

Idaho Behavioral Health Planning Council

Monday, October 21 – Wednesday, October 23, 2019

Holiday Inn Express & Suites Boise Airport
3050 S. Shoshone, Boise, Idaho

Subcommittee Meetings

Monday, October 21, 2019 1:00 p.m. – 5:00 p.m.

Time	Agenda Items	Topic Host
1:00 – 1:55	<p>Prevention Subcommittee Meeting</p> <p><u>In Attendance:</u> Kim Hokanson, Rick Huber, Jenny Teigen, Claudia Miewald, Maggie Finnegan</p> <p><u>Discussion:</u> Jenny Teigen accepted membership on the Prevention, Children’s Metal Health (CMH), and Membership subcommittees.</p> <p>Kim discussed the Prevention subcommittee vision and goals.</p> <ul style="list-style-type: none"> - The Prevention subcommittee is not a requirement of the council. CMH, Executive, and Membership are required subcommittees. - Most Behavioral Health Boards have a Prevention subcommittee because they are managing the Partnership for Success Grant (PFS). - A Chair for the Prevention Subcommittee has not been established. - A statement of purpose must be drafted for the subcommittee to function and the subcommittee must report back to the Executive Committee and the Behavioral Health Planning Council (BHPC). <p>Statement of Purpose The Prevention subcommittee will reach out to all Regional subcommittees and ask them to report their gaps & needs by the end of September, in order to have an update for the BHPC meeting in October, and then by March for an update in the April meeting.</p> <p>Jenny asked how “Prevention” is defined.</p> <ul style="list-style-type: none"> - Kim noted the area of prevention focus is up to the subcommittee. <p>Claudia asked if all the Regions have the Partnership for Success Grant (PFS).</p> <ul style="list-style-type: none"> - Kim doesn’t believe so and note it depends on the Regional Behavioral Health Board (RBHB). - The group discussed how the grant is managed in each region. <p>Kim discussed recruiting participants for the Prevention subcommittee.</p>	Kim Hokanson, Council Chair
1:55 – 2:00	Break	
2:00 – 2:55	<p>Children’s Mental Health (CMH) Subcommittee</p> <p><u>In Attendance:</u> Kim Hokanson, Rick Huber, Jenny Teigen, Claudia Miewald, Maggie Finnegan, Venecia Andersen, David Bell- Deputy Administrator for Policy (Medicaid), Ruth York, Renee Miner</p> <p><u>Discussion:</u> Venecia Andersen, Project Manager for YES (Medicaid), presented an update from Medicaid on YES (Youth Empowerment Services).</p> <ul style="list-style-type: none"> - Medicaid has launched a new service array through Optum Idaho and new supports for children with SED (Serious Emotional Disturbance). 	Kim Hokanson, Council Chair Rick Huber, Subcommittee Chair

- She noted it takes time for providers to train employees and get programs up and running so not all services are live.
- Venecia discussed the launch of the new TCC (Targeted Care Coordinator) services as well as services provided to children over the 300% poverty line at no cost to the family/member.

Kim asked how population at 185-300% poverty level are being served.

- Venecia noted those members are part of the YES program and must participate in cost sharing.
- Cost sharing was supposed to be implemented last year but discussions are ongoing with legislators and so it is on hold. The delay has no effect on service delivery.
- Once in effect, if parent members don't pay the premium for over 90 days, they will receive a notification that they cannot receive services.
- Premiums are based on income; deductions are in place and the premium is 5% of net income after deductions.
- There is a hardship waiver process if a member is not able to pay.

Rick asked that the BHPC be advised if there are individuals who chose not to get services because of cost restrictions.

- Venecia noted Medicaid has reached out to individuals who refused services to determine why. Many only want specific services such as dental and are choosing to not participate in all services.
- Claudia noted at Kootenai Behavioral Health there is a similar trend.

Jenny asked for clarification on the premium.

- Venecia responded that regular Medicaid does have a \$3.65 copay for certain services. Those services are listed in IDAPA statute.
- For the YES program, the 185-300% poverty level has cost-share with a monthly premium.
- Venecia discussed the CHIP premium is flat \$15/month and the Katie Becket program has a voluntary premium.
- Kim noted if members can't afford the \$15/month cost, they can request a waiver and appeal as well.

Rick noted BHPC has a responsibility to report to the Federal government access to services (how many receiving services in State).

- Venecia noted there is an annual report on Optum's website that has Medicaid's numbers.
- The QMIA report for the YES project is the basis for CANS data and doesn't align fully with Medicaid because there are different required launch dates.

Kim asked if there is something being set in place to prevent people from receiving Medicaid under the SED side who are only receiving medical or dental services.

- Venecia noted to comply with federal requirements, members have to receive services that got them accepted into the program.
- Medicaid cannot disenroll members until they can see that all members have reasonable access.

Ruth discussed issues with Target Care Coordinators (TCC) as well as youth peer support/family peer support.

