Region VII Behavioral Health Board meeting

October 11, 2013

150 Shoup Ave, 2nd floor

10:30 to 2:00

Children's Mental Health Committee

Welcome to & Introductions - Crista Henderson

Approval of minutes from 09.13.2013 meeting – Crista Henderson

SUDS updates – Rosie Andueza, DHW Program Manager

Crisis Centers - Randy Rodriquez

Behavioral Health legislation – Randy Rodriquez

Legislative Event – group discussion led by Crista Henderson

Next Meeting Date: November 8, 2013

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R egion 7 Combined Mental Health Board and RAC meeting

0913.2013

150 Shoup Ave., 2nd floor conference room

Mental Health Board Members in Attendance: Janet Goodliffe, Crista Henderson, Shawna Tobin for Kelly Keele, Terlann Parker, Paul Roberts, Randy Rodriquez, Todd Smith

Guests in Attendance: Annie Ballard, Corinne Bird, Larry Bradley, Chris Brayton, Lisa Bridges, Kellie Brown, Adelle Clawson, Lisa Coffman, Becky DiVittorio, Kenna Dressen, Hollie Gray, Jeni Griffin, Chris Harris, Mariene Harris, Roma Hawkins, Lauri Hayes, Doug Hulett, Devere Hunt, Paul Hymas, Kama Johnson, Dave Klepich, Shawn LaPray, Becky Leatham, Pat Martelle, Alisha Passey, Lela Patteson, Jill Payne, Dave Peters, Jana Pickering, Brenda Price, Gary Rillema, Robert Sidwell, Robert Siddoway, Brenda Valle

Meeting was opened by Paul Roberts and introductions were made.

Minutes were read and a motion to accept the minutes was made by Janet Goodliffe and seconded by Randy Rodriguez. Minutes were approved by a vote.

Paul said that the State Planning Council on Mental Health would like each region to discuss whether they would like to do a legislative event locally or do a combined event in Boise. Brenda will send it out for a vote via email.

Pat Martelle introduced Chris Brayton and Lela Patteson. They are Program Specialists for the Medicaid division of Mental Health and Substance Abuse. They will be attending the Behavioral Health Board meetings in Regions 5, 6 & 7 to be a resource.

Presentation by Becky DiVittorio, Executive Director - Optum Idaho

- Family Support Specialists will be a component that will be developed over the next year. Optum is sending some staff to Tennessee for this training.
- Nurse Practitioners will be able to do med management via telemedicine.
- Becky recommends that the regions invite Martha Eckhoff to help understand the concepts of recovery and resiliency and how to make that work. Martha was previously over the Peer Specialist program with Mountain States before hiring on with Optum Idaho.

Q&A portion of the presentation

Can you give an example of a demonstration project for agencies?

The demonstration projects that Optum supports will depend on the needs assessment for the region and the agency strengths.

Do you have any advice for families who are being marketed to for services?

They can call the member line or they can go through their primary care provider for a referral.

How are you going to work on discharges from facilities?

We should work on that as a group collaboration between the communities, the Behavioral Health Board and Optum.

Does any Peer Specialist training qualify?

Only the Peer Specialist training offered by Mountain States Group is accepted by Optum.

The SUDs group code pays for one hour of counseling per day. Clients often need to do two groups in a day, which helps them to maintain their employment. What are providers supposed to do for the clients?

IOP isn't a Medicaid benefit. Brenda Valle will follow up on this. SUD services are now being operated like a health plan.

Clients on Katie Beckett are not showing up on the Medicaid list when we check. Is this program not covered through Optum?

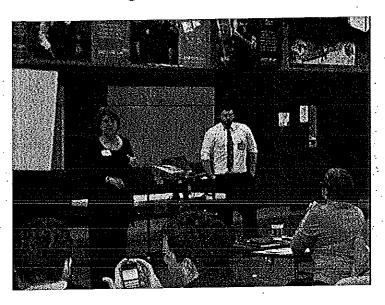
They don't necessarily have to show up if they are in a different Medicaid plan. Providers need to confirm coverage every time before services are provided because change to eligibility can happen overnight.

Jeni Griffin provided a one-hour QPR (Question, Persuade, Refer) suicide prevention training for the group.

Meeting was adjourned.

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Breaking Down Barriers in Ravalli County: A Mental Health Stigma Reduction Initiative



COALITION: The Ravalli County Prevention Coalition

CITY/STATE: Hamilton, MT COMMUNITY SNAPSHOT

Population: 39,901

Boundaries: 2,400 square miles

The Ravalli County Coalition serves the cities of Darby, Hamilton, Victor, Corvallis, Stevensville, Lone Rock and Florence. The population is predominantly White (97%), with a significant proportion of these individuals reporting German (14%) and English (11%) ancestry. Over a quarter (26%) of the population in the County are under the age of 18 years. Over the past ten years, Ravalli County has seen an increase in unemployment and poverty due to downsizing in the local logging industry, a major financial resource for Ravalli County citizens.

