

Region IV Behavioral Health Board Meeting

January 10th, 2019 Room 131, 1720 Westgate Drive, Boise, ID 83704 11:00 AM – 1:00 PM

> Call in number: 1-646-749-3112 Access Code: 934-594-389

Presiding Officer: Kim Keys, Chair

Board Attendees: Ryan Jensen; Chris Christopher, Member-at-Large; Elt Hasbrouck; Rebecca Travis, Secretary; Amy Korb, Vice-Chair; Sanda Kuzeta-Cerimagic; Jake Wilson; Jen Burlage, Treasurer; Wayne Sharp; Larry Maneely; Autumn Brechwald; Mary

Pirnie; Brandi Hissong;

Board Attendees by Phone: Monica Forbes; Fred Kesler; Elisha Figueroa

Designee: Larry Maneely

Members of the Public: Amanda Leader; Gina Westcott; Ali Shields; Joe Marti; Vanessa Johnson; Michelle Dooley; Shirley Freer;

Anna Guida; Bernie Wolinski; Alexis Pickering; Carly Doud; Caroline Messerschmidt

Members of the Public by Phone: Bevin Modrak

Agenda Item	Presenter	Notes
Welcome and Call to Order;	Kim Keys, Chair	Meeting was called to order at 11:06am. Introductions were made and quorum was met.
Introductions and Review of Mission and Vision;		Wayne moved and Elt seconded, all in favor to approve the consent agenda which included the following:
Consent Agenda;		 January 3, 2019 Executive Committee Minutes
		 December 13, 2018 Behavioral Health Board Minutes January 10, 2019 Behavioral Health Agenda
DBH Update	Jen Burlage, Treasurer	No update for this month.
Meet & Greet Planning	Kim Keys,	Carly reviewed the SignUp Genius with the Board. More volunteers are still needed for
SignUp GeniusTalking Points & Policy	Chair	the Meet & Greet and she will send the link out again for members to sign up.
Priorities		Kim reviewed the policy priorities that Board members wrote down at the December
		meeting and summarized them for talking points to use at the 2019 Meet & Greet.
		Housing was the number one priority identified by the Board. This priority will focus on
		long term funding to create new housing, and improve upon existing housing options for
		individuals with behavioral health issues. This includes re-entry for felons, and
		supported housing for long term mentally ill/homeless. The goal of this is to reduce
		recidivism and expensive emergent services. The second talking point focuses on
		funding opportunities for preventive policies that include programs to divert individuals

		with mental illness/SUD away from jail, and again include housing and child care support programs. Kim will send these talking points out to the Board and an info card will be created to use at the Meet & Greet. Elt suggested we hand these info cards out at the Meet & Greet, as it is nice to have a literal take away. The Q&A panel was discussed by Board members. Ryan Jensen volunteered to be the Q&A moderator. It was decided that there will need to be questions prepared for the panel ahead of time so that members of the panel can be prepared. The Board discussed what these questions would look like and decided on the following: 1. What should people in the room know about behavioral health in the community? 2. What are the top (2-3) priorities for behavioral health in your organization? 3. From a legislative standpoint, what could alleviate challenges with respect to behavioral health in your organization? 4. Accept 1-3 questions from the audience, time permitting
		5. Can you share a story of 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.
		 Action items: Carly to send the SignUp Genius to the Board Kim to send the Policy Priorities to the Board Carly to printout the talking points for Board members to use during the Meet & Greet
Survey Discussion Increase presence in rural areas Increase involvement in community events Overview of operating system and increased input 	Kim Keys, Chair	A couple months ago a survey was sent out to Board members as part of the contract monitoring between DBH and CDHD. The survey asked Board members several questions regarding Board effectiveness and progress. There was less than 50% participation, so a new survey was created and sent out to the Board members to be used as a tool to identify and measure where the Behavioral Health Board and CDHD could improve. This survey had significantly more participation and several common themes became apparent from the survey.
from board		One theme that emerged from the survey is that the members would like to have increased presence and representation from rural areas. Currently, Ada county and Valley county are the only counties represented by the Board. Brandi used to represent Elmore county, but recently changed jobs and is now located in Ada county. She

		volunteered to reach out to Desert Sage to see if there is anyone from Elmore county that would be interested in being involved with the Board. One strategy to increase representation from rural areas is to specifically target Elmore and Boise counties when seats open up for the Board. Video conferencing was another strategy discussed, as it may make it easier for people from other counties to participate in the Board if there is an option for video conferencing. Alexis updated the Board that CDHD is currently undergoing a 14-month remodel and when that is complete, we will have a conference room with video capabilities. Jen stated that video conferencing is currently available in our meeting room at DBH. The second theme that was identified in the survey was that the Board wanted increased involvement in community events. Kim mentioned to the Board that the marketing committee has dissipated, and in order to have more involvement with community events we need more participation in the marketing committee to solicit volunteers to be at the events. Jen also suggested to the Board that it is important for individuals to sign up for events on their own. It was also suggested that if a Board member wants to attend a certain event, that person can send an email to the Board for information to use at the
		event. It is however important that the event is tied to the Board's strategic plan, as we have said no to events in the past if they don't fall in line with the plan.
		The third theme that came from the survey is to review the operating system between CDHD and the Board. There was some feedback on the survey that there is confusion that there is "top down" dictation from CDHD to the Board. Kim reminded the Board that everything is set in motion by the strategic plan that the Board determined. The Board determined what to do with the strategic plan and the Executive Committee moves forward based on that plan. We will begin to add goals and objectives from the strategic plan to be reviewed by the Board every month.
Strategic Plan Review – Determination of Next Steps (Objective Two Focus)	All	As the Meet & Greet is almost over, the Board needs to begin moving forward with focusing on the next priority in the strategic plan. We will begin by the strategic plan in February and focusing on different goals and objectives each month.
 Follow up on discussion with Rep. Wintrow Engaging legislators Board meeting invitation 		Following up on the discussion with Representative Wintrow at December's meeting, it is important that Board members engage with legislators more often. Rep. Wintrow suggested we identify members of the Board that are willing to establish relationships with legislators throughout the year and consistently invite them to the Board meetings. The Board discussed starting by inviting legislators to the May Board meeting, and then have standing invitations thereafter so we are establishing relationships both during and after the legislative session. So far three legislators have RSVP'd for the Meet & Greet, and Diana Wasser and Carlos DeLeon will be going out to invite the legislators in