- Ruth noted while services are in place and functioning, training TCC's in a blast of education isn't enough.
- Ruth reported TCC's are inconsistent in their role and how they

	<p>provide services. Many still push back tasks onto the family to sort out.</p> <ul style="list-style-type: none"> - TCC's are being trained to provide services but unless there is a continuing effort to support those trained there will continue to be an issues. - The Federation of Families talked with Optum about these issues and asked Optum to have a bigger conversation with other agencies. - Ruth noted there are ways the Federation could offer support to those being trained to make sure continuing education is available to get refreshed on basic tenants of their job. <p>Jenny asked about changing the procedure for obtaining peer support credentialing before the youth support endorsement.</p> <ul style="list-style-type: none"> - Venecia noted Medicaid has found that both topics are being covered in training, so they are working with DBH and DBA to get youth support training approved for a certification the same as peer support. - Optum is still working with the contractor who is building out the program. Until it is final, Medicaid will continue to require peer support certification before the youth support endorsement. <p>Venecia recommended putting the coaching model for TCC on the agenda for the next IGT clinical and training meeting.</p> <p>Venecia noted TCC doesn't have a separate certification because Medicaid doesn't have a training body.</p> <ul style="list-style-type: none"> - Optum is monitoring and auditing TCC's. Medicaid is in the process of developing auditing tools that Optum will use to assess quality. - Jenny noted the credentialing body manages oversight for certifications. <p>Rick noted that in the peer support services area, there is a tremendous amount of relapse and burnout.</p> <ul style="list-style-type: none"> - He noted there needs to be support for people providing those services because there is a high likelihood of relapse. - Peer Support Specialists in rural areas are particularly vulnerable because there are few support specialists and many people to support. - Claudia has spoken with other agencies that have peer support specialists on their staff. The specialists are working part-time because of their illness, the work is difficult, and there have been issues with boundaries between supporter and supported. <p>Ruth stated the Oregon consultant working with Optum has made this concern clear.</p> <ul style="list-style-type: none"> - Youth support specialists who are also young adults need support because they haven't been dealing with their recovery for as long as their adult counterparts. - Youth support specialists do 8 hours of training to receive an endorsement without any supervisor training. Agencies are not required to attend, only to send someone to the endorsement training. - The Federation of Families is working with Optum on continuing education and networking for this group, so they have an expert to go to when they need help. - The discussion should involve Medicaid and DBH to provide the full level of support and commitment that this kind of workforce will need. <p>Venecia will reach out to Medicaid to discuss a timeline and setup a meeting.</p> <ul style="list-style-type: none"> - She requested BHPC members reach out to her and/or Sara Stith, 	
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	<p>Optum contract manager, with any issues like this.</p> <p>Ruth noted what the Federation and Oregon consultants are proposing is a continuing education piece that will drill down on boundary issues, etc.</p> <ul style="list-style-type: none"> - Venecia noted Optum may not be able to provide all that themselves. - Medicaid needs to know the level of need to help support Optum. <p>Jenny noted IDAPA rules state a supervisor has to be a clinician.</p> <ul style="list-style-type: none"> - Medicaid is looking at supervisory protocol requirements; with TCC's as well. - Venecia explained a challenge is a shortage of clinicians within agencies in Idaho. <p>Kim noted there is a compromise in place because a bachelor level non-clinician can receive secondary training under TCC so they do not have to have the supervisor piece.</p> <ul style="list-style-type: none"> - People go through a national certification training to be an independent certified case manager and to become a TCC as well. - Venecia noted Medicaid is still trying to figure out how to develop a certification process for peer and youth/family support but a certifying body doesn't exist yet. <p>Action: Venecia will follow up with Ruth. Action: Kim will follow up with Jenny about Peer Support.</p> <p>Statement of Purpose</p> <ul style="list-style-type: none"> - The CMH Subcommittee will reach out to the Federation of Families, the Department of Education, and Regional CMH Subcommittees to get their gaps and needs. They will bring those back to the BHPC and send out an invitation to Medicaid, Optum, and DBH to address the issues. 	
2:55 – 3:00	Break	
3:00 – 3:55	<p>Membership Subcommittee</p> <p><u>In Attendance:</u> Kim Hokanson, Rick Huber, Jenny Teigen, Claudia Miewald, Maggie Finnegan, Penny Jones, Melanie Fowers, Tammy Rubino, Gregory Lewis</p> <p><u>Discussion:</u> The BHPC Executive committee changed the bylaws on membership and will submit a list of members to the Governor's Office.</p> <ul style="list-style-type: none"> - Melanie informed the council she was unable to find Tribal Representative yet. - Tammy reported the search for an Emergency Services member still underway. - Kim noted all of the 5 federally recognized tribes in Idaho have to agree on one tribal representative or each will send one representative. The Tribal Councils have to meet to accept a representative. <p>Action: Kim will speak with Ross about a possible representative from tribal community. Not required member on matrix.</p> <ul style="list-style-type: none"> - The Executive subcommittee added a Faith Based seat to the membership matrix and Kim informed the council she heard from Sister Sheila, who is excited to be a part of the council. - The subcommittee also added a Crisis Response member seat. The 	<p>Kim Hokanson, Council Chair</p> <p>Tami Rubino, Council Co-Chair</p> <p>Melanie Fowers, Subcommittee Chair</p>

