

## Combined Region 3 & 4 Mental Health Advisory Board

Meeting Minutes – September 26, 2012

### Region 3 Board Members in Attendance:

Lisa Koltes, Barbara Harkins, Charles Christiansen, Elda Catalano, Jeri Gowen, John Hill, Penny Jones, Linda Dripps, Ross Mason, Todd Hurt

### Region 4 Board Members in Attendance:

Amanda Phillips, Shelley Retter, Elizabeth Baker, Beth Fortuna, Mechelle Wilson, Liza Clinger, Gina Westcott, Ross Mason, Douglas Miller, Darren Richman, Greg Dickerson, Vern Garrett, Rod Hansen, Jen Burlage, Jim O’Leary

### Guests:

Brett Harker, Amy Jeppeson, Laura Thomas, Kacey Hennig, Carolyn Kay, Jennifer Stairs, Dector DeLeon, Mike Davidson, Lori Farrens, Ross Edmunds, Suzette Driscoll, Gabrielle Shepherd, Amy Robinson, Kathie Garrett, Chris Christopher, Ted Wenzel, Rhonda Wenzel, Gordon Cruickshank, Steve Graci, Rod Hansen, Casey Elison, Mark Ringwald, Michael Dickson

Scribe: Joy Husmann

<b>Agenda Item</b>	<b>Discussion</b>
Welcome, introductions, and sign-in sheet	Todd Hurt, Operations Manager for Region 3 on behalf of Lisa Koltes, Region 3 Chair and Greg Dickerson, Region 4 Chair welcomed everyone, presented the agenda, asked for introductions, and a completed sign in sheet.
Regional Mental Health Updates	Gina Westcott presented regional updates for Region 4 as well as the SW HUB. Summer of 2012 saw an increase in the number of mental holds, a few changes in staff members and met a few new challenges. Mary Rong retired and Wayne Nubile is the new lead for clinic. Gina acknowledged the work that Michelle Wilson has performed with the court evaluations for adolescent clients. Per Juvenile Corrections Director Herrigfeld’s request, Michelle implemented a Health Relations Group for adolescents thus improving overall relations with the court and clients. A new clinician has been added to provide Parenting with Love and Limits (PLL) classes. In addition, there has been an increase in education in the community which has produced a great number of positive relationships and communication. Gina also noted that Crisis Intervention Training (CIT) was provided to the HUB and that Region 4 also implemented

additional resources to support the community. Ada County Paramedics and Region 4 MH have partnered together to increase communication and delivery of service. Overall, Region 4 implemented a number of things that improved relationships, communication, and delivery of regional mental health services. The Southwest Hub Program Managers in Region 3, 4, & 5 strategized very well over how to distribute the budget money for the coming year. Gina acknowledged that the CRDS positions have been moved from Central Office to the Program Managers in each Region and will support the transformation of the Mental Health and RAC Boards in the coming years. Region 4 MH employees have raised about \$1,000 for the NAMI Walk coming up this weekend and this will be their 6<sup>th</sup> year participating.

Todd Hurt discussed how we are all embarking on a new transformation and how information is flowing quickly. Todd historically presents a Regional “dashboard” at each meeting as well as provides various updates on changes. Therefore, it seemed prudent to determine a simple manner of how to be consistent with information flow to the Boards. Todd introduced a beta model of a MH Board binder to hold all of the information distributed throughout the year, to include priority populations/descriptions, crisis functions, dashboards, etc. Joy will bring the binders to each Board meeting so that there is a point of reference for each Board member to access. Todd wanted to acknowledge that Region 3’s medication management program recently completed the quarterly inventory review. At this time Region 3 is helping clients manage over 140,000 total pills with a flow in/out of approximately 30,000 per month with a 99.4% accuracy rate of inventory control.

Jose Valle updated the Boards that a Continuous Quality Improvement (CQI) audit was performed earlier in the month in Children’s Mental Health and Region 3 met a standard of 91% compliance. The CQI audit team is seen as a consulting team to assess our compliance with policy standards and note areas of possible improvement. Jose is very thankful for their assistance and direction.

In addition, Jose reported on the status of the Priority 3, 19-2524 court ordered clients. Here, he shared an update on the pilot where each Judicial District assigned a pre-sentence investigator (PSI) to process targeted cases and help determine the workload

	<p>impact secondary to changes in Idaho Code 19-2524. The PSI will refer clients to DHW that require a mental health assessment. A brief screening assessment is completed to determine mental health concerns. Data is being tracked through the WITS system on a Statewide level.</p>
Medicaid and AMR Update	<p>Matt Wimmer from Central Office presented an overview of non-emergency medical Medicaid transportation. This service provides transportation to an array of client services. Transportation is defined as the closest appropriate provider. There are some exceptions for clients with supporting documentation that can receive transportation outside of their community. In 2010, DHW began using a brokerage organization for transportation to increase and streamline the standard of care. There was some discussion surrounding transportation issues and Mike suggested that we contact Sara Stith with AMR (brokerage) at 208-287-1173.</p>
Idaho Suicide Prevention Update	<p>Kathie Garrett provided some background information on the Idaho Suicide Prevention Hotline. In 2006, the Governor created the Idaho Council on Suicide Prevention. The Council was tasked with two priorities: Revisit the 2003 Idaho Suicide Prevention Plan and produce an updated Plan for implementation. The Plan can be accessed at <a href="http://www.spanidaho.org">www.spanidaho.org</a></p>
Behavioral Health Transformation	<p>Ross Edmunds updated the Board that the Medicaid RFP is now available. The Governor's work group on Medicaid Expansion will be meeting again tomorrow. That work group is tasked with expansion in Idaho. Ross reported that his view of the hallmarks of a transformed BH system are:</p> <ul style="list-style-type: none"> <li>• Integration between MH and SA, looking at the client holistically</li> <li>• Local input and control that is recovery oriented and consumer driven</li> <li>• Maximum efficiency coupled with maximum effectiveness</li> <li>• Well defined roles and responsibilities.</li> <li>• Gaps are identified and needs are met</li> </ul> <p>Ross reported that Central Office is in itself integrating Substance Use Disorders into Behavioral Health and determining the functions. Ross emphasized that SUD's is not going away, but integrating into other policy units within the Division. There will be proposed legislation in 2013 with regards to updating Title 39, Chapter 31 of the IDAPA Codes. Each Region will then have a Behavioral Health Development Board which will provide them with the authority to make decisions at a local level. Kathy Skippen will be taking on more responsibility surrounding developing a recovery</p>

	oriented community. There are other services such as transportation, housing, employment, etc. which insurance companies do not cover. These gaps in services would be identified and the ability to respond to those needs provided at a local level. The CRDS' statewide will be assisting the Boards through this transformation.
Next meeting	Region 3 Meeting: October 24, 2012 Region 4 Meeting: TBA