

State Behavioral Health Planning Council

**FY2015 Report to the Governor, State Legislature,
and Judiciary**



*Supporting behavioral health systems that are coordinated,
efficient, accountable, and focused on recovery.*

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Introduction

Idaho's State Behavioral Health Planning Council was established through the passage of Senate Bill 1224 in 2014. This bill amended Idaho Code § 39-3125, (see appendix 1) and replaced the previous "Idaho State Planning Council on Mental Health" with the "State Behavioral Health Planning Council." It also expanded the focus of the newly established council to include both mental health and substance use disorder issues. The Behavioral Health Planning Council was formally established as a new body on July 1, 2014.

As defined in both state and federal law, the purpose of the Council is to:

- Serve as an advocate for children and adults with behavioral health disorders.
- Advise the state behavioral health authority on issues of concern, on policies and programs, and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan.
- Monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis, as well as the effectiveness of state laws that address behavioral health services.
- Ensure that individuals with behavioral health disorders have access to prevention, treatment, and rehabilitation services.
- Serve as a vehicle for policy and program development.
- Present to the Governor, the Judiciary, and the Legislature by June 30 of each year a report on the Council's activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the State to adults and children.
- Establish readiness and performance criteria for the Regional Boards to accept and maintain responsibility for family support and recovery support services.

Over the past year, the Behavioral Health Planning Council has embraced the transformation process by recruiting members in order to meet requirements of both state and federal law. A complete list of our membership may be found in Appendix 2.

We look forward to continued active participation in the improvement of Idaho's Behavioral Health System. Our membership is eager to partner with all of the system's stakeholders by sharing our knowledge, expertise, and lived experience in order to improve the lives of all Idahoans.

Significant Events of Fiscal Year 2015

There were five significant events impacting behavioral health services in the state during FY 2015. Each of these events focuses on a different key area of behavioral health: crisis care, recovery support, children's mental health, access to care, and community support services.

Crisis Care: Additional Funding and Development of Crisis Centers

The Behavioral Health Crisis Center of East Idaho (initially funded by the legislature in 2014) began operation in December 2014. During the first quarter of 2015 the Crisis Center received over 250 visits and the average length of stay was about 9 ½ hours. Based on data collected by the Center, an estimated \$200,000 has been saved in emergency room and law enforcement costs since the Center opened. Not only is money being saved, but also individuals in crisis are being treated, evaluated, and cared for in an appropriate setting.

During the 2015 Legislative Session, the legislature approved funding for an additional crisis center for northern Idaho. A Contract is in place with Kootenai Health in Coeur d'Alene for the North Idaho Behavioral Health Community Crisis Center.

Recovery Support: Funding for Recovery Centers

In the fall of 2014, the Idaho Association of Counties applied for \$500,000 in Millennium Fund grant money to develop Recovery Community Centers (RCCs) in four counties of the state. The funding, approved during the 2015 legislative session, will help RCCs establish staffing, track data, and work toward their missions for one year in Ada, Canyon, Latah, and Gem counties.

These RCCs are community based, volunteer driven venues for individuals to work with peers toward sustained recovery from a mental health issue or substance use disorder. These centers provide support, meetings, classes, information, and more for people on any path to recovery, with programming that is influenced and customized by the input of each center's volunteers and visitors.

Children's Mental Health: Jeff D. Settlement Agreement

In December 2014, after a 15-month mediation process, the Jeff D Mediation Team successfully completed a Settlement Agreement which will achieve substantial compliance and fulfill the purposes of previous consent decrees. The Defense & Plaintiff Parties agreed that the best interests of the Jeff D Class Members would be advanced through a negotiated Settlement Agreement rather

than a continuation of adversarial litigation. With the assistance of a mediator to facilitate negotiations, the parties held seventeen (17) in-person mediation sessions and numerous sessions via conference call. The goals of the Agreement are “to develop, implement, and sustain a family-driven, coordinated, and comprehensive children's mental health service delivery system.”

