



IBHC Advisory Board Meeting Agenda – Meeting Minutes Drafting Recommendations July 26, 2024 9 a.m.- noon

Location: Idaho Supreme Court, Lincoln Room (basement level)

Livestream Recording:

<https://www.youtube.com/live/IBKQSMRwCWI>

Members in Attendance: Scott Bandy (IPAA), Dr. Lisa Bostaph (BSU), Jennifer Dickison (Kootenai Tribe), Dr. Nicole Fox (IPA), David Garret (ICHCA), Kim Hokanson, Todd Hurt (Intermountain Hospital), Marianne King (ODP), Erik Lehtinen (Appellate PD), Toni Lawson (IHA), Beth Markley (NAMI), Dr. Matthew Niece (BSU), Judge Keisha Oxendine, Laura Scuri, Jenny Teigen (IBHPC), Debbie Thomas, Nikki Zogg (PHD3)

Members Absent: Chief Tracy Basterrechea (ICOPA), Martha Ekhoﬀ, Monica Gray (Trial PD), Sheriff Sam Hulse (ISA), Dr. Stacia Munn (IMA), Dawn Rae (EMS), Robert Vande Merwe (IDHCA)

Guests: Jared Larsen (IBHC Co-Chair), Sara Omundson (IBHC Co-Chair)

Staff: Adrian Castaneda (Spark), Ross Edmunds (DHW), Cheryl Foster (IBHC), Brandi Hawkins (ISC), Liza Houser (DHW), Shannon McGuire (Spark), Ryan Porter (ISC), Scott Rasmussen (DHW), Scott Ronan (ISC)

Welcome

Cheryl Foster started the meeting at 9:02 and asked the members to add an order of business to approve the meeting minutes from the May 17 Advisory Board meeting. Ross Edmund moved to accept the minutes. Scott Bandy seconded the motion. Motion to approve the May 17, 2024 meeting minutes carried by unanimous voice vote.

Ms. Foster briefly introduced Shannon McGuire as the consultant responsible for the strategic planning process and turned the meeting over to her.

Ms. McGuire prepped the Advisory Board members for the discussion with some introductory norming slides on Idaho's behavioral health system and the Idaho Behavioral Health Council's strategic planning process accountability structure and timeline.

She reminded the Advisory Board members that the current phase is to wrap up the engagement of the workgroups and synthesize their action items into recommendations to bring to the IBHC on August 16th.

Discussion of Workgroup Deliverables and Action Items

For each of the workgroups, Shannon will first share the high level deliverables of the definition, goals, and the persona, then review each of the workgroup's action items.

Criminal Justice Workgroup

The Criminal Justice Workgroup updated their definitions but did not get to update their goals. They also created two personas.

The new definition reads

Many people with BH challenges end up in the criminal justice system. The criminal justice workgroup will provide strategies that innovate and revise ways to manage and engage justice involved individuals to ensure their BH needs are met while promoting public safety. The workgroup will also provide ways to support the BH needs of criminal justice practitioners and system partners.

Judge Keisha Oxendine commented that they wanted to update the definition to encapsulate what the workgroup actually does, as well as to add the provision about supporting the mental health needs of those who work within the system. She felt that goals did not need to change.

The workgroup's goals as shared on the slide are

- Develop recommendations for building protective factors
- Identify Idaho's existing prevention/early intervention successes. Make enhancement recommendations based on emerging/promising practices
- Analyze and build off Idaho Executive Order 2019-09 (Opioid and SUD Advisory Group)
- Collaborate with Children / Youth Workgroup to ensure continuity of recommendations

The Criminal Justice Workgroup's first persona is "A person suffering from behavioral health challenges, using drugs or alcohol, and/or considered a danger to themselves or others. They might be in the middle of a crisis." The persona map described where they entered the system and how they interact with the system.

The second person is "A criminal justice practitioner and system partner suffering from behavioral health challenges." They did not have time to fully flesh out the persona map.

Scott Bandy said that they thought the language for “first responders” was too narrow including all of the individuals to be addressed by the second persona. Therefore, the language says criminal justice practitioners and system partners.

Shannon then walked the Advisory Board through the Criminal Justice Workgroup’s new action items found here: <https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/07/2024-Criminal-Justice-Workgroup-New-Action-Items-7-25-2024.xlsx>

Liza Houser commented that she couldn’t help noticing that many of the action items tie in with the sequential intercept map.

