



## **IBHC Advisory Board Meeting – Approved Minutes**

### **Reviewing Recommendations**

**August 9, 2024**  
**9 a.m.- noon**

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

**Meeting Recording:** <https://www.youtube.com/watch?v=ls0HDebX3Vs&t=116s>

**Members in Attendance:** Scott Brandy (IPAA), Chief Tracy Basterrechea (ICOPA), Dr. Lisa Bostaph (BSU), Jennifer Dickison (Kootenai Tribe), Dr. Nicole Fox (IPA), David Garrett (IHCA), Kim Hokanson, Sheriff Sam Hulse (ISA), Todd Hurt (Intermountain Hospital), Marianne King (ODP), Erik Lehtinen (SAPD), Toni Lawson (IHA), Beth Markley (NAMI), Dr. Stacia Munn (IMA), Dr. Matthew Niece (BSU), Judge Keisha Oxendine, Jenny Teigen, Debbie Thomas, Robert Vande Merwe (IDHCA), Nikki Zogg

**Members Absent:** Martha Ekhoﬀ, Monica Gray, Dawn Rae, Laura Scuri,

**Presenters and Guests:** Dr. Chris Cline, Dr. Kenneth Minkoﬀ, Judge Steve Leifman, Rick Schwermer, Patti Tobias

**Staff:** Andie Blackwood (DHW), Adrian Castaneda (Spark), Cheryl Foster (IBHC), Liza Houser (DHW), Shannon McGuire (Spark), Ryan Porter (AOC),

### **AGENDA ITEMS**

Cheryl Foster welcomed the members and noted that at the conclusion of today’s meeting, the members will have an opportunity to put together the recommendations to present to the Idaho Behavioral Health Council next week. She then presented Patti Tobias to introduce herself and the other guest panelists.

#### **Expert-Informed Insights and Application on IBHC Workgroup Action Items**

Ms. Tobias noted that Idaho is a national leader with its three-branch behavioral health council. She said that her group had been asked to review the workgroup action items and provide feedback to identify potential gaps and opportunities. She introduced Dr. Chris Cline, Dr. Ken Minkoﬀ, Judge Steve Leifman, and Mr. Rick Schermer.

Dr. Cline began describing their work as transformational systems development that is helpful for individuals with very difficult, complex lives. She commented on the tremendous amount of work done by the Advisory Board and their desire to help.

Dr. Minkoff said that Idaho's vision is powerful in that every Idahoan gets the right help at the right time. This vision manifests with an ideal crisis system for adults and children, an ideal diversion system across all the sequential intercepts, a comprehensive set of accessible and effective behavioral health services, supportive housing to meet diverse needs, as well as an effective array of upstream prevention, early intervention, resiliency in every community. Dr. Minkoff said that aligning health insurance should be a priority, as 25% of Idahoans are on Medicaid and most everyone else is covered by some form of health insurance.

Judge Leifman noted that his work began in 2000 with a single case that illuminated problems with the entire system that is not attributable to a single individual, party, or institution. Namely, community mental health is not designed for individuals with acute illnesses and those individuals often end up in the criminal justice system. We now know that trauma has a damaging effect on the young brain, and we have a potential to identify those issues early.

He said that they identified CIT training as an important component to diverting individuals with mental illness out of the criminal justice system. Their data show a significant decrease in the number of arrests and incarceration. There has been a net cost savings from shifting costs from incarceration to treatment.

Judge Leifman also appreciated the recommendation to provide treatment for first responders, as they are really hurting. They have implemented a popular treatment referral system for officers outside of their departments, which has helped their mental health and treat PTSD.

He described the Miami-Dade County post arrest diversion system. Individuals are screened in the jail, seen by a psychiatrist within 24 hours if they meet the criteria for civil commitment, transported from the jail to crisis stabilization, then offered treatment in lieu of rebooking. It is highly successful, reducing recidivism from 75% to 6% and saving 84 years of jail time.

