



## Region IV Behavioral Health Board Meeting

December 13th, 2018

Room 131, 1720 Westgate Drive, Boise, ID 83704

11:00 AM – 1:00 PM

Call-in number: 1-240-454-0879

Meeting Number or Access Code: 803 218 413

Meeting Password: 59399994

### Presiding Officer: Kim Keys, Chair

**Board Attendees:** Autumn Brechwald; Jennifer Burlage, Treasurer; Elt Hasbrouck; Brandi Hissong; Amy Korb, Vice-Chair; Sanda Kuzeta-Cerimagic; Russell Salyards; Mary Pirnie; Wayne Sharp; Rebecca Travis, Secretary; Ryan Jensen

**Board Attendees by Phone:** Chris Christopher; Rick Visser; Monica Forbes;

**Members of the Public:** Joe Marti; Matt Johansen; Mechelle Wilson; Bevin Modrak; Vanessa Johnson; Michele Dooley; David Welsh; Representative Wintrow; Alexis Pickering; Carly Doud

Agenda Item	Presenter	Notes
Welcome and Call to Order;  Introductions and Review of Mission and Vision;  Consent Agenda;	Kim Keys, Chair	Meeting was called to order at 11:06am. Due to lack of quorum at the start of the meeting the consent agenda could not be approved.  When quorum was met, Amy moved and Wayne seconded, all in favor to approve the consent agenda which included the following: <ul style="list-style-type: none"> <li>December 6, 2018 1 Executive Committee Minutes</li> <li>November 8, 2018 Behavioral Health Board Minutes</li> <li>December 13, 2018 Behavioral Health Board Agenda</li> </ul>
DBH Update	Jen Burlage, Treasurer	ICANS setup for Optum network providers use of CANS has continued. In January of 2018, DBH had to implement a waitlist for new IVDU referrals due to budget reasons. Since June they have been working with BPA Health to connect with individuals who had been on the waitlist the longest to offer them service. As of November 13, 2018, all of these individuals have been removed from the waitlist to offer treatment to those remaining and re-open this funding stream for new eligible referrals.  Representative Wintrow asked how many probation parolees qualify for SUDS funding. It was discussed at an ICJC meeting that 79% of those incarcerated meet the criteria for a diagnosis of substance use disorder, however a psychiatrist with IDOC believed this number to be closer to 90%. The number of people that qualify for SUDS services is different than the number of people that access SUDS services. Rep. Wintrow is interested in the big picture and what the population of probation parolees who qualify for SUDS looks like number wise, especially as Medicaid is expanding. Jen suggested Rep. Wintrow be connected with Rosie Andueza.

		<p>Alexis asked Jen what were DBH’s legislative priorities for the upcoming session. Going into the 2019 legislative session, DBH will be focusing on Medicaid expansion. DBH will contribute to the discussions around how it is funded and who would qualify. They are in the preplanning stages and most of next year will be focusing on the details. There is already a discussion of who still remains in a gap. Services and DEs are expanding, and population centers are growing at a rapid rate. There is a struggle to balance out the crisis work and how much staff is available. Existing DEs will be reallocated.</p> <p>Inmates lose Medicaid as soon as they enter jail or prison. The parole population will qualify for Medicaid once they are released from jail, however there is a gap in time from when inmates are released from jail, to the time they receive Medicaid. This gap in time is an issue as it prevents newly released prisoners from getting treatment, becoming stable, and becoming self-sufficient. Right now many newly released prisoners are going to Terry Reilly, but they have a waitlist so DBH takes them in the clinic until they can get into Terry Reilly.</p> <p>Sanda shared that there is a new re-entry center that IDOC just opened. It is a one stop shop center where case managers will work with clients 60 days prior to release while they are incarcerated to determine a list of what needs to be done, and will continue to work with them 60 days after to ensure they are getting the support they need. It is designed to help these people with the transition back into society. They will partner with other services to provide resources such as a job search. This is a pilot program and is grant funded. If the project is successful, the department will look at providing more stable funding.</p>
YES Reimbursement	David Welsh, Division of Medicaid	<p>David Welsh with the Division of Medicaid provided an update on the new YES reimbursement. The following three tiers will be assessed for those who qualify for YES:</p> <ul style="list-style-type: none"> <li>• <b>0-150% of the Federal Poverty Level:</b> These families will not be assessed a premium, but they will still have a copay for certain services which the providers collect at the time of service.</li> <li>• <b>150-185% of the Federal Poverty Level:</b> These families will be assessed a \$15/month premium per child and will have copays that will be collected by providers at the time of service.</li> <li>• <b>185-300% of the Federal Poverty Level:</b> These families will have a 5% premium of their accountable income. The families’ accountable income will be determined by applying certain deductions to their income. There is also an option for families to apply for a hardship which could potentially lower their accountable income. The process of applying for a hardship is being worked on right now.</li> </ul> <p>A concern was brought up that the 150-185% tier may be out of balance with the 185-300% tier, as the middle group may have to pay proportionally more, making it unfair to higher income earners. David stated that most of the time, the 5% premium will be above \$15. He also stated that if a family has a different primary insurance and has Medicaid a YES child, then that family</p>

