Idaho Behavioral Health Planning Council

Wednesday, October 17 – Thursday, October 18, 2018
Holiday Inn Boise Airport
2970 W Elder St. Boise, Idaho

Wednesday, October 17, 2018
8:30 a.m. – 4:30 p.m.

Time	Agenda Items	Topic Host
8:30 – 9:00	Breakfast Meet and Greet	
9:00 – 9:15	Welcome and Introductions: Tammy Rubino, Acting Chair	Tammy Rubino – Acting Chair Penny Jones – Region 3 BHB representative, passionate about helping however possible. Brandi Hissong – Region 4 BHB representative Marianne King – ODP, Prevention Programming Abraham Broncheau – Tribal Representative from Nez Perce tribe Angenie McCleary – Representing Idaho Counties Kim Hokanson – Parent of Youth Rosie Andueza – Health and Welfare, Division of Behavioral Health Debi Dockins – Executive Director of Community Coalitions of Idaho Kim Nealey – DHW, DBH, monitoring of the block grant Jim Rehder – Region 2 BHB representative Rick Huber – Represents adults with mental health issues Jason Stone – IDJC, representing youth corrections Melanie Fowers – representing veterans Magni Hamso – representing primary care providers Tiffany Kinzler - Medicaid
9:15 – 10:30	Council Member Updates – Current program updates from each attending council	**Council Membership** **Debi Dockins, Community Coalitions** – CCI just received a major DFC

	member	grant and is currently focused on funding, staffing, strategic plans, and goals moving forward. The grant includes a youth component that includes trying to engage youth across the state, whether it be via an online club, or in person. The board will be meeting at the beginning of the coming month to determine next steps. Training for the grant occurred in February, and initially, as a state-wide entity, CCI was discouraged from applying because it's for a statewide prevention program, and they are very excited to have been awarded the funds. **Rosie Andueza, DBH** – A contract was entered with CHCNI through the FQHC's to implement a program for parole and probation to receive mental health services. The contract is going well in some places, but could be going better in other areas, and are seeking to improve. The HART program has been implemented, and a complete update will be presented tomorrow. These are Residential Assisted Living Facilities that have transitioned to the HART model to provide residential treatment in home. Crystal Campbell, who has long been a part of the Behavioral Health Board calls, and more, is transitioning into a different role, there will be some transition as a new person is hired for the position. In regard to the ongoing opioid crisis, more money has been made available, and the state has applied for grants for additional funding to address opioid issues specifically. Idaho is funneling the money into the program IROC (Idaho's Response to the Opioid Crisis) and money is being utilized to offer medication assisted treatment. There has historically been a lot of misunderstanding and controversy (though not at legislative level, where there has actually been quite a bit of support) with offering medication for treatment, and so some of the funding will be put into offering education and training as well as treatment. With the new influx of funds, targeting will be done with specific focus areas where death rates are the highest (Ada, Bonneville, Bannock) to work with emergency departments to treat opioid issues as they happen. This will be piloted in the larger, concentrated areas. With the four million that is anticipated in October, three million of it will be allocated for treatment. Law Enforcement Assisted Diversion (LEAD) is another program that will be funded from the money received through the October grant. Boise Police Department will identify specific people who would be a good fit for receiving treatment instead of jail, and the person will be taken directly to treatment. The treatment provider will make the decisions regarding how the person is doing (with regard to relapse, etc.) and then the determination would be made as to whether or not charges would be filed. This really focuses on the idea of not incarcerating those that are sick. This is a very small pilot, limited to only ten participants within Boise, and many other police departments are anxious to see results and be a part of a potential program. The costs are fairly expensive. If you know of anyone who needs treatment for opioids, they can call the BPA number, from anywhere in the state, and seek treatment.