The Jeff D. Lawsuit dates back to 1980 when the State was sued for violation of Class Members' civil rights due to housing juveniles with adults at State Hospital South and not providing community-based mental health and specialized educational services to children with serious emotional disturbances (SED). Within a few years, a separate unit for adolescents was opened at State Hospital South.

Over the ensuing 34 years, there has been ongoing litigation to determine whether Idaho has substantially complied with the case's consent decrees to develop community based mental health treatment services. In October 2013, with approval of the District Court, the plaintiff and defendant parties agreed to move to a mediation process to resolve outstanding issues.

The mediation team was comprised of representatives from the State Attorney General's Office, Idaho Department of Health & Welfare (DHW) to include Children's Mental Health, Child Welfare, and Medicaid; Idaho Department of Juvenile Corrections (IDJC); State Department of Education (SED) and Legal Counsel from all Departments. The Plaintiffs were represented by local attorney, Howard Belodoff, co-counsel from the Young Minds Advocacy Project in California, a parent of a child with SED, a family advocate, and a private provider.

As stated in Section I of the Settlement Agreement, “The purpose of this Agreement is to direct and govern the development and implementation of a sustainable, accessible, comprehensive, and coordinated service delivery system for publicly-funded, community-based mental health services to children and youth with serious emotional disturbances (SED) in Idaho. The specific objectives of the Agreement are the development and successful implementation of a service array and practice model that are consistently and sustainably provided to Class Members statewide, in the manner prescribed (in the Agreement). As a result of this Agreement, Class Members will receive individualized, medically necessary services in their own communities, to the extent possible, and in the least restrictive environment appropriate to the needs.”

Upon approval by the District Court, the timeline for the Agreement will be activated. There are three phases lasting over a period of approximately eight (8) years for completion of the Agreement and eventual dismissal of the case. The development of an Implementation Plan will take approximately nine (9)

months. This will be followed by four years for the state to put the plan into action. The final three years are to ensure compliance and that a sustainable system is in place. Upon successful completion of the final stage, the case will be dismissed by the District Court. At the same time, a permanent injunction will be issued to ensure the services and supports developed in the Agreement will continue to be available to Class Members in future years.

The work that took place over fifteen (15) months was a collaborative effort of the entire mediation team. Due to the skills and experience of the out of state mediators and attorneys from the Young Minds Advocacy Project, members of the team were able to move past an adversarial environment and find common ground that promoted a shared vision and development of principles regarding care and services for Idaho's children. These unifying ideas became the foundation on which a comprehensive mental health system to meet the needs of children with SED was developed.

Access to Care: Idaho Telehealth Access Act

During the 2015 Legislative session, the Idaho Telehealth Access Act (HB189) was passed by the legislature. This act was a product of the Idaho Telehealth Council and provides structure and clarity to the practice standards surrounding telehealth. While there remains much work to be done in order to create a sustainable, easily accessible telehealth system for behavioral health services, this act is an important first step in providing a foundation for the future.

Community Support Services: Transformation of Regional Behavioral Health Boards

Transformation has been a topic of discussion in Idaho for the last several years and has now become a reality. The Behavioral Health Planning Council (Council) has worked diligently to provide information to the Regional Behavioral Health Boards (Regional Boards) that will help guide them to make the necessary changes that will encourage Transformation within the behavioral health system of care in Idaho.

The Council developed the readiness criteria for the Regional Boards to empower them to restructure and to develop partnerships and proposals to ultimately provide regional family support and recovery support services at the local level.

The Regional Boards have three options from which to choose: maintain the current system; partner with another entity; or become an independent entity.

These decisions remain with each Board to establish their own identity. A Gaps and Needs Analysis was designed to assist the Council in understanding the

service needs of the Regional Boards as they moved these projects forward and helped the regions to fulfill their obligations under Idaho Code § 39-3135.

The Council has also established an application process for the Regional Boards to follow and has a committee standing ready to review. Once the Region is determined to be able to provide the identified services, the Council will make a recommendation to the State Behavioral Health Authority.

