



IBHC Meeting Minutes - Draft

October 18, 2024
9 a.m. – 11 a.m.

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

Meeting Recording: <https://www.youtube.com/live/NrR3rerHb7M>

Members in Attendance: Dir. Sara Omundson, IDHW delegate – Ross Edmunds, Judge Gene Petty, Dir. Ashley Dowell, Rep. Brooke Green, Sen. Ali Rabe, IDJC delegate – Jason Stone, SDE delegate – Carl Crabtree, Dir. Josh Tewalt, Sen. Doug Ricks, Commissioner Brent Mendenhall, Stewart Wilder

Members Absent: Rep. Chenele Dixon, Dave Jeppesen

Staff in Attendance: Adrian Castaneda (Spark), Cheryl Foster (IBHC), Brandi Hawkins (AOC), Shannon McGuire (Spark), Adam Panitch (DHW), Scott Ronan (AOC), Beth Rumpel (DHW), Gina Westcott (DHW)

Presenter: David Welsh (Magellan Healthcare)

AGENDA

Actions taken in red

Welcome and Introductions

Co-Chair Sara Omundson noted that Ross Edmunds would be acting as co-chair during the meeting while Jared Larsen is traveling and reviewed the meeting agenda items. She also introduced the newest member Stewart Wilder, who is the co-founder of the Idaho Suicide Prevention Coalition. He will be serving as the new member representing the public. The members in the room and online introduced themselves to Mr. Wilder.

Approval of Meeting Minutes

Co-Chair Sara Omundson brought forth the first action item to approve the minutes from the September 13th IBHC meeting. Director Ashley Dowell motioned to accept the minutes and Director Josh Tewalt seconded. **The motion to approve the minutes carried by unanimous voice vote.**

Review of IBHC, Guiding Principles, and Idaho Behavioral Health Framework

Co-Chair Omundson read the council's vision statement and guiding principles for

implementation, noting that the council chose not to change the guiding principles adopted for the last strategic plan. Cheryl Foster shared the new circular diagram of Idaho's five-segment behavioral health framework.

2024-2028 IBHC Strategic Plan Discussion

Shannon McGuire from Spark exclaimed that the planning process took place during a fast couple of months. The result is the strategic action plan for the next three and half years: 2024-2028. She will guide the council through the document and make updates during the meeting – starting with the plan year (previously marked as 2027).

The plan describes the process that begun with engaging over 80 individuals and organizations to develop recommendations to which the council prioritized. The document also includes all of the action items and recommendations.

The plan begins with a letter from the co-chairs and acknowledgements for the council members, advisory board, workgroups, and operations team. It follows with an executive summary referencing the executive order and court proclamation and the eleven prioritized recommendations. After the plan review, they will discuss sponsors for the recommendations and fill in that section of the report. Judge Petty requested adding the last sentence of the second paragraph as the first sentence of the third paragraph, then specifically say that these are the 11 priorities the council adopted to work on for the next three and a half years.

The next section of the plan details the council's vision and guiding principles for implementation. Ms. McGuire noted that the council chose to change the wording on principle number 2 from "cross-system collaboration" to "multi-system collaboration".

The next section describes the described the strategic planning process and approach, the planning timeline and accountability structure. It also includes how the behavioral health system is defined by the council and a revision to the protractor and the new definitions for its segments.

In response to a request from Commissioner Brent Mendenhall at the last meeting, she shared a separate slide that shows how the definitions were updated for each focus area of the framework: Infrastructure now includes references to public agencies and community partners. Promotion replaced the reference to Social Determinants of Health with more descriptive language. Promotion is also the supporting segment for the entire circular graphic. Prevention was updated to remove the language about services delivered prior to onset of a disorder and replaced with saying that services are intended for those not yet in need of treatment. Engagement was expanded to reference timely, reliable, effective and safe healthcare, as well as providing adequate information to make decisions about treatment. Treatment now specifies that a variety of services are offered to meet varied needs of many individuals. Recovery now references the process of change to improve health and wellness, as well as living a self-directed life striving to reach full potential.