	<p>seat has yet to be voted on by the council.</p> <ul style="list-style-type: none"> - The subcommittee removed the peer recovery coach and youth seats from the matrix. - Penny knows a potential member experienced in prevention interested in becoming a council member. She would be designated as a provider as she receives grants from ODP (Office of Drug Prevention). <p>Kim noted one council member cannot fill dual roles on planning council.</p> <p>Action: Melanie, Tammy and Penny will attend the tribal council meeting and discuss recruitment for the planning council.</p> <p>Greg asked what seats are still vacant on the membership matrix?</p> <ul style="list-style-type: none"> - Kim noted we need to double up on several of the consumers/family members, and advocacy organization seats to outweigh agencies and providers. Six representatives would be ideal. - The council can have 2 persons representing 1 category so there can be more provider members. <p>Melanie asked what regions are missing from the council.</p> <ul style="list-style-type: none"> - Region 6 isn't represented on the council. <p>Action: Melanie will visit Region 6 to discuss potential council representatives.</p> <p>Action: Greg will reach out to a Region 6 probation and parole clinicians and counselors to ask for someone who is a good rep on the consumer side.</p> <p>Action: Claudia will reach out to Jenny Woodward, parent of adult child with SED about potential BHPC membership.</p> <p>Tammy suggested reaching out to a youth organization to fill an advocacy organization seat.</p> <ul style="list-style-type: none"> - IDFY (Idaho drug free youth) is not associated with the Block Grant and is a possible candidate. <p>Jenny suggested the council reach out to Headstart regarding an advocacy organization seat.</p> <ul style="list-style-type: none"> - Headstart does a lot of social and emotional screening and works with in conjunction with school districts to get a diagnosis early. <p>Action: Jenny will reach out to Bill Foxcroft to discuss Planning Council membership.</p> <p>Action: Kim will research if Headstart can fill an advocacy role.</p> <p>Statement of Purpose:</p> <ul style="list-style-type: none"> - Meet federal and state mandate membership requirements, strive for 51% federal mandated distribution between family/consumer and advocacy as much as possible, and track expiration dates of current and new members. 	
3:55 – 4:00	Break	
4:00 – 5:00	<p>Executive Subcommittee</p> <p><u>In Attendance:</u> Kim Hokanson, Melanie Fowers, Rick Huber, Tammy Rubino, Penny Jones, Maggie Finnegan</p> <p><u>Discussion:</u> Jim Rehder is not a member of the BHPC and will not be a member going forward.</p>	Kim Hokanson, Council Chair

	<p>Debi Dockens has resigned from the BHPC and suggested Ashley Billman replace her as Community Coalitions representative.</p> <p>Judy Gabert can no longer serve in an advocacy organization role because Idaho Lives is claimed by DBH.</p> <ul style="list-style-type: none">- She has to move to another matrix slot, or she must resign from the BHPC.- Crisis Response/EMT and Tribal Representative are the only 2 seats available and she doesn't fit either seat. <p>Rick Huber moved to have Judy Gabert removed from the council.</p> <ul style="list-style-type: none">- The agency she was representing no longer exists and she doesn't meet any other open criteria. Melanie seconded. The Executive subcommittee voted to remove Judy from the BHPC. <p>The BHPC will still invite Judy to report on suicide prevention across the state with the Idaho Lives project.</p> <p>The group discussed Judge Gene Petty's non-attendance of BHPC meetings. It is important to have judicial branch representation on the council.</p> <p>Action: Kim will send a letter to Judge Petty discussing his BHPC membership. Action: Kim will research IGT's by-laws for an example of attendance requirements.</p> <p>The Executive committee discussed the recently changed by-laws to terminate membership.</p> <p>Action: Maggie will update the council membership list on the website.</p> <p><u>Planning Council 101</u></p> <p>Kim gave a brief overview of the BHPC and what new members should expect and what the council should expect from them.</p> <ul style="list-style-type: none">- Once finalized, the document will be put before the BHPC for a vote. It will be standard literature that will be given to new members. <p>Kim adjourned the meeting.</p>	
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Planning Council Meeting
Tuesday, October 22, 2019 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 <u>In Attendance:</u> Jeri Gowen (public), Marianne King, Tammy Rubino, Greg Lewis, Jason Stone, Kim Hokanson, Melanie Fowers, Penny Jones, Jenny Teigen, Max Sorenson, Rick Huber, Sarah Hill, Rosie Andueza, Dr. Ryan Shackelford, Claudia Miewald, Renee Miner, Skip Clapp, Emily Allen, Ruth York, Angenie McCleary, John Inman, Liza Crook, Ross Edmunds, Holly Walund, Maggie Finnegan.	Kim Hokanson, Council Chair
9:15 – 9:30	Prevention Subcommittee update <u>Discussion:</u> Kim noted the subcommittee identified a statement of purpose and seeks participation from BHPC members. <ul style="list-style-type: none"> - The subcommittee will reach out to the Regions and see which have prevention subcommittees and support them, even if they don't have subcommittee because they may want one. - Kim noted most should have because they have the PFS (Partnership for Success) grant. 	Kim Hokanson, Council Chair
9:30 – 9:45	Children's Mental Health Subcommittee Update <u>Discussion:</u> Rick reported the subcommittee will coordinate with regional subcommittees as they are required to have that subcommittee. <ul style="list-style-type: none"> - They will share innovative ideas to help fill gaps and share gaps and needs for children's mental health as well. 	Rick Huber, Subcommittee Chair
9:45 – 10:00	Membership Subcommittee Update <u>Discussion:</u> Melanie noted the BHPC is getting close to the proper distributions of greater than 50% family/consumer/advocate. <ul style="list-style-type: none"> - The goal is to double up on family/consumer/advocates so that if someone leaves, the required percentage will not be affected. 	Melanie Fowers, Subcommittee Chair
10:00 – 10:15	Executive Subcommittee Update <u>Discussion:</u> Tammy gave an overview of the BHPC mandate. <ul style="list-style-type: none"> - The BHPC reviews the block grant and confirms that the Division of Behavioral Health is meeting block grant requirements. <p>Regarding membership, Tammy noted once the council sends applications to the Governor's office it takes sometimes months to process them.</p> <ul style="list-style-type: none"> - The Executive subcommittee is working on getting a meeting with the Governor to discuss the issue. <p>Tammy discussed membership bylaws changes and noted members can only have 2 unexcused absences.</p>	Tammy Rubino, Subcommittee Chair