We are in exciting times that have been a long time coming to Idaho. The opportunities that exist have the potential to improve not only the lives of our citizens, but our communities as a whole.

Other Events of Interest

Substance Abuse Prevention

Substance abuse prevention in Idaho has seen continued growth and successes during the past year. Eleven Idaho communities, through the Office of Drug Policy, were awarded Strategic Prevention Framework Grants to implement population level prevention strategies and an additional seven (7) awards are planned for next year. Additionally, forty-eight (48) prevention providers statewide were awarded funding from the Substance Abuse Prevention and Treatment block grant to deliver evidence-based prevention programs in their communities.

In the policy arena, prevention efforts have experienced success as well. Because of collaboration by interested stakeholders, legislation was passed that increases the accessibility of opioid antagonist medications that reverse an overdose caused by opiates. It is not often that we can point to a policy and say with certainty that it will save lives, but that is exactly what this new law will do. It is also noteworthy that, although surrounded by states with some form of legalized marijuana, Idaho was once again able to stave off legalization efforts.

Lifespan Respite Project

The Idaho Caregiver Alliance has taken a collaborative approach to solving the respite need for all Idaho caregivers. Recognizing that respite is a lifespan issue, they have conducted a needs and capacity assessment of the current system, convened stakeholders and caregivers at summits across the state, launched an emergency caregiver respite project, and supported the passage of the Caregiver Task Force Concurrent Resolution (HCR 24) during the 2015 legislative session.

Peer Specialists and Recovery Coaches

The DHW Division of Behavioral Health has been working through the Request For Proposal (RFP) process to secure contractors for both the mental health peer specialist program and the certified family support partner training. Additional contractors are being sought to develop specialty endorsement trainings in the areas of crisis center peer services, serving criminal justice populations, and peer support for individuals with co-existing disorders. The Division of Behavioral Health is also developing the certification process for both the Certified Peer Specialists and the Certified Family Support Partners. The development of these evidence-based practices provides significant opportunity for continued improvement within the behavioral health system.

The DHW continues to offer training and support for Recovery Coaches, who act as peer mentors and guides for individuals navigating recovery from substance use disorders. To date, more than 300 recovery coaches have been trained and they continue to work and volunteer in different capacities around the state. In addition to the initial 30-hour Recovery Coach Academy, an ethics training for recovery coaches was developed and delivered statewide. The DHW has worked closely with the Idaho Board of Alcohol/Drug Counselor's Certification (IBADCC) to develop a credential for recovery coaching which will provide the opportunity for coaches to potentially start a career track in the substance use disorder field.

Recovery Idaho

Established in March 2014, Recovery Idaho, Inc. has made significant steps as Idaho's Recovery Community Organization during the past year. Recovery Idaho obtained its 501(c)(3) nonprofit status in early 2015 after establishing its board, bylaws, and other legal documentation. Recovery Idaho's Board of Directors now includes thirteen (13) individuals from around the state of Idaho and the organization is in the process of recruiting an Executive Director. Recovery Idaho has also agreed to take responsibility for establishing and managing a RCC for Gem County and Emmett and is taking a coordinating role in the ongoing success of other RCCs around the state.

Justice Reinvestment

As a result of the Justice Reinvestment Initiative and legislative support in FY14, a supplemental enhancement of \$2,469,714 was approved for Idaho Department of Correction (IDOC) SUD services (prorated in FY14 to \$818,900). In FY15, with access to a full year of enhanced funding, IDOC will serve approximately 4,600 offenders. The supplemental enhancement of \$2,469,714 allows IDOC to serve an estimated 1,100 additional probationers and parolees. Community-

based service delivery is through the private provider network, allowing IDOC to maintain public safety while avoiding the corresponding costs of service delivery during a period of state incarceration.