IDENTIFIED PROBLEM OR COMMUNITY CONDITION

Over the past few decades, the state of Montana has experienced extraordinarily high rates of suicide among children (ages 10-14), adolescents (ages 15-24) and adults (ages 25-34) as compared to other states in the nation. Data from the Montana Office of Vital Statistics in 2010/2011 indicated that Ravalli County had the highest rate of suicide per capita (35.9 per 100,000 people) among all Montana counties. Local 2011 Prevention Needs Assessment and 2012 Youth Risk Behavior Survey data identified alcohol and drug impairment, a sense of hopelessness, and underlying mental health needs as contributors for youth suicide. Collaboration with local providers offered additional insight into the problem, as many confirmed that underlying and unresolved mental health needs were an overwhelmingly common thread in cases of youth alcohol and drug addiction and suicide. A deep-rooted cultural and social stigma among Ravalli County citizens regarding mental health, to include seeking and receiving treatment, was identified as a major barrier in the way of youth receiving needed mental health and wellness services.

C OALITION RESPONSE

The Ravalli County Coalition recognized the need to develop a comprehensive and strategic plan to improve the mental health of its citizens. They began by organizing a Mental Health Taskforce made up of key stakeholders, including a Doctorate Level Psychiatric Nurse Practitioner that was passionate and knowledgeable about the issue. Guided by data, the Taskforce drafted a logic model to outline their overall goals, planned strategies and measurable indicators for success. As part of their targeted efforts to address mental health stigma, the Taskforce incorporated a research-based training curriculum for community members that work most closely with youth (e.g. teachers, counselors, school administrative staff, pastors and religious leaders, teen leaders, emergency professionals, law enforcement, parents). During the training, participants received education and awareness information about mental health stigma and completed a questionnaire to assess their own perceptions about mental health. In addition, a comprehensive resource booklet was distributed to all participants to support them in making appropriate referrals for youth to local services and supports.

KEY PARTNERS

The following partners and numerous others continue to contribute to the effort:

- Doctorate Level Psychiatric Nurse Practitioner
- Members of the coalition's Mental Health Taskforce
- The Florence School System
- Three Rivers Mental Health Solutions
- Ravalli Head Start, Inc.

OUTCOMES

The training program implementation resulted in numerous benefits. Questionnaires from training participants provided further insight and documentation into the mental health stigma prevalent within the community, to include practitioners. This information is useful in guiding the coalition's next steps. It also offered a platform for a much-needed dialogue to promote collaboration among key stakeholders. As a result, these groups are now working toward a common goal and meeting regularly to track progress. Click Here to Read More.

BRINGING IT HOME

Lessons Learned:

The stigma associated with mental health disorders and treatment can be seen across all sectors of the community, including providers, making it important to engage everyone in this initiative. Click Here to Read More.

This information was provided by the Coalition Coordinator and the Doctorate Level Psychiatric Nurse Practitioner, an active coalition member in 2013.

Medicaid in Idaho: To expand or not to expand ... that is the question

Posted on October 9, 2013 by Austin Hill IdahoReporter.com



House Minority Leader John Rusche, D-Lewiston, is

a member of the Legislature's Health Care Task Force. One of the issues facing the task force is expansion of the Medicaid program.

According to leaders at the Idaho Department of Health and Welfare (IDHW), the growth in the level of Medicaid benefits consumption within the state has slowed the past couple of years.

"The increase in the number of those eligible for services has begun to slow," said Paul Leary, an administrator with IDHW, in addressing the Idaho Legislature's Health Care Task Force, a committee comprised of members of both the Senate and the House of Representatives.

According to Leary:

- The number of Idahoans eligible for Medicaid services during fiscal year 2012 was 236,111, an increase of 3.9 percent from the previous fiscal year.
- During FY13, the number of those eligible for Medicaid rose to 241,496, an increase of 2 percent from the previous fiscal year.
- And during FY14 (the 2014 state fiscal year began on July 1 of this year), it is estimated that the number of Idahoans eligible for Medicaid will rise by only 1.5 percent.

Begun in 1965, the Medicaid program provides certain health care services to individuals and families with low incomes and limited resources. Financed with a combination of federal and state tax revenues, the expanding costs of Medicaid have in recent years become a topic of growing concern among the individual states, despite the eligibility of the program being based on a variety of means testing processes.

Several members of the task force took note of the trend, both the growth in Medicaid consumption among Idahoans and the decline in the growth trend. "How does this growth correspond with the population?" asked Sen. Mary Hagedorn, R-Meridian. Leary indicated that he didn't know.

