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Region 4 RAC Providers Subcommittee Meeting and Combined RAC and
R4 MH Board Meeting Minutes January 9, 2013

Rosie Aldueza, Beth Baker, Marilyn Baughman, Teri Carrigan, Chris Christopher, Melanie Curtis, Anissa Derrick, Michael Dickson, Greg Dickerson, Suzette Driscoll, Martha Ekhoﬀ, Beth Fortuna, LaDessa Foster, Vern Garrett, Krista Green, Alacia Handy, Dennis Hardziej, Shawn Jensen, Amy Jeppesen, Sandy Jones, Michael LaRocco, Troy Nickel, Randy Nurmi, Wendy Perez, Ryan Porter, John Reeves, Darren Richman, Chris Saunders, Terry Shake, Kathy Skippen, Jim Tibbs, Rhonda Wenzel, Ted Wenzel, Justin Walker, Gary Williams, Gina Westcott, , and Region 4 staff, Laura Thomas

RAC Providers Subcommittee was called to order at 9:05 by Chair Darren Richman

Agency Updates

Health and Welfare – Kathy Skippen introduced the new behavioral health operations program manager Rosie Andueza. Rosie has been with the department since 1998; most recently as program manager of the SNAP (food stamps) program. Welcome Rosie!

Budget figures show that 50% into the year expenditures are slightly over 50% (see attached documents). This is great news compared to other years. There are still budget challenges as three new priority populations are opened up for services: Misdemeanants will be referrals from domestic violence courts; At risk youth will be pilot projects in Canyon county through specific school districts; and treatment services for mental health clients with co-occurring disorders currently treated by DHW regional mental health program staff. The area of the budget significantly over budget is IV Drug Users. Efforts are ongoing to assure these clients are placed with the appropriate funding category and agency. One change that may help is during the BPA intake call, a question to determine if the person is supervised for felony or misdemeanor charges has been added.

Kathy announced that the Division of Behavioral Health has been awarded a Transformation Transfer Initiative Grant from the National Association of State Mental Health Program Directors. Two items of interest that will be funded by the grant are the development of a tool kit to help move the regions through the transformation process and Recovery Coach Training scheduled for May 21-25, 2013 in Boise. We expect to train up to 50 recovery coaches and with fifteen of that number trained as trainers. CCAR of Connecticut will be conducting the training; Phillip Valentine of that group was a keynote speaker at ICADD 2012.

The IDAPA rule changes will be presented to the legislature; when hearing are held, providers will have an opportunity to testify. The rules will be presented on January 21 in the House Health and Welfare Committee, no date yet for the Senate committee.

BPA Update – Michael Dickson noted that they have received questions from providers regarding the process for becoming a Medicaid provider. He encourages all providers to stay current with changes that will be happening over the next 9 months. Providers interested in providing services for Domestic

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Violence clients need to be accredited by the Domestic Violence Council. Providers should note that all referrals to services for Domestic Violence court clients will be made by the Domestic Court Coordinators in their respective counties. With the addition of the Adult Mental Health population, the Managed Care contractor will have their own application and credentialing process. We don't know what that looks like until the contractor is chosen. Many of these clients have higher mental health acuity needs and providers may need to accommodate for these services, including use of medications, group composition, etc. These referrals will come directly from DHW rather than through BPA.

IDOC Update - Suzette Driscoll reported that the budget is trending slightly over with up to 58% at 50% of year. The variance from the DHW expenditure reports is due to SUD expenditures for transitional housing and vocational rehabilitation services. The 19-2524 Statute has changed and IDOC, the Courts and DHW are working together to develop an efficient process to meet the increase in services. This remains the priority population for IDOC and we anticipate an increase of 80-100 assessments each month.

Suzette reminded providers to always contact the client's Parole Officer to partner with them for clients exhibiting or experiencing symptoms of mental health issues.

IDOC will be adding co-pays in the future. This will be determined by population and IDOC is sensitive to the needs of the offenders and the impact this will have on the provider network. Co-pays provide a means of buy-in for clients and help with stewardship of tax dollars. She expects they will use a standard reimbursement rate for providers, not a sliding scale. A request was made to help providers avoid the issue of clients with co-pays that add up and the result in a request to change service providers. IDOC does expect providers to provide unpaid services.

Suzette is working through the IVDU list and is finding that less than 100 clients are IDOC clients; many have been arrested but are not under supervision at the time of their call.

The WITS pilot continues to go well; there has been great cooperation between agencies and providers.

Providers were thanked for their efforts on CSR reviews. IDOC is seeing improvements in the notes and appreciates the collaboration with providers. Any areas of concern should be addressed to POs or with Suzette.

Id Courts – Ryan Porter provided an overview of the budget to date (see attached documents) . The courts trended at 36% of budget at 46% of the year. Residential services provide a challenge; sometimes a client was discharged and the result was transfer to another funding stream for the residential care. The courts have identified some funds that are being carefully managed for these clients. The hope is that it will relieve pressure from other partners' funding.

A working group is reviewing the current process for 19-2425 cases. The courts, IDOC and regional DHW staff are working on means to improve processes and efficiencies to benefit all – clients, staff and funding agencies.

