

# IDAHO BEHAVIORAL HEALTH COOPERATIVE MEETING

**MONDAY, JULY 23, 2018**

3:00 PM TO 5:00 PM MST

450 W. State St., Boise, Idaho 83702

Conference Room 10A

<b>Members in Attendance:</b>	
• Russell Barron, Director, Department of Health and Welfare	• Sharon Harrigfeld, Idaho Department of Juvenile Corrections
• Ross Edmunds, Division of Behavioral Health	• Ruth York, Idaho Federation of Families
• Angela Reynolds, Behavioral Health Planning Council	• Emily Allen, Empower Idaho
• Nicole Fitzgerald, Office of Drug Policy	• Henry Atencio, Idaho Department of Corrections
• Sara Thomas, Idaho Courts	• Matt McCarter, State Department of Education
• Angenie McCleary, Idaho Association of Counties	

<b>Guests in Attendance:</b>	
• Liza Crook, Idaho Department of Juvenile Corrections	• Lisa Hettinger, Department of Health and Welfare
• Chris Freeburne, Department of Health and Welfare	• Carol Dixon, Idaho Federation of Families
• Patrick Sullivan, Sullivan Group	• Karena Youtz, NAMI
• Annie Kelly, Boise VA Medical Center	• Audrey Dutton, Idaho Statesman
• Rosie Andueza, Division of Behavioral Health	• Mindy Oldenkamp, Division of Behavioral Health

TIME	AGENDA ITEMS
3:00	<p><b>Convene Meeting - Russ Barron, Chair</b></p> <p><b><u>PURPOSE:</u></b></p> <p>To advise the Behavioral Health Authority on issues related to the coordinated delivery of community-based behavioral health services.</p> <ul style="list-style-type: none"> <li>• Introductions and Welcome</li> <li>• Review Agenda</li> </ul>
3:15	<p><b><u>Open Forum</u></b></p> <p><b><u>Welcome Guests – Russ Barron</u></b></p> <p>Welcome to everyone; this group has not met for an extended period of time. The intent of this group is to provide a place for dialogue to improve collaboration and help with decision making.</p> <p>This agenda contains only one action item – to determine future meetings.</p> <p>The intent of this meeting is largely informational and review focused.</p>

3:20

**Felony Probation and Parole Mental Health Treatment Overview – Ross**

**Edmunds**

Group discussion to generate recommendations regarding future planning

In 2017, the Idaho Legislature appropriated 5.6 million dollars for the delivery of mental health services to the felony probation and parole population. After significant review of how to best utilize these funds, the determination was made to spend the majority on medication.

Initially, the intent was to engage with several providers across the state and move forward. However, it was discovered that the providers did not have the capacity to best facilitate this delivery.

As a result, a partnership with the FQHC (federally qualified health centers) was determined to be the next best step. This relationship would provide multiple benefits for mental health coverage and delivery.

A single contract with CHCNI (The Community Health Center Network of Idaho - the parent organization that serves as such for all the FQHC's in the state of Idaho), allowing for relationships with all the FQHC's throughout the state. CHCNI is operated by the Idaho Primary Health Care Network.

To clarify, an entity like Terry Reilly is its own organization, but contracts with CHCNI to handle contracts for the network.

Terry Reilly was the first entity to have this program rolled out; it has not been a sprint to get everything started, but a deliberate roll out to allow for staffing and best practices.

The goal was to have a provider in every region/district by April 1<sup>st</sup>, 2018, and that goal was met.

Referrals come from the Department of Corrections directly. Growth and handling of incoming referrals continues as a slow roll out.

One of the current concerns is to continue to make sure communities across the state have the capacity to serve. As an example, the Coeur d'Alene area has been slow to begin providing services. Conversations continue at least weekly to improve this service delivery area. There may be some opportunity to work with the substance use disorder provider network as there is a portion of the population that carries dual diagnosis.

Additionally, there are some areas of the state that are not easily served by FQHC's, but the capacity is there, and work is being done in the coming months to ensure services are provided.

Conversations are being had with the Department of Corrections about what it might look like if funding was allotted by the legislature directly to the Department of Corrections so the funds could be managed there.

This cooperative is the appropriate place to have further discussions on what the service delivery amongst this population looks like as well as how funding may be best allocated. This topic will remain on the agenda for the next meeting(s) for further discussion and potential decisions.