Dr. Minkoff talked about the roadmap to an ideal crisis system and opportunities for Idaho to put a full crisis system in place that's responsive to scale for the whole population. Idaho's crisis centers deserve to be better resourced and could take advantage of federal match from Medicaid and commercial payers. Idaho also has an opportunity to integrate a statewide strategy for CCBHCs, which provide the full continuum of services. There are more grants available from SAMHSA. Similar to Idaho, Oklahoma is a model that has done this well.

Rick Schwerner affirmed the importance of CCBHCs and their requirement to coordinate with the justice system. He also spoke about systems change around the competency to stand trial process, specifically the need to keep individuals out of the justice system and provide outpatient treatment. The competency restoration process is not treatment and many times they are worse off. He mentioned the Miami-Dade Forensic alternative center which aims to restore individuals to the community rather than restore to competency.

Mr. Schwerner also mentioned triage and risk need responsivity. He advocated for universal screening for SUD, SMI, criminogenic risk, and trauma. Examples of responsivity needs are housing, acute mental illness and trauma.

Judge Leifman noted that the transformational changes were made with existing resources, without Medicaid expansion. It was important to not have silos and share resources with written collaborative agreement.

Dr. Minkoff mentioned the model commitment law, which they all worked on as a project. They also created a criminal justice pathway document that encompasses the whole scope from emergency placements to longer term commitment and transition to outpatient.

Dr. Cline talked about the shift in the behavioral health world to towards universal co-occurring capability. It is not the exception. The system should assume co-occurring issues as the default and move away from addressing single issues. Funding is often tied either to SUD or MH.

Dr. Minkoff introduced the Comprehensive Health Integration Framework (CHI), for which they have developed a toolkit. It is especially important in rural settings for individuals to be seen for behavioral health concerns in a primary care setting. Much of it is tied to payment and that impacts the workforce. This is especially true for CCBHCs, which should be part of a coordinated effort to generate the needed workforce pipeline.

He also talked about the housing workgroup and their emphasis on local communities having their own public-private partnerships. They like the idea of NARR certifying the sober living homes but wanted to emphasize the need to build a continuum of housing to address the expectation of co-occurring. Judge Leifman spoke about the Corporation for Supportive Housing.

Dr. Minkoff next spoke about the desire to build healthy communities. Missouri has done a good job of building trauma-informed services into the entire behavioral health delivery system. They established an interdepartmental trauma team at the highest level to address systems including juvenile justice, education, behavioral health, child welfare, and provide resources and supports for the school systems. Not only are these positive cultural interventions rewarding, but they are cost effective.

Ms. Tobias took questions from the Advisory Board members.

Ms. Debbie Thomas requested they provide the additional resources on housing.

Ms. Toni Lawson noted that we should have had this presentation two months ago. Her question was about data collection, noting that Idaho is very data poor. What types of data should we be collecting? Dr. Minkoff noted that we should collect system level data, such as emergency rooms and their outcomes. Some states have passed laws requiring mandatory screening and reporting at jail or booking or diversion.

Sheriff Sam Hulse asked Judge Leifman about the crisis intervention teams in Florida – whether they are locally based or a statewide system. Florida’s legislature passed a law providing crisis intervention training to all areas of the state. Judge Leifman will send a copy of that legislation. Rick Schwermer noted that two court employees are in charge of CIT training in Miami. He also said that it was a bonus that this outside entity could address the behavioral health needs of law enforcement. The court employees were a conduit for providing behavioral health treatment for first responders.

Dr. Minkoff noted that Miami has Baker Act receiving centers, or crisis stabilization units where people can be brought other than jail. Like the rest of the country, they are working on having non-law enforcement mobile crisis response. CIT trained officers are helpful, but there needs to be connection to mobile crisis. Oklahoma uses tablets that connect law enforcement to a 24 hour crisis response. Judge Leifman noted that only 7% of CIT mental health crisis calls require a law enforcement response. Dr. Minkoff noted that rural areas are supported by the CCBHC crisis system.

