

Idaho Behavioral Health Planning Council

Executive Committee Meeting

Thursday, July 30 – Friday, July 31, 2020

Sawtooth Conference Room

Holiday Inn Boise, 2970 West Elder Street Boise, ID 83705

The Division of Behavioral Health is following CDC and Public Health guidelines when having in person gatherings/meetings. These include requiring the use of face masks, maintaining six feet of physical distance between each person, washing hands, and most important, not attending an event if you are sick.

Thursday, July 30, 2020

9:00 a.m. – 5:00 p.m.

Call information: +1-415-655-0003, Meeting Number: 133 007 9725, Meeting Password: 34422477

Time	Agenda and Notes	Topic Host
9:00 – 9:30	<p>Welcome and Agenda Review</p> <p>Members in Attendance: Kim Hokanson, Rick Huber, Penny Jones, Tammy Rubino, Melanie Fowers</p> <p>Recorder: Maggie Finnegan</p> <p><i>The agenda was amended by the group to reflect the addition of a 1-hour discussion on the Idaho Behavioral Health Council. The group voted and approved the amended agenda.</i></p>	Kim Hokanson, Chair
9:30 – 10:10	<p>IBHC (Idaho Behavioral Health Council)</p> <p>Introduction of the IBHC and brief discussion on its purpose.</p> <p><i>Kim shared the IBHC Vision statement and the Executive order 2020-04, membership list, with the group.</i></p> <p><i>The group discussed duplication of duties between the State Behavioral Health Planning Council and the IBHC.</i></p> <ul style="list-style-type: none">- <i>The difference in duties is the Block Grant and the Governor's Report.</i> <p><i>Kim discussed the struggle with membership and receiving letters of appointment and renewal.</i></p> <ul style="list-style-type: none">- <i>There is concern that people won't join the planning council moving forward knowing there is the IBHC and the only difference is the block grant and the governor's report.</i>- <i>The group discussed merging the BHPC with the IBHC Advisory Council to help meet the 51% consumer requirement. The Governor will have to make the final decision as the council is statutorily mandated.</i>- <i>The group discussed requesting a member from every regional behavioral health board to become a BHPC member. The RBHB also struggle with membership.</i>	Kim Hokanson, Chair
10:10 – 10:25	Break	
10:25 – 11:40	<p>Office of Drug Policy (ODP) Update</p> <p>Marianne presented a power point highlighting updates from ODP.</p>	Marianne King, ODP

	<ul style="list-style-type: none"> - Marianne discussed the Federal Substance Abuse Prevention Treatment Block Grant and funding projects. The grant is awarded to Health and Welfare who distributes it. - 20% of the funding is dedicated to primary substance abuse prevention through ODP. - ODP spreads the funding through a competitive grant process region by region through regional review committees. - The purpose the grant is to prevent substance misuse and abuse at both the state and local level. - Marianne discussed program impact, populations reached, programs (Direct Service, Community, Evidence-Based), and successes - Alcohol use among youth has decreased between 2011-2019. - Marianne discussed grant distribution across Idaho. - Distribution strategies include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental. - Funds must be used to fund “activities to prevent substance abuse” for “individuals who do not require treatment for substance abuse.” - Marianne covered grant distribution. Information is available on ODP’s website. https://odp.idaho.gov/ - Kim asked how ODP’s programs are working during COVID. Marianne discussed programs running virtually and adapting to social distancing and safety precautions. 	
11:40 – 12:40	<p>Division of Behavioral Health Update Ross Edmunds will discuss Legislative updates, Membership issues, and relationship between BH Council and BH Planning Council and purpose of BH Planning Council now.</p> <p>Ross reported the IBHC has no overlap with the BHPC.</p> <ul style="list-style-type: none"> - The IBHC is tasked with developing a strategic plan for the Idaho Behavioral Health system. It is focused primarily on adult mental health. The Governor has an opioid task force as well. - The IBHC will look comprehensively across the system (process by which multiple systems sit down together and describe the pathway of a person through their system and look at places of overlap in the systems) and identify how the system is working for that person at that time. There is a focus on corrections and court involved individuals. - Ross noted the planning council evaluates the system and puts together gaps and needs so there is a similar look at the situation, but the result of the system analysis is very different. - IBHC is comprised of all 3 branches of state government (Executive, Legislative, Judicial) and focuses on strategic plans for prioritized business identified and approved by all three branches rather than a single agency. - Ross noted our system has more gains in the last 5 years than the previous 15 years. - Tammy asked if the RBHB will be represented on the IBHC advisory council because they too identify gaps and needs. 	Kim Hokanson, Chair Ross Edmunds, DBH