Integration of Physical and Behavioral Health

In December 2014, the DHW received a state innovation model grant from the Center for Medicare and Medicaid Innovation for \$39,683,813. The grant will be used to fund a four (4) year model test to implement the Idaho State Healthcare Innovation Plan (SHIP). The primary goal of the grant is to demonstrate that the statewide healthcare system can be improved through coordinated care between primary care providers and other medical services including behavioral health specialists. This integration of physical and behavioral health recognizes the need to treat the “whole person” when addressing behavioral health challenges.

Suicide Prevention

The Idaho Suicide Hotline began operation in 2012 and has received over 6,000 calls since that time. Beginning in November 2014, the Hotline began operating twenty-four (24) hours a day, seven (7) days a week. Currently, they have seventy-three (73) volunteers trained and they have already answered 1,900 calls during the first few months of 2015. The impact this hotline has made on the lives of Idahoans is significant and funding should continue to support this critical link in our behavioral health system. In the coming months the hotline will begin training its volunteers in crisis text response, a program that has shown great success in other states, especially with young adults and adolescents.

Suicide Prevention Action Network of Idaho (SPAN Idaho) promotes activities statewide with its chapters. In the last year, they held memorial walks in five (5) regions of the state, distributed prevention and awareness materials at a variety of community events (often with the Idaho Suicide Prevention Hotline), provided dozens of gatekeeper trainings to schools, churches, and other community organizations (including the Idaho Tax Commission statewide), and other activities. To help with the grieving process, SPAN also supports survivors of loss to suicide with regional groups and information packets.

In partnership with the Idaho Department of Education, SPAN administers the Substance Abuse and Mental Health Administration’s Garrett Lee Smith grant as the Idaho Lives Project (ILP). With these funds, they bring Sources of Strength to middle and high schools and juvenile justice centers around Idaho. Sources of Strength is a resiliency, peer-based, best practice and research-based program shown to reduce suicide and other risky behaviors among adolescents and through early adulthood. In the last year and a half, the ILP invited Dr. David Rudd to train 1,200 mental health and health care professionals in suicide risk management and assessment for their clients.

Specialty Courts

Thanks to the Idaho Legislature's continued commitment to recidivism reduction and offender accountability, there are sixty-seven (67) problem-solving courts that provide a cost effective alternative to incarceration. These courts consist of a multidisciplinary team, led by a judge that integrates treatment and accountability to reduce recidivism and return offenders to their families. There are Drug and DUI Courts that primarily deal with participants' substance use disorder and recovery support needs, and Mental Health Courts that specialize in serving offenders with a severe and persistent mental illness with Assertive Community Treatment provided by the DHW and community providers. The Idaho Departments of Correction, Health and Welfare, and Juvenile Corrections work collaboratively with the Judicial Branch on a myriad of behavioral health and substance use disorder issues.

Medicaid/Optum

Optum hired Field Care Coordinators in each region to collaborate with community partners to reduce service gaps for individuals transitioning between different levels of care and to provide additional support and consultation for Optum members, their families, and the providers who serve them.

Substance Use Disorder (SUD) Treatment

The DHW was selected as one of five (5) recipients of the Access to Recovery 4 (ATR 4) grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of ATR 4 is to increase access to substance use disorder treatment services while focusing on a client-centered approach with client choice in treatment services and planning. The ATR 4 grant provides funding for both Treatment and Recovery Support Services to assist clients in long-term recovery.

The grant funding will serve the following populations over a three-year period:

- Veterans with a SUD who have committed a crime and are on supervised probation or parole.
- Child Welfare families, specifically parents with a SUD and involvement in Child Welfare Court.
- Individuals and families experiencing homelessness both unsheltered and sheltered.

Substance Use Disorder Treatment Providers are very excited to be able to offer services to voluntary populations such as the homeless rather than just criminal justice clients and anticipate this funding will help many underserved Idahoans.