### **\*Approve Minutes from August 2, 2024 Meeting**

Ms. Foster asked for a motion to approve the minutes from the August 2<sup>nd</sup> meeting. Tracy Basterrechea motioned; Jennifer Dickison seconded. The motion to approve the August 2<sup>nd</sup> meeting minutes passed.

### ***Break***

The Advisory Board took a ten minute break.

### **Review and Discussion of Draft Strategic Plan Recommendations**

Ms. Shannon McGuire guided the Advisory Board through the IBHC norming slides describing its vision, the scope of the behavioral health system, and planning and implementation accountability structure.

She then opened the Word [document](#) with the draft recommendations to review, reminding the members that the recommendations are a consolidation and reframing of the workgroup action items presented during previous Advisory Board meetings. Members were invited to provide feedback and comments, and Ms. Foster asked that the members provide clarifying language around the recommendation titles. The recommendations were organized by the five sections of the behavioral health system protractor: Promotion, Prevention, Engagement, Treatment, and Recovery.

Beginning with Promotion, Ms. McGuire read each of the three recommendations. In Promotion #1 recommendation, Ms. Foster recommended findhelp.org as an excellent resource. Dr. Nikki Zogg wanted to clarify that recommendation Promotion #3 speaks about a statewide plan with local implementation, but locals need to collaborate on the development of the plan.

There were no comments from the Advisory Board on any of the Prevention recommendations.

The first recommendation under Engagement was “Initial Crisis Response,” and Advisory Board members Ms. Thomas and Dr. Zogg recommended revising the title. The revised title was “Ensure a robust crisis response and services are implemented.”

The Advisory Board also revised the title to Engagement #4 from “Substance Use Disorder Hold” to “Create a framework around protective and involuntary holds that optimizes utilization of resources (ex: Substance Use Disorder). Sheriff Hulse noted that there is a whole process, not just the stated action item for establishing sobering centers. There is already a statute that allows jails to be used for a sobering center, but most jails don’t. Dr. Nicole Fox stated that there needs to be an entire framework for holds for people who not at their typical mental capacity – whether

it be substances or dementia. There should be a longer evaluative period similar to what they've done with the neurocognitive disorders, so that treatment can be provided. Sheriff Hulse commented that the different delineations provide opportunities for people to not be allowed into the system and an inclusive framework would be preferable.

Engagement recommendation #5 "Early Engagement" was revised to "Develop early diversion and deflection tactics to avoid long-term engagement with the criminal justice system." Mr. Scott Bandy recommended "avoiding engagement," because that is the goal. However, none of these items are voluntary. Dr. Zogg commented that it appears that LEAD is focused on substance use and drugs, and the FACT team (forensic assertive community treatment) is focused on individuals with SMI. Ms. Foster distinguished the initial mobile crisis response from this recommendation on law enforcement diversion. Sheriff Hulse said that we should develop a response system that doesn't rely heavily on law enforcement, but law enforcement will never be done away with. Similar to the jail, they are the only ones who can't say no. They are also the only ones empowered to use force.

The Advisory Board members discussed youth assessment centers for Engagement recommendation #6. Sheriff Hulse and Dr. Zogg clarified that there is not a sustainable funding plan for these centers. In addition to recommending finding a sustainable funding source for the youth assessment centers, Ms. Foster suggested connecting a youth sequential intercept map to the assessment centers. Dr. Zogg recommended conducting an evaluation of the assessment centers to see help determine future funding investments.

Ms. McGuire suggested wordsmithing Engagement recommendation #7 on warm handoffs. Ms. Thomas offered "comprehensive transition between professionals to ensure communication and access to care," as the goal is to prevent people from falling between the gaps. Dr. Fox said that we want care to be seamless on the patient journey, whether leaving the hospital and transitioning to primary care. Ms. Kim Hokanson wanted to clarify that it is between levels of service. Families receive discharge plans with directions to follow-up, but they often do not have access to do so. Andie Blackwood stated that sometimes it makes the difference for children involved in the child welfare system, to keep them in their family homes. Ms. Hokanson so said that there is a transitions of care document to be addressed as an action item.

