



Region 4 Behavioral Health Board Meeting

September 12th, 2019

11:00am – 1:00pm

1720 Westgate Drive, Room 131, Boise, ID 83704

Call in number: 1-786-535-3211

Access Code: 441-603-749

Presiding Officer: Ellen Afflick, Chair

Board Attendees: Jennifer Burlage, Treasurer; Kelsey Pierce; Autumn Brechwald; Christina Smith; Chris Christopher, Member-at-Large; Monica Forbes, Secretary; Elt Hasbrouck; Sanda Kuzeta-Cerimagic, Vice-Chair; Diana Lachiondo; Wayne Sharp; Jake Wilson; Laura Kiehl; Ryan Jensen

Board Attendees by Phone: Elisha Figueroa; Suzanne Lowman; Brandi Hissong; Russell Salyards

Members of the Public: Carly Doud, CDH; Caroline Messerschmidt, CDH; Ross Edmunds, DBH; Lori Wolff, Division of Medicaid; Matt Wimmer, Division of Medicaid; Representative Sue Chew; Senator Regina Bayer; Representative John Vander Woude; Michelle Dooley; Zack Stahl; Carlene Smith; Sarah Woodley; Hannah Christensen; Leanne Schwarz; Brenda Willson; Bevin Modrak; Crystal Ikebe; Megan Seger; Drew Ollivant; Karleen Smith; Bev Nicholson

Members of the Public by Phone: Ashley Fretwell

Agenda Item	Presenter	Notes
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 was called to order at 11:02am. Introductions were made, the mission was reviewed, and quorum was met. Sanda moved and Diana seconded, all in favor to approve the consent agenda which included the following: <ul style="list-style-type: none"> • September 5, 2019 Executive Committee Minutes • August 8, 2019 Behavioral Health Board minutes • September 12, 2019 Behavioral Health Board Agenda
Medicaid Expansion	Medicaid Office	Please see slides for more detail. Lori Wolff and Matt Wimmer from the Division of Medicaid presented to the Behavioral Health Board on Medicaid expansion and provided the following highlights: <ul style="list-style-type: none"> • Medicaid expansion became law in November 2018 after voters passed Proposition 2, and in April senate bill 1204 was finalized. Since then, the Department of Health & Welfare has built eligibility and claims processing, and has been submitting the necessary waivers. Medicaid

enrollment will begin November 1, 2019 and Medicaid expansion coverage will begin January 1, 2020.

- It is projected that there are 91,000 individuals eligible for Medicaid expansion. About 70,000 are known through other programs such as SNAP, at 21,000 are unknown.
- Starting July 1, the Division of Medicaid began working with those who have been either applying or reapplying for SNAP to see if they are eligible and interested in enrolling in Medicaid so they can have coverage beginning January 1.
- There are also individuals in the Department of Behavioral Health that will be enrolled in Medicaid.
- Through the division's enrollment strategy, it is estimated that 60,000 of the known individuals and 10,000 of the unknown individuals will be enrolled. IDHW anticipates that through assisted enrollment within the Department and statewide partner engagement, up to 70,000 individuals could be ready to start Medicaid coverage on January 1.
- The Division of Medicaid is focusing on streamlining the application process so it does not become a barrier.
- The Primary Care Team completed a survey, and as of now there should be enough capacity to assign everyone with a Primary Care Provider.

Lori and Matt presented on the following Medicaid Expansion Waivers:

- Coverage Choice Waiver: Currently, individuals who are between 100-138% of the FPL will not receive their tax credit, as they will now be eligible for Medicaid. Some individual will prefer to keep the tax credit instead of having Medicaid, and this waiver would give those individuals that option.
- Work Requirements Waiver: This waiver will require Medicaid recipients to work unless there is an exemption (such as physical and mental health, attending school, primary care for child). This waiver will be submitted by the end of the month but likely won't be approved until January 1.
- Family Planning Waiver: This waiver was just posted and the comment period is open. Other states have applied for a similar waiver and they have not been approved yet to date.
- Institution for Mental Disease: The goal of this waiver is to allow Medicaid to pay for hospitalization at facilities where they currently can't (such as Intermountain Hospital). To date, only Washington DC has applied for this waiver, while Idaho and Indiana are preparing for the

