

Region 5 Behavioral Health Board

Meeting Minutes – Regularly Scheduled Meeting

11:30 - 1:30

April 8, 2015

Members Present: Dawn Anderson, Bev Ashton, Mary Christy, Helen Edwards, Tom Hanson, Mick Hodges, Mindy Hoskovec, Rick Huber, Angenie McCleary, Scott Rasmussen, Eric Snarr, Jami Stroud, Deborah Thomas, Lee Wilson

Members Excused: Aime Muntz, Frank Knight

Was a Quorum established? (Yes) (more than half, 12 members, constitutes a Quorum)

Others Present: Eric Call, Dionne Chatel, Aaron Darpli, Michael Gordon, John Hathaway, Jackie Kennedy, Rene LeBlanc, Audrey Palmer, Lela Patteson, Elara Smith, Gina Westcott

Note Taker Sally Bryan

I. Announcements

Idaho State Healthcare Innovation Plan (SHIP) discussion and presentation by Dr. Ted Epperly will be videoed and will be available to view in a few weeks. If you want to attend in person it will be at 823 Harrison, April 10th from 1:00 – 3:30 PM.

II. Business

Approval of Minutes:

Motion to approve minutes – Rick Huber

Motion seconded – Scott Rasmussen

Minutes unanimously approved: Yes

Action Items from last meeting:

- Erica will add CMH Subcommittee Report as a re-occurring update on the agenda with Jami Stroud.
- Erica will keep the Board updated as things evolve with the planning of events for MH Awareness month.

Legislative/Central Office updates – None today

State Planning Council update – Rick Huber

The third meeting will be in early June this year.

SAMHSA call with Federal Block Grant requirements will be on April 15.

The Jeff D. Lawsuit will be made public as soon as it is signed.

Children’s Mental Health Subcommittee Update – Jami Stroud

Meetings are held on the 4th Wednesday at 10:30 at 803 Harrison Building.

At the last meeting SPAN talked about “Sources of Strength” which is a federally funded program to help prevent suicide; this is the only best practice program available. There were 55 school principals invited and only one showed up which was very disappointing. This should be recognized as a gap and could easily be addressed. The challenge is to bring the need for a program like this to the school district leadership.

Discussion:

We shouldn't need to wait for a suicide to occur to initiate a program like this.

John Hathaway will visit with the Twin Falls School District to encourage them to invest in this program.

The program is in place in Blaine County and is doing well there.

John had suggested that they take a small portion of funding for the "Safe & Drug Free School" funding to institute this program.

John will give information to Judge Hodges on the program to pitch in his area.

Steering Committee Update – Mary Christy

The committee originally met almost a year ago. The committee is more robust now and has met to make more concrete goals.

Concerns of Board in choosing a direction:

SHIP Program is beginning to be implemented in Idaho.

III. Discussion:

SHIP Program:

The Idaho Department of Health & Welfare received a state innovation model grant for \$39,683,813. The grant, from the Center for Medicare and Medicaid Innovation, will fund a four-year model test that begins on Feb. 1, 2015, to implement the Idaho State Healthcare Innovation Plan. During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care, and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other ancillary care services.

For more information -

<http://healthandwelfare.idaho.gov/Portals/0/Medical/SHIP/IdahoSHIP.pdf>

The goal is to have 160 medical homes in Idaho over the next four years. The Health District as well as the Dept. of Health & Welfare will be hiring staff to initiate programs.

There is a parallel relationship in this program between the Public Health District and Health & Welfare.

A Regional Collaborative Board would be established. This would be a group of stake holders but also considered experts that would help support the medical homes.

The Regional Collaborative Board would have one or two seats to represent Behavioral Health.

The SHIP program would move services from a fee for service to value based outcomes.

Formal vs. Informal relationship with Health District.:

Public Health District and Health & Welfare would negotiate a **contract** in which they would execute the role of Regional Collaborative.

Informal relationship in which both groups would share an interest in behavioral health by representing their interest on the Regional Collaborative Board.

Incentive payments will help providers to utilize medical homes.

Rene LeBlanc - The question the Board has to ask themselves is what you want to do and how do you want to do it?