**Questions:**

1. Is data available on how the funds were spent in FY18?

- Yes. Because of the slower roll out, quite a bit of the money was reverted to the legislature, but the budget was left intact. These numbers can be provided at the next meeting.
2. How many of those who accessed these services also accessed other health services?
    - Research will be done to see if this data can be accessed.
  3. What were the conversations that led to the FQHC relationship now?
    - In the past, there were struggles in getting various populations services within Substance Use Disorder services; everyone had to approach Behavioral Health.
    - A group was created (ICSA) and the authority to grant funds was placed there. This created a challenge as the responsibility for the budget still laid with Behavioral Health.
    - After two years, ICSA ended, and the decision was made to divide the budget and allow for each organization to manage their own funds.
    - To further clarify, the 5.6 million is separate from the standard SUD budget.
    - Part of the benefit of utilizing the FQHC's to help manage this budget, is the extension and allowance of a more complete array of services – not just mental health services, but general, oral, etc.
    - People with mental illness statistically have a twenty-year shorter life span, so connecting them to agencies where their whole health needs could be addressed provides multiple benefits.
    - To clarify, other health services accessed are not paid for out of the 5.6 million; this is just for service coordination (general care management) individual and group psychotherapy, and medication management.
  4. Does anecdotal information or feedback exist on how this is going thus far?
    - It is still very early; data shows over 500 people have been referred to this program. The program is only four or five months old.
    - If the Coeur d'Alene area cannot be resolved soon, alternative solutions will be sought.
  5. Could some of this funding be utilized for people in mental health court?
    - There is not an answer for this yet, but further discussions are being held.
    - One of the challenges is that currently, the service delivery method to this population is the Division of Behavioral Health, and there is no ability to expand the ACT teams at this point in time.
  6. Medicaid expansion will be on the ballot in the fall, and this population is one that is eligible. How would this affect the budget?
    - Roughly 93% of the parole and probation population would be eligible for Medicaid.
    - This factor will be something to keep in mind moving forward.

**Substance Use Disorders Management Services Contract Overview –  
Ross Edmunds and Rosie Andueza**

A new contract is in the works, with included cost increases.

The contract has been with BPA for the past six years, so it was time for a new bid for contract. BPA Health was awarded the contract again. (BPA has officially changed its name to BPA Health). Largely the contract is to do the same things that they have been doing.

The funds were split between the four agencies, with the administration of the contract remaining with Behavioral Health. Each agency uses their funds differently.

BPA authorizes, given the appropriate constraints and resources, the services based upon the direction given them. BPA does network management and provider approval, as well as adjudicating payments.

In the new contract, a request for sharper focus on family engagement was requested, but there were minimal changes.

The new contract will be rolled out in the relatively near future, after cost and billing have been finalized.

**Questions:**

1. When will these cost increases be rolled out?
  - This is based on contract year, and will overlap the fiscal year. The current contract ends in September of 2019, so increases will take place in fiscal year 2019.
2. Was there a request for increase in the legislature?
  - No, there was not. There may be some possibility of the request for a supplemental budget request.
    - This may impact budgets within the various agencies; if there isn't spending authority, a supplemental request may be an option.
    - Solutions other than a supplemental request are currently being sought.
  - Communication has been ongoing between the agencies, and discussion will be continued with this group as well to determine the best solution for budgeting.
    - The concern would be that a decision would be required before the next quarterly meeting.
      - Deadline for supplement requests is September 1.

**Idaho's Criminal and Civil Commitment Laws Overview – Ross Edmunds**

Discussion regarding current challenges and identifying a plan to address the challenges

In the past five years, there has been an over 250% increase in the number of people committed to the Department of Health and Welfare for restoration to competency.

This happens either by a judge ordering a designated exam (from recommendation of hospital or law enforcement) or if they have been charged with a crime and as they are in front of the judge, the judge recognizes that the person is not fit for trial (upon the recommendation of a psychologist/psychiatrist).

Most of this work is done at the State Hospitals, but recommendation to review the process has been made. Many states (most states) do not commit people for misdemeanor crimes, and there has been interest from the Supreme Court and other agencies to review these laws.

There is no timeline for civil commitments, but there is an initial commitment timeline of 90 days for the criminal side.

It is important to remember that when someone is committed, their civil liberties are removed, and decisions on their welfare are made by the state; this is not something to be done lightly.

Challenges include space at the State Hospitals, issues with transportation, and obtaining the second required designated exam.

Part of the increase in commitments was a result of the law that was passed making any assault on a mental health worker a felony.

County Commissioner McCleary volunteered to serve on any subcommittees that may arise.

**Questions:**

1. Can the numbers for restoration to competency commitments, including adult and adolescents, etc., be obtained?
  - Yes, though the request will take some time.
2. How would only having one designated exam impact the system?
  - Other states do utilize only one; this is not necessarily being advocated for, but is something to explore.
  - The initial DE is done by the Department of Health and Welfare, and the evaluations are a big expense. Perhaps a blended one/two DE system would be beneficial. The two DE model is on the civil side. The criminal side does a full psych evaluation contracted at the county level.
  - It is likely that the court would not support a single DE model, and at this point, obstacles to service are being identified.
3. Can information about other state models be shared at this meeting?
  - Yes, it would be shared prior to any decision making.
4. Is data available on how often the two DE's may conflict on the civil side?
  - If the first DE comes back negative, it does not go on to the second DE. If the second DE comes back negative, it ends there and goes back to the prosecutor/court system.
  - There have been some in the past where the first DE was positive and the second was negative, that have carried negative results (i.e. person completed suicide), these are incredibly rare.
5. Is the Idaho outpatient commitment law utilized?
  - Yes. Everything occurs the same, but when the judge makes the order of commitment, the decision is to put them in outpatient placement, and the Department of Health and Welfare ensures that process occurs. The rest of the process is the same.
6. What is the plan for addressing the listed challenges?
  - Because this affects so many organizations and communities, it will need to be the group at large to help determine and propose solutions.