		Kim Hokanson, Parent – Kim is from Region 7 and has not participated heavily in the Regional Behavioral Health Board. **Angenie McCleary, IAC** – The Region 5 BHB has been focusing on mini grants, and has helped fund some youth programs through NAMI, and a men's second chance living house (a men's sober living home). The board has been working to do these mini grants twice a year. The board receives $50,000 each year from the state legislature through Behavioral Health. This money must be used to cover the board's administrative costs, and then the rest is disbursed through the mini grants. In region 5, approximately $30,000 is directed to the mini grants. Most of the time, the mini grants are focused to supplement existing programs, and one of the goals of the board moving forward would be to seek ways to encourage new services where needed. Maximum grant amounts are $10,000, while most are around the $5000 amount. Crisis Centers are funded through the state legislature. Recovery Centers are not, but do receive some funding through grants like IROC. The state and the counties are responsible for transport for involuntary commitments, and these are most often done with the person in handcuffs. In Blaine County, a contract has been done with an independent service (PEAK) who will do secure transport without handcuffs to provide a more humane and sensitive transport. It is the hope that this model will be replicated in other counties as well. **Abraham Broncheau, Tribal Representative** – The region just received a 1.1 million grant for suicide prevention and substance abuse treatment over the next five years. **Tiffany Kinzler, Medicaid** – Medicaid is focused on multiple initiatives currently (including YES), and is currently going through multiple reforms. Idaho Medicaid Plus, which includes all dual members (Medicaid and Medicare), will be rolled into a managed care program in the coming year. In regards to Behavioral Health, there is a potential of only three years left in the current contract for the Idaho Behavioral Health plan, currently held by Optum, so work is being done on drafting a more robust RFP (request for proposal). This means the contract would go back out for bid. There are changes coming in regard to Katie Beckett (the children's special needs program), which crosses over with SDE, and requires a lot of cross over with IDJC and DBH in regard to the system of care for children. There is a 16 million dollar grant opportunity (very competitive) that Medicaid will be pursuing that is designed to streamline children's services in home and beyond. Work will be done with partners to create the most cohesive program.

		Marianne King, ODP – Nicole Fitzgerald will provide an update on a new grant tomorrow. A statewide, underage drinking campaign will roll out on Black Friday to raise awareness on underage drinking, specifically during the holiday season. Last year ODP began providing training to help provide current information on what trends kids are currently facing (vaping, drugs, etc). This will continue to be rolled out region by region, and more information will be coming soon. The target of this training is primarily law enforcement and school personnel, as well as adolescent-based providers. **Melanie Fowers, VA** - Melanie added that in her role working with her soldiers, prevention is essential, and she focuses on skills-based education to help with them as well. As an example, she had a soldier in the Region 3 area who told her he'd already been through everything, and focusing on Accelerated Resolution Therapy, he's improved dramatically. This therapy has been extremely effective, and really drives home the importance of prevention and proactive intervention. This ART can also be utilized with adolescents. Melanie added that she has received support from her General, and they are seeking additional opportunities to provide training across the state to create additional providers. Melanie shared that they are seeking folks with military experience who are LCSWs to work in the northern part of the state and will share further specifics. **Magni Hamso, MD** – Magni works with Terry Reilly, and is working on treatment efforts across the state. Terry Reilly and Recovery for Life has roughly $250k that they are piloting a program where they serving 50 people, where they are assessed and provided treatment, medication assisted treatment, outpatient treatment, and the treatment will be paid for. There is a lot of demand, and the pilot will be quickly filled. PATH housing is opening up on Fairview (housing for those experiencing chronical homelessness). Magni is also on the board for Project ECHO Idaho. This was a program that was started last year targeting providers to give them support as they are working through the opioid crisis. A free training will be provided through webinar and independent modules on December 10th. Magni will send it out to Mindy for disbursal to the BHBs. Magni is providing additional trainings in McCall and Boise in the coming months. Additionally, together with ODP, Magni has been working to provide talks throughout the community to educate on opioid use disorder and how to handle it (with providers). There was recently a Hepatitis C summit focusing on partnerships and how there's been an uptick in those with Hep C and increased opioid

