

IDAHO BEHAVIORAL HEALTH PLANNING COUNCIL MEETING DECISION/ASSIGNMENT LOG			
August 5th, 6th and 7th, 2014			
Attendees: Richard Henderson, Ross Edmunds, Stan Calder, Kerry Hong, Rosie Andueza, Jessica Wojcik, Leanna Landis, Shane L. Evans, Jane Donnellan, Marianne King, Jody Sciortino, Holly Molino, Martha Ekhoﬀ, Teresa Wolf, Sheila Weaver, Tammy Rubino, Rick Huber, Elda Catalano, Terry Pappin, Kim Jardine-Dickerson, Casey Moyer, Pat Martelle, Katie Morales, Angela Palmer			
Date	ASSIGNMENTS	Assigned to	Due Date
August 5 th , 6 th , 7 th , 2014	Rosie will send the meeting times for each regional boards and the contact information for the CRDS for each region to Katie who will forward it onto the council	Rosie Andueza; Katie Morales	
	Martha will maintain the IBHPC objectives document	Martha Ekhoﬀ	
	Martha will send out the dates of future mental health first-aid trainings to council members	Martha Ekhoﬀ	
	Katie will reserve the Holiday Inn for January 5 th , 6 th , and 7 th , 2015	Katie Morales	
DECISIONS			
August 7 th , 2014	The Children’s Committee will communicate with Pat Martelle about generating and receiving reports from Medicaid		
	Kim Jardine-Dickerson made the motion to accept the bylaws written by the members present at the council meeting. Holly Molino seconded the motion, motion carried.		
	Rosie Andueza made a motion that the council postpones the legislative award ceremony until the 2016 legislative session, because the council has just recently been integrated and needs time to focus on being successful. Kim Jardine-Dickerson seconded the motion, motion carried.		
	The council decided to hold the January meeting the first full week in January. If the Holiday Inn is available, it will be on January 5 th , 6 th , and 7 th , 2015		
	Kim Jardine-Dickerson made the motion to adjourn the August 2014 meeting. Rick Huber seconded the motion, motion carried.		

1. BACKGROUND OF THE COUNCIL – ROSS EDMUNDS, MARTHA EKHOFF:

Ross Edmunds gave a brief introduction on the background of the council. He reviewed the old responsibilities of the State Planning Council on Mental Health (SPCMH) vs. the new responsibilities for the Idaho Behavioral Health Planning Council (IBHPC).

All of the council’s responsibilities now include:

- Oversight of the block grant
- Report to the Governor, Legislature, and Judiciary
- Serve as an advocate for people with mental illness or substance abuse
- Develop readiness criteria for regional boards

Martha Ekhoﬀ gave an overview of what will happen in the three days of the meeting, and what the council will be accomplishing by the end.

2. HISTORICAL SCAN ACTIVITY – CASEY MOYER:

Casey Moyer facilitated an activity looking at significant events from around the world, to help the members understand what has influenced the council and how it has been transformed into what it is today.

He had everyone break out into groups and write down events that were significant at the world, national, state, and organizational levels. The entire group then discussed the observations of these significant events in conjunction with behavioral health (BH).

Some of the key observations include:

- Continued effort to improve the system since the 1960's
- Significant social change
- Increased resources for services
- Influence of the public on policy
- Consumer voice has increased
- Mirroring/integration of system
- Policy change in response to events
- Vulnerable' s increase in rights
- Improving lives requires holistic treatment
- Consumer/family inclusion (their voice is more prevalent)
- Treatment works – the right kind of treatment
- Staggered trickle-down of response to need
- Becoming more proactive instead of reactive

Casey then had the group create 'eras' of behavioral health based on what they observed from the timeline.

Era 1: "The Change and Good Intentions Era" – 1960's-2000

- Good intentions but punitive
- Protest
- Change

Era 2: "Resource Challenges and Patchwork Innovations Era" 2000-2012

- Research/data
- Reluctant change
- Money loss
- Growth – increased number of programs
- Significant policy reform
- Resource challenges
- Financial drain
- No accountability
- Disjointed innovators – too many ideas not enough collaboration, lack of cohesion

Era 3: "Hopeful, Sustainable, Integration Era" 2013-Future

3. BLOCK GRANT PRESENTATION – TERRY PAPPIN:

Refer to Terry's presentation for more information.

4. STATE PLANNING COUNCIL 101 – TERESA WOLF, STAN CALDER, RICK HUBER:

Refer to the SPC 101 presentation handout.