- Ross reported IDHW is preparing a packet for council members which will include a resources list (Beacon Report, WICHE Reports, BHPC Governor's Report).
- Ross believes those report can be effectively used by the IBHC to help bring change to the system.
- Ross reported there will be a substantial amount of stakeholder participation and the council will be reached out to for participation as well.
- Ross reported there will be fairly comprehension distribution of a survey requesting input across all categories (consumer, stakeholder, providers, agencies, etc.).

Kim asked the difference between the IBHC Advisory Council and the BHPC.

- Ross discussed the origination of the IBHC and recommendations for who should help shape a behavioral health strategic plan. The advisory committee is made up of voices that will help inform the decisions of the IBHC and work on the workgroups.
- Ross stated there will be a workgroup structure as well. Focus of the workgroups could be (housing, court/criminal justice clients, vocation/work, clinical, etc.).

Kim discussed the IBHC absorbing the responsibilities of the block grant and dissolving the BHPC.

- Ross responded the State Planning Council is a federal requirement of the block grant and is in statute. The BHPC must be 51% advocate/consumer while the IBHC does not. The IBHC is short term and not intended to be in place forever. The BHPC has an ongoing responsibility of the Governor's Report to inform the systems of what is happening.

BHPC Membership

- Kim noted we do not have a single active member on the council right now and are struggling to fill consumer roles.
- The BHPC can't get the support to maintain a current active membership.
- Rick noted we met twice a year to once a year and we have all the required activities that are too much for once a year meeting.
- Ross reported the Governor's office has been almost exclusively focused on COVID. Ross spoke with the Governor's office about membership and is trying to get memberships processed.
- Ross noted the lack of membership approval doesn't reflect the value of the planning council and lack of interest in the BHPC.
- Kim proposed in the early part of her chair term that the Governor only accept applications sent by the BHPC. She noted in the past there have been people appointed to the council that could not be on the council because it would shift the required matrix out of 51% compliance.

- Ross reported it has been difficult to get IBHC members appointed as well and the advisory council is not appointed by the Governor.

Action: Ross and Maggie will work with Kim on a process for streamlined membership application processing that Ross will present to the Governor's office.

Legislative Updates

- Ross reported the Behavioral Health system is seeing increased need and it's a challenging time. The system is serving different populations that we ever have before and being asked to develop new programs with multiple reductions to the budget.
- However, the Department has received Federal Grants to help with COVID.
- Ross stated he believes despite the difficulties of COVID, now is the time when additional services like telehealth are quickly becoming implemented. Services that have been a struggle to implement are now quickly becoming implemented.
- The Department has been able to help more people more quickly. The no show rate has decreased, and more people are being helped in a shorter amount of time.

- Ross discussed the suicide rate and the plethora of data that goes into determining suicide rather than a different kind of death. The suicide hotline has certainly seen an increase in call volume.
- Rick asked if the implementation of Medicaid expansion has lessened the wave of people that the Department serve.
- Ross confirmed it has helped. Ross discussed the four categories DHW helps (Crisis, ACT/Mental Health Court Treatment, Clinics, Med-only Clinics).
- The bulk of DHW's time is spent doing crisis work and ACT team work. There have been dramatic reductions in clinic and med-only clinics staff time.
- DHW staff is comprised of state employees, contractors, and contract prescribers. The number of contract prescribers have been cut in half. Contract prescribers are being utilized across the regions.

- Ross discussed the opening of the new adolescent hospital in Nampa in March or April. DHW will have 20 new state hospital beds in our state. It's been years since the number of beds has increased.
- The new nursing home facility at state hospital south will be done in September and patients can be transitioned. Beds will increase from 29-36.
- Hospitals are being kept as safe as possible. No patients in the state hospitals have had COVID. Community hospitals are testing before transferring to the state hospital.
- The first staff member in the hospital has tested positive for COVID. Staff must wear full mask/face shield requirements and have had to for some time.