**Legislative and Budget Priorities for 2019 Session – Opportunity for updates by members**

**Juvenile Department of Corrections** is not requesting anything related specifically to Behavioral Health.

**State Department of Education** is planning to go for a supplemental to design a school safety course for teachers and instructors as a part of the Keep Idaho Students Safe

(KISS) program. As this is being created (goal of a 2019/2020-year rollout), it will be important to identify support and service resources for the kids.

**Question:** Would resource officers ever be brought back?

- The SDE is looking to ramp up the presence of school counselors.
- Blaine County funded their own resource officers to great success.
- Districts are empowered to spend their discretionary dollars as they see fit.

**The Courts** have completed a gap analysis. There were 307 participants in mental health courts last year, but when the evaluation was done for those who would benefit, the number was over 800. The courts are looking at how to bridge that gap and get the people who would benefit into the Mental Health Courts.

**Question:** How is the determination made of who will go to mental health court?

- It is based on keeping people out of prison.
- Costs are increased because the courts/staffing are largely done after hours and must be paid by the counties, and when alternative ways to fund treatment can be found, they are utilized as well.
  - Counties are challenged because the more rural counties do not have the numbers/resources to support the program.

**Empower Idaho** shared that work to review the law making any assault on a mental health worker a felony is being done.

The concern is the fairness of the law in regard to someone who is mentally ill, and thereby the potential of criminalizing mental illness.

There are a lot of things categorized as mental illness, and it adds to the complication of this legislation.

Attempts had been made to categorize mental illness in the original legislation, and there had been a lot of misunderstanding surrounding the original intent of protecting the health care workers.

In the four years since the law has passed, there has only been one time where a person was charged with assault.

**Department of Correction** is seeking funding for an additional 2100 beds within the system, with a forecast of 10,000 inmates in the system by 2022.

The current population is 8,610, with 300 out of state.

**Department of Health and Welfare** is looking at some potential budget requests around the mental health system, specifically mental health court as well as substance use disorders treatment. Additionally, there are elements of the YES program that would fall under mental health, and determining serious mental illness, so there may be some rule/statute changes there. Further, there are always some needs to be addressed at the State Hospital level.

**Idaho Association of Counties** has previously passed resolutions supporting the concept of Medicaid expansion to cover the uninsured gap population.

4:20	<p><b><u>Review of Action Items, Decisions, and Recommendations from this Meeting – Ross Edmunds</u></b></p> <p>Requests for Data/Information:</p> <ul style="list-style-type: none"> <li>• Data on how the 5.6 million for the felony probation and parole was spent</li> <li>• Data on restoration to competency commitment numbers.</li> <li>• Information on other state DE models for review.</li> </ul> <p>Request for quick movement on the Substance Use Disorders Management Services Contract regarding budget and any supplementals that may need requested.</p>
4:25	<p><b><u>Review of Future Agenda Items – Ross Edmunds</u></b></p> <p>Recommendation to retain the three agenda topics for the next meeting as further discussion is needed.</p> <p>Dr. Harrigfeld stressed that this committee would be prime to begin the discussion on determining how to best meet the needs for behavioral health in the state, with an emphasis on the year 2020.</p> <p>There is potential for additional people to utilize Medicaid for the behavioral health needs, but there is work to be done.</p> <p>A Youth Empower Services (YES) update would be appropriate for this meeting.</p> <p>The suggestion was made to discuss the 5% provider increase at a future meeting for future planning.</p> <p>A presentation regarding the work being done around the opioid crisis, including the effect upon the counties as well.</p> <p><b><u>Schedule Dates for Quarterly Meetings – Ross Edmunds</u></b></p> <p>The recommendation was to follow the schedule of the ICJC – the last Friday of every third month. This could potentially benefit schedules.</p> <p>A sooner meeting will be determined regarding the funding on the contract as soon as possible.</p>
4:30	Adjourn

This agenda is subject to change in accordance with the provisions of the Idaho Open Meeting Law. Items may be addressed in a different order than appears on this agenda. Individual items may be moved from one place on the agenda to another by IBHC members. Time frames designated on this agenda are approximate only. The IBHC will continue its business if an agenda item is resolved in less than the allotted time.

The Department of Health and Welfare’s Behavioral Health Services include adult mental health, children’s mental health, and substance use disorders (SUD). For more information on these services, go to <https://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx> (Mental Health Services) and <https://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/tabid/105/Default.aspx> (Substance Use Disorder Services)

Information on the Idaho Behavioral Health Cooperative is available in Idaho Code §39-3124.