There was a question about what the 'regions' are and how Idaho is organized, Teresa explained to the council how Idaho is split into 7 regions with 3 hubs, and how the regions and hubs operate together.

Katie will send a copy of the regional board map to all the council members.

There was also discussion about the Regional Behavioral Health Board meetings; all members are encouraged to attend those meetings as well as council meetings. This will ensure communication and a relationship between the council and the boards.

Rosie will forward information to the Katie with the regional board meeting information and the Community Resource Development Specialist's (CRDS) contact information. Katie will forward that information onto the council members.

Discussion:

How and when the council collects data.

- One way is through NOMS and TEDS (SUD)
- One obstacle with data collection is if someone who has been in treatment 'goes off the radar', that information can't be used because the data needs to reflect between two periods of time.
- Currently the data collection is high. Every time a person is admitted they are asked information about housing, job situations, etc.
- The NOMS and TEDS are posted on the Behavioral Health website for the members to review.
- Casey briefly explained the Web Infrastructure or Treatment Services (WITS) system and the barriers in collecting data for MH and SUD. The department has a contract with FEI where they get the basic system installed, but if any changes or additions need to be made it costs extra.

Martha encouraged the group that for the duration of the meeting to use first person language when referring to people with SUD or MH disorders, and when using acronyms in the meeting to then state what the acronym stands for. This will help members not familiar with these acronyms to understand the discussion, and learn the acronym.

Casey explained some of the logistical aspects of the Division of Behavioral Health, including how the regions and hubs work, and how to maneuver around the division's website (www.mentalhealth.idaho.gov). He also showed them the Medicaid Behavioral Health Managed Care tab on the department's website. The last thing he explained on the website was the funding for IDHW and BH, he referenced the Facts, Figures and Trends document which is also located on the department's website.

Discussion:

The council could create a dashboard on their website

(<http://www.healthandwelfare.idaho.gov/Medical/MentalHealth/BehavioralHealthPlanningCouncil/tabid/320/Default.aspx>), which would be similar to Medicaid's, except they would want metrics that are more focused on health and treatment instead of the business side of behavioral health.

Casey and Pat explained the difference between the Idaho Behavioral Health authority and Medicaid. Every state has a BH authority, but in each state it may be assigned to a different group (i.e. Medicaid or in Connecticut it is assigned to the hygiene authority). In Idaho the BH authority is under the Department of Health and Welfare (IDHW), IDHW is under the Governor, and gets its authority and budget from the legislature and the courts.

Discussion:

The Regional Boards and the Regional Advisory Committees (RACS) in the past were only advisory in nature, with no funding or authority. With the passing of the legislation, Idaho has the opportunity to have both a state advisory council (the IBHPC) and Regional Boards who have the opportunity to become entities and provide services in their communities. This is also a new part of the planning council's responsibility, in order for the regions to be able to become entities the council will need to deem what the necessary criteria is for them to qualify to do so and review and approve or deny when the regions apply.

5. PLANNING COUNCIL MEMBERSHIP REPRESENTATION – CASEY MOYER:

Casey described the process that the old SPC and the Ad Hoc Membership Sub-Committee went through to plan and recruit members for the IBHPC before July 1st, 2014. The council met in April via video conference where they established the committee, which included representatives from both MH and SUD. The sub-committee then met via online meetings and conference calls the end of May and beginning of June to brainstorm a strategic approach to recruiting members. The group followed the membership matrix that was created at the October work group meeting in 2013, and contacted people that would qualify to fill each membership slot. The matrix is reflective of the federal and state membership requirements; the rest of the membership is reflective of who the council members wanted, they chose membership positions who would represent minority populations and various providers of services. The committee tried to be mindful of choosing membership from all regions of Idaho, but ultimately used the matrix as their guide. The committee nominated members who they felt would best represent each specific membership slot.

Casey told new members about the Idaho Advisory Council on HIV and AIDS (IACHA) experience, they too integrated their council and faced challenges creating their membership. IACHA created a slot based system; they deemed the number of people they wanted on the council and carved out specialty spots within that number, creating a membership matrix. The SPC patterned their membership matrix after IACHA's.

If the membership matrix proves to be ineffective, or is not representing the populations that need to be represented on the council, the responsibility to alter the matrix could be with the Membership Committee. Ultimately the matrix is a tool for finding membership, and if that tool is ineffective will need to be fixed.

Currently the IBHPC is at 18 members, with a few people pending the official approval of the Governor's office. Casey also explained the process of membership appointment; the council or regional boards may nominate or recommend a member but the ultimate decision lies with the Governor's office. They can approve or deny anyone they deem unfit to be on the council.