		use. Hep C is curable, but there are still a lot of folks suffering under the expensive treatment. There is a new generic treatment on the market now as well. **Jason Stone, IDJC** – Idaho is currently making the list as the place to move to, and, interestingly, arrest and detention levels are dropping. IDJC has implemented some trauma related training. IDJC is not introducing any new legislation this year. They anticipate their budget to be about the same. About 20% of the current budget is allocated toward prevention. IDJC is focused on gathering data and basing strategies on such data. There are some issues with family engagement and reintegration that will be areas of primary focus. The average stay is around 16 months, and in the life of a teen, that is an extremely long time. In an effort to improve quality of life and reintegration success, IDJC invested in a cloud-based application that allows for virtual visitations to occur, greatly improving family connections in a state where traveling to facilities is not always easy or possible. IDJC is also working to increase family in home visits in after care. Additionally, IDJC has implemented some virtual tours to help ease the fears and concerns that families have when their kids are headed into a facility. The question was asked if anyone visits the home prior to the kid being released. Jason explained that they are visiting with the family prior to the release, though it is not always in the home, but always with the family. This is a new, growing program. The aftercare provider can be reached through a new app, My Sober Life, and can be text directly. This app is free to the kid who is using it, as IDJC is paying for the users. It also has an emergency SOS button that will send a message to three people who are aware of the kid's sobriety challenges and can help. IDJC continues to work with the YES project and has been busy training to the CANS so that it can be used as the assessment for IDJC. Counties across the state are doing different levels of prevention, and most of what IDJC does is on the back end. There is not a specific curriculum used by all 44 counties, as the needs can vary so much between the counties. **Rick Huber, Adult SMI** – Rick is working with the SHS patient's rights advisory committee, as well as several other groups. Rick has spent some time advocating on a personal level with various legislators. **Greg Lewis, IDOC** – The DOC is bursting at the seams (there are currently 700 inmates being housed in Texas) as is requesting 500 million for a new prison as well as an additional re-entry center, more probation officers, and expanded infrastructure. The legislature is looking to expand more programmatic aspects, but not overly excited to build a new prison. DOC is working to expand mental health treatment, and is showing progress in regions 3 and 4. Another challenge DOC is facing right now is their staffing model, as

		people have opportunity to make more money just about anywhere else. JRI (Justice Reinvestment Initiative) was set to do a review of sentencing, etc. within the state, but has not yet been able to do a complete review of all elements Additional efforts are being worked on to bend the curve of the number of inmates. Shipping inmates out of state creates a number of negative issues such as making re-entry much more difficult, effectively eliminating the ability for family visitation, and hardening the system, as it is minimum security prisoners that are sent out of state. In the past, IDOC was able to utilize the county jails as a relief valve, but those are all currently full as well, eliminating the ability to use them. The Department has also done a lot of transformational programs, including Medication Assisted Treatment, and is seeing positive results.
10:30 – 10:45	Break	
10:45 – 11:30	Behavioral Health Board Updates – Updates from attending Behavioral Health Board Members	**Behavioral Health Board representatives** **Brandi Hissong**, Region 4 BHB – The board is currently planning a legislative meet and greet to raise awareness of current issues facing their community. The board has a wellness committee, and they just put on a recovery rally. The youth committee is active currently. In Elmore County (Mt. Home and Glenn's Ferry), they are working on a program where traditional psychotherapy is being provided in schools. If the child is Medicaid eligible, if counseling is on the child's IEP, the school can bill Medicaid for the services, and if it is not on the child's IEP the counselor can direct bill Medicaid. **Penny Jones**, Region 3 – The SW District Health just received the Partnership for Success grant and is working heavily on prevention in her region. Prevention efforts have demonstrated an empowerment in kids helping them say no in tough situations. Prevention efforts educate kids and society on how to stop situations before they become issues. Typically, the focus has been on the people suffering after they're already addicted, and ultimately, dedicated prevention efforts help eliminate the chances of a person becoming addicted. One of the challenges is that prevention is hard to measure, and that makes it hard to create buy-in. Penny explained that she advocates for 20-30 minutes to be spent in a school day to teach prevention, from a science based, evidence-based method. She has experience teaching Positive Action beginning even at the kindergarten level, and evidence shows that teaching those values help empower kids later when they face challenges. Programs like this are funded through grants, but there is just not enough money to fund them everywhere. Jim Rehder, Reg 2 – The board is currently looking for new commissioner members, and is also working through a process to

