set of specialists who are partnering to help provide assistance wherever needed.

Marianne added that the Evidence-based Program is really showing potential for impact in the middle schools.

Marianne added that the goal is to provide options for types of programming, some evidence-based, some "scared-straight" based.

Angela asked if there was any movement to limit the prescription of opioids to adolescents, and Magni explained that while there's not necessarily information about youth, but there is a movement to limit it prescriptions to adults.

The CDC has just come out with a new campaign that ODP will be adopting.

Provider Report Cards are being implemented as part of the IROC grant and will compare from prescriber to prescriber.

Angie asked what percentage of doctors are using PMP, and Nicole stated that from the top prescribers it's 35%, and that more complete data is being pursued.

Magni added that recently the Board of Pharmacy has added links to make it easier to sign up and gain access to the other states (i.e. Washington and Oregon).

Nicole stated that they know it won't be easy, but the work is certainly worth it.

Tammy asked how many schools will be participating in the survey that begins this week. Nicole stated she isn't sure how many schools have signed up yet, but they do have the majority of the counties signed up, but they won't really know until it is completed. Nicole stated that the roll-out has been much cleaner this time around. Angela asked if it is possible to get the Nalaxone kits at a bulk price. Nicole stated that yes, they have been able to receive them at a discounted price, and are working to set up more direct distribution. Tammy asked if local police departments who have the kits are purchasing them themselves and Nicole stated that yes, if local police departments have them, they have included them in their budgets.

Jason asked when the outcomes for the surveys would be finished, and Nicole stated the goal for the timeline is April 30<sup>th</sup> of next year.

Debi shared that they had put letters out to all the schools to encourage the survey and Nicole can follow up with her to let her know.

Greg asked about the Millennium funding, and asked if the pharmacy and Narcan are under that, and they are under IROC as well.

Angenie asked about the education plan, having attended a summit last week where needs that were determined are being addressed in ODP's goals. Angenie encouraged more education. Nicole clarified that this strategic plan was finalized two weeks ago and this is the first presentation being made. The next step will be getting this out to legislator's and providing information.

10:00 – 11:00	Division of Behavioral Health Update	Rosie
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Rosie provided an update first on the other non-YES related projects currently in the works at DBH.

Rosie shared some of the items to be included in the legislative session this year, including that we are requesting to add a fee to provide a permit to sell tobacco, as well as proposing changes to notices that are required for discharge (currently a 30 day requirement, requesting a 10 day requirement). Additionally, the definitions of Peer Support, Family Support, and Recovery Coaches will be included in statute, and that the Regional Behavioral Health Boards include a prevention member, as well as easing the process for changing/updating boards. Further, the rules around criminal background check waiver requests are being updated.

The Block grant application has been submitted on both the Mental Health and Substance Use sides.

Rosie provided an update on budget shortfalls that will require some program shutdowns and some referrals will have to be discontinued. There is still about a million dollars for IROC treatment to be utilized, which will help cover some of the population needing opioid treatment.

Rosie shared that enhanced safe and sober housing program is in the works (Clover 2). There are currently 12 male beds, soon to add 6 female beds with up and awake staff 24/7 and no period of time where they are required to leave. Meds will be allowed, support groups will be provided, and residents can stay for six months if needed. The only people allowed to refer people in currently are the State Hospitals, and if beds remain open, then Behavioral Health staff will assist.

Felony parole and probation services were awarded 5.6 million (out of the 11 million requested) and this will provide services where a parole officer could refer someone in for assistance. Work is currently being done with

the Idaho Primary Care Association to create a statewide network for mental health services and medication. Their looking to do a quick pilot with Terry Reilly.

Idaho Secure Medical Program is looking to increase beds – there are currently three in the maximum security prison and it will be increased to nine.

The current contract with BPA Health, who manages the SUD programs, is in its fifth and final year. As a result, an Request for Proposal is being created to go out by the end of this year.

Bridge Contracts – These apply to residential assisted living facilities that we currently have across the state. We are now looking at the HART program. Three are in process and will roll out in the next few months. HART will allow for around the clock support.

IROC – Medication assisted treatment was just introduced in August and has been set up in five of the seven regions. Those seeking treatment just need to reach out to BPA. 51 individuals were authorized through IROC funding, 34 are being served, 18 are receiving medication assisted treatment. Rosie stated that there is a lot of education yet to do to help the communities understand medication assisted treatment. Rick encouraged the training to include psychiatric medications as well, because those can create issues in drug testing as well.

A subgrant with Recovery Idaho is nearing completion that will go throughout the state.

An opiate needs assessment has been posted on the IROC website.