		<p>would not be subject to the \$15 or 5% premium. However, if a service isn't covered by the family's primary insurance and it is covered by Medicaid, then Medicaid may charge the copay. If a family is unable to pay they copay, then that responsibility is given to the provider. Commissioner Hasbrouck suggested that these families may be able to use the indigent fund to cover these costs.</p> <p>David gave the following example of how accountable income may be determined a two parent family with three children in the 185-300% tier:</p> <ul style="list-style-type: none"> <li>• If the family's income is \$50,000/year, the IRS standard deduction will be applied (\$12,000/parent) leaving a net income of \$26,000/year. This net income is split in half for housing expenses leaving \$13,000/year. A \$200/month deductible is applied per child for childcare deduction. In this example, this would leave the applicable income at \$5,800. A 5% premium would be \$290, or \$24.16/month.</li> </ul> <p>The roll out date to implement these premiums is unknown, but will likely happen in the spring. The plan to implement the premiums will be to have the families go through Self Reliance (IDHW) where they will receive a notification of what their premiums and copays will be. The families will also receive an invoice in 60 days which will provide a number to call so they are able to apply for a hardship if need be.</p>
<p>Meet &amp; Greet Planning</p> <ul style="list-style-type: none"> <li>• Invite List – Make additions by COB 12/18/18</li> <li>• Schedule of Events – Board Member Sign-Up by COB 1/07/18 (Moderator)</li> <li>• Sponsorship</li> <li>• Speaker Update</li> </ul>	<p>Rebecca Travis, Secretary</p>	<p>The invite list for the 2019 Meet &amp; Greet has been sent out to the Board members to review and make any changes. This is not a public event, so only people on the list will be invited, as well as the legislators and members of each committee.</p> <p>A SignUp genius will also be created for Board members to sign up and help the day of the event. There will need to be volunteers for set-up, take down, greeters, as well as a moderator for the Q&amp;A.</p> <p>The sponsorship letter has been shared with the Board. We have received some sponsorships and Board members are encouraged to continue sharing the letter. The amount of the donation does not matter.</p> <p>Speakers have been finalized. They will include Andrew Holmes, a graduate of the Mental Health Court as the keynote speaker followed by a Q&amp;A panel consisting of newly elected Ada County Commissioner Lachiondo, Ada County Sheriff Bartlett, and Boise City Police Chief Bones. Two or three questions will be prepared ahead of time for the panel, and someone from the Board will need to moderate the Q&amp;A.</p> <p><i>Action items:</i></p> <ul style="list-style-type: none"> <li>• Carly to create a SignUp Genius for the 2019 Meet &amp; Greet and distribute to Board members.</li> <li>• Board members complete SignUp Genius by 1/08/19</li> </ul>

		<ul style="list-style-type: none"> <li>• <i>Board members to edit invite list by 12/18/18</i></li> </ul>
<p>Policy Priorities Discussion with Representative Wintrow</p>	<p>All</p>	<p>Board members were provided a piece of paper to write down their top three policy priorities. These priorities will be compiled to look for themes to report back at the January meeting in preparation for the Meet &amp; Greet.</p> <p>Board members participated in a discussion with Rep. Wintrow regarding the Board’s policy priorities. Addressing the housing crisis was a priority that was brought up by multiple Board members. Lack of housing affordability is a problem for everyone in the community, but especially for those who have been incarcerated or with mental health problems. It is difficult for someone to be in recovery and stay stable without housing. Because of this, people that can’t find housing anywhere else end up being “housed” in jail. Healthcare for inmates is another policy priority that was discussed. Inmates in prison receive Corizon Healthcare, but county inmates don’t, and the counties end up paying for their healthcare. When inmates are released from jail, there is a gap in time where they don’t have insurance while they are applying for Medicaid. IDOC has begun a re-entry program for newly released prisoners transitioning back into society. This is a grant funded program and is the third major push for a re-entry program. These programs have been successful in the past, but when the funding goes away the programs crumble. It is important to find secured funding to continue the work when the grant ends. The McArthur grant secured by Ada County Sheriff was also mentioned and it was suggested that the Board invite Tim Lee from Ada County Sheriff’s office to a meeting to discuss this program further.</p> <p>Rep. Wintrow encouraged the Board to keep the discussion going. She stated these conversations need to include the state, county, and city leaders. It’s important for everyone to continue to voice their concerns to their representative.</p> <p>Ensuring that Medicaid expansion is funded was another topic discussed with Rep. Wintrow. Idaho will need to allocate ten million dollars to pay for Medicaid expansion in the first year. There are many benefits to expanding Medicaid, such as potentially decreasing emergency department use for unnecessary visits and save County indigent funds, along with providing coverage for those in the coverage gap. Commissioner Hasbrouck stated that there is some concern that funding for the expansion may come from funding for schools or roads. Rep. Wintrow believes the money won’t be coming from schools or roads, rather can be adjusted and allocated with other cash flows. After the first few years, it will likely show savings and pay for itself. Another concern was that legislators may use money from the Millennium Fund to fund Medicaid expansion. Unfortunately, there is not a statute that requires the money from the Millennium Fund be used for tobacco use prevention, so in theory there is a chance that it could be used for Medicaid expansion. Rep. Wintrow does not support this, and stated that there is money for Medicaid expansion and the Millennium Fund should continue to be used in tobacco prevention efforts.</p>