Ongoing Behavioral Health Planning Council Activities

- The Council is committed to supporting and monitoring Regional Behavioral Health Boards through attendance at regional board meetings, participation in monthly regional board chair phone calls, and development of transformation support materials.
- The Council encouraged all regions to complete and submit gaps and needs reports to the Council. This information was reviewed by the Council and used to complete this report. An overview of the gaps and needs can be found in Appendix 3. Additionally, each region's gaps and needs analysis can be found under the "reports" heading of our website:
<http://healthandwelfare.idaho.gov/Medical/MentalHealth/MentalHealthPlanningCouncil/tabid/320/Default.aspx> .

A more detailed statewide gaps and needs analysis is found on our website:
<http://healthandwelfare.idaho.gov/Portals/0/Medical/Mental%20Health/BHPC/RBHBGapsNeeds2014statewide.pdf>.

- The Council supports quarterly statewide children's subcommittee network phone calls in cooperation with Idaho Federation of Families for Children's Mental Health to encourage the sharing of ideas related to children's mental health issues.
- The Council is committed to modeling an integrated behavioral health system through our inclusive membership, discussions, and actions.
- The Council created, and will continue to update, a statewide directory of prevention programs and providers. The document can be accessed via our website using this link
<http://healthandwelfare.idaho.gov/Portals/0/Medical/Mental%20Health/BHPC/2015%20Idaho%20Prevention%20Programs%20Directory.pdf> .
- The Council is encouraging and supporting the Regional Behavioral Health Boards to remain connected with legislators through regional legislative events and sharing of information related to specific behavioral health needs in their regions.

Challenges for Fiscal Year 2016

- There continue to be service gaps for people below 100% of poverty, especially those without children. The Council supports efforts that will allow all Idaho residents to have access to health care coverage.

- Services and support for both children and adults in a mental health crisis is a critical component of treatment. The Council supports all efforts to establish additional crisis centers across Idaho to allow individuals in crisis to receive services in a setting other than a hospital or emergency room. Additionally, the Council supports a crisis support model for children that will allow them to receive support in a mental health crisis without unnecessary involvement of law enforcement or emergency room personnel.
- Respite is a critical support service for families that is not covered under Medicaid or most private insurance. The Council supports efforts to find ways to develop a respite framework that meets needs across the lifespan and supports caregivers.
- Continued financial support will be needed for the establishment of additional community recovery centers in counties across the state. The Council supports the continued establishment of these centers.
- The reality that an adult or juvenile must be criminally involved in order to access behavioral health treatment still exists in many situations. The Council supports efforts to reduce the stigma of behavioral health treatment and create a system where treatment is accessible prior to involvement with the justice system.
- Challenges remain when attempting to access appropriate services for children with the most complex behavioral health needs. While the Jeff D. settlement addresses these issues, the actual implementation of that agreement is necessary in order for these children to begin to get the treatment they need. The Council supports all efforts to create an efficient, effective, and sustainable system as designed in the Jeff D. settlement agreement.
- There remains a need for more psychiatrists in our state, especially in our rural and frontier areas. The Council supports efforts to encourage recruitment and retention of both traditional and telehealth psychiatrists.

Closing

In closing, the Council would like to express our gratitude for the supportive actions of the Governor and the Legislature with regards to the behavioral health system this past year. We appreciate the passage of legislation strengthening anti-bullying regulations in schools, funds for a second crisis center, funding support for establishing four (4) community recovery centers, and passage of the Telehealth Access Act. Additionally, we appreciate you showing support for caregivers through the development of the Idaho Caregiver Task Force, and support for the Jeff D. mediation process and subsequent

agreement as well as the expansion of a regional medical education program known as WWAMI (an acronym representing the states it serves) to help with recruitment and retention of psychiatrists. Actions such as these do not go unnoticed by advocates and we are grateful for your support in the continued improvement of Idaho's behavioral health system.

There is much work left to do, but the Council remains hopeful that by working together we can continue to transform Idaho's behavioral health system into one that is responsive and effective.