		appoint new members as they apply. The board has appointed a prevention specialist. The region is currently working on their crisis center, as they are operating under a different model, and working to incorporate a disbursed hospital model where the crisis center would operate in hospital. There are five hospitals in the region, one in each county in the region, that are participating. The Regional Board believes that this model will be more sustainable over time, and ultimately cost less than a traditional crisis center model would. The board has been focused on the importance of improving services in the community, such as what might be provided through the expansion of Medicaid. Every year the board sets legislative priorities, and also sets up a meet and greet with legislators to educate on issues occurring in the regional communities. The board is focused on increased SUD funding as well. The board has also moved to support a youth mental health app, Mental Health and You; the counties were previously supporting it, though it is not as high of a priority for them this year. Optum Idaho is also looking at this app as well. The app costs $28,000 to customize for Idaho, with a $1000 each year after that. The board is also working on a Millennium Fund request, and for $893,000 for statewide recovery centers. The issue of transport continues to be a focus for the board as well. The board remains focused the Gaps and Needs as well. Additionally, there is a need for behavioral health support in a long term care facility. There are two Oxford houses, one in Clarkston, and one in Lewiston. An Oxford house is a recovery housing model, governed by those living in it, and those living in them are in recovery. Those living there pay rent, and the cultural and attitude is one of serious recovery where people can stay as long as they want/need. The hope is that this will become a statewide initiative in the coming years. Oxford does all the logistics of finding the homes, the people, etc.
11:30 – 12:45	Working Lunch – Behavioral Health Board and Planning Council Networking	
12:45 – 1:30	Block Grant Update - Membership Discussion – Review of the membership requirements	**Jon Meyer** 20% of the Block Grant is spent on prevention efforts. Block grant is administered in partnership with ODP. The allocation from the federal formula is very complex, and is based on more than just population. Idaho is not a minimum allotment state, though while it is not at the bottom of the list, it is a smaller amount that other states. Membership information, as well as other information, can all be found on the Planning Council's website. If you have feedback or insights on what should or should not be

		included on the website, please contact Jon, Kim, or Mindy. There are questions as to where the designations for positions originated, and as to what defines a youth. There are questions around liability concerns in having a youth under 18, and whether or not a youth can be considered as such up until 24 or 25. The ultimate consideration has to be given toward the overall membership percentage requirements and ensuring representation is accurate as required.
1:30 – 1:45	Homeless Coalition Update – Follow up from last meeting, open discussion with Behavioral Health Boards	**Crystal Campbell** Overall, there has not been much of a movement to further develop the partnership after the last meeting. Feedback was requested from the boards as to what was wanted to further the partnership and coalition, and to date, no further feedback has been received. Region 2 shared that they have become involved in the homeless count in their region and have received positive results by doing so. As a further update, feedback has been received from the annual survey of the board members on what additional priorities and directions for the boards should be outside of the homelessness focus. Crystal provided a handout. The innovative practices were derived from feedback received from each board chair. Crystal has emailed the most recent contract monitoring to all the regional behavioral health boards.
1:45 – 2:00	Break	
2:00 – 2:15	Membership Recruitment Strategy Discussion – Discussion of best methods for recruiting for open council positions	**Tammy Rubino** The position for Vocational Rehabilitation was supposed to be filled by Denise Chapin has not attended. Vocational Rehabilitation: *Greg Lewis will follow up with Jane Donnellan for someone for the VR position. Social Services: *Mindy OldenKamp will follow up with Jennifer Haddad/Michelle Weir for a filling in that position. Education: *Tammy Rubino will reach out to Matt McCarter for assistance in recruiting a member from SDE. Certified Peer Specialist/Peer Recovery Coach/Certified Family Specialist: *Rosie Andueza will reach out to BPA

		Adult Substance Use Disorder: *Penny Jones will submit an application Hispanic Population: *Marianne King will reach out to the coalitions. LBGTQ: *Tammy Rubino will reach out to Van Beechler to see if she has a recommendation. Youth: This position needs to be reviewed and researched to determine if it must be someone under 18 or if it can be a broader youth definition of someone with lived experience. Rosie/Mindy will check with Ross. Transition Aged Youth: * Aging: * Mental Health Provider: * Prevention: * Jim Rehder will consider a membership application. Additionally, the Planning Council needs a new chair. The council members need to consider who should be voted into this position. Recruitment for this role needs to be done. This cannot be a state representative. Kim Hokanson is willing to serve as the chair if no alternative member is available to serve.
2:15 – 3:30	Behavioral Health Board - Gaps and Needs Analysis – Review of the submitted Gaps and Needs reports	**Tammy Rubino** In reviewing the Gaps and Needs, the list of needs/barriers was compiled from all the regions. The suggestion was made to add a section where the boards can submit their Governor's Report update at the same time they submit their reports as well as a place where they can identify ways the Planning Council can assist.
3:30 – 4:30	Governor's Report Discussion – *Action Item – Decision required for hiring of outside writer to assist as done last year	**Tammy Rubino** "Crisis Center for a day, Recovery Center for Life" The recommendation is to again have the writer brought on board to help write the report. *Mindy OldenKamp will reach out to the writer used last year to hear if she is available and willing. *Rosie Andueza will help coordinate the crisis center updates. *Rosie Andueza will reach out to Norma Yaeger for recovery center