		<p>Alexis voiced a concern about adding unnecessary work requirements to Medicaid expansion and how that would negatively affect the gap population and increase overhead costs. Alexis asked how to have that discussion with legislators who don't agree with Medicaid expansion altogether. Rep. Wintrow advised we add talking points about sticking to the will of the people, and what was passed with Proposition 2. Sometimes people use the term "able bodied" and would that impact those with mental health problems. Hopefully if a doctor states someone is unable for work they would qualify for disability and Medicaid.</p> <p>Ryan travelled to Spokane to attend a Pre-Arrest Diversion Training Conference put on by the International Association of Chiefs of Police. The term "pre-arrest diversion" was initially misleading as it can be interpreted that arrest is part of the diversion process, but actually "pre-arrest diversion" is a goal to help people get into treatment before arrest is an option. The goal is to identify eligible candidates with substance use issues and put them into a treatment program in exchange for assistance in other cases and to decrease arrests. Boise City has started the LEAP program which is similar, but different as it is for individuals who have already been charged. People in the LEAP program work with a substance abuse provider and case manager. It can be considered to be similar to drug court, but without involving the court.</p> <p>Rep. Wintrow suggested we devise a methodology to engage legislators on these issues by assigning Board members to meet with their state representatives on a regular basis, and foster relationships with them outside of the session. Rep. Wintrow recommended we focus on our top priority such as raising awareness about mental health throughout the state, and then create a timeline to educate the legislators regarding this priority. This strategy takes time, but can be effective in communicating a message to the legislators.</p> <p>Rep. Wintrow wanted to know how many safe and sober houses currently exist, and what they are like. Most of the safe and sober houses are private, and this is included on the Board's Gaps and Needs Analysis. SUD homes have a different level than mental health and cost less. A private organization is able to apply to DHW. There are several that do a great job, but the issue is that there aren't enough that have good quality. DBH just received a grant that will help the enhanced safe and sober houses. Enhanced houses are sober, but also offer other services such as social work.</p>
Strategic Plan Review – Determination of Next Steps	All	Kim suggested this be discussed at the next Board meeting due to lack of time.

<p>Committee Update – Wellness &amp; Recovery</p> <ul style="list-style-type: none"> <li>• HRSA Grant</li> </ul>	<p>Monica Forbes</p>	<p>A HRSA planning grant for funding rural opioid response programs is accepting grant proposals by Jan. 11, 2019. Grant proposals need to be a collaborative effort and address the opioid crisis in rural communities. Monica’s idea for a grant proposal would be expanding peer recovery services and CDHD would apply on behalf of the Board with the Recovery and Wellness committee organizing and developing the grant proposal. Public Health Districts 1, 3, 7 and ODP are interested in applying for the grant. Jen suggested that ODP may be interested in collaboration if other regions are involved. Alexis is going to reach out to ODP to see if the Board can support and assist their grant proposal and have the deliverables include Region 4. There is \$124 million dollars to be given to 120 agencies/states across the country. CDHD has previously received a HRSA grant and therefore they know how much work this grant application can be, Commissioner Visser suggested we consider paramedics as a collaborative partner.</p> <p><i>Action items:</i></p> <ul style="list-style-type: none"> <li>• Alexis to email Nicole regarding the grant and Cc Monica</li> <li>• Commissioner Visser to send Alexis an email with Sean’s email address</li> </ul>
<p>Announcements: Agenda Items; Wrap-up</p>	<p>All</p>	<p>Board members were asked to turn in their top three priorities and to sign up for shifts for the Meet &amp; Greet when the SignUp Genius is sent out.</p> <p>Board members were also reminded and encouraged to send out the sponsorship letter to their contacts.</p> <p>Amy moved and Jen seconded to adjourn the meeting. All were in favor.</p> <p>Meeting adjourned at 1:00pm</p>

Next scheduled Board Meeting: January 10th, 2019 – 11:00 AM – 1:00 PM Room 131 Region 4 Offices, 1720 Westgate Drive



## **Region 4 Behavioral Health Board**

**Mission:** *We improve behavioral health by developing solutions with our communities.*

**Vision:** *An integrated health system accessible to everyone*

**Values:** *Respect – We value all perspectives.*

*Progressive – We move forward.*

*Integrity – We do the right thing.*

*Innovative - We are open to new ideas.*

*Transparent – We clearly show what we do and why we do it.*

### **Strategic Planning Goals**

**Improve** continuity of care through education and awareness.

**Educate** and inform policymakers on statutes that inhibit care.