		<p>application. This is an extensive application and will take quite a bit of negotiation with the federal government.</p> <ul style="list-style-type: none"> • Medicaid is working on having coverage for the Crisis centers starting January 1, 2020. • For more information regarding Medicaid expansion, please visit https://medicaidexpansion.idaho.gov
DBH Update	Ross Edmunds, DBH	<p>There is a lot of work focused on Medicaid expansion, and one of the priorities is to make sure nobody “falls through the cracks” during the transition. It is expected that SUD, medication, and a portion of the clinic services will have a smooth transition; however, the ACT team may be more difficult. The comprehensiveness of ACT is what makes it so difficult, and DBH is not prepared yet to transition that population. Mental Health Court is in a similar situation, as not all services from Mental Health Court are billable (such as showing up for court).</p> <p>There is still a lot of work happening with YES. The department has until June 30th to implement the services under the requirements from the Jeff D. lawsuit settlement. The focus is to create a positive children’s mental health system. The department will then have three years of “probation” and then the settlement will be complete.</p> <p>By November 1, 2019, Ross will have a framework developed for a strategic plan that focuses on behavioral health across Idaho. Over the following eight months, Ross will gather community stakeholder input, steering committee, etc. to work on the strategic plan. By June 30, 2019, we will have a State of Idaho Strategic Plan for Behavioral Health. Governor Little and the new director of Health and Welfare have behavioral health as a top priority, so there is a lot of momentum.</p>
Ada County Update	Commissioner Lachiondo	<p>Please see slides for more detail.</p> <p>Commissioner Lachiondo presented to the Behavioral Health Board on the Ada County 2020 budget and provided the following highlights:</p> <ul style="list-style-type: none"> • There is an increasing need in the county for service and mental health crisis • The Sheriff’s office and Public Defender’s Department have received funding to hire a social worker • Ada County provided funding for the PEER Wellness Center • They have doubled the funding for Family Advocates

		<ul style="list-style-type: none"> • New Path Housing is focusing on homelessness • Undergoing a feasibility study regarding the Family Homelessness Campaign
<p>Legislator Update</p> <ul style="list-style-type: none"> • Gaps & Needs Report • Board Priorities 	<p>Ellen Afflick, Chair</p>	<p>The FY19 Gaps & Needs report is almost final and has been sent to the board for review. Carly asked the board to review the report and send her any feedback or input.</p> <p>The top Gaps & Needs include:</p> <ol style="list-style-type: none"> 1. Lack of affordable, accessible housing for chronically mentally ill, those with substance use disorders, offenders, and hospital releases 2. Increasing need for suicide prevention efforts across the region and state 3. Continued need for improved coordination of care and system improvements 4. Reliable transportation and access to services continue to be barriers to optimal behavioral health <p>The board also shared with the legislators and other attendees that the board's top priorities include:</p> <ul style="list-style-type: none"> • Housing: Create solutions to support new and existing housing options for individuals with behavioral health issues including re-entry for felons, and supported housing for long term mentally ill & homeless. As a result, this could: <ul style="list-style-type: none"> ○ Reduce recidivism (i.e. less of a need for prisons) ○ Reduce expensive emergent services costs ○ Improve health and recovery outcomes • Prevention: Increase and prioritize prevention opportunities such as: <ul style="list-style-type: none"> ○ Programs to divert individuals with mental illness/substance use disorder away from jails ○ Prevention programs that include housing and child care support programs
<p>Announcements: Agenda Items; Wrap-up</p>	<p>All</p>	<p>Announcements:</p> <ul style="list-style-type: none"> • September 27-28, 2019: Join the Idaho Peer Support Association and Empower Idaho for their North Idaho Peer Support Connection Conference in Moscow, ID. • September 28, 2019: Join NAMI Treasure Valley for their NAMIWalks Idaho event at Kleiner Park in Meridian.

		<ul style="list-style-type: none">• September 30, 2019: Join Empower Idaho for one of their two upcoming recovery training with Dr. Bob Weathers in Pocatello Idaho. The first training has been created specifically for consumers and the second training has been designed specifically for medical providers and providers of behavioral health services who work directly with individuals seeking recovery from addiction and their loved ones.• October 11-12, 2019: ICADD is coming to Coeur d'Alene at the Best Western Plus Coeur d'Alene Inn. This is a two-day conference earning 13.5 CEUs• October 29, 2019: Treasure Valley Youth Substance Prevention Forum <p>Jen moved and Christina seconded to adjourn the meeting. All were in favor. Meeting adjourned at 12:59pm.</p>
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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.