		updates. *Michelle Weir (Jen Haddad) will help provide the ACES updates. Mindy will reach out to Jen. *Mindy OldenKamp will ask Cindy Day for a YES update. *Marianne King will address the prevention section. *Rosie Andueza will take the lead on the SUD program. *FEP needs to be included in the report. *Greg Lewis will write the IDOC section. *Jason Stone will write the IDJC section. *Kim Nealey will review what she has for the FEP A thank you for the implementation of the Good Samaritan Law should be included. *Melanie Fowers will provide a write up for the veteran's section. *Judy will write the SPAN *Brady Ellis will address the housing section. *Update from Anne for the HART section The suggestion was made to identify a subcommittee for a membership as well as an executive committee, as well as others that may be needed such as legislative, prevention, etc. The suggestion was made to form a subcommittee focused on the Gaps and Needs Analysis form and work with outreach to the Behavioral Health Boards. The Gaps and Needs Analysis is required for the Block Report, but the form was created by the council an can be altered however. This board has faced a high level of inconsistencies and change over the past two years. A realistic goal for this board is to accumulate the information from the regional behavioral health boards and hear what they are voicing. This Council should be the voice for the cumulative boards. With meeting only twice a year and having limited capacity, that is really all that can be done. It was suggested that the request to the BHBs be simplified to only request their top three needs and top three gaps as well as accomplishments. As defined by federal law, Councils review community mental health block grant plans and make recommendations to the state administration. **Get definition from Kim N. The statement that the council will evaluate all mental health services throughout the state is extremely broad. The Council can narrow that down at any point and focus in on a specific area.
4:30	Dismissal	

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8:30 – 9:00	Breakfast Meet and Greet	
9:00 – 9:30	Office of Drug Policy Update	**Nicole Fitzgerald, Administrator, Office of Drug Policy** Nicole provided an update and an overview of the Office of Drug Policy. (See attached PowerPoint presentation.) Full results of the IHYS survey are available online. The PFS funding has been allocated between each of the public health districts. The funding started September, 2018, and will continue through 2023.
9:30 – 10:00	IROC Update	**Rachel Gillet, DBH** Rachel provided a brief overview of IROC (Idaho's Response to the Opioid Crisis). The state targeted response grant began the opioid response. This enabled the beginning of medication assisted treatment in Idaho. Throughout year 1 of the grant, funding helped provide treatment to 457 individuals, 154 (29%) received MAT. Work was also done with Recovery Idaho and the recovery centers to help provide support to individuals arriving in the emergency department as a result of an overdose situation. This also provided support to the parole/probation population. The grant also allowed for partnering with pharmacies, and provided reports for prescribers to be able to compare their

		prescription rates to those of their peers, resulting in a decrease in the number of prescriptions. This has been picked up by another grant and will continue to be a provided service. 2184 Nalaxone kits were provided in partnership with ODP, targeting first responders in rural areas. Idaho has been awarded a second year of the grant and is focused more on providing access to medication assisted treatment. Work continues with the ODP, and three hospitals throughout Idaho will be identified to conduct an opioid use awareness campaign. This campaign will increase education and poster campaigns prompting people to ask questions and elevate awareness. Through the program, the first three months of medication was fully covered, and then through the second half of the month, the patient was asked to pay for half of the medication. With the money coming up in the next grant, the current program will be enhanced, with 75% of the coming budget going directly to treatment. This will allow for the first six months of treatment to be fully covered, and the patient will need to pay half the costs of the second six months. Methadone is currently being used, and must be prescribed by a treatment center. There are other drugs that are options as well. There is an opportunity to work with Medicaid to work on managing drug costs from the drug vendors. Education about medication assisted treatment is essential in changing the perception and culture surrounding the understanding of how this type of treatment works. There are three free trainings coming up to help doctors become able prescribe some of the medications needed for treatment.