Sen. Dean Cameron, R-Rupert, co-chair of the task force, asked Leary "to what do you attribute the decline in the growth rate?"

"I think we can handle that," Leary replied.

Russ Barron, an administrative associate of Leary's at IDHW, also responded to Rusche's concerns. "I think we'll be OK," he noted. "The woodwork effect will definitely be there, but I think we're staffed up and ready for it."

The Legislature's Health Care Task Force plans to meet again in November. Expanding Medicaid in Idaho is anticipated to be a major legislative issue during the 2014 legislative session.

http://www.idahoreporter.com/2013/medicaid-in-idaho-to-expand-or-not-to-expand-that-is-the-question/

Region 7 Combined Mental Health Board and RAC meeting

10.11.2013

150 Shoup Ave., 2nd floor conference room

Mental Health Board Members in Attendance: Shane Boyle, Janet Goodliffe, Crista Henderson, Kim Jardine, Teriann Parker, Randy Rodriquez, John Tanner

Guests in Attendance: Annie Ballard, Corinne Bird, Kellie Brown, Kenna Dressen, Hollie Gray, Kim Hokanson, Doug Hulett, Kama Johnson, Dave Klepich, Kirk Mace, Paul Meigio, Lela Patteson, Dave Peters, Brenda Price, Gary Rillema, Kim Roker, Kay Seim, Tracey Sessions, John Shindurling, Robert Sidwell, Brenda Valle, Russ Wheatley, Angela Smith, Ashlee Hemmert, Kelsey Obrien, Hanna Heiner, Casey Puzey

Meeting was opened by Crista Henderson and introductions were made.

Motion was made to approve the agenda by Randy Rodriquez and Teriann Parker seconded. The agenda was approved. Minutes were read and a motion to accept the minutes was made by John Tanner and seconded by Russ Wheatley. Minutes were approved by a vote.

Rosie Andueza (DHW Central Office)

- The PW/WC funds are overspent as compared to time left in the year.
- There is an unknown/ineligible/reserve line item that may be used to look at the option of a new voluntary category. No details on that yet.
- Forty-seven people have been trained as Recovery Coaches and fifteen are trainers. There are thirtyfive people signed up for the November training in Blackfoot. Information is available on the Recovery Coach website:
 - http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/RecoveryCoaching/tabid/2287/Default.aspx

Randy Rodriquez (DHW Behavioral Health Program Manager)

- Randy discussed the proposal for Crisis Centers. The purpose of these is to prevent unnecessary ER visits or incarcerations.
 - O Currently the proposal reads that the person must have a SMI or an SMI with an SUD. Does not address SUD only population.
 - o John Tanner said that the Crisis Centers must be voluntary to work, and we need to make sure that it's open to anyone. He feels that it will only be used if we don't make law enforcement wait around for a decision to qualify.
 - o Randy said the Billings, MT model uses the Minkoff model.
 - DHW is carrying the legislation, but we don't know if there is a legislative sponsor yet.
- Randy discussed the proposed Behavioral Health legislation.

- John Tanner said that NAMI is happy that it is less restrictive than the last proposal, and that NAMI supports this as written.
- Janet Goodliffe said that we need to be careful of how you lock in funding in the legislation so that it doesn't limit the Behavioral Health Board from doing fundraisers or obtaining funds from that type of activity.

Group discussion on doing a legislative event in Region 7 led by Crista Henderson

- Sam Hulse was awarded the Mental Health Planning Council award this year. We should present this to him at the event.
- Kay Seim has good data that she can provide for the presentation if needed.
- Tracey Sessions will contact Dean Mortimer.
- The group would like to choose a date in November.
- The group made a motion to use the Behavioral Health budget to pay for refreshments. Kay Seim said that she may be able to contribute.
- The group choose the following topics for the presentation: 1) Crisis Centers, 2) Behavioral Health legislation, 3) Medicaid Expansion, 4) Suicide Prevention (might be tied to school funding, and 5) CIT.
- The following people are going to work on planning the event: John and Martha Tanner, Becky Hymas,
 Tom Tueller, Annie Ballard, Hollie Gray, Burt Butler, and Brenda Price.

Roundtable discussion:

Martha Tanner mentioned that NAMI has asked Brian Mecham to do a presentation on how to get treatment if a loved one is in jail.

Kim Jardine said that there will be a training on November 8th at 8AM on de-escalation skills. It is being held at EITC, building 6. The CIT with a Youth Emphasis will be held the last week of January.

Randy Rodriquez said that Optum will invest money in the communities.

Corinne Bird talked about the adolescent screening project that is going on in Idaho.

John Tanner moved to adjourn the meeting, Tracey Sessions seconded that motion. The motion was passed by a vote.

Meeting was adjourned.