<http://healthandwelfare.idaho.gov/Portals/0/Medical/SUD/IROC/OpioidSTRNeedsAssessmentFinal.pdf>

Magni asked if there would be any sort of approach on needle exchanges or anything, as opioid use is connected to an increase of AIDS. Angela suggested going through the treatment centers for assistance.

Rosie stated that we don't have confirmation for funding for year two, though it looks good at this point.

11:00 – 12:00	Veterans Behavior Health Services, Peer Support	Steven Walker
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Steven is a veteran, having served multiple deployments. In his last deployment, he suffered a traumatic brain injury. As a result, he suffered some issues with numbers, memory, anger, and PTSD. He explained that he spent time denying that he needed help and avoiding it because of stigma. Finally he sought help, having tended to push everything aside. Steven works with chronic pain, and now teaches a class on how to deal with chronic pain.

Steven provided a handout referencing behavioral health for veterans.

Steven partners with Deanna Brent and together they work on teams to serve in various behavioral health services delivery.

Steven explained that besides Veteran's services, they have many community based services and programs, including WRAP.

In the last of November, they will be offering a community class to become WRAP facilitators.

Additionally, they go around and conduct talks with organizations such as Boise Police to raise awareness on how to help veterans.

Angenie expressed the concern that, while they have a veteran’s service office, they feel it is woefully inadequate.

Angenie asked if they should allocate funds to support veteran’s services. Steven encouraged her to work with the local veteran’s office as well as other agencies like the VFW, the American Legion, and talk to them about reaching out to veteran’s in their area as they are more likely to be present in the rural areas.

Angela clarified that not all veterans have Tri-Care, and asked if services at the VA is free. Steven clarified that if it’s not service related, then no, it is not free, and they will be billed. Steven shared that trying to figure out where the veteran can go and best fit is part of what his job is specifically. He stated that it’s the same with spouses.

Emily shared that part of what Empower Idaho does is house information on their website. She stated that the VA does a great job, and asked if it would be acceptable to put this information on their website. Steven stated absolutely. He stated it never hurts to have someone ask and they’d be happy to have their information on the website.

Angela asked if the VA is connected with the crisis centers and recovery centers across the state. Steven stated that they have counterparts in the various areas to work with and connect people with to get them to the right places.

Debi shared that at the University of Idaho, they’ve put funds towards the recruitment of veterans to the college, and encouraged Steven to reach out and connect for more information. Steven shared that they do have a connection at Boise State who helps connect veterans with educational opportunities across the state.

Angela asked if they had housing for homeless with service animals. Steven stated that they primarily focus on recovery housing, and have done a few. Brady shared that his agency has offices that have vouchers to help with housing and HUD partners with the VA to help make it happen.

Angela asked if the VA is prescribing Nalaxone. Steven stated they are and they have the kits.

Angela asked how we could help with suicide prevention. Steven stated that it is a problem, as there have been six veterans complete in the past six months. Steven stated that they are working hard to meet the veterans where they are. Steven stated the best thing to do is to help them get in touch with somebody, and another veteran will come and meet them where they are.

Angela asked about the treatment for a traumatic brain injury. Steven stated that first it must be determined if it is TBI or PTSD. He explained that it is individualized treatment dependent upon the diagnosis.

Steven shared that they do have a veteran’s council at the VA.

Steven stated that the Peer Support is relatively new concept in the VA and is working to expand.

12:00-12:30	Lunch	All

12:30 – 12:45	Commissioners Meeting Update	Angenie McCleary
<p>Angenie attended a summit last week – the Idaho Association of Counties – Stepping up to Behavioral Health. This was an opportunity to invite county commissioners, sheriffs, judges, behavioral health staff, etc, to meet and identify gaps and needs in behavioral health services. Angenie stated that it would be important to work in these identified gaps and needs into the upcoming Governor’s Report. The summit attendees also worked to generate a list of potential solutions as well.</p> <p>Angenie provided a handout of her notes.</p> <p>Angela asked how attendance represented the areas across the state. Angenie stated that there was a good number in attendance but couldn’t speak as to how it represented the state. Overall it seemed as though people were very invested in wanting to identify solutions and not just making a list of issues.</p> <p>Angenie stated that overall people seemed to have a better understanding of the needs facing our communities, as well as addressing treatment and preventative maintenance issues.</p> <p>Angenie stated that the sheriffs were vocal about the need to better serve the population with mental health needs and that it’s not fair to house them in the jail facilities.</p> <p>Angenie added that there was a big discussion about the need for training and the need for funding to help training happen.</p> <p>It was also stated that there was a general confusion as to what the Planning Council and the Behavioral Health Cooperative really do, and Angenie committed to doing a better job of ensuring she was taking back information from the Planning Council to the counties.</p> <p>Angenie stressed the importance of utilizing the Governor’s Report as powerfully as possible and ensuring that the Planning Council is acting to the fullest potential allowed.</p> <p>Debi asked if prevention was discussed at all, and Angenie replied that while it was, it was discussed very little, and was largely in the vein of working on more education, etc., to help keep people from returning to issues.</p> <p>Angenie stated that she felt like it was very positive that people were really all focused on the issues on not on the political sides as she’s experienced in the past.</p> <p>It would be beneficial to share access to the Governor’s report with the County Commissioners. Angenie will be doing a presentation to the Public Health Board in her region about the Planning Council and this is a huge step forward in helping raise educational awareness.</p> <p>Additionally, the summit discussed the absence of discussion surrounding dementia and the need to include that when discussing behavioral health.</p> <p>There is an opportunity for Angenie to provide an update at the next meeting in February and educate the county commissioners as to what work is being done.</p> <p>Rick shared that at times it is a challenge to get the elected officials to engage and Angenie agreed.</p>		