For action item #11 recommending obtaining the waiver to provide Medicaid coverage for individuals in custody, Toni Lawson reminded the group that any Medicaid waivers now require advance legislative approval. Ms. Houser said that they have been working toward keeping Medicaid funding ongoing for adolescents who are in detention centers.

For action item #12 for providing opioid medication treatment in jails, Ms. Foster asked about the expectation of implementing an action item for jails that are individually operated at the county level. Scott Ronan referenced the individual associations, such as the Idaho Sheriffs’ Association, that could help facilitate implementation standards.

Mr. Ronan made a technical correction to action item #17, adding “drug court” to “Expand the Child Protection Drug Court Model.”

Jenny Teigen wondered why a sequential intercept hadn’t been conducted in Region 2. Mr. Ronan assured her that one had been conducted in each region and that we would send her a copy of the report for the SIM workshop conducted in Region 2. Ms. Foster added that they are planning an additional SIM for that region.

Ms. Houser commented that she felt that the action items regarding peers consistently overlapped with the Prevention Workgroup. Nikki Zogg agreed.

Promotion, Prevention, and Early Intervention

The group changed the name of their workgroup to include more upstream items under the role of promotion, while still keeping prevention and early intervention in the scope.

Their workgroup definition reads:

Support Idahoans (individuals & families) in promoting behavioral health and well-being where they live, work, play, learn and worship. Develop & create infrastructure for the continuum of supports and initiatives that create healthy communities for all children, youth and adults.

The workgroup had a number of goals around government advocacy for quality of life and longevity initiatives, which can be found in this document:

<https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/07/2024-Promotion-Prevention-Early-Intervention-Definition-Goals-and-Persona.docx>.

The Promotion, Prevention and Early Intervention persona described users of the behavioral health system as “may be struggling with behavioral challenges that have not been diagnosed. They may be displaying symptoms that are not yet associated with mental illness or could be in the early stages of substance abuse.” However, they also emphasized that the focus of their persona is population level.

Ms. McGuire shared the workgroup’s action items as found here:

<https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/07/2024-Promotion-Prevention-and-Early-Intervention-Action-Items-7-25-2024.xlsx>.

Action item #3 noted that Rural Health Centers (RHCs) cannot provide and are not reimbursed for behavioral health services in schools. Ms. Foster noted the action item would require a constitutional amendment because it a peculiarity of the law dating back to the 1970’s. There was confusion about the issue because many schools do have co-located behavioral health providers. Ms. Teigen also noted that local districts may also have policies discouraging providing behavioral health services in the schools.

Action item #5 is about the lack of robust behavioral health data. There was a discussion about the types of data this referred to. The BRFSS (Behavioral Risk Factor Surveillance System) is still in existence, but it does not address youth. The state no longer conducts the YRBS (Youth Risk Behavior Surveillance System), which has been the primary resource for information about youth and the effectiveness of prevention programs. BSU and Blue Cross of Idaho Foundation are working on implementing a substitute survey. Collecting information about ACEs is addressed in action item #14, though several members discussed clinical practices and feasibility of collecting ACEs or basic mental health status during medical visits.

Action item #7 recommended using the Millennium Fund and the Opioid Settlement Fund to fund health promotion and prevention efforts. However, Mr. Edmunds noted that Opioid Settlement Funds are strictly limited to spending on those with specific opioid addiction. This is an Idaho Attorney General opinion that further restricted the approved uses for the fund. Ms. Houser provided a link to the Attorney General’s opioid settlement fund webpage for more information: <https://www.ag.idaho.gov/consumer-protection/opioid-settlement/opioid-settlement-information-forms-resources/>. Ms. Teigen expressed concern about sustainability of any recommended programs, particularly those funded by the Millennium Fund. Ms. McGuire noted that the IBHC members will take that into account when they are prioritizing the recommendations.

Action item #9 recommended expanding the function of the crisis centers. Dr. Nicole Fox wanted clarification on the expectation for the crisis centers to hold involuntary patients. Dr. Fox suggested it would be a segway to psychiatric urgent care, which could be its own recommendation. Toni Lawson wondered if the expanded function would include expanding the 24 hour time frame or other change to the criteria. Although these were part of the recommendation, the workgroup did not look into details for implementing the expanded

functions. The Criminal Justice Workgroup had a similar recommendation and Dr. Lisa Bostaph noted that theirs was to extend the time beyond 24 hours. Mr. Bandy noted that the crisis centers were originally intended to be an alternative to the Emergency Department, especially for those who simply needed to detox, or as an initial triage to see if they needed further emergency treatment.