		One of the biggest challenges is being able to provide the legislature the hard data, the data driven results to show the outcomes from what's been done with the money. Early results from the mini pilot that IDOC is doing are showing that the programs work better when people have some stability in their lives. Anecdotal evidence will also be integral, as tracking participants is incredibly difficult. The recovery centers are set up to allow for confidentiality and the mentality that people can come in as they are and receive help. The challenge comes in the high level of reporting data required at the federal level for grants. Currently, the recovery centers are being asked for new numbers coming in the door, where they are coming from, and this has been difficult. There are some changes being made in effort to reduce the duplication of numbers. Additional work with be done with the incoming grant to bolster cooperation between the emergency departments and providers so when individuals come in with an overdose or withdrawals they can get into immediate treatment. An application was just released to the state's tribes for grant money to address the issues that they may be experiencing with the opioid crisis. It allows for the tribes to inform the state what they are facing specifically. Additionally, work is going to be done to develop assistance for people preparing for release from detention, providing possible recovery coaches in the prison to start the relationship early.
10:00 – 10:30	HART Update	**Anne Bloxham**

		Anne provided an update on how the Homes with Adult Residential Treatment (HART) program is going now that it has been implemented. The home is the behavioral health treatment provider as well, so treatment can be delivered where the client lives. This allows for needs to be met much quicker, and for crisis situations to be responded to much more immediately. This also helps alleviate the challenges that were in place with communication between a residential facility and a treatment center, as it is all in one place. Statistically, the first 30 days after someone comes out of hospital are the most difficult and important, therefore, this is one of the target populations for the HART program. The population targeted for the pilot is very specific. The individual has to have a demonstrated history of a need for housing and services both. The individual also has to be Medicaid eligible. The HART home has to go through the process to become an approved provider. Currently there are four facilities (2 in Boise, 1 in Chubbuck, and 1 in Hayden). • Hillcrest Manor in Boise, male and female residents, 12 beds. • Curtis House in Boise, male residents only, 12 beds. • Harmony House II in Hayden, male and female residents, 16 beds. • Diamond Peak in Chubbuck, male and female residents, 16 beds. The pilot will remain small, and then it will be reviewed to make future determinations. Each of the homes was started at a different time and is therefore currently at a different stage in the process. The pilot chose to begin with existing residential providers. This created an issue where some of these homes were already largely occupied, and created the need for time to allow for individuals who did not meet the HART criteria to be transitioned elsewhere. As a

		result, there is a mix of individuals. Now there several months of the pilot have passed, there are some natural transitions that are occurring. Some clients have become much more engaged, while others have begun transitioning out of the facility. The HART providers are expected to be conducting daily groups, CBRS, and regular programs for the needs of the clients that they are serving. The expectation for engagement is much higher and much more active. The clients are selecting the HART as their home *and* their behavioral health treatment provider. The only exception to that is that if the client has a prescriber that they have been using, we are not requiring them to disrupt their prescriber relationship, but the HART is required to still provide consultation and be actively involved. The services are similar to the array of services that are provided by Optum. There are some challenges that have arisen with billing with Optum, and has been actively involved in working with DBH to make decisions and find solutions to help make the pilot work. The houses are currently relatively full, with minimal openings. The providers are pretty much at their capacity. A HART can only be licensed up to 16 beds in an effort to provide the best possible treatment and environment. There have been some challenges with some of the licensing and certification. The licensing rules require everything to be the decisions done by the administrators and the nurses. In a HART program, some of those decisions need to also be made by the clinicians. There are also challenges with licensing and certification in regard to potentially violent clients, because licensing requires violent clients to be immediately removed, whereas these are often the exact

		type of clients who would directly benefit from a HART environment. This will continue to be worked on. The HART rate is $65 a day, on top of their normal rates. The regional behavioral health centers are responsible for approving HART recommendations. The HART facilities are not required to take the referrals that they receive, as they get to make those business decisions, however, any client chosen for acceptance by HART must be also approved by the regional health centers to ensure that they do qualify. There is current consideration for HARTS to be able to continue to bill if the client experiences a short hospital stay while living at the HART. This will likely be approved. If a client remains in hospital too long, they can experience the loss of their Medicaid and/or SSI, and it can take months for it to be reinstated. Reimbursement rates are being provided to help mitigate this cost as it occurs. At this point, the HARTS are in a point of natural transition, one of them being the transition from residential provider to being behavioral health providers, and there have been some growing pains as the centers have to elevate their professional service delivery. In region 6, there is some piloting being done with consultations being done between the State Hospital and the HART clinical provider. Work is being done to help the clinical providers identify the type of treatment that needs to be offered as the group dynamics shift. 2 million had been allocated for the budget, with 1 million of that going to HART and the remainder going to the Safe and Stable contracts. There are currently 11 contracts. The termination of these safe and stable contracts is currently being evaluated with the idea of moving the funds to the HART model. If this determination is made, plenty