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Drug court teams are now involved with WITS training.

The RFP for contract management services has been completed by the partner agencies and is currently under review at DHW prior to its release later this month.

The next providers' subcommittee meeting will be February 13, 2013 at 9 am and the location will be announced.

The provider subcommittee meeting was adjourned at 9:50 a.m.

The combined RAC and Mental Health Board meeting was called to order at 10:03 a.m. by Chairs Darren Richman and Greg Dickerson. The proposed agenda was approved. The Minutes from the November 14, 2012 RAC meeting and December 12, 2012 Mental Health board meeting were approved by their respective groups. Brief introductions were held to acquaint everyone in the room.

Tony Faraca from the Idaho State Liquor Division provided an information session on Idaho's current control system of liquor distribution. Information included current revenues generated and distribution of those revenues to cities, counties, substance abuse treatment and courts, potential public health/safety and financial scenarios if sales in Idaho were privatized similar to steps taken in the state of Washington last year, and opportunities to ask questions. Copies of an informational brochure were provided (see attachments).

Ross Edmunds, Division Administrator for Behavioral Health reviewed the proposed legislation (attached) for creating regional behavioral health boards, which would merge the current RAC and MH board. Ross began his information with the acknowledgement that health care insurance is changing. The shift of Medicaid to a Managed Care system will produce changes. The Affordable Care Act and expansion of Medicaid will further affect the insurance status of Idahoans. Most people will have insurance and that insurance will include behavioral health services. The services that support recovery – housing, transportation (medical and non-medical needs), vocational training and more – are not part of insurance coverage. In many areas of Idaho these services are missing, or if present, may not fully meet the needs of citizens.

The intention of the legislation is to create regional behavioral health boards that will have the ability to meet these recovery support service needs. Creating new entities will allow for hiring of staff, writing contracts and grants, and leveraging and administering funds for local needs.

Behavioral health is an encompassing term – it means both substance abuse and mental health – early interventions, treatment, and recovery support for all behavioral health conditions. It is not one or the other but both and these boards will help Idaho move to a more integrated system.

A brief explanation of the legislative process was covered for the proposed legislation. The proposed legislation is currently assigned an RS number, which stand for routing slip. This is the means by which the Executive Branch – the Governor and by his direction the Department of Health and Welfare as the agency – can bring the proposal to the Senate Health and Welfare committee. That committee, after hearing the presentation can have the proposed legislation printed, at which time it will be assigned a

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legislative number from the Senate side. After printing, the proposed legislation is again presented to the Senate H&W committee. They decide to if they want to hold, change or pass. If passed, a sponsor is assigned and the bill moves through the process. The DHW will continue to provide updates on the status of the proposed legislation to stakeholders through the RAC and MH boards.

Two areas of concern were raised. One was how recovery support services fit into the design of the new board. The expertise and concerns of SUDS treatment are different from SUDS recovery support services and the desire to have a role for both voices in the board was expressed. Because the model allows for additional members beyond the ones specifically identified by the proposed legislation and the intention is to focus on building local recovery support services, the expectation is that recovery support would be an active part of the local board, either in an ad hoc or official voting capacity.

The second question was how Children's Mental Health fit into the new board representation and responsibilities. Family members of a child with mental health concerns are to be part of the new board make up, so the view is that nothing should change in terms of importance from a regional board's current children's mental health subcommittee. In terms of the direction given to those existing boards for observations on the Jeff D lawsuit, it will be up to the local boards to determine how they will approach that work. An Annual Report on Children's Mental Health in Idaho has recently been prepared and will be presented to the Mental Health Planning Council next week. Once distributed, it may also provide some guidance to regional boards.

Everyone was encouraged to share their thoughts, suggestions and insights on the proposed legislation directly to Ross Edmunds EdmundsR@dhw.idaho.gov or to Laura Thomas ThomasL@dhw.idaho.gov or Gina Westcott WestcotG@dhw.idaho.gov.

Discussion on future combined meetings – by group consensus it was decided to continue to meet as a combined group on the dates the full RAC meets – the second Wednesday of these months: March 13, May 8, July 10, September 11 and November 13, 2013 from 10 a.m. to noon and the meetings will be in this same location (Training Room in Building #3, ACSO) unless otherwise noted. The March 13 meeting location might be Room 131 at Westgate (Region 4 H&W) if the training room in Building #3 ACSO is not available (currently there is a schedule conflict).

The Mental Health board will continue to meet at its regular time and place in February, April, June, August, October and December of 2013 (noon to 2 pm on the 2nd Tuesday of the month).

Each group's respective subcommittees will continue to meet according to their schedules.

A brief discussion on the Psychiatric Nurse Practitioners and Mental Hold draft legislation ensued. Several areas of concern were noted with recognition that the intent of the draft was to provide necessary emergency treatment. Members are encouraged to send their comments to Greg Dickerson, GregMSW@aol.com to compile and he will pass along to the appropriate groups and individuals.

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Due to time restraints, no networking updates were given. Any group or individual with an update that they want to appear in the meeting minutes was asked to email it to Laura Thomas, ThomasL@dhw.idaho.gov .

The meeting was adjourned by the chairs at noon.