Commissioner Mendenhall commented that the language under prevention ended with "prevent the development of a behavioral health problem." He wondered if "issue" would be better than "problem." Mr. Edmunds agreed but suggested using the word "condition" instead of "problem."

The next sections include a summary of the Advisory Board and Workgroup assessment of the behavioral health system, which was followed a description of the process used for developing over 250 action items and refining into recommendations. The plan also includes the six strategic priorities presented by Zia Partners to the Advisory Board and the Council. The following section describes the prioritization process where the Operations Team streamlined the 51 recommendations into 33 recommendations, which the Advisory Board ranked effort and impact, and the Council selected 11 prioritized for effectiveness and efficiency.

A complete list of the 33 recommendations and associated action items are listed as tables within the report. Co-Chair Omundson noted that the action items are available for other groups to begin work on them independent of the Council.

Mr. Wilder asked about the abbreviations in parentheses next to each action item. Ms. McGuire noted that they correspond with workgroup that originated the action item. Adrian Castaneda noted that a few of the action items originated from multiple workgroups, and those are identified with multiple abbreviations.

Following the tables of recommendations and action items is information about the Behavioral Health Data Plan. Cheryl Foster noted that an additional implementation team would be formed specifically around behavioral health data and that she had already been collecting data during the previous six months. Co-Chair Omundson said that the Council would be leveraging Insight Idaho, led by Director Dowell, to pull together data that can match individuals as they move across the system.

Director Dowell noticed that the revised definitions shared in the focus area slide did not match the definitions currently in the report. Ms. McGuire said an updated version of the report will include the new definitions.

The last section of the plan is a high-level overview of implementation. It begins by selecting agency sponsors and then describes the reporting structure. Co-Chair Omundson noted the language specified a singular agency sponsor, when last time some of the recommendations had multiple agency sponsors. Judge Gene Petty recommended moving the implementation section from the back of the plan to immediately following the executive summary with the recommendations.

The appendix includes the resources provided by Zia Partners for their recommended focus areas, as well as identified funding opportunities. Another section of the appendix includes a list of acronyms and definitions.

Ms. McGuire indicated that the next step would be to identify sponsors.

Co-Chair Omundson said first that she wanted to hear a motion to adopt the strategic plan, including the implementation plan and the new framework and definitions. There will be technical edits forthcoming, but nothing substantive.

Carl Crabtree moved to accept the strategic plan with the edits discussed today. Judge Petty seconded the motion.

Director Dowell asked whether the motion needed to include the ability to make technical edits. Co-Chair Omundson repeated the motion as “Adopt the Strategic Action Plan, including the updated framework, the updated definitions, suggested edits, and non-substantial technical edits.”

Motion passed by unanimous voice vote.

Before asking for volunteers to sponsor the recommendations, Co-Chair Omundson explained the role agency (or court) sponsor. The agency sponsor is responsible for convening the workgroup, leading the project and determining which action items move forward, and report out the project status to the Council each quarter. Cheryl will serve as a resource to help organize and set up the meetings. Each recommendation will need at least one sponsor.

Director Tewalt volunteered for the Department of Correction to sponsor Engagement #9a (Help the Helpers), Treatment #3 (Criminal Justice Continuum of Care), and would solicit a co-sponsor for Recovery #1 (Supportive Housing).

Director Dowell volunteered IDJC to sponsor Prevention #1 (Primary Prevention Programs and Protective Factors) in conjunction with the Office of Drug Policy, and Engagement #4 (Diversion Systems).

Mr. Edmunds volunteered DHW to sponsor Workforce (Infrastructure #1), Foster Care (Prevention #2), Crisis Centers (Treatment #1), partner with courts on Treatment #4 (Treatment Courts), Competency Restoration (Treatment #5) as a co-sponsor with the courts, and Supportive Housing (Recovery #1).

Judge Petty volunteered the courts for Engagement #4 (Diversion Systems), Engagement #9A (Help the Helpers), Treatment #3 (Criminal Justice Continuum of Care), Treatment #4 (Treatment Courts), Treatment #5 (Competency Restoration).

Mr. Crabtree volunteered the State Department of Education to co-sponsor Prevention #1 (Primary Prevention Programs and Protective Factors).