		of notice will be given to the providers.
10:30 – 10:45	Break	
10:45 – 11:30	Behavioral Health Legislative Update	**Ross Edmunds** Legislative Update: The anticipation is that this will be a challenging year. Part of the reason is due to the tax cuts that were implemented at a federal level, which cut largely into the amount of money available for the state to distribute. Additionally, the Governor typically sets a cap on how much he wants to see the state government grow. Further, there are a large number of budget requests being put forth this year, including the State Department of Ed for 150 million, IDOC for 500 million, etc. The Division of Behavioral Health's budget request is done in June for the upcoming fiscal year. The money in the budget is considered the base appropriation and any request for anything new would be a line item request for the next year. If there is a request for the current year (i.e. additional funds are needed after the initial request), this is called a supplemental budget request. The Governor doesn't state what his budget is until the State address (typically in early January). Once that budget is released, that becomes the budget for the division. If something is requested by the division, but not included by the Governor, it cannot be requested or discussed further. What is discussed currently is not necessarily what will be in the Governor's budget but is what we are requesting. The Division of Behavioral Health is requesting a supplemental budget item to help cover increased administrative costs in the BPA contract. There is a line item request for just over 2 million in the SUD program. The ATR grant ended and state funds were needed to cover services that were needed. Through all of

		that, the immense need for SUD services in the community was more fully realized. If approved, this would not become available until July 1, 2019. If Medicaid expansion is approved, most of the budget requests would no longer be necessary. Another budget request is in regard to mental health courts and the way in which service delivery is currently being done. Currently, these are delivered by the ACT team. There are currently 240 mental health court spots across the state. Half of the people currently in mental health court have Medicaid, but Medicaid does not pay at this point in time due to how mental health courts were originally set up. Currently this is being paid for with state general funds. This request will look to move the services out to the private sector, where ACT teams can be created. This will move very slowly and take time to set up, but ultimately would allow for Medicaid billing to be done. This budget request is for 1.6 million dollars to develop contracts across the state to move toward privatizing the services for mental health court. Freeing up the current state staff who are doing the mental health court work would allow for more staff to them be dedicated to much more of the mental health work that needs to be done elsewhere in the community (crisis work, DE's, etc.). Additionally, there are always things that come up at the state hospitals (i.e. snowplows, etc.). Due to the upcoming change in Governor, the directive has been to make only absolutely essential requests and changes. When legislation is mentioned, it is in regard to changes to state law (statute) and rules (which govern individual state agencies). There is one small change being made in legislation to a Children's Mental Health rule to make the definition of serious emotional disturbance more detailed and in line with the definition being used throughout the YES

		project. Additionally, there are some small changes being made to how actions and communication are being handled in situations where families were being cited in a negative way. This retains the sliding scale for payment, but alleviates the negativity that was previously perceived in these situations. Two legislative session ago, the funding was approved for a new adolescent psych hospital. Currently, State Hospital South houses the adolescent unit. The need for more additional adult beds is high, as well as better facility options for higher levels of acuteness and violence. The proposal then was to build the new adolescent psych hospital, and due to the fact that 75% of the kids who go to the adolescent unit are from the Treasure Valley, the new hospital will be built in the Nampa area. It will be open in July, 2020, will have the same 16 beds, and will be a brand new building. The beds currently being used at SHS will then be turned into a high-risk adult unit and will have 16 beds. At the same time, IDOC agreed to expand to nine beds (from three) at the prison to help house those who are dangerous and need a higher level of secure care. Additionally, a unit has been created, allowing for these clients to experience a better housing environment and not be limited to only their cell for the duration of their time. The order for restoration to competency is for 90 days. Toward the end of that term, an evaluation is made, and it can be extended to 120 days if needed. Past that, there is no option to extend, and they are deemed non restorable, and it would be turned to a civil commitment. Average amount of time to restore a person is typically 30-45 days. There is also often a delay once the court has been notified, and the person is not necessarily good to be in general population at the jail, and may not receive the mental health care that they need while they are