Break

Children and Youth Workgroup

Ms. McGuire resumed the meeting by reading the definition and goals for the Children & Youth Workgroup. The workgroup's definition is:

Behavioral health services including Youth Empowerment Services (YES), Juvenile Justice, treatment court programs, school-based services, transition age efforts, family and support services surrounding children, community supports and prevention/intervention efforts regarding child abuse and neglect in collaboration with other state systems and stakeholders working together to improve the System of Care.

The workgroup's goals are:

- Understand strengths and weaknesses regarding access and referrals to treatment.
- Identify gaps and public/private successes to inform enhancement recommendations.
- Collaborate with Prevention/Early Intervention, commitment and programs/services workgroups to ensure continuity of recommendations.

The Children and Youth workgroup chair Kim Hokanson said that they are in a unique position right now between the launch of the Idaho Behavioral Health Care Plan launching with Magellan and some shifts within the Department of Health and Welfare. They are waiting to see what develops from these changes. So, they kept the goals the same and added a few action items within the goals for issues that need to be addressed or built upon.

The workgroup's persona described their users of the behavioral health system as children, youth, and their families facing challenges navigating entering the system and receiving appropriate treatment: <https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/07/2024-Children-Youth-IBHC-Workgroup-Definition-Goals-and-Persona.docx>.

After developing their recommendations, this workgroup took the next step of folding their action items into the existing recommendations. They also ranked the recommendations by priority: Ms. McGuire read the list of recommendations with the associated action items with each: <https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/07/2024-Children-and-Youth-Recommendations-and-Action-Items-7-25-2024.xlsx>. The categories and number of the original recommendations are below.

1. Infrastructure #2

2. Prevention #2
3. Treatment #6
4. Treatment #7
5. Promotion #4
6. Promotion #3
7. Engagement #1
8. Infrastructure #1
9. Treatment #4
10. Engagement #3
11. Infrastructure #3
12. Recovery #5
13. Promotion #2

One of the action items under Recommendation #5 was CIM workshops. The acronym stands for Critical Incident Mapping.

General Discussion

Ms. McGuire asked the members if they had any overarching comments, questions or insights after reviewing outputs from the first three workgroups.

Toni Lawson observed that many goals and objectives are around workforce development, and that there are many other groups around the state working on this issue. The IBHC should look at narrowing their recommendations around things that the other groups are not doing or partnering with them to ensure that efforts are coordinated and not duplicated. Ms. Foster asked if she or anyone on the Advisory Board are involved in one of the workforce development groups mentioned: Blue Cross of Idaho Foundation's workforce development group and the Workforce Development Council. None indicated so, so Ms. Foster said that she would investigate.

Additional Criminal Justice action items -added

Ms. Foster noted that the Criminal Justice Workgroup submitted two sets of recommendations, and wondered if their intention was to keep the first set that was updated from 2021. Mr. Ronan noted that they highlighted and updated a few of the previous action items, and their intention was to also include those going forward.

Dr. Bostaph noted that two of the highlighted action items #3a and #3b specifically addressed residential crisis centers providing services longer than 24 hours.

Ms. McGuire read the highlighted items in the updated 2021 action items.

Discussion on Drafting Recommendations

The role of the Operations Team is to synthesize and categorize the action items into the existing recommendations.

Ms. Houser asked Shannon to share the tool the Ops Team will use to synthesize the action items. Adrian Castaneda shared on his screen tool that will allow the team to cross walk the action items from the workgroups and find overlap and connections.

Next Steps and Future Meetings

Another Advisory Board meeting will be held next Friday August 2nd to review the action items from the remaining workgroups.

Ms. McGuire and Ms. Foster proposed an additional Advisory Board meeting on August 9th at 9 – 10:30 a.m. to go over the draft of recommendations to present to the IBHC the following week. The Ops Team will put together the recommendations based on the Advisory Board feedback.

Because of the limited time to look at the items prior to today's meeting, Advisory Board members are asked to consider the items in the coming week and send an email to Cheryl with any thoughts, clarifications, or additions.

The meeting dismissed at 11:10 a.m.