6. ROUND ROBIN ACTIVITY – CASEY MOYER:

The council did a round robin activity where all the members and people present at the meeting stated their name, who they represent, why they are here/wanted to be on the council, and what they would like to see the council accomplish in the next year. The notes from this activity were given to Marsha Bracke who dictated and condensed them into the major themes and goals the members were interested in. See the handout.

DAY 2**7. DEBRIEF OF DAY 1 – MARSHA BRACKE:**

Marsha had all of the members introduce themselves, and explain what was accomplished on Day 1 of the meeting. The takeaways from yesterday's discussions were: the eras of BH, the goals of the council members, understanding of the Block grant process, SPC101, and integration and the possibilities for the future.

Marsha had the group divide into four groups and asked them to draw a picture that best represented what they thought the ideal BH environment would look like in Idaho. Each group drew their picture and explained it to the rest of the council. Through discussion, they deemed that the main themes throughout the pictures were the need for successful integration and collaboration of resources in Idaho.

Marsha discussed the definition of a vision, mission, and guiding principles; what they should include or be composed of, and their purpose for the council.

She split up the council again into groups and had them write down a draft vision, mission, and guiding principles. The council reconvened and shared with each other what they wrote for each. The council discussed the themes evident in what was written by the different groups, for the most part, every group had written something very similar to each other. They chose which aspects of each group were the most important and what they would like to be included in the final document. Some of these included:

- The need for BH services to be accessible to everyone who needs them, for as long as they need them.
- Prevention is key
- Recovery and how the definition of recovery is defined by the person who is in recovery.
- Recovery and resiliency in Idaho

To save time, Marsha again had the council divide into three groups, each one developing either the mission, vision, or guiding principles based on the discussion that was just had.

Marsha will take the three groups' draft mission, vision and guiding principles and will type them into a document for the group to easily review and edit on day three of the meeting.

8. ESTABLISHING THE PRIORITIES OF THE COUNCIL – MARSHA BRACKE:

Discussion:

The council discussed the deliverables that are required of them in law:

- Report to the Governor, Judiciary and Legislature (a summary of everything the council has done the previous year, and recommendations to improve the BH environment in Idaho) – 6/30
- A letter supporting the Block grant (review, approve and make recommendations on the Block grant) – due in early March
- Create readiness criteria for the regional boards and review/approve/deny the applications submitted. If they do approve a board's application, they will need to monitor the board and report if they are not accomplishing or maintaining the set standards.
- Collect and review annual reports from the regional boards.
- Meet at least once a year
- Provide guidance to the regions/sub-committees

The members also discussed some of their roles as a council; these will aid the council in accomplishing the deliverables listed above and their duty to be an advisory council.

- Monitor Jeff D.
- Monitor the allocation and adequacy of services
- Monitor and evaluate the effectiveness of state laws
- Give advice on issues regarding policies and programs
- Ensure individuals have access to treatment
- Act as a vehicle for program and policy development
- Serve as an advocate

9. WORKING LUNCH – PRIORITIES OF THE COUNCIL CONTINUED – MARSHA BRACKE:

Discussion:

Marsha handed out a compiled list of the round robin activity from day one, she included the list of what each member said they wanted to see the council accomplish in the next year. Everyone reviewed the document to see if there was anything that was missing from the list that they would like added.

Marsha explained to the council that they should identify one or two tangible deliverables that would showcase what the council has accomplished for each year, and that will help prove that they are producing products. She asked the questions:

- What is the council trying to accomplish over the next 2-3 years?
- What are the 1-2 tangible accomplishments that they can secure this year to prove progress on this strategy? By when?
- What is the next steps/schedule to accomplish these goals?

Marsha then turned the list she compiled, with the council's additions, into strategic goals and objectives for the council members to accomplish. She had the council divide into smaller groups based on which topics they are most passionate about. Then each group created a list of strategies to accomplish each of these goals.

She showed the group the process of how to create a 'to-do' list that covers what needs to be done to accomplish each of their goals.

The council reconvened and discussed each group's goal, and the strategic assignments to accomplish each goal.

From the goals that each group created, Marsha then formed specific committees around each of those objectives to help accomplish them, each member chose which committee/objective they would like to work on. Marsha created a working document that outlines each objective, the specific strategies and the timeline to accomplish them, the point person and who is assigned to each objective.

This document will be maintained by Martha Ekhoﬀ, and will be updated as each group accomplishes their objectives.

The two required standing committees, Children's and Membership will be enveloped into the objectives.

