



Region 4 Behavioral Health Board Meeting

January 9th, 2020

Central District Health, Huckleberry Room

11:00am – 1:00pm

To join from a computer: <https://global.gotomeeting.com/join/285248997>

Call in number: 1-872-240-3412

Access Code: 285-248-997

Presiding Officer: Sanda Kuzeta-Cerimagic, Vice-Chair

Board Attendees: Jen Burlage, Treasurer; Christina Smith; Steven Hogue; Laura Kiehl; Monica Forbes; Wayne Sharp; Autumn Brechwald; Chris Christopher, Member-at-Large; Kim Keys; Sherry Maupin; Suzanne McKinney; Kelsey Pierce; Mary Pirnie; Russell Salyards;

Board Attendees by Phone: Heather Burch; Elisha Figueroa; Jake Wilson;

Members of the Public: Carly Doud, CDH; Caroline Messerschmidt, CDH; Laura Smith, CDH; Michelle Dooley; Diane Miller; Jody Olson; Jan Jacobs; Michelle Barker; Mallory Kotze; Deborah Dawn Colwell; Kenny Gray

Time	Agenda Item	Presenter	Notes
11:00 – 11:15	Welcome and Call to Order; Consent Agenda; <ul style="list-style-type: none"> Quorum: 15 attendees Introductions and Review of Mission and Vision;	Ellen Afflick, Chair	Meeting called to order at 11:06am Jen moved and Monica seconded, all in favor to approve the consent agenda which includes the following: <ul style="list-style-type: none"> Agenda for January 9, 2020 Board minutes for December 12, 2019 Executive Committee minutes for January 2, 2020 Introductions were made and the mission & vision were reviewed.
11:15 – 11:45	Network Adequacy in Rural Areas	Optum	Diane Miller and Michelle Barker from Optum Idaho presented to the Behavioral Health Board regarding network adequacy in rural areas. The board discussed ideas to expand tele health services in rural areas. With Governor Little’s Idaho Broadband Task Force there may be opportunities to expand tele health services to rural areas as this taskforce will hopefully improve connectivity and broadband infrastructure in Idaho. Board members discussed the tele health can be difficult as many of their clients have a hard time finding a strong internet connection and a private place for the session. Diane Miller stated that Optum would reimburse their providers for an “Originating Site Facility Fee”. If providers let clients use their space for

			tele health services with a different distant provider, they can be reimbursed for that time. Diane did not know the CPT codes off the top of her head but stated she will send them to Carly to share with the board.
11:45 – 12:10	Stigma Presentation	Monica Forbes, Secretary	<p>Monica Forbes presented on stigma to the Region 4 Behavioral Health Board. Stigma refers to negative ways in which society views people with addiction and mental health problems. There are two distinct types of stigma:</p> <ul style="list-style-type: none"> • Social Stigma, which is characterized by prejudicial attitudes and discrimination behavior, directed toward individuals with substance use disorders. • Self-Stigma is the internalizing by the individual of their perceptions of discrimination and perceived stigma can significantly affect feelings of shame and lead to reduced treatment outcomes. <p>Stigma can cause violation of human rights, lack of employment, negative feelings about themselves, avoiding services, and continuing substance use.</p> <p>We as individuals can help reduce stigma by using appropriate language (i.e. person first language), showing compassion to those struggling, and by educating and raising awareness.</p>
12:10 – 12:20	DBH Update	Jen Burlage, Treasurer	<p>Jen had to leave the meeting early so the DBH update will have to wait until the February meeting.</p> <p>Christina moved and Autumn seconded, all in favor to remove the DBH update from the January agenda.</p>
12:20 – 12:30	Partnership for Success Grant	Caroline Messerschmidt, CDH	<p>Caroline let the board know that the Office of Drug Policy will be distributing a capacity survey to the Behavioral Health Boards, and needs all members to participate. Caroline stated that the survey should take a few minutes to complete and encouraged board members to complete it once they receive the link. The survey is very important, and ODP will be following up with board members who don't complete the survey.</p> <p>Caroline announced to the board that this is her last week at Central District Health. She has accepted a position as the program manager for the Drug Overdose and Prevention Program and the Idaho</p>

			Department of Health and Welfare. She is sad to leave Central District Health, but is looking forward to this new opportunity.
12:30 – 12:50	<p>2020 Meet & Greet</p> <ul style="list-style-type: none"> • Panel Questions • Invite List • Miscellaneous 	Carly Doud, CDH	<p>Carly let the board know that most of the logistics for the event have been taken care of. What the board needs to work on now is the questions to ask the panelists and following up on the invite list. The board reviewed the questions that were asked at last year's Meet & Greet panel, and made some adjustments for this year. After some discussion, the board decided to use the following questions:</p> <ol style="list-style-type: none"> 1. What are the top priorities for youth or adult behavioral health in your organization? 2. What should people in the room know about the impact of housing on behavioral health in the community? 3. What from a legislative standpoint could alleviate challenges with respect to youth or adult behavioral health in your organization? 4. Accept questions from the audience. 5. Closing: Can you share a brief story of yourself or someone you know who has been positively impacted by the work you're doing in behavioral health? For example, as a result of changing a system, a process, more funding, policy, etc. <p>Laura volunteered to be the moderator for the panel. She will ask the previous questions while also probing for answers regarding housing, crisis, recovery, probation, overall wellness, cost burden/affordability, etc.</p> <p>Carly let the board know that she has sent out invitations and around 30 people have RSVP'd. We need more than that to attend, so Carly encouraged board members to review the invitation list and to send the invite out to anyone in their network they think should attend.</p>
12:50 – 12:55	<p>Social Hour March</p> <ul style="list-style-type: none"> • Vote to change time to 2:00-4:00pm 	Ellen Afflick, Chair	<p>The board has not met for a social hour since October, and is due for one soon. The next Social Hour will be held on March 12, 2020. The board meeting that day will need to be moved from 2:00-4:00pm and the social hour will be held immediately afterwards. Suzanne moved and Christina seconded to move the October meeting to 2:00-4:00pm. All in favor. Motion passed.</p>

<p>12:55 – 1:00</p>	<p>Announcements:</p> <ul style="list-style-type: none"> • Strategic Planning in February <p>Agenda Items; Wrap-up</p>	<p>All</p>	<p>Carly let the board know that we will begin our strategic planning during the February meeting and encouraged board members to attend in person if possible.</p> <p>Other announcements:</p> <ul style="list-style-type: none"> • January 9, 2020: Cottonwood Creek Behavioral Hospital will be hosting an Open House for their Adolescent Unit that is opening on January 14, 2020. • January 23, 2020: Myths & History of Addiction, a free continuing education event hosted by Ashwood Recovery. • February 25, 2020 and September 2, 2020: Free MAT Training with ECHO Idaho • April 6 – 10, 2020 & July 13 – 17, 2020: Peer Support Specialist Training. <p>Monica moved, and Laura seconded to adjourn the meeting. All were in favor.</p> <p>Meeting adjourned at 1:01pm</p>
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Next scheduled board meeting: February 13, 2020
11:00am – 1:00pm



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.