	<ul style="list-style-type: none"> - DHW will be implementing randomized testing of staff to try to catch asymptomatic staff. 	
12:40 – 1:20	Lunch (non-working)	
1:20 – 2:00	<p>COVID-19 Discussion <i>Each person will discuss the impacts of what they are seeing/hearing occurring in their respective regions. Lists will be created of what successes and needs occurring in Regions amid Covid-19. The discussion will include Behavioral Health Board funding.</i></p> <p><i>Region 1</i></p> <ul style="list-style-type: none"> - Tammy reported her region is close to Washington and tourists are coming to Coeur d’Alene. No one is wearing a mask. There have been problems with riots and fights and the town is in turmoil. - A lot of programs have been cancelled due to space and safety restrictions. The DUI victim panel has been cancelled and there is discussion on virtual meetings. - Tammy isn’t getting notifications from the regional behavioral health boards. - Tammy isn’t sure about resource issues and talked about information online about mental health would help. - Tammy isn’t sure about how the crisis center is doing either. - Maggie talked about the work of the COVID Strike Team and the IOEM media campaign as a result of FEMA grants. She shared the website with the group. https://healthandwelfare.idaho.gov/Medical/MentalHealth/COVID-19/tabid/4750/Default.aspx - Tammy discussed the “patriot group” that are armed and form a militia. There haven’t been any accidental shootings reporting. <p><i>Region 3</i></p> <ul style="list-style-type: none"> - Penny noted the regional behavioral health board is doing a lot. Through the connection with the RBHB she has taken Crisis Intervention Training (CIT training) and it was resource that was needed. - The region allocated money for detectors in the restroom to detect vaping and smoking that will help with early intervention. - Penny reported the region is promoting a lot of the things they are doing despite COVID. - Penny discussed board grant projects such as mental Health provider screenings, parent learning sessions, and medication lock boxes. <p><i>Region 5</i></p> <ul style="list-style-type: none"> - Rick (Chair of the RBHB) reported administrative tasks are falling to the chair and some of them are stretching his capabilities. 	Kim Hokanson, Chair Council Members

	<ul style="list-style-type: none"> - <i>Region 5's behavioral health board meets every other month and he feels the board is stagnant. The members do a lot but not as a board function.</i> - <i>There is a lack of collaboration and membership gaps.</i> - <i>Rick discussed the shift to federal grants. He discussed an after-school program (Bluebirds) for kids with mental health issues, Riverside projects, housing, and skipped board meetings as a result of COVID.</i> - <i>It is unclear how COVID is affecting services in Region 5. The DBH person on the board has conflicting meetings and doesn't provide much data possibly because of a lack of interest on the board.</i> - <i>The gaps and needs reports are affected because of the lack of data. It's more conjecture than fact.</i> - <i>Community activities are proceeding as if COVID doesn't exist. Masks aren't being worn.</i> - <i>Kim asked how Region 5 utilizes the budget. Rick reported the budget is being used for mini grants and recipients report data back about people served.</i> - <i>Transportation is an issue in the region. Medicaid set rules around transportation that aren't helpful.</i> <p>Region 7</p> <ul style="list-style-type: none"> - <i>Kim talked about a mini grant awarded to a company to assess homelessness. That mini grant was part of their budget leftover after admin fees.</i> - <i>Optum is reporting an increase in telehealth but people are still missing appointments.</i> - <i>Crisis is escalating and it is difficult for families to have kid go into crisis. Telehealth is not an option during a crisis.</i> - <i>The process right now is for them is to be assessed by Liberty Healthcare and if they received an SED diagnosis based on the CANS report, they are referred to IDHW to apply for Medicaid and are entered into the YES System. If they don't qualify for Medicaid, they are provided services solely through the YES system. Medicaid provides targeted care coordinators and YES has person centered service planners.</i> - <i>There is currently a process for families over 300% so all kiddos with SED qualifies for YES services. The issue that is arising is that families are without assistance until they receive a TCC or CM. This is an area that parent call "navigation" because typically families are in crisis and are not prepared to look into services and processes, so some families are falling through the cracks unnecessarily. This leads to kiddos entering the IDJC area and/or hospitalizations.</i> - <i>SDE report that across the state, schools are still unsure if they will be attending in person or online. It is unclear if Medicaid will still pay for a staff that normally helps work with a kid in school in the home setting if schools are switching to online.</i> - <i>About 50% of people are wearing masks.</i> 	
2:00 – 3:00	Mini Block Grant Application Discuss the current Mini Block Grant application	Kristin Green, DBH Treena Clark, DBH

Kristin addressed the questions of the planning council.