DAY 3

10. MEDICAID & OPTUM IDAHO UPDATE – PAT MARTELLE, REBECCA DIVITTORIO:

Pat Martelle gave an update on Medicaid.

It is currently the 12th month of the contract with Optum, meaning Medicaid will receive a gap analysis report from them soon.

Medicaid can compile a variety of reports for the council to be able to review data. For example, the council could request reports on:

- Early Periodic Screening Treatment Diagnostic (EPSTD)
- Complaint report
- Grievance and tracking report (shows how many grievances were filed and which ones were solved)
- Provider Satisfaction report
- Members Satisfaction report
- National Outcome Measures

Also, if there is something that the council is interested in, Medicaid can create reports specifically for them.

Decision:

The Children's committee will be interested in some of those reports, and will communicate with Pat. Pat will also be on the System Effectiveness Sub-Committee, which revolves around data and data collection.

Becky Divittorio, the Executive Director of Optum Idaho, gave an update on Optum. Optum is an information and technology service that is helping to make health systems better; they also manage services for 3.5 million people in 25 states. Their scope of work is to serve people in Medicaid who are enrolled in the Idaho Behavioral Health plan, there are still people who have Medicaid but are not enrolled in Optum. Their role is to work closely with the state and with behavioral health treatment providers.

Optum strives to collaborate as much as they can with community partners and like to receive as much feedback as possible from those partners. They have a community partnerships report and an advisory report that helps give constructive feedback. If there is anyone who is enrolled in the Idaho Behavioral Health plan and would like to participate and serve in the advisory board, they can contact Becky Divittorio and/or Martha Ekhoft. They also offer a 24/7 member crisis line that was started in May of 2014. Anyone can call and receive answers from clinicians about services, providers, etc.

Optum is expanding the use of evidence-based practices, and are expanding covered services. They are also working with Behavioral Health to develop family support services.

They are increasing the network of providers and access to tele-health, specifically in rural areas.

They also offer online training for providers, and mental health (MH) first-aid training which is a 12 hour course geared towards general community members, family members, clergy, first responders, etc. It teaches people how to identify signs of mental illness like depression and anxiety, and then how to help that person develop an action plan while listening and helping them non-judgmentally. The first training is August 25th and 26th in Salmon Idaho. Martha will send out the dates of future mental health first-aid trainings. One of the obstacles in setting these trainings up is finding locations.

11. MISSION, VISION, PRINCIPLES, BYLAWS DISCUSSION AND RATIFICATION – MARSHA BRACKE:

Marsha typed a draft vision, mission, and principles documents based on what the council generated on day 2 and from the round robin activity Casey did on Day 3. The council discussed the draft bylaws and made changes to it.

She also reviewed what the group accomplished from day 2, specifically how the structure of the sub-committees has been reformed – the work for sub-committees is now grounded in strategic goals instead of creating committees around specific topics. When specific issues arise, the council can form a committee to be advocates for and address the problem. The council created two standing committees – Children's and Membership.

Marsha reviewed the work flow for the council and encouraged the members to use this document as a tool for the future to plan and keep track of the progress of their strategic goals.

Martha, as the chair of the council, will monitor and manage the work flow document. She will also ensure that all the members have the most recent copy.

12. TRANSFORMATION – KATHY SKIPPEN

Kathy Skippen presented on the Transformation Legislation and how it affects the council and the regional boards. She outlined the three options that the regional boards have, now that the legislation has passed into law:

1. Become an entity
2. Partner with an existing entity

3. Stay the same as they are now – an advisory board

If the regional boards would like to choose option 1 or 2 they will need to fill out an application that will be submitted to the council. The council then reviews and decides if the boards are ready and meet all the criteria. The council will be the ones who will determine what the readiness criteria will be for the boards to become an entity or partner with an entity.

The council reviewed the draft application created by the Readiness Criteria Committee at the two-day June meeting, they made some suggestions but the committee will finish the work on the application and send it to the council for final approval.

One responsibility for the Readiness Criteria Committee is to ensure that the regional boards understand the requirements and the process to fill out the application. They also will make sure that they understand which services they can and can't provide according to the code.

All of these documents are currently on the IBHPC's website, and will be updated as they are approved.

Discussion:

Funding for the regional boards:

- There are multiple ways to use the allotted funding for regional boards, including hiring a grant writer or continuing funding for the CRDSs.
- This puts the CRDS's in a difficult position, because their position could be terminated based on what the regional boards decide, however the council has to stay neutral with their position and let the boards decide.
- If the boards decide to become an entity and remove the position of the CRDS, that specific position may be removed but the person will not necessarily be fired; there are opportunities to change positions elsewhere in the department.
- If the boards become an entity, they are still a volunteer board and will need someone to handle administrative responsibilities. This increases the likelihood that the CRDSs position is kept after the transition.