Appendix 1: Idaho Code § 39-3125

TITLE 39 HEALTH AND SAFETY CHAPTER 31

REGIONAL BEHAVIORAL HEALTH SERVICES

39-3125. STATE BEHAVIORAL HEALTH PLANNING COUNCIL. (1) A state behavioral health planning council, hereinafter referred to as the planning council, shall be established to serve as an advocate for children and adults with behavioral health disorders; to advise the state behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan; to monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address behavioral health services; to ensure that individuals with behavioral health disorders have access to prevention, treatment and rehabilitation services; to serve as a vehicle for policy and program development; and to present to the governor, the judiciary and the legislature by June 30 of each year a report on the council's activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state to adults and children. The planning council shall establish readiness and performance criteria for the regional boards to accept and maintain responsibility for family support and recovery support services. The planning council shall evaluate regional board adherence to the readiness criteria and make a determination if the regional board has demonstrated readiness to accept responsibility over the family support and recovery support services for the region. The planning council shall report to the behavioral health authority if it determines a regional board is not fulfilling its responsibility to administer the family support and recovery support services for the region and recommend the regional behavioral health centers assume responsibility over the services until the board demonstrates it is prepared to regain the responsibility.

(2) The planning council shall be appointed by the governor and be comprised of no more than fifty percent (50%) state employees or providers of behavioral health services. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall include representation from consumers, families of adults with serious mental illness or substance use disorders; behavioral health advocates; principal state agencies and the judicial branch with respect to behavioral health, education, vocational rehabilitation, adult correction, juvenile justice and law enforcement, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services or substance use disorders, and related support services; and the regional behavioral health board in each department of health and welfare region as provided for in section [39-3134](#), Idaho Code. The planning council may include members of the legislature.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion.

Appendix 2: State Behavioral Health Planning Council Membership

State Behavioral Health Planning Council - 2015			
Name	Region Type of Membership	Agency or Organization Represented	
Rosie Andueza 7/15/14 Appointment Expires 7/1/15 – reappplied	Agency/Provider of Service	Behavioral Health	
Evangeline (Van) Beechler 2/23/15 Appointment Expires 7/1/16	Advocacy/ Consumer/Family Region IV	LGBTQ Representative	
Abraham Broncheau 2/23/15 Appointment Expires 7/1/17	Advocacy/Consumer/Family Region II	Tribal Representative	
Bujarski, Jo Ann 12/30/14 Appointment Expires 7/1/16	Agency/Provider of Service	Department of Education	
Stan Calder 7/15/14 Appointment Expires 7/1/2015	Advocacy/Consumer/Family Region I	Family Member of an Adult/ Aging Community Mental Health	
Elda Catalano 7/15/14 Appointment Expires 7/1/2015 – Reapplied	Advocacy/ Consumer/Family Region III	Hispanic Representative	
Carol A. Dixon 7/15/14 Appointment Expires 7/1/15	Advocacy/ Consumer Family Region IV	Certified Family Specialist	
Jane Donnellan 7/15/14 Appointment Expires 7/1/15	Agency/Provider of Service Region IV	Vocational Rehabilitation Representative	
Martha Ekhoﬀ – Chair 7/15/14 Appointment Expires 7/1/2016	Advocacy/ Consumer/Family Region IV	Certified Peer Specialist	
Judy Gabert New Appointment	Advocacy/Consumer/Family	Advocacy Organization SPAN Idaho	