	<ul style="list-style-type: none"> - There are members on the council no one has ever met for over a year. 	
10:15 – 10:45	<p>Update on Executive Subcommittee meeting July 2019</p> <p><u>Discussion:</u></p> <p>Kim discussed the Executive Subcommittee meeting held in July 2019.</p> <ul style="list-style-type: none"> - She noted the subcommittee created a process of how to sort through applicants and/or those who express interest. - The BHPC has not had contact with Governor’s office with an updated member list for over 2 years. <p>She noted the subcommittee made 2 different by-law changes that were voted into effect.</p> <ul style="list-style-type: none"> - Kim stated the executive subcommittee understands there are laws in place that do not make 100% of these proposed changes possible but they are working with the Governor’s office to gain his commitment in making this process work. - Kim noted the last thing BHPC wants is for people to feel that their interest is being ignored or minimized because the council can’t get a response from Governor’s office. - Ross is aware of the communication with the Governor’s Office. <p>See July 2019 Executive Subcommittee Notes for By-laws changes.</p> <p>Renee asked if there is a contingency if a council members gets a denial from the Governor’s office after the BHPC voted them member.</p> <ul style="list-style-type: none"> - Kim noted membership is facing that issue right now. - She had a discussion with Zach Forster in the governor’s office and if they cannot approve someone for Council, she will go back to that person and have a discussion as to the grounds surrounding the denial and if the executive committee stills feel like the person is a good fit and the reason behind the denial is not sufficient to exclude their voice, then she will go back to the Governor’s office and appeal their decision. <p>Melanie informed the council there is a note in the new appointee letter stating membership is pending approval from the Governor’s office.</p> <p>Rosie asked if the 1 meeting per year is a calendar year or a fiscal year.</p> <ul style="list-style-type: none"> - Kim confirmed it is a calendar year. <p>Kim noted other changes to the by-laws were additions on proxy and expiring memberships.</p> <ul style="list-style-type: none"> - Rick noted the proxy has to be approved before they can vote at the meeting. <p>Ryan noted the changes seem to put a lot of power in the hands of the executive committee and asked if there are term limits for the executive committee.</p> <ul style="list-style-type: none"> - As the chair, she sends out multiple emails and gets very little response. - The council only meets 2 times per year and as the council members do not want to meet more, the changed by-laws are 	Kim Hokanson, Council Chair

	<p>the only way to get things done.</p> <ul style="list-style-type: none"> - The chairperson has a 2-year term limit and past chairs would move to the executive subcommittee after their term expires. - The general membership has the right to veto any proposals made by the executive committee. <p>Once Kim has contact with the Governor and has answers, she will bring the by-laws back to the BHPC for a vote on the February call.</p> <ul style="list-style-type: none"> - If governor will not accept the new membership process, the council will have to revise. - The BHPC researches members and sends applications to governor's office for final approval. - The Governor's office is not tracking membership and it is affecting the distribution mandate. <p>The process for recommending new members is to send their information (brief bio and interest in the council) to Melanie Fowers and the membership committee who will vet the candidate and if approved send them on to the council/executive committee. If approved by the council, the potential member will send an application to the Governor's office for final approval.</p> <p>Greg noted the council can send communications out to regions where there is a shortage of representation, Region 6 for example, and contact the regional behavioral health board as well.</p> <ul style="list-style-type: none"> - There is typically at DOC rep on the RBHB and can communicate through that person that BHPC needs representation. <p>Action: Melanie will reach out to the RBHB for potential membership. Action: Tammy will reach out to her contact at a Region 6 fire department for representation on the council.</p>	
10:45 – 11:00	Break	
11:00 – 11:45	<p>Direction of the Planning Council</p> <p><u>Discussion:</u></p> <p>Kim researched behavioral health planning councils in other states for a direction for this planning council.</p> <p>The BHPC has 3 responsibilities:</p> <ol style="list-style-type: none"> 1) Review the block grant and provide feedback and recommendations. 2) Assess and monitor services in Idaho and use the Region's gaps and needs reports to help assess. 3) Advocate for and ensure that the Idaho community is as healthy as can be on the mental health and SUD side. <p>Dr. Shackelford recommended creating an organizational chart to help the BHPC know who to contact.</p> <p>Claudia asked if the Governor's report that gets sent each year is what informs the legislature of DBH's needs.</p> <ul style="list-style-type: none"> - Kim clarified the report gets sent out in December of each year because the legislative session starts in January and they are able to look at it at that time. 	Kim Hokanson, Council Chair