		person. It will be important to educate legislators about the Board and discuss our successes as well as continue to network and connect each other to resources.
		The strategic plan was brought up and reviewed. Jen suggested that the second goal will be challenging until next year because of Medicaid expansion, so the Board instead should focus on the first goal of objective two.
		Moving forward we will add the May meeting to the talking points for the Meet & Greet, come up with an agenda for the May meeting, and create a strategy for ongoing legislator invitations. This was brought to a vote. Autumn motioned to move forward with adding the project and Wayne seconded. All in favor.
		Action items:
		Add May meeting to the talking points for the Meet & Greet
		Create an agenda for the May meeting
Partnership for Success Grant Update	Caroline Messerschmidt	Caroline Messerschmidt is the new project coordinator for the Partnership for Success grant received from ODP. She informed the Board that it is a five-year grant received from ODP that is geared around youth. Caroline will coordinate the grant but is looking to the Board as the experts to try and figure out what is going on in the community. Caroline is currently working on the action plan and budget for the first year. There are three things she is required to do; facilitate drug impairment trainings for professionals, participate in the "Be The Parents" media campaign, and train two facilitators for Strengthening Families. Other than that, Caroline will be able to create her own projects and wants to focus on things that will be sustainable. Elt asked Caroline to explain what the drug impairment training is. She explained to the Board that she will go into schools and do a training at a professional day for teachers where she will them with skills to identify students that are drug impaired. Kim explained that this is a "mid-stream" strategy, because if a teacher can recognize someone who is impaired, we can get them into treatment before their brain is finished developing. In the interest of longevity, it was suggested that Caroline record these trainings. Currently teachers aren't receiving this training but nurses do, which is filtered through the SRO. Teachers are a bit out of the loop right now, and they are the front line for students. Many psychiatric medications have similar effects as other drugs, so it is important that the teachers receive proper training. Let suggested connecting with parents through the PTA. Studies have shown that if students are more involved with the school, they are less likely to misuse substances, but many families can't afford extracurricular activities. Caroline will plan on connecting with different Board members such as Autumn to see what is currently happening in schools, and how to reduce barriers.
		Caroline let the Board know that she will be sending out a survey to get an idea of what is currently going on in the community so she can get an idea of what will be impactful,

		and then the Board will be able to vote on what she focuses on in the first year. Her action plan needs to be done by the end of February. Our district will be focusing on alcohol and methamphetamine use. Other districts will focus on marijuana but we will not. Caroline will plan on attending the monthly Board meetings as well as YBH committee meetings to give updates each month. **Action item: * Caroline to send a survey out to the Board**
Committee Update – Youth Behavioral Committee	Amy Korb, Vice-Chair	Amy provided the Board an update on the Youth Behavioral Health committee. She stated they continue to meet every month, and Caroline was able to join the meeting on Tuesday. The past couple months they have presented the Boise State workforce analysis to the YBH committee, so there is continued education on the new YES services. One identified gap is homeless youth, and CATCH is also focusing on homeless youth.
		The YBH committee is aware of the funding they have available, and they are currently brainstorming ways to use this funding and link it back to trauma informed workgroup at DBH, and there is an opportunity for the committee to bring in a speaker to focus on trauma informed care for DBH.
		Amy provided the Board an update on the CATCH program. She stated that they have a "housing first" approach, and then they focus on treatment. On average, it takes someone who is enrolled in the CATCH program 4.8 months and \$4,000 to end homelessness for the family. Eighty percent of families who graduate from the CATCH program remain stably housed. YBH committee gap is youth homelessness, and the committee has developed a strong collaboration with the CATCH program.
Announcements: Agenda Items; Wrap-up	All	 The following announcements were shared with the Board and have been emailed to the Board and public distribution list: January 16th: Empower Idaho will be presenting a College Student Mental Health & Resiliency Webinar with Dr. Gregg Henriques January 22nd: NCOA Center for Healthy Aging will be hosting a webinar - Engage, Assess, Treat: Strategies for the Aging Network to Address Behavioral Health January 26th: NAMI will be hosting the Southwest Idaho Conference in Boise focusing on the Recovery Model – A Revolutionary Mental Health Approach February 12th: QPR (Question, Persuade, Refer) Gatekeeper Training sponsored by PacificSource and hosted by Empower Idaho

 February 26th: Idaho State Capitol Day presented by the American Foundation for Suicide Prevention, The Speedy Foundation, Idaho Suicide Prevention Coalition, NAMI Idaho, and Idaho Suicide Prevention Hotline Peer Support Specialist Training: Path to Prime, LLC has three upcoming Peer Support Specialist trainings coming up throughout Idaho.
Mary moved and Jake seconded to adjourn the meeting. All were in favor.
Meeting adjourned at 12:47

Next scheduled Board Meeting: February 14th, 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.