13. WORKING LUNCH – MEDICAID UPDATE – PAT MARTELLE

14. UPCOMING LEGISLATION – ROSS EDMUNDS:

This year the Department isn't bringing forward any major pieces of legislation, the majority of it is cleaning up 'old' or incorrect language in statute. There are also several proposed rule changes that pertain to case reviews and inefficient or odd timelines with the intake process making it difficult for the Quality Assurance team to monitor it.

Ross also explained the Jeff D. lawsuit to the new members.

The Transformation Statute was not created because of the lawsuit, but has been instrumental in modifying the statute to make sure that it is helping, not hindering, the new CMH 'world' the department is trying to create. For example in the statute it is mandatory that there is a Children's MH sub-committee in the council and the regional boards.

Overall the lawsuit has provided the opportunity for Idaho to be a progressive system, they have strong plan in place that will cover some of the most complex needs of children in Idaho.

Ross also talked about the funding for the 3 community crisis centers; the Department was awarded funding for one crisis Center. This center ultimately ended up in Idaho Falls because of the community and legislative support. They wanted to put it in a place that would give it the best opportunity to succeed so that they can expand and receive funding for the other two.

The crisis centers are 23:59 minute facilities; they decided not to make it a 24hour facility because it significantly increases the cost and adds additional regulation. The model in place allows the person in crisis to receive services and care and go back into the community better than when they came into the center.

There has to be a strong connection between the crisis centers and the hospitals, that way if someone comes into the crisis center but ultimately needs a higher level of care, they can be transported back to the hospital. The centers are completely voluntary, so that people will not feel reluctant to decide to go there on their own. It is open to all Idaho citizens, 18 years or older, who are going through a mental health crisis. The research the department has done shows that the centers should have 1 bed per 10,000 people – Idaho Falls has 20 available beds.

They expect that the crisis centers will also reduce the cost of community hospitalization, emergency room, and police cost to help people in crisis.

SHS is going through a major transition, they now have a QA director, and Todd Hurt is now the new administrator. They have recruited a Chief of Medicine and Chief of Psychology. The loan repayment system that passed last legislative session has helped them to hire people for these positions.

15. BYLAWS – MARSHA BRACKE

Discussion:

The council discussed the logistics of appointing new members, and when the council should decide to appoint a new chair and executive committee. The council will wait until the January 2015 meeting to decide on a new chair so that new members would have a better understanding of the council and would feel more comfortable taking that position if they decide to.

Decision:

Kim Jardine-Dickerson made the motion to accept the bylaws
Holly Molino seconded the motion, motion carried.

16. LAST MINUTE BUSINESS:

The council split up to establish the point person for their sub-committees. They also decided who will be on the Executive Committee.

Discussion:

The council discussed the legislative event – an award ceremony every January during the legislative session which recognizes people who have been advocates for mental health. Typically the legislative event is planned in August; someone from the council books the room, and the members choose the awardees.

They went over the Pros and Cons of doing a legislative event this year vs. waiting until 2016.

PROS:

- It is a good way to recognize people who are advocates for mental health.
- It also gives the members an opportunity to have a conversation with legislators about mental health.

CONS:

- It is a large cost and time burden for the admin support to set up the meeting and to pay for the invitations.
- The event occurs during the January meeting, and takes away a ½ of a day the council could be working.
- There are not a lot of big legislative topics this year – it would be better to wait until 2016 when the council could also use this ceremony as a time to talk about the success of the integrated council/regional boards and the crisis centers.
- If the council waits until next year, it would give the SUD council members an opportunity to think of someone to nominate for being a SUD advocate.

Decision:

Rosie Andueza made a motion that the council postpones the legislative award ceremony until the 2016 legislative session, because the council has just recently been integrated and needs time to focus on being successful.

Kim Jardine-Dickerson seconded the motion, motion carried.

Discussion – Timing and frequency of future planning council meetings:

- There is discussion about the January meeting schedule in conjunction with the legislative schedule.
- There is a recommendation to have the meeting the second week in January, before the session starts and the legislators are too busy to attend the award ceremony in the future.

Decision:

Katie will reserve the Holiday Inn for January 5th, 6th, and 7th, 2015.

Kim Jardine-Dickerson made the motion to adjourn the August 2014 meeting. Rick Huber seconded the motion, motion carried.