	<ul style="list-style-type: none"> - Legislators end up hearing from the regions, planning council, DBH, IDOC, IDJC, etc. - Part of the BHPC meeting in October is assigning sections of the governor’s report to council members for data gathering. - The council will hire a writer that will condense and create the report. - The report is required by statute, not just for the council. <p>The group reviewed the past year’s Governor’s report.</p> <ul style="list-style-type: none"> - Renee suggested including personal testimonials to help legislators get context. - Kim reviewed the questionnaire form that was sent out to each of the Regional Behavioral Health Boards except 5 and 6. - Greg noted if the BHPC can show common needs, the legislature might take note. <p>Kim requested council members email her with suggested changes.</p>	
11:45 – 12:30	<p>Planning Council 101 literature Kim distributed the Planning Council 101 document to the council. Action: Maggie will send it out to the group via email.</p>	Kim Hokanson, Council Chair
Ad Hoc	<p>Regional Gaps & Needs Report The BHPC reviewed each Region’s gaps and needs reports except for Regions 5 and 6 who had not sent their reports to the Council.</p> <p>Action: Kim asked the Council to review the Live Better Idaho website for a future meeting.</p>	
12:30 – 1:30	<p>Working Lunch/DBH Update on Block Grant, Medicaid Expansion, Crisis Center, and HART <u>Discussion:</u> <i>Medicaid Expansion</i> Ross reported each of the regional programs have developed a plan on how to transition DBH to Medicaid clients.</p> <ul style="list-style-type: none"> - People are enrolling in Medicaid. - There is an easy transition for those already known to the self-reliance division (food stamps, cash assistance, etc.) - Pre-enrollment of DBH clients who qualify for Medicaid begins November 1st. - On January 1st, everyone who has a desire to get Medicaid can enroll. - There are 3 program levels of care in DBH: Assertive Community Treatment, Probation & Parole, and Clinics. There is a Medication only program as well, which has the highest number of members. - By January 31st, 80% of medication only clients will be transitioned out to Medicaid; 50% of clinic clients will be transitioned; and 100% of probation & parole members will be transitioned. - Existing Medicaid providers will bill Medicaid instead of DBH. - The Assertive Community Treatment members (also known as hospital without walls) are more difficult because access to clients is more challenging. 	Ross Edmunds, Behavioral Health Administrator

Ross noted DBH was required to make cuts but there were none to personnel and the ACT program and others won't be affected.

BPA is the mechanism DBH uses to administer non-Medicaid SUD network and there is only 1 provider difference between Optum and the BPA network so the transition shouldn't be difficult.

- Ross noted 90% of people that DBH serves under SUD services are funded for under the block grant.
- When those members are transitioned to Medicaid, DBH can begin to pay for things that are important, but Medicaid won't pay for and help those who do not qualify for Medicaid.

Ross noted that in state fiscal years 20 and 21, DBH has to reduce the general fund budget by 12.8 million in our divisions.

- We think it will have limited impact to people that we serve.

After Medicaid Expansion, in 2-3 years DBH will focus on:

- Delivery/coordination of a crisis response system for Idaho.
- Fulfilling DBH's responsibility as the State behavioral health authority, promoting best practices, and performing quality checks to make sure the providers across the state are giving the best care, training, metrics, access, and workforce development.

Crisis Centers

- Legislature directed DBH to apply for an IMD (Institute of Mental Disease) waiver. An IMD is a free-standing hospital with over 6 beds.
- Cottonwood, Intermountain, State Hospital North, and State Hospital South could potentially fall under the IMD waiver and those hospitals may be able to start billing Medicaid for groups 21-65 for stays under 30 days.

There are Crisis Centers in every region across the state and sustainability is the next step.

- Every crisis center's funding will have to be reduced by 20%.
- On January 1st, crisis centers will be able to start billing Medicaid for their services and will be setup as Medicaid enrollment sites which should account for the 20% reduction.
- As of January 1st, Optum will start paying \$310 per episode of care
- Maxim length of stay at crisis centers is 23 hours 59 minutes.

Private insurance is waiting to see what happens with Medicaid and may want some form of State certification.

- DBH is working on a solution to provide a letter of approval to crisis centers stating the center is meeting statutory and contractual regulations.

HART (Homes with Adult Residential Treatment)

- Individuals with serious mental illness are accepted into a RALF (Residential Assisted-living Facilities).
- Those in the facility who threaten suicide or somebody else are ejected from the facility according to regulation.

	<ul style="list-style-type: none"> - The HART model incorporates treatment directly into the residence. - There are 4 HART facilities in Idaho: 1 in Hayden, 2 in Boise, and 1 in Pocatello there are no terms of stay. - HART can be paid for through Medicaid. <p>There is no proposed legislation for next session. Legislation involving the BHPC to have term limits moved from 2 to 3 years was denied. DBH will propose it again next year.</p> <p><u>Block Grant</u> Ross discussed use of the funds from the SUD & Mental Health block grants.</p> <ul style="list-style-type: none"> - Funds are set aside for CMH projects. - Funds also go into the general account for AMH (adult mental health). - SUD services have less funding and general funding has been eliminated so future projects will be covered 100% block grant. <p><u>Planning Council Proposed Budget</u> Ross discussed the BHPC budget.</p> <ul style="list-style-type: none"> - \$20,000 gets set aside every year from the block grant for the BHPC. - The BHPC will assess gaps and needs, get feedback from the community, and give DBH a list of recommendations. <p>The Governor has directed the development of Idaho’s Strategic Plan for Behavioral Health.</p> <ul style="list-style-type: none"> - DBH has contracted with MTM, which is also helping with Medicaid Expansion, to put together a strategic plan framework to complete by July 1, 2020. - All agencies will be involved so the legislation has a clear idea of the behavioral health needs for the state. 	
1:30 – 2:30	<p>Budget</p> <p>Kim reviewed the budget with the council.</p> <ul style="list-style-type: none"> - At the end of the fiscal year (July 1, 2019-June 30, 2020) the council will be \$0.85 under budget. - The budgetary allotment is \$20,000 for the entire fiscal year. \$3,410.80 has already been spent; \$9,710.95 estimated cost for rest of the year. - Kim noted a goal is to have all the RBHB chairs at the April meeting. - There is a line item for travel and a line item for the production and printing of the governor’s report. <p>Action: Maggie will ask Mindy about past printing totals for the Governor’s Report.</p> <p>Rick Huber moved to approve the proposed budget. Greg seconded and the council approved the budget.</p>	Kim Hokanson, Council Chair

