IBHC Advisory Board Meeting Minutes
Drafting Recommendations
August 2, 2024
9 a.m.- noon

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

Livestream Recording: https://www.youtube.com/live/1QT6ogS695o

Members in Attendance: Brian Bagley (IDHCA), Scott Bandy (IPAA), Chief Tracy Basterrechea (ICOPA), Dr. Lisa Bostaph (BSU), Jennifer Dickison (Kootenai Tribe), Kim Hokanson, Marianne King (ODP), Erik Lehtinen (SAPD), Toni Lawson (IHA), Beth Markley (NAMI), Dr. Stacia Munn (IMA), Dawn Rae (EMS), Laura Scuri, Jenny Teigen (IBHPC), Debbie Thomas,

Members Absent: Martha Ekhoff, Dr. Nicole Fox (IPA), David Garret (ICHCA), Monica Gray (Trial PD), Sheriff Sam Hulse (ISA), Todd Hurt (Intermountain Hospital), Dr. Matthew Niece (BSU), Judge Keisha Oxendine, Nikki Zogg (PHD3)

Staff: Adrian Castaneda (Spark), Ross Edmunds (DHW), Cheryl Foster (IBHC), Shannon McGuire (Spark), Adam Panitch (DHW), Ryan Porter (ISC), Scott Rasmussen (DHW),

AGENDA ITEMS

Welcome

Cheryl Foster started the meeting at 9:05 and asked the members approve the meeting minutes from the July 26 Advisory Board meeting. Dr. Lisa Bostaph moved to approve the minutes. Chief Tracy Basterrechea (ICOPA) seconded the motion. Motion to approve the July 26, 2024 meeting minutes carried by unanimous voice vote.

Ms. Foster first reminded the members to contribute their thoughts during the meeting or afterwards via email, then turned the meeting over to Shannon McGuire.

Ms. McGuire went through the introductory norming slides on Idaho's behavioral health system and the timeline and accountability structure for the strategic planning process.

Discussion of Workgroup Deliverables and Action Items

For each of the workgroups, Ms. McGuire shared the definition, goals, and the persona, then reviewed the action items.

Treatment and Recovery Workgroup

The Treatment and Recovery workgroup definition reads:

> Mental Health, Substance Use and Dual Diagnosis Disorder treatment programs, and services for children, youth, adults and senior adults. This may include but is not limited to Inpatient Treatment, Outpatient Treatment, Crisis Response, Recovery Support Services, including recovery housing, transportation, peer-to-peer, as well as supports for maintaining long term recovery

The workgroup's goals are to 1) Identify gaps in Idaho's Behavioral Health system and make recommendations to fill them based on national best practices; 2) Identify gaps and make recommendations for Workforce Development; and 3) Identify Idaho law that negatively impacts the delivery of Behavioral Health services in this state.

The Treatment and Recovery workgroup updated their persona to include people accessing services involuntarily in addition to the original persona accessing voluntary services. The persona faces fractures or gaps in the system that affects the continuum of care, difficulty in meeting daily obligations and paying for services. They may face stigma and lack insight into their need for treatment (involuntary). The persona also focused on ensuring services are available and accessible, including recovery supports.

Ms. McGuire read the workgroup's Treatment and Recovery action items, as found here: https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/08/2024-Treatment-Recovery-and-Clinical-Care-Action-Items-7-29-2024.xlsx.

This workgroup centered many action items around supporting the recovery journey. Recovery and maintenance can take place without having first received treatment. It is important to acknowledge all pathways to wellness.

Transitional age youth (18, 19, 20) or TAY was another focus of the workgroup. Because of a new parental consent law, there is concern that these youth might not seek treatment if they are in a domestic violence situation. Also, these TAY in the juvenile justice system cannot come to a free standing facility to receive treatment reimbursed by Medicaid. The current rule is that they must go to a facility with eight or fewer beds or outpatient treatment only. It requires a Medicaid waiver for them to be able to receive 3.5 level treatment in a facility with 16 beds.

The Advisory Board members had a robust discussion about transitional and reentry services and warm handoffs. One issue identified is that warm handoffs/case management services are not reimbursable by the outpatient provider when the individual is still in the hospital. Adam Panitch said that Magellan was looking into clarifying this policy so that services may be reimbursed if they are not the same services as provided in the hospital. A second issue is improving reentry services from the jails. Each county jail has different policies and different services are available in each county. Furthermore, some individuals have very short stays in the jail, and it is not possible to coordinate services before they leave.