12:45 – 1:15	Idaho Federation of Families	Carol Dixon
<p>Carol came representing Steve Gracie, who was out of town in Washington D.C.</p> <p>Carol provided an update that a task force has been created in regards to bullying in response to the Dietrich case. Additionally, transportation for folks with disabilities has been another point of focus and additional training for drivers is being addressed.</p> <p>Carol added that Suzy with Youth Move has been on the road a majority of the time lately, working to get additional groups established and building more sustainability. Suzy is working to identify additional community leadership in the established areas.</p> <p>Carol and Suzy will be attending an upcoming conference to conduct a workshop on leading webinars.</p> <p>Carol stated that most of her time currently has been spent with the Parent Network. A year ago, they conducted a parent workshop in collaboration with DBH as a part of the YES settlement to have parents come in and discuss Jeff D/YES and what can happen in their local communities. Out of the first group of participating parents came a core group that have been very articulate and really helped further an overall understanding of the challenges in the current system and troubleshoot potential issues as new ideas and process are being created. Carol shared that she is encouraging parents to continue to be involved, and the second, two day parent workshop will happen next week. This will include an update on the current status of the project, presentations from Juvenile Justice, Department of Education, and the Department of Behavioral Health. Further, part of the day will be spent on strategic planning to further the parent network. Carol added that they are still looking for further parent participation, and that the majority of the cost is being covered by the State.</p> <p>Angela asked if Suzy was traveling up to Coeur d’Alene, and Carol shared that she hasn’t gone up there yet, though there is a current youth group in existence there, and that the closest group is in Grangeville. Angela asked the name of the group that is there and Carol encouraged her to reach out to Suzy.</p> <p>Marianne asked if there were any resources for parents of youth dealing with opioid use, and Carol stated they didn’t have any at this time. Angela suggested Al-Anon as a good place to start.</p> <p>Carol provided posters about the Parent Voice survey and materials on Youth Move.</p> <p>Debi asked if Carol was aware of any collaborations Youth Move was participating in across the state, and Carol suggested that she reach out to Suzy for further information.</p>		
1:15-2:15	IDOC Update	Greg Lewis
<p>Greg stated that the past few years numbers had dropped, but in the recent year it has begun to go back up again. He shared that additional beds have been added.</p> <p>Greg shared that there are about 7.1 million dollars budgeted for substance use disorder services, even with additional money added last year, they still ended roughly \$500,000 short and had to roll that over to begin this year in a deficit. Angela asked as to what was causing the shortage, and Greg shared that they added roughly 800 more offenders to the population, and that caused the discrepancy. Additionally, while the prison population is staying roughly the same, judges are putting more people into the probation and parole population.</p>		

Greg shared that they submitted additional requests, and the top three were SUD related. The Millennium Fund is not being continued and they are losing 1.8 million, so they are asking for that amount to be replaced. Millennium Funds were originally supposed to be a one-off, and being renewed each year is beginning to cause issue, hence the discontinuation. They requested a supplemental 5% increase for providers, as well as another 2 million to anticipate the growth being seen currently.

The bulk of the budget is being utilized by the 19-2524 population (anyone charged with a felony where the judge mandates care). Greg shared that the risk to revoke budget is being reduced.

Greg shared that they received a three year grant from Terry Reilly that will serve re-entry population coming directly to Boise. This is very similar to the population being served with mental health needs being served in partnership with DHW (statewide), enabling the 5.6 million allocated to be stretched a little further.