2:30 – 2:45	Break	
2:45 – 3:45	<p>BPA Update</p> <p><u>Discussion:</u> BPA Representatives Amanda Cox and Jeremy Battershell discussed the contracts with the DBH for SUD and Mental Health.</p> <p><u>Voucher Respite Care</u></p> <ul style="list-style-type: none"> - The voucher respite care program is designed to be a natural support system. - Rather than specific group of providers, families work with people within their support system to meet needs of the specific child. - Children who qualify are children with SED (serious emotional disturbance) validated through CANS (Child and Adolescent Needs and Strengths) and have a PCSP (Person Centered Service Plan). - The families do have to work with Liberty to get assessments and the system is bottlenecked so there is work going on around that issue. - Respite care is funds for families to use for short term care to reduce stress and take care of immediate needs, self-care, focus on other children in family. - As of April, BPA authorized 80 individual children for vouchers that provide a \$600 reimbursement over a 6-month period. The rate the family pays the provider depends on negotiation with the provider. - www.idahorespitecare.com <p>Medicaid’s respite system is provided through an agency with clinicians instead of a family member.</p> <p>Jeremy asked the regions to get the word out about Respite so more families can take advantage of the services.</p> <p><u>Peer and Family Support Specialists</u></p> <p>Responsibilities of certified support specialists are to assist peers and families articulating their goals for recovery and navigating the system.</p> <ul style="list-style-type: none"> - BPA tracks and provides resources but does not train peer support specialists. - Most of the certified peer support specialists are in Boise so the biggest issue is distribution of specialists. - BPA makes sure all applications are complete and have CME’s, validate education and certifications. - BPA also investigates complaints in community. - www.idahopecert.com <p><u>Recovery Support Services- SUD</u></p> <ul style="list-style-type: none"> - BPA has had a contract for more than 20 years and the current contract is with DBH, DOC (Department of Corrections), DJC (Department of Juvenile Corrections), and ISC (Idaho Supreme Court). - Credentials renews every 3 years and criteria is defined by DBH. 	BPA Representative Holly Walund, Behavioral Health

	<ul style="list-style-type: none"> - BPA manages the treatment network, the recovery support service network, eligibility and intake in the corrections area, care coordination, and the 24/7 crisis response line. - Claims are paid through WITS system and quality assurance consists of quarterly audits, audits every 2 years, for cause audits, and group monitoring biannually. - There is an outcome collection process as well as a process for complaints and appeals. 	
3:45 – 4:00	<p>Empower Idaho Update</p> <p><u>Discussion:</u></p> <p>Emily works for Jannus, who is the provider for the Empower Idaho program. The program receives money from the Block Grant which is monitored at the state level.</p> <p>Emily reviewed the basic tenants of the contract and the deliverables in the contract.</p> <p>Empower Idaho is trying to change the perspective of behavioral health to one of compassion and understanding through anti-stigma campaigns, live and online educational activities.</p> <ul style="list-style-type: none"> - Empower Idaho’s audience is adults with mental illness and SUD as well as providers who treat those adults. <p>Empower runs 7 consumer activities (1 live per hub annually, 1 webinar per quarter) and 7 provider activities (1 live per hub annually, 1 webinar per quarter).</p> <ul style="list-style-type: none"> - The program runs four Behavioral Health Awareness Campaigns per year: Behavioral Health + Adulting, Mental Health Month, Pride! Month, Recovery Month <p>The program also visits state hospitals as the information gathered there informs what clinicians and professionals are seeing and helps select appropriate subject matter and coordinate with presenters.</p> <p>Empower also makes regular BH stakeholder visits (8 per hub per quarter or 24 totally annually) and hosts 3 Mental Health parity trainings, which are important for Block Grant.</p> <p>Empower also hosts peer support connection conferences (1 per hub annually).</p> <p>Action: Emily will distribute her research on Mental Health parity with the group.</p> <p>Action: Emily will present at the Regional BH Boards.</p>	Emily Allen, Empower Idaho
4:00 – 4:30	<p>Office of Drug Policy Update</p> <ul style="list-style-type: none"> - <i>Reporting from the Office of Drug Policy</i> <p>To be discussed tomorrow, 10/23/19</p>	Marianne King, Office of Drug Policy
4:30	Adjourn	

Planning Council Meeting

Wednesday, October 23, 2019 8:00 a.m. – 12:00 p.m.