If the Board wanted to partner with the Health Dept. they would become unpaid employees (unclassified).

What kind of access would the board want? For example, would they need access to state vehicles?

If the Board decided to become a 501(c) 3 the Board could contract with the Health District if they chose to.

Questions for the Steering Committee:

Committee members are Mary Christy, Frank Knight, John Hathaway, Angenie McCleary, and Rick Huber.

- How would this work with the Jeff D. Lawsuit requirements?
- What are the reservations the Board has with working with the Health District?
 - There is a fear that if we don't partner with District Health that Behavioral Health will not be represented in the medical homes.
- How does the SHIP program affect what the Board is tasked with accomplishing such as housing and transportation?
 - These needs will not only affect those with mental illness but for all citizens with health needs.

OPTUM Quarterly Update – Dione Chatel

Dionne covers regions 5, 6, and 7.

Telehealth helps address care gaps in rural communities. It helps bring clients face-to-face with a clinician or other health care provider who can give them the care they need. "To make telehealth more accessible. Optum expanded the number of clinicians who can provide the service. Now, psychiatric nurse practitioners can provide the service."

For more information on telehealth and how to become a telehealth provider contact Optum Idaho at 1-855-202-0983.

Optum has encouraged the use of family and individual therapy which is evidence based treatment. Providers and members will see a decrease in the use of Case Management and CBRS (Community Based Rehabilitation Services) and an increase in Family and Individual Therapy.

- Is there evidence to show that the increase in Individual and Family therapy is more

effective than the use of CBRS services?

- [Scott Rasmussen will email the above data request to Chatel.](#)
- Are members going to SUD providers when they are diagnosed with SUD problems or are they receiving services from a generalist provider?
 - [Chatel will discuss this request with her team and get back with the Board.](#)
- Crisis call details would also be helpful to see. For example, are the crisis related to housing or transportation?
- There is probably a larger menu of services than simply Family Therapy, Individual Therapy, Case Management and CBRS. It would be good to see the data from all available options for behavioral health services.

Regionally:

- Unique members living in Region 5 is 37,023 which is 13.45% of all Idaho BH Plan members.
- Number of unique members living in Region 5 that have accessed services through the Idaho BH Plan since January 2014 is 4,523 which is 13.41% of all Idaho BH Plan members that accessed services.
- Mental health clinicians per 1000 Idaho BH Plan members in Region 5 is 6 (Statewide: 13.8)
- Prescribers per 1000 Idaho BH Plan members in Region 5 is .7 (Statewide: 2.3)
- Substance Abuse Groups per 1000 Idaho BH Plan members in Region 5 is .55 (Statewide: .61)

ICADD Scholarships:

The Executive Committee approved the following people to receive scholarships for ICADD training:

- Kathy McRill – Crosspointe Mental Health
- Sarah Bickford-Thorpe – Dept. of Health & Welfare
- Marcia Hughes – The Walker Center
- Mindy Hoskovec – Idaho Federation of Families for CMH
- Lejla Becirovic – Twin Falls Treatment and Recovery Clinic (TARC)

Gaps and needs approval:

The Gaps and Needs analysis will be sent to the State Planning Council when completed.

Things to add to the gaps and needs analysis:

- Certified translators and interpreters for languages, hearing/deaf impaired.
- Increase access to medications.
- Re-opening regional satellite offices

If you have more things to add please email it to [Debbie and Erica](#) by April 20th.

Open Board Positions are available

The available positions are Parent of Child with Serious Emotional Disturbance and Substance Use Advocate

Suggestions for use of Board funds to be used by June:

- Sources of Strength program could be explored for a school.
- Speaker funding
- Mental Health Awareness month activities
- Mental Health First Aid training for other counties

- Shovel ready plan needs to be brought forward.
- Send suggestions to [Debbie](#).

IV. Subcommittee discussion notes attached.

Motion to Adjourn: Lee Wilson

Motion seconded: Angenie McCleary

Board was adjourned

Next Meeting:

May 13 2015; 11:30 – 1:00 at 601 Pole Line Rd.