Emily asked about the 19-2524 population in regards to why that number is growing. Greg answered it is growing as a percentage of the budget since more of the population is being diverted to probation, which is ultimately good for the community. In example, it costs roughly \$24,000 per year to house one offender. Currently, the average treatment episode per prisoner for SUD dollars, is \$1500, plus \$1500 for a person to be supervised in probation/parole for an annual total of \$3000. Additionally, these basic numbers don't include the factors of a person on parole or probation being able to contribute back to society.

Angela asked for the clarification between Reentry and risk to revoke – Reentry is just getting out, and risk to revoke has been out for a while and has destabilized.

Greg also shared that the challenge is that there are offenders who would go into SUD care, and others who are funded elsewhere. There isn't much difference in the recidivism between those who got SUD care and those who did not. Greg then stated that they dug further into the SUD numbers, showing that those who were successful were utilizing treatment more fully were 19% more successful than those who utilized less. In other words, it's about dosage and keeping the population engaged in care.

2:15-2:30	Break	All
2:30 – 3:30	Subcommittees, Governor's Report, Gaps and Needs	All

Discussion centered on reducing the Governor's Report to increase readability. Angela shared that the Planning Council has the funds to hire a technical writer to help write the report and make it cohesive.

Angenie stated that she had received feedback that some of the regions that the Gaps and Needs seems to be focused more specifically on a provider perspective and not broad enough to encompass everything needed.

Tammy stated that one of the things that the Planning Council needs to discuss is the level of engagement occurring with the regional boards – how much are we helping them address their Gaps and Needs, what is the focus going forward now that the first objectives have been met?

Rick provided the history that previously there were four meetings a year, one or two of the meetings were in regards to the Block grant and monitoring the expenditures there.

Rick added that one of the struggles he's had with the Gaps and Needs is in regards to figuring out what you're missing if you don't know you need it. He provided the example that in Region 5 the Gaps and Needs were essentially done through a survey, and the obvious needs are the ones that come up in the results (i.e. housing and transportation).

Angenie expressed frustration about how "regionally" something is if it always seems to be something that happens in the main center of the population.

Angela reminded everyone that people are welcome to attend and participate in the monthly Regional Behavioral Health Board Leadership calls and that they are welcome to attend and participate in the boards at a local level.

***Mindy will send out reminders to participate.***

Angela stated that there had also been discussion about having two people from each region attend and participate in the Planning Council meetings. Emily stated that in her role with Empower Idaho she will also be visiting the various regions to participate and she'd be happy to help on behalf of the Planning Council as well. Emily also stressed the importance of having some consistent criteria and questions to ask as well as explaining what to look for.

Jason shared that Juvenile Justice has a similar board and they meet quarterly, and while that may not be necessary, it may be very beneficial to have regional members come and participate to help create two way communication. Tammy agreed and stated that there seems to be a disconnect between the Regional Health Boards and the Planning Council and that having regional board representatives here to provide updates would be beneficial. Jason suggested that those attending from the region be the board chair and/or vice chair. Angenie added that having two people from each region would also be helpful in ensuring understanding. Rick added that at one point, the Planning Council had approximately 50 members, and required a person with lived experience as well as a representative from NAMI.

Angenie reiterated the idea that the positions on the Planning Council were to represent the various regions across the state.

Angela posed the question of what the ultimate goal of the Planning Council is now that the primary goal has been completed. Tammy stated that having participation from the regional boards may assist in helping identify goals for the Planning Council.

Crystal shared that the regional boards are expressing interest in receiving more information and interaction from the Planning Council but feel like they're not getting it.

Angenie suggested that perhaps the attendance from the regional boards may not be limited to just the chair or vice chair, but at least a member of the executive committee, typically made up of five people.

Crystal stated that the idea of the regional boards coming to present would help create buy-in and bolster the connection between the Planning Council and the Regional Behavioral Health Boards.

Tammy shared that the model prevention is using to streamline their operations and share information and campaigns across the state could be easily modeled.

3:30-4:00	Adjourn – get input for next agenda.	All
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Angela asked for feedback regarding the structure of the meeting. Emily suggested that if the regional boards are going to participate and attend that it may need to be a longer meeting rather than just a one day meeting.

Angela added the participation of regional board members to the agenda for April's meeting.

Tammy stated that it would be very beneficial to add a time to the agenda next time to discuss potential goals and objectives. Tammy asked for input on having someone potentially help facilitate that conversation. Brady suggested Monica who helped facilitate the conversation that led to the action plan Crystal shared.

Angela stressed the importance of having Ross here to kick-off the meeting next time.

Angenie suggested having the meeting again be on Wednesday and Thursday.