Time	Agenda Items	Topic Host
8:00 – 8:30	<i>Breakfast Meet and Greet</i>	Kim Hokanson, Council Chair
8:30 – 8:35	<i>Welcome and Agenda Review</i> Attendance: Jason Stone, Liza Crook, Rick Huber, Tammy Rubino, Ashley Billman, Kim Hokanson, Maggie Finnegan, Penny Jones, Sarah Hill, Max Sorenson, Melanie Fowers, Marianne King, Jenny Teigen, Greg Lewis, Renee Miner, David Bell, Claudia Miewald, Angenie McCleary, Rosie Andueza, Ryan Shackelford, Mindy Oldenkamp, Emily Allen	Kim Hokanson, Council Chair
Ad hoc	<i>IDJC update</i> <u>Discussion:</u> IDJC (Idaho Department of Juvenile Corrections) completed the lowest census to date. <ul style="list-style-type: none"> - 212 kids in state custody and arrest rates as well as detention numbers are declining with national rates. - IDJC has been able to close one facility. <p>DJC’s budget has increase across all 3 divisions.</p> <ul style="list-style-type: none"> - The department is using funds to assist the federation of families, update the parent handbook, and create data sharing agreements with child protection and behavioral health. - Idaho Juvenile offender system (IJO) is being shared with law enforcement and DBH as well as county level assessments. - There is also funding for SUD treatment for clients on probation or diversion as well as the clinician detention project which funds clinicians in the 12 residential facilities across the state. - Other services include early intervention- 3rd millennium services- online classes for clients on probation or diversion. - Mental health services are funded as well including sex offender treatment and reentry services. <p>DJC’s funding supports gap services that Medicaid doesn’t fund such as residential.</p> <p>Detention centers are responsible for also ensuring that clients are getting medication and health care. When they return to the community, community based alternative services authorize Medicaid reimbursement for short time until the client can get services.</p>	Jason Stone, IDJC Liza Crook, IDJC Behavioral Health
8:35-9:15	ODP (Office of Drug Policy) Update The initiatives of ODP include vaping and the opioids crisis. <ul style="list-style-type: none"> - Informing the public is a priority and the Idaho Millennium Fund grant puts money into communities to hold forums, town halls, and education sessions for parents and youth. 	Marianne King, Office of Drug Policy

	<p>Federal Prevention Grant</p> <ul style="list-style-type: none"> - This grant is part of mental health block grant and programs using it are trying to get to the problem before it begins. - 54 providers received the grant and are providing Direct Service and Community-based programs. - Programs are curriculum, evidence-based sessions with pre/post surveys to track outcomes. - ODP funds parenting classes and environmental scans as well. <p>Partnership for Success Grant (PFS)</p> <ul style="list-style-type: none"> - This grant is primarily for prevention specialists' work in the community such as alcohol and/or drug abuse. - Programs such as drug-takeback and other initiatives in the area are funded by this grant and are regionally specific. <p>Opioid Grants</p> <ul style="list-style-type: none"> - The Opioid misuse and abuse strategic plan created by reps from all areas across the state has 4 key areas: educate providers, patients, public; improve opioid prescription practices- prescription monitoring program (PMP); co-prescribing; and expand awareness and access to treatment. <p>ODP asked the BHPC to get connected with prevention programs across the state to help spread awareness about grant opportunities.</p> <p>Certified Prevention Specialists are trained through ODP and certified through IBADCC.</p> <p>The BHPC discussed Narcan and the Governor's consideration of making it accessible over the counter rather than solely by prescription. They also discussed the good Samaritan law that was passed by legislature.</p> <p>Marianne also discussed the MAT program pilot.</p> <ul style="list-style-type: none"> - This pilot provided a lot of good information and areas for improvement. - MAT programing addresses a public health issue and is about avoiding death and better health outcomes rather than recidivism. <p>Jenny discussed the importance of Narcan in treatment facilities to help reduce or stop overdoses after release. Sober Living houses can apply for funding to help purchase Narcan kits and other necessary items.</p>	
9:15-10:10	<p>IROC (Idaho's Response to the Opioid Crisis) update</p> <p><u>Discussion:</u></p> <p>Rosie discussed SAMHSA block grant funding through DBH.</p> <ul style="list-style-type: none"> - Amount each state got was based on population and the prevalence rate of opioid use. Idaho has received a total of \$14million as of October 2019. - The majority of funds were spent on treatment as Idaho does 	Rosie Andueza, Behavioral Health

not yet have Medicaid expansion to cover that cost.

Rosie discussed the use of the funds before Medicaid Expansion.

Prevention

- DBH worked with ODP on hospital based education campaign in 5 locations.

Treatment

- Funds have been used to build the foundation of Idaho's opioid use disorder (OUD) response, Medication Assisted Treatment (MAT), as well as the provider network to support MAT and psychosocial therapy needs.

Recovery Support Services

- Recovery coaching, safe and sober housing, transportation, drug testing, etc. were funded through the block grant.

Recovery Centers

- 9 centers across state provided recovery support services including recovery coaching, peer support groups, sober recreational activities, warm handoffs from emergency departments to treatment centers, and reentry support services for individuals leaving jail and/or prison.

Tribal Partnerships

- Funding for Idaho's 5 federally recognized tribes was made available to support their community efforts to combat the opioid epidemic.
- 3 of 5 tribes partnered with DBH (Shoshone-Bannock, Shoshone Paiute, and Coeur d'Alene).
- Treatment services including MAT, naloxone trainings, provider training, and community awareness campaigns were provided.

Special Projects

LEAD- Law Enforcement Assisted Diversion

- Boise piloted a 10-person LEAD program where rather than arresting the individual, the officer gave them the option to go to treatment.
- Police have set some of their own parameters and it is up to their discretion who is offered access to the program.
- The LEAD program has a 50% success rate so far.
- DBH is interested in expanding LEAD and is looking for communities to show interest in the program.

Emergency Department Warm Handoff

- DBH made available subgrant applications where, if granted, DBH will fund 2 recovery coaches in hospitals for 1 year.
- DBH is currently funding around 7 recovery coaches in hospitals.