Another major issue identified by the workgroup and discussed by Debbie Thomas and Jenny Teigen is credentialing reciprocity for SUD workforce, and similarly the peer support workforce.

It is separate from the cost of living adjustment for reimbursement rates. Ms. Foster asked Adam Panitch if the current workforce plan dealt with the credentialing issue. He said it was mentioned briefly, but not addressed in depth.

Several of the workgroups identified expanding the functionality of the crisis centers to include medication management or longer stays. Toni Lawson noted that the crisis center functionality is set by law and would require legislative change.

Ms. Thomas asked for clarification on the action item to support funding for increasing counseling CMEs. After some research, Ms. Foster noted that this recommendation was provided in the context of providing psychiatric or behavioral health training to primary care providers.

Clinical Care

After reviewing each of the Treatment and Recovery action items, Ms. McGuire referenced the action items from the 2021 Clinical Care workgroup, which were included in the same document. Ms. Foster said that she asked the clinicians to review the previous action items for relevancy. They indicated that all of the previous action items were still applicable with the exception of #11 and #12. Those two action items relate to the neurocognitive crisis hold, which was passed during this past legislative session and will be implemented in October.

Break
The Advisory Board took a ten minute break.

Upon returning, Ms. Teigen wanted to ensure that we included an action item addressing culturally competent care in treatment and recovery services, especially for the Native American population.

Commitments Workgroup

The definition for the Commitments workgroup is:

> Involuntary treatment for individuals with acute mental illness, as described in Idaho Statute, including Title 16 (Juvenile Proceedings), Title 18 (Crimes and Punishments), Title 20 (State Prison and County Jails) & Title 66 (State Charitable Institutions). Include neurocognitive (Title 56, Chapter 19)

The workgroup goals are to review the statutes identified in the definitions and make recommendations for revisions. An additional goal was added to specifically review progress that has already been made by the IBHC and remove action items that have been completed and address previous recommendations not yet taken up.

The action items for the Commitments workgroups are found here: https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/08/2024-Commitments-Action-Items-07-31-2024.xlsx.

Commitments workgroup member Ms. Lawson noted that Title 56 is a new piece of legislation passed to allow emergency protective holds for individuals with neurocognitive disorders who are in crisis. The purpose of these holds is to address

underlying medical conditions. The reason it is included here is that the legislation mirrored the language for the existing involuntary crisis hold described in Title 66. Any changes made to the language in Title 66 should also be reflected in Title 56. There is currently a great deal of confusion for the hospitals and law enforcement on differentiating these two types of crises hold processes.

Ms. Teigen asked if there is a possible prescreening for dementia or Alzheimer's. Ms. Foster noted that neurocognitive is not currently part of the scope for the Idaho Behavioral Health Council. They do not plan on making any recommendations regarding Alzheimer's or traumatic brain injury, as those are not considered behavioral health. The exception is only for Title 56 because the language is identical to Title 66, and we want to coordinate with those stakeholders beforehand. The implementation team has already drafted changes to I.C. 66-326 and 66-329 and shared those drafts with the neurocognitive stakeholders. Scott Bandy indicated interest in providing feedback on changes to Title 66.

Ms. Teigen noted the limited hospital space in rural areas and wondered if primary care could help alleviate the need for commitments. Ms. Foster said that she hoped to incorporate more upstream, prevention-oriented action items to address this issue.

Ms. Foster said that this workgroup has very specifically identified its top priority – the competency restoration process described in I.C. 18-211/212. They noted that someone has to resource this work, as the current workgroup members do not have the bandwidth to do the writing, admin support, etc.

The competency restoration process are criminal cases where individuals are found not competent to stand trial. Ms. Foster noted that it's high priority because the process is broken and asked if someone from the courts could speak to the issue.

Mr. Bandy said that initial assessment under I.C. 18-211 to determine competency can take from two weeks to maybe 45 days. If they are found not competent, efforts are made to restore them to competency for an initial period of 90 days to up to 270 days. It is not uncommon to use the full 270 days. After that period, the default process is to start a civil commitment. However, many do not meet the criteria for civil commitment and are immediately released. Because there is no other provision in statute, individuals who are committing very serious, violent crimes are released into the community without any kind of supervision or treatment and have avoided criminal responsibility. Ms. Foster explained that many of these individuals have a neurocognitive issue and are not restorable, and Mr. Bandy said that it had become a common defense.

Ms. McGuire read the remaining Commitments workgroup action items. Except for the new item to monitor the neurocognitive crisis hold, the rest were previous action items from 2021 that were not completed. Ms. Lawson noted that they did not want to lose sight of those item but that the priority is definitely on competency restoration.