***The next meeting will be via phone on February 8<sup>th</sup> to do a check in and see how involvement with the Regional Behavioral Health Boards is going. The call will occur at 10:00 a.m. MT.***

**Next in person meeting slated for April 25<sup>th</sup> and 26<sup>th</sup>. Seek to have Ross here from 9:00 – 11:00.**

Those working on the Governor's Report will meet tomorrow at 8:30 to begin.

## State Behavioral Health Planning Council

### Committee Workgroups – Governor’s Report Thursday, October 5<sup>th</sup>, 2017

#### Governor’s Report Discussion:

The board committee members discussed the need to review the format and length of the Governor’s Report. Additionally, the committee discussed the importance of reviewing the Gaps and Needs Reports as submitted by the regions and then providing feedback to acknowledge the hard work that went into them.

The primary gap listed by the majority of the regions is housing. Brady’s agency may be able to help provide connections in various areas around the state. Most boards have a housing committee, and there may be potential to partner.

Additionally, there was a lot of discussion on Oxford house and the cost to start those in the area. CATCH was discussed as a resource in Canyon and Ada counties.

There was the suggestion to have CATCH come and present to the board. Brady suggested that it may be important to have housing providers hear the mission as well rather than the regional health boards themselves. There was a suggestion to have Oxford House come speak, but that was cautioned against as there aren’t currently methods to pay for it.

Angela suggested encouraging the boards to work with local universities to conduct a cost analysis of homelessness versus housing options.

Brady suggested helping educate the boards about housing coalitions. Rosie asked if Brady’s organization had staff to participate in presentations and the best solution would be to have him present and the decision was to have him do a presentation at the April meeting. Crystal will help coordinate.

Brady suggested having someone come from transportation come and present as well.

Overall the boards seem to be doing a good job on Children’s Mental Health.

Transportation seems to be another large gap identified consistently across the regions. Brady suggested trying to get someone on the council from transportation. Crystal added that we are just starting to collaborate with them and may have an opportunity to begin a partnership there.

Rosie stated she sees consistently the mention of needing ongoing support for the recovery centers. Tammy suggested writing a letter to JFAC discussing the impact of the recovery centers. Rosie added that it may be valuable to include in the Governor’s report as well since it goes to all legislators. Angela asked who could help write that and Tammy stated that she could get a list of funding. Rosie suggested going back three years. Rosie offered to help edit the letter if Tammy would draft it. Angela confirmed that we are allowed to write a letter advocating as long as we are not lobbying. Rick suggested as a minimum we include our support for the recovery centers in the Governor’s Report.

Additionally, it would be beneficial to include the impact of the loss of funding from the Millennial grant.

Rick suggested making sure we include the accomplishments that have already been made by the recovery centers as well.

Crystal suggested adding something to the Governor's Report regarding prevention and the upcoming loss of funding. Tammy will write a paragraph about prevention for inclusion.

Rick brought up the issue of voluntary hospitalization and the overall lack of access if you aren't fully covered by Medicaid. Angela mentioned that the crisis centers will help with this concern.

Crystal added that there were multiple mentions regarding crisis centers and CIT (Crisis Intervention Team). There was discussion regarding training about the CIT teams, and Crystal discussed the presentation that she had been to, and how it may be impactful at the next April meeting. The first responders are called PET (Psychiatric Evaluation Treatment). The benefits of putting together teams like this may be very impactful to help people understand this type of intervention. Angenie added that they are working in Blaine County to have more humane transport (no cuffs, etc). There was discussion of cost of having law enforcement escorts and how organizing other transport can be a cost/time/labor saver. Crystal will put the information together showing the breakdown of the information.

The goal is to have the Governor's Report done and ready to go to print by the beginning of November. This enables the report to be ready prior to the legislative session. We will have someone help write/edit the report.

Crystal will put together a summary and work with Mindy to send it out to the group. After it is sent to everyone, allow a week for a feedback/comments to be sent to Angela.

Angenie reviewed the list of gaps and needs from the Idaho Association of Counties.

- Lack of beds

- Lack of increases (5% increase)

- Too low of reimbursement rates for providers, SUD specifically,

- Lack of training at every level of the system (EMT's, County Clerks)

- Juvenile beds (should they be in the detention centers?)

- Prescriber rates

- Prescription drop boxes.

- ...see list of notes from Angenie...

Focus for the February meeting:

- Check in on the interaction/participation with Regional Boards

- Ensure there is engagement with the Governor's Report

- Plan for the April meeting – logistics, agenda

- Legislative updates – Ross

- Idaho Association of Counties – Health and Human services update