Pocatello Women's Correctional Center Re-entry pilot

	<ul style="list-style-type: none"> - DBH pays for a case manager/professional to work with the incarcerated women prerelease and develop a release plan. - When released, DBH will pay for 2 more staff to work with them. <p>Recovery Coach Workforce Development</p> <ul style="list-style-type: none"> - DBH has funded training for upwards of 500 recovery coaches but less than 50 are certified currently. - IBADCC certification standards for recovery coaches are more than double that for peer support specialist. - DBH would like a statewide system that delivers recovery coach training as needed at an affordable cost, providing post-training supervision and support. - Recovery Coaches from Recovery centers that have relationships with jails are trying to build rapport with inmates about to be released. <p>Enhance Pregnant and Postpartum Women Services</p> <ul style="list-style-type: none"> - DBH is working with the emerge program at Kootenai. 	
10:10-10:40	<p>SUD (Substance Use Disorder) Update</p> <p><u>Discussion:</u> Rosie discussed funding for SUD services pre and post Medicaid Expansion.</p> <p>Medicaid Expansion</p> <ul style="list-style-type: none"> - State general funds that were previously allocated for SUD services have been rerouted to the state match for Medicaid funding. <p>Today's Funding Structure</p> <ul style="list-style-type: none"> - DOC, IDJC, and IDHW funds are allocated for BPA Health Funding. 75% is spent on treatment, 25% is spent on recovery supports (services Medicaid cannot pay for) - Treatment services provided include assessment, outpatient therapy, intensive outpatient, residential, and MAT. - Recovery Support services provided include Safe and Sober Housing, case management, transportation, childcare, and life skills instruction. - DBH estimates 80-90% individuals currently receiving BPA funded treatments services will be eligible for Medicaid under expansion. <p>Under Medicaid Expansion:</p> <ul style="list-style-type: none"> - 100% of DBH's general state funds for SUD services will be transferred to Medicaid for the state funding match. DBH's federal SUD block grant remains whole. - IDOC will transfer a significant portion of their state general fund to the Medicaid state match. - ISC's state general funds will be maintained one time in State fiscal year 2020 and there are anticipated changes for fiscal year 2021. - IDJC has no decrease in funding and are encouraging clients 	<p>Rosie Andueza, Behavioral Health</p> <p>Mindy Oldenkamp, Behavioral Health</p>

	<p>over 18 to apply for Medicaid.</p> <p>Greg noted for the first 6 months of this fiscal year the DOC will be funded with the normal budget. In January, the budget will be reduced by 2/3.</p> <ul style="list-style-type: none"> - The DOC is moving much of the population to Medicaid funding as possible for access to care and by legislative mandate. - Under the previous budget, the DOC could pay for 1 year of recovery services that Medicaid expansion could not fund. - The DOC worries that when the population obtains employment, they will no longer be Medicaid eligible. - It is unclear who will pay for their recovery services once that happens as the DOC won't have the budget they did before expansion. <p>Rosie suggested the agencies encourage people to apply and let Medicaid's Self-Reliance department figure it out.</p> <p>After Medicaid Expansion:</p> <ul style="list-style-type: none"> - DBH will have more funding for prevention efforts managed through ODP as well as for emergency department pathways, law enforcement, the Assisted Diversion Program, and Anti-Stigma Campaigns. - DBH will be able to put more effort toward individuals and community-based recovery supports such as recovery housing, recovery coaching, recovery centers, and other innovations. <p>TNT- Treatment and Transitions</p> <ul style="list-style-type: none"> - The program has 3 houses up and running and 1 more set to open by mid-December (female house) in Caldwell. - 5 females from house in Boise will be graduating next month and there has been nothing but positive feedback. 	
10:40 – 11:40	<p>Governor's Report</p> <p><u>Discussion:</u></p> <p>Sections are due at end of November.</p> <ul style="list-style-type: none"> - The goal is to have the report for legislation at the beginning of the session this year. <p>The report will contain data from the SFY19.</p> <ul style="list-style-type: none"> - Each area needs to address Medicaid Expansion. <p>Jason Stone will provide the section on the DJC. Greg Lewis will provide the section on the DOC.</p> <p>Kim Hokanson will compile Regional Gaps & Needs and will reach out to gather comments/quotes from families from RBHB. She will also write the cover letter and ask for feedback from the council via email. She will speak with Region 6 and ask for their input for the governor's report.</p>	Kim Hokanson, Council Chair

	<p>Rosie Andueza will ask Recovery Idaho to report on the Recovery Centers. She will also ask for content from DBH on Crisis Centers, YES, SUD, and AMH. She will speak with the Office of Suicide Prevention and ask for content as well.</p> <p>Angenie will provide content from the Idaho Association of Counties.</p> <p>Kim requested ideas, stories, photographs from council members for the report.</p>	
11:40 – 12:00	<p>Next Meeting Dates</p> <p><u>Discussion:</u></p> <p>February Call</p> <ul style="list-style-type: none"> - 27th, 12:30-2:00pm <p>February Agenda Item Ideas</p> <ul style="list-style-type: none"> - Medicaid Expansion updates - Legislative updates (Idaho Legislative Bill Tracker) - Rosie will ask Maggie to send pertinent legislation to the group - Agenda items for April <p>April Meeting</p> <ul style="list-style-type: none"> - 28th- Subcommittees 3-5pm - 29th-30th <p>April Agenda Item Ideas</p> <ul style="list-style-type: none"> - Yes update - Medicaid Expansion Update - Leadership call update - Subcommittees will run simultaneously 	Kim Hokanson, Council Chair
12:00	Adjourn	