		there. This can sometimes result in the person than being returned for restoration. If a person is not able to be restored to competency, they are then turned to the civil commitment, and then are evaluated for being eligible for discharge. The courts then have to be given 30 day notice to determine what should be done with this person (press charges, return to commitment, or dismiss charges).
11:30 – 12:00	YES Update	**Ross Edmunds/Tiffany Kinzler** There has been a lot of work done throughout the YES program. There are new services being implemented, Medicaid is paying for respite are, Medicaid has the ability to pay for psychiatric residential treatment in-state, there are multiple wraparound services being provided, and there are entirely new populations of kids who are eligible for care. There is still a large amount of work to be done – case management, as an example, still needs to be ironed out, but there are so many federal requirements placed on Medicaid. Good progress is being made, and, a couple of years from now, when the system is fully rolled out, this is something to be proud of, and will ultimately be one of the premier children's mental health systems in the country. DBH contracted with five parent consultants to ensure they are incorporating parent voice, and have been nationally recognized for doing so. Tiffany shared that one of the biggest tasks ahead of Medicaid is working through case management. Parent feedback has identified this as one of the highest priorities for them. The plan currently is to make sure all the providers are aware of what can be included under case manager and implement the

		benefits wherever possible. State case management certification is mandated, and so Medicaid is also working to make this as feasible and financially reasonable as possible. Individually certified case managers could contract directly with Optum. Case managers cannot contract directly with the same entity that is providing services as it is a conflict of interest. It is highly likely that when the Optum contract is up and a new one is put out for bid, the case management element will be separated out entirely in order to create conflict free case management. The Implementation Plan that was approved by the Plaintiffs and the Court, goes through May of 2020, though there have been discussions that the project has been given a timeline for 2019. Ultimately, it is likely that this will be a point of discussion between the attorneys to truly determine what the deadlines should be. There is still much work to be done, and there will likely be timelines that extend beyond the final deadlines as work continues. Medicaid did not initially requested additional positions for much of the YES work being done, but is doing so this year and is requesting five additional positions to help with the work that needs to be done.
12:00 – 12:45	Working Lunch: Governor's Report Review Discussion Continued – Review prior year's report and gather any additional feedback	**Tammy Rubino** Conversation focused on council structure and is included in notes below.
12:45 – 1:45	Review Planning Council Bylaws – Revisit structure of council and subcommittee requirements	**Tammy Rubino/Kim Hokanson** Kim Hokanson went through and made revisions to the bylaws to bring them up to date. The naming of the council was updated to reflect Behavioral Health. The percentage will be updated to reflect 51% membership must be held by those who have experienced mental illness/substance use disorder or are family members of those. There was a recommendation in section

		three to amend the word evaluate to review, but the word evaluate comes directly from statute. The most recent version of the bylaws posted to the website was from 2008, but a more recent version was ratified in 2014. The date for the when the Governor's report is due should be amended to reflect the fact that the decision was made to ensure the Governor's report is presented to the legislators at the beginning of the new session in January. Much of the bylaws are taken directly from the state statute language. Updates for review: Article III – Section 3, Letter b – add the section (or have received) to the wording after children. Membership – letter f – reword to state from each region. Section on subcommittees – revisit the subcommittees membership at the next meeting. (11) Potentially remove the sentence "Newly appointed persons…" – the concern is having someone step into a vacancy and stepping right into an elected position on the council as well. Ultimately the bulk of the bylaws are acceptable as written.
1:45 – 2:15	Review Future Behavioral Health Board Member Attendance *Action Item – Determine how continued attendance/participation of BHB Members will function	**Tammy Rubino** The attendance policy as written in the bylaws was reviewed and determined to still be relevant. No changes were determined needed at this time.
2:15 – 2:30	Review of Future Agenda Items *Action Item – Determine dates for next meeting Review of Action Items	**Tammy Rubino** A conference call is needed to make votes on the following decision items: • Review and approve minutes from the past two meetings (April and

		October) • Vote to approve the changes to the bylaws. • Vote to appoint new chair • Make recommendations for subcommittee chairs. (Membership Committee, Executive Committee, and Children's Committee, any others as necessary) The conference call will occur on Thursday, November 8th at 9:00 a.m. The next formal extended call will be Thursday, February 7th at 9:00 a.m. MT – 10:00 a.m. The next in-person meeting will be April 15th and 16th.
2:30	Dismissal	