- *“How have the mini grant application requirements been met with Covid-19? How does that affect the Block Grant in terms of, if the money is not spent due to the pandemic, what does that mean for the SAMHSA requirements?”*
- *The impact of Covid-19 on our block grant is unknown at this time. It is likely that we will not have a clear picture of the impact until later in the year or the end of next spring (the end of our state fiscal year).*
- *SAMHSA is aware there are potential significant impacts on states due to Covid-19 during a time when behavioral health services are needed more than ever.*
- *A notification and a guidance document for Maintenance of Effort was sent by SAMHSA July 17th acknowledging potential impacts and proposing short term solutions in the form of waivers.*

Overall Impact according to SAMHSA

- *States are experiencing economic impacts of state shutdowns and lost or decreased tax revenues. Behavioral health systems are seeing increased demand for services.*

Impact on Current Clients according to SAMHSA

- *Individuals with existing or newly developing mental and substance use disorders experiencing additional stressors through the declining economy and high unemployment rates.*

Surge of New Clients according to SAMHSA

- *The behavioral health system is seeing a surge of new individuals with mild to moderate symptoms because of prolonged stress and isolation.*

The SAMHSA Maintenance of Effort Guidance document sent July 17th

- *SAMHSA reported that it is “expected that states will have spent less money overall on services this year, which may create additional maintenance of effort (MOE) shortfall considerations. If this is the case, it may be possible that your state will be unable to fulfill your MOE requirement this year.”*

SAMHSA proposed two waiver options:

- 1- *Extraordinary Economic Circumstances Waiver- For both the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Mental Health Block Grant (MHBG).*
- *Our state can submit a letter to the Secretary asking that the Secretary consider our request to waive all or part of the requirement.*
 - *The Secretary may, upon the request of our State, waive the requirement in whole or in part if the Secretary determines that*

	<p><i>extraordinary economic conditions in our State in the fiscal year involved or in the previous fiscal year justify the waiver.</i></p> <p>2- Public Health Emergency Waiver</p> <ul style="list-style-type: none"> - <i>In the case of a public health emergency, such as Covid-19, the Secretary may, as the circumstances of the emergency reasonably require and for the period of the emergency, grant an extension, or waive application deadlines or compliance with any other requirement of a grant.</i> - <i>Also sought through a letter and facilitated through the grant project officer.</i> <p>SAMHSA Maintenance of Effort Waivers</p> <ul style="list-style-type: none"> - <i>The earliest we would apply for a waiver is December 2020, however it is more likely that we would apply fall 2021 because the impacts are still unknown and information is still being gathered.</i> <p>What DBH needs from the BHPC</p> <ul style="list-style-type: none"> - <i>The MHBG and SABG mini applications are low impact grants as they are an opportunity to update elements to the primary grant which was submitted last year. Alacia and Kristin are noting any changes to fiscal plans or any changes to priority goals. Our prioritized goals have not changed, so they will not be reported on until the annual report in December 2020.</i> - <i>Membership for the Planning Council has been updated (including proposed Planning Council membership, along with a footnote indicating that it is all contingent on the Governor's approval).</i> - <i>A letter from the Planning Council is to be included with the mini application (as requested by SAMHSA). A request for the planning Council letter was sent by Alacia 7/14 with a due date of 8/28.</i> <p><i>The mini application will be sent to fiscal for review 8/7 and once approved will be posted online for Planning Council review and feedback.</i></p> <p><i>The mini application must be submitted to SAMHSA by 8/31/20.</i></p> <p>Action: <i>Treena will include the comparison between the original proposal for the 2nd year and any proposed changes for the 2nd year for Kim's review of the mini application. She will include the table of projected spending for 2 years and proposed spending for the 2nd year with the footnote of the shifts in categories.</i></p>	
2: 50 – 3:05	Break	
3: 05 – 4:45	<p>BHPC Membership</p> <p><i>Discuss all recent withdrawals of membership. We will go over the matrix and assess the membership numbers and compare the current numbers with SAMHSA's requirements. We will be drafting a section</i></p>	Kim Hokanson, Chair Council Members