Ms. Foster noted that "personal health risk reduction" is an option to connect individuals who are not ready for treatment with the behavioral health system. Ms. Thomas said that it is a motivational process for individuals to start treatment, such as medication assisted therapy for alcohol use. Dr. Zogg wanted to include an opportunity to provide about coordination and information regarding existing resources.

On Engagement recommendation #10, Ms. Hokanson wanted to ensure the training piece was included. Ms. Foster noted that she included it in an Infrastructure recommendation around workforce for paraprofessionals. Ms. Hokanson also noted that the compensation piece is important, especially when they need to seek more expensive national certification.

Under Treatment, Ms. McGuire noted that "Expanding the functionality of crisis centers" is in bold, which means that the workgroups indicated it is important. Dr. Fox noted that there are

probably some legal hurdles to expanding the crisis center time past 23 hours and 59 minutes. Sheriff Hulse and Kim Hokanson informed the group that longer stays mean the center has to register as a residential facility, which requires more regulations. Ms. Lawson agreed that it would require licensure and certification at both the federal and state levels.

Ms. Hokanson wondered if there could be a collaboration between the crisis centers and the PRTFs. It was added as an action item under the next recommendation “Enhance and expand Youth Crisis Services across Idaho.” She also requested adding “without involvement of children and family services” at the end of the action item “Identify or develop placement for children who cannot immediately return with their families after a behavioral health crisis.”

Ms. Foster noted that she placed FACT – Forensic Assertive Community Treatment program under “Continuity of care for those entering and leaving the criminal justice system.” Dr. Zogg agreed with its placement and explained it can address a health care gap when people are leaving the criminal justice system. People leave corrections with a 30 day supply of medication, and it’s not known if they receive access to care within 30 days. Ms. Thomas noted that there had been a discussion about reestablishing Medicaid before they leave the institution.

The next recommendation for “Treatment for those involved in the criminal justice system” has as an action item to obtain Medicaid coverage for incarcerated individuals via the 1115 waiver. Ms. Liza Houser spoke to the application in the adolescent model. There was a CMS federal change where Medicaid doesn’t turn off for them anymore.

Under Recovery, there are three recommendations related to supportive housing. Ms. Foster stated that she pulled them out for visibility.

The last recommendation under Recovery was to “Ensure links to services for those coming out of incarceration.” Ms. Foster asked Dr. Zogg about adding links to the public health districts as an action item. Dr. Zogg agreed and expanded to FQHCs or other free clinics.

Ms. McGuire introduced the Infrastructure recommendations. Ms. Foster noted that there were several relating to workforce, including one reviewed earlier for peer support specialists.

The last recommendation was “Collaborate with the Idaho Behavioral Health Planning Council for the entire continuum of care. Ms. Thomas asked for clarification. Ms. Foster deferred to Ms. Hokanson, as the former chair of the Behavioral Health Planning Council. The Behavioral Health Planning Council is mandated under the SAMHSA Mental Health Block Grant to oversee the funds and the adequacy of services across the state. The purpose of the recommendation is just to ensure the collaboration takes place with the IBHC’s initiatives.

Ms. Foster informed the members of the upcoming listening sessions where the co-chairs will take public comment. The Advisory Board will meet again on September 6 to incorporate the feedback and refine the recommendations for the Council, who will vote on their priorities on September 13<sup>th</sup>.

**\*Vote to Submit Draft Recommendations to IBHC**

Ms. Foster asked the members for a motion to approve the draft recommendations for the

Council. Dr. Zogg motioned, and Ms. Hokanson seconded. The motion passed unanimously via voice vote.

Before adjournment, Ms. Foster said that they would put send out the cleaned up version next week and everyone will be provided an opportunity to submit comments.