Name	Region and Type of Membership	Agency or Organization Represented	
Jennifer Griffis 7/15/14 Appointment Expires 7/1/2015 – Reapplied	Advocacy/ Consumer/Family Region II	Family Member of a child/adolescent/ Transitional Youth Mental Health	
Rick Huber 7/15/14 Appointment Expires 7/1/15 – Reapplied	Advocacy/Consumer/Family Region V	Consumer/Client/ Person in Recovery Mental Health	
Susan Kim, Jardine-Dickerson 7/15/14 Appointment Expires 7/1/15	Advocacy/Consumer/Family Region VII	Suicide Survivor self or family	
Marianne C. King 7/15/14 Appointment Expires 7/1/15- Reapplied	Agency/Provider of Service Region IV	Office of Drug Policy	
Leanna Landis 8/13/14 Appointment Expires 7/1/16	Advocacy/ Consumer/Family Region IV	Transitional Aged Youth (18- 25)	
Gregory Lewis New appointment	Agency/Provider of Service Region IV	Adult Corrections	
Pat Martelle 2/20/15 Appointment Expires 7/1/16	Agency/Provider of Service Region IV	Medicaid	
Bobbi Matkin 11/17/14 Appointment Expires 7/1/16	Advocacy/ Consumer/Family Region VI	Peer Specialist	
Holly Molino 7/15/14 Appointment Expires 7/1/15 – Reapplied	Agency/Provider of Service Region VII	Mental Health Treatment	
Angela Palmer 8/13/14 Appointment Expires 7/1/16	Agency/Provider of Service Region I	Substance Use Disorder Treatment Provider	

Name	Region and Type of Membership	Agency or Organization Represented	
Tammy K. Rubino 7/15/14 Appointment Expires 7/1/16	Advocacy/ Consumer/Family Region I	Community Coalitions	
Jody E. Sciortino 7/15/14 Appointment Expires 7/1/16	Agency/Provider of Service Region V	Youth/Corrections	
Judge Jon Shinderling or Judge Ron Wilper 8/27/14 Appointment Expires 7/1/16	Agency/Provider of Service Region V	Judiciary	
Julie Williams 8/15/14 Appointment Expires 8/1/2015 - Reapplied	Agency/Provider of Service Region IV	Division of Housing	
Teresa Wolf 7/15/14 Appointment Expires 7/1/2016	Agency/Provider of Service Region II	Counties	
EX –OFFICIO Program staff: Ross Edmunds Jayne Tabb	Agency Agency	Behavioral Health Program	
Positions to be filled:			
	Agency/Provider of Service	Social Services	
	Agency/Provider of Service	Primary Care Provider	
	Advocacy/ Consumer/ Family	Youth under age 18	
	Advocacy/ Consumer/ Family	Veteran	
	Advocacy/ Consumer/Family	Consumer/SUD Person in Recovery	
Current - Advocacy/Consumer Family: Member Totals: 13	Current - Agency/Provider of Service: Members Totals: 12	Current - Total Membership: 25	

Appendix 3: Summary of Regional Gaps and Needs Analysis

Regional Gaps and Needs General Overview April 2015

Population Specific Concerns

Mental Health Services*

- limited access in rural areas
- difficult to access without criminal justice involvement
- limited psych bed availability
- need for a back-up plan when psych beds unavailable
- more psychiatrists needed for treatment and medication management

Substance Use Disorder Services*

- limited access in rural areas
- lack of detox services
- gaps in funding, especially related to prevention and early intervention

Children's Behavioral Health Services*

- youth mental health court
- lack of services for non-criminally involved at-risk youth
- reduction in Community Based Rehabilitation Services(CBRS)
- need for day treatment and therapeutic foster care
- need for school-based MH/SUD services including prevention and intervention
- need for parent education and training
- need for post-adoption/reactive attachment disorder services and supports

System Concerns

- need better integration between MH and SUD services within the Medicaid/Optum system, as well as treatment and services for those with dual diagnosis (SUD and MH) *
- lack of payment to providers in order to create "process paperwork"
- lack of clarity around desired outcomes from behavioral health authority
- lack of preventative medical care for those with BH issues
- need for an integrated BH and physical health model
- specialty court client issues

Gaps in Support Services

- housing*
- transportation*
- interpreter and language services* (Spanish and deaf)
- employment opportunities for MH and SUD clients

Gaps in Clinical Services

- respite care (children and adult)
- crisis services (children and adult)*
- financial help for medication (children and adult)
- education (public outreach, awareness, media relations, early intervention and prevention, support groups, promotion of recovery, resiliency, and wellness)*

Other Needs

- CIT training
- trauma informed care
- drug endangered children's protocol

* These items were mentioned by at least five (5) of the six (6) regions that reported.