	<p>to submit to SAMHSA explaining numbers on Mini-Application. We will also be deciding on a SUD Sub-Committee Chair.</p> <p><i>Kim mentioned Sarah Hill as a possible SUD Sub-Committee Chair.</i></p> <p>Action: <i>Kim will reach out to Chelsea Lincoln to see if she is a Consumer or a Provider.</i></p> <p><i>Judy Gabert reached out to Kim about membership renewal. Judy is part of an agency and therefore cannot be part of the council until more consumers join the council.</i></p> <p><i>Kim would like Miren Unsworth or Roxanne Printz from FACS on the council.</i></p> <p>Action: <i>Kim will reach out to Miren Unsworth for Social Services (FACS) representation on the council.</i></p> <p>Action: <i>Kim will determine the process for identifying a tribal member for the council.</i></p> <p>Action: <i>Penny will reach out to a potential family member of an adult consumer and report back to the group. Penny will also reach out to a potential community coalitions member.</i></p> <p><i>The group has 8 (possibly 10) advocacy/consumer/family members and 12 (14 required) agency/provider of services.</i></p> <p><i>The group continued to brainstorm ideas on eligible candidates to approach.</i></p> <p><i>Rick suggested Disability Rights Idaho.</i></p> <p>Action: <i>Rick will send Kim the contact information for Disability Rights Idaho and then Kim will send an email to said contact (and cc Rick).</i></p> <p><i>The executive committee will reach out to the Regional BHB Chairs again asking for the "Consumer" and/or "Family member of Consumer" representatives to apply to the council for membership.</i></p> <p>Action: <i>Kim will email Mindy asking for this request to go out to all of the Reg BHB's.</i></p> <p><i>The committee went through the process of membership acceptance and discussed the voting process for candidates selected by Executive Committee. The executive committee will vote in Karlynn King on 7/31 when Melanie Fowers can be present.</i></p>	
4:45– 5:00	Wrap Up and Adjourn	Kim Hokanson, Chair

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Friday, July 31, 2020

8:00 a.m. – 2:00 p.m.

Call information: +1-415-655-0003, Meeting Number: 133 825 4615, Meeting Password: 78724487

Time	Agenda Items	Topic Host
8:30 – 9:00	Welcome and Agenda Review	Kim Hokanson, Chair
	<p>Discuss & Schedule Next Idaho Behavioral Health Planning Council Meeting <i>The Executive Committee discussed possible dates for the next in-person BHPC Meeting in October 2020.</i></p> <p><i>The group has chosen October 13-15, 2020 or October 19-21, 2020 for the next full BHPC meeting.</i></p> <ul style="list-style-type: none"> - <i>The subcommittees will meet 12:30-5pm on October 13th or October 19th.</i> - <i>The full council will meet 9am-4:30pm October 14th or October 20th and 9am-?pm on October 15th or 21st.</i> <p><i>The October meeting will be held in-person with a virtual option.</i></p> <p><i>Agenda Topics:</i> <i>Welcome and Introductions of members</i></p>	
9:00 – 9:30	<p><i>Updates pertaining to COVID-19:</i></p> <ul style="list-style-type: none"> - <i>IDOC (Gail Baker)</i> - <i>IDJC (Liza Crook)</i> - <i>SDE (Renee Miner, Eric Studebaker)</i> - <i>Counties (Angenie McCleary)</i> - <i>DBH (Ross Edmunds)</i> - <i>Housing (Brady Ellis)</i> - <i>Primary Care Providers (Ryan Shackelford)</i> - <i>Veterans (Melanie Fowers)</i> - <i>ODP (Marianne King)</i> - <i>BPA (Block Grant Requirements)</i> - <i>Empower Idaho (Block Grant Requirements)</i> - <i>Optum (Georganne Benjamin)</i> - <i>Regional Behavioral Health Board Chairs (1-7)</i> - <i>Federation of Families (Ruth York)</i> - <i>Public Health (To be identified)</i> - <i>Medicaid (David Bell or other)</i> 	Kim Hokanson, Chair