Ms. Foster noted that the Commitments workgroup did not believe the Substance Use Disorder Hold fell within their scope, but she included it so as to not lose track of it. Ms. Teigen asked for

clarification, and Ms. Foster speculated that it was a type of law enforcement hold. Adam Panitch clarified that it does not exist in Idaho and that there is no mandated SUD treatment outside of criminal justice system.

Housing Workgroup

Ms. McGuire read the Housing workgroup definition, goals, and persona before reading the action items.

The definition is:

> Housing for behavioral health consumers, including independent living, institutional care, recovery housing, transitional housing, shelters, permanent supportive housing & HART homes. Homes with adult residential treatment (all ages) and include re-entry post incarceration.

Workgroup Goals:

- Identify Idaho's existing housing successes and make enhancement recommendations based on national best practices.
- Analyze current housing regulations & policies and make enhancement recommendations. - Reference via CMS
- Analyze current funding for housing and make recommendations to maximize spending effectiveness (look at CA 1% tax for housing / behavioral health).

The workgroup persona focuses on adults with behavioral health challenges that may have been discharged from the healthcare or criminal justice system. They do not have access to housing, may be homeless or unable to live on their own. They are vulnerable or unable to navigate healthcare system independently. It also includes transitional age youth (TAY).

Beth Markley, workgroup chair, noted that most of the recommendations were not implemented previously and they made additions to the existing action items in a different font. They also identified two of the seven action items as high priority. The Housing workgroup action items are linked here: https://behavioralhealthcouncil.idaho.gov/wp-content/uploads/2024/08/2024-Housing-Action-Items-08-01-2024.xlsx.

The first action item for performing a regulatory audit was augmented with a plan to create a high level standing task force on housing and coordination of resources responsible to Governor on addressing the Housing crisis. Ms. Foster noted this recommendation was added to provide visibility and accountability.

The second action item modified the action item to the Idaho Housing and Finance Association to use a dedicated "set-aside" for at least five years of its low income

housing tax credits to review and streamline the regulatory process to create a more efficient process. Ms. Thomas explained that this is a high priority action item because the regulations are a barrier to builders who are willing to build and use the tax credits.

The other high priority action item is to develop and launch a state of Idaho National Alliance of Recovery Residence affiliates to support certification of recovery housing. Ms. Markley explained that in addition to the certification process reducing the potential for abuse, it would increase efficiencies as there are currently multiple stakeholders conducting their own audits – GEO for IDOC, IDHW, and the court system. Also, once certified, more funding is made available from SAMHSA.

Mr. Panitch said that he is familiar with this recommendation and recommended checking with Ross Edmunds and Rosie Andueza at IDHW. He believes that the NARR certification was pursued, but it did not get off the ground – likely due to cost or NARR consulting fees.

Ms. Markley also mentioned the need for more supportive transitional housing opportunities for individuals discharging from psychiatric hospitalization. She frequently receives inquiries from families wondering where to send individuals who cannot live at home but are no longer hospitalized. There are few opportunities in Idaho, and they often have to look out of state.

Mr. Panitch let the Advisory Board know that the number of HART homes has increased since the recommendation was cited in March 2021. Then, the HART capacity was 56 beds across four homes. Today, there are 16 homes with over 200 beds. Ms. Teigen noted that there is still a need to investigate rural capacity.

The last action item isn't technically housing, but Ms. Foster had requested that they include it in the list. It is a clubhouse model that provides resources and assistance to support independent living for people with mental health issues.

Discussion on Drafting Recommendations

Ms. McGuire explained that the Ops Team would go through all 200 plus action items and start mapping them to existing recommendations and formulate new recommendations. Ms. Foster said that she was looking to elevate the action items that were mentioned by multiple workgroups. They will present the Advisory Board with the recommendations and ask for their feedback before presenting them to the Council. Then the Council will prioritize the recommendations only, but the action items will be used for implementation and published as part of the strategic plan. Advisory Board members

are encouraged to provide any feedback they wish. Ms. McGuire said that she would be incorporating their prioritized recommendations during next week's meeting.

Next week's meeting is currently scheduled for only an hour and a half, but we will need more time. Not only will we review the recommendations, but we will have guest presenters who are national experts on behavioral health and the intersection of the courts and state and local governments. They will be reviewing our action items and providing feedback to us on any programs nationally that would be beneficial to us.

Ms. Foster announced that she would extend the meeting invitation so that there would be sufficient time to review the action items with the special guests and review the recommendations.