	<p><i>Governor's Report</i></p> <ul style="list-style-type: none"> - <i>Gaps and Needs (Regions 1-7)</i> <p><i>Subcommittee Reports</i></p> <ul style="list-style-type: none"> - <i>Prevention</i> - <i>Children's Mental Health</i> - <i>Membership</i> - <i>Executive</i> <p><i>Block Grant mini-application update</i></p> <p><i>Board membership</i></p> <ul style="list-style-type: none"> - <i>Governor appointments- inform planning council that the council is recognizing them as members, but they cannot officially vote until they receive their appointment letter from the Governor's office</i> - <i>Planning Council officers</i> <p><i>By-laws</i></p> <ul style="list-style-type: none"> - <i>Waiting on the Governor's office for by-law amendment.</i> <p><i>BHPC Role for new members</i></p> <ul style="list-style-type: none"> - <i>Operational Guidelines (vote by exist members)</i> <p><i>February Call date- Webex/video conference going forward</i></p> <p>Action: <i>Make sure the Planning Council 101 pamphlets are printed for new members.</i></p> <p>Action: <i>Kim will reach out to Georganne and ask her to attend the meeting on behalf of Optum.</i></p> <p>Action: <i>Maggie will reach out to existing BHPC members whose memberships have expired and need to renew.</i></p> <p>Action: <i>Kim will reach out to identified agencies and individuals to confirm their update presentation and time length in September.</i></p> <p>Action: <i>Once the agenda is created, Maggie will send out the agenda to the RBHB chairs and confirm their presentations in person or virtually.</i></p>	
<p>9:30 – 10:30</p>	<p>By-laws Review the by-laws, identifying the recent changes made to by-laws, assessing if changes need to be made again due to membership issues and Covid-19.</p> <p><i>The group discussed by-laws vs operational guidelines.</i></p> <ul style="list-style-type: none"> - <i>The by-laws will remain unchanged until we hear from the Governor's office.</i> - <i>Kim will add a piece to the operational guidelines clarifying that a member is still a member unless they resign or are removed by the governor.</i> 	<p>Kim Hokanson, Chair</p>

	<p>- <i>The group began drafting the operational guidelines.</i></p> <p>Action: <i>Kim will work on writing operational guidelines for officer and subcommittee roles.</i></p> <p>Action: <i>Tammy will research operational procedures from other non-profits.</i></p> <p><i>Slow or non-existent member application approval from the Governor's office impedes the council's ability to bring on new members because they cannot vote without Governor appointment.</i></p>	
10:30 – 10:45	Break	
10:45 – 12:00	<p>Membership <i>Explore issues in the relationship between Governor's office and membership for Planning Council. Draft up letters for SAMHSA explaining issues and DBH explaining issues.</i></p> <p>Action: <i>Kim will reach out to all the individuals not assigned to a subcommittee.</i></p> <p>Action: <i>Kim asked officers to write up their roles on the executive committee and the planning council for the operational guidelines.</i></p> <p><i>Kim reached out to Laura Wallace about membership on the BHPC. Laura leads the parent network right now.</i></p> <p><i>The group discussed information that will be in the operational guidelines. It will define the "Membership Sub-Committee Chair's" responsibilities but also delegate other duties such as having the "Person-At-Large" be responsible for ensuring the new members have a sub-committee to participate in and ensuring their understanding of times and expectations. The Vice-Chair will be orienting the new members into the Planning Council.</i></p> <p><i>The Executive Committee voted on accepting Karylynn King's application for membership. Tammy nominated. Rick seconded. The vote was unanimous.</i></p> <p><i>The group discussed council officers. Kim appointed Sara Hill to be the Chair of the Prevention subcommittee as long as she accepts.</i></p> <p><i>Kim will ask the council to see if any voting member is interested in taking over the chair position. All existing chairs and co-chairs are willing to maintain their officer positions.</i></p>	Kim Hokanson, Chair
12:00 – 1:00	Lunch	
1:00 – 2:00	Open Discussion	Kim Hokanson, Chair

	<p>Overview of conversations and continuation of any topics unresolved by now.</p> <p><i>The group further developed agenda items for the October meeting.</i></p> <ul style="list-style-type: none"> - <i>SDE- home vs online schooling, support for in-home schooling</i> - <i>Counties- Probation process</i> - <i>DBH- IBHC, COVID response and numbers, Crisis System Development, Community Hospitals and step-down services</i> - <i>Housing- numbers and homeless count, step-down from behavioral health hospitals or state hospital</i> - <i>Optum- trends in Crisis System CMH, AMH, field care coordinators, services in AMH field/regions</i> - <i>Medicaid/Optum- how they dealt with people on unemployment getting additional income but having insurance. How did that impact the budget.</i> <p>Action: <i>Kim will reach out to Elke Shaw-Tulloch on the Public Health update.</i></p>	
2:00	Adjourn	