Mr. Edmunds commented that our Dave Welch from our partner Magellan will be speaking later in the meeting. Although they cannot be a sponsor, they will be heavily engaged in many of these as it directly affects their work. Co-Chair Omundson said that a commitment that she and Co-Chair Jared Larsen have made is to incorporate individuals from Medicaid into the implementation.

Ms. Foster read out each of recommendations with their sponsors from the updated report. For Prevention #1, Director Dowell asked that DHW be added as a sponsor. For Foster Care (Prevention #2), Mr. Edmunds commented that the recommendation itself calls out Juvenile Corrections and asked that Director Dowell consider adding IDJC as a co-sponsor. For Engagement #4 (Diversion Systems), Director Dowell asked that IDOC be added as a co-sponsor. For Help the Helpers (Engagement #9A), Co-Chair Omundson made the point that the Idaho Criminal Justice Commission is also working on a strategic plan that would intersect well with this recommendation, and she asked Director Dowell as ICJC Chair to consider a

partnership. Director Dowell agreed. For Treatment #3 Criminal Justice Continuum of Care, Director Dowell agreed for IDJC to participate as a co-sponsor. For Supportive Housing (Recovery #1), Co-Chair Omundson asked Senator Rabe if she would support the implementation team, and she agreed.

Co-Chair Omundson thanked Shannon McGuire for her work on the plan; Ms. McGuire recognized Adrian Castaneda.

Co-Chair Omundson recognized Senator Doug Ricks and asked him to introduce himself.

Formation of Implementation Teams

Cheryl Foster shared that the first deliverable is the implementation plan and walked through the process of how the agency sponsors will work to form implementation teams.

Director Dowell asked that Cheryl send out the list of recommendations and sponsors.

The first step is to form implementation teams for each recommendation. The sponsor agency should assign a representative and immediately begin recruiting team members. Team members can be council members, advisory board members, workgroup members, and other agency staff. Co-Chair Omundson highlighted that each of the teams should be sure to include someone with lived experience on the team, as that is one of the Council's guiding principles.

After forming the teams, we hope to get the kickoff meetings scheduled during the month of November. Co-Chair Omundson said that broadening the timeline from November through the end of calendar year.

The objective for the kickoff meeting is to complete a project charter, prioritize the action items, and then complete a scope of work. The purpose of the charter is to put parameters around the recommendations, to determine what is in and out of scope, as well as set goals and objectives, and identify action items to accomplish. Mr. Edmunds initiated discussion on the teams' flexibility in identifying and implementing action items.

Mr. Edmunds and Director Dowell both suggested using a fill-in-the-blank template for the project charter for consistency.

Director Dowell wanted clarification on when the decision could be made about how IDJC would be incorporated into the Foster Care recommendation. Co-Chair Omundson said that did not have to be made today and could be evaluated later in the process.

Ms. Foster described the scope of work as goals and objectives for accomplishing the action items, including resources, risks, target milestones and timelines. Each action item will have its own "action team" and leader or "commander" to work independently but accountable to the implementation team.

The implementation plan will consist of all the project charters and the scopes and will ideally be cross walked to find interdependencies between teams. The plan will be fluid document subject to change after its initial creation.

Mr. Edmunds recommended stretching the timeline to accomplish the planning before the next Council meeting in April. The Council members agreed, and there will be a report out of the planning status during the April meeting.

Ms. Foster also spoke about the agency sponsor responsibilities for ongoing implementation: Approve project charter, scope of work, approve key staff changes, and approve changes to the charter or scope.

Ms. Foster also noted that this time the implementation teams would have sub-teams or “action teams” for each of the prioritized action items. These teams would have their own leader or “commander” with flexible membership and meetings to accomplish the tasks.

***Civil Commitments – Proposed Statutory Revisions**

Ms. Foster noted that this was the third or fourth time the subject has been brought before the council, but there has not previously been a quorum. The revisions are for streamlining the designated examination process, specifically Idaho Code § 66-326 and § 66-329.

She gave Beth Rumpel credit for vast majority of the work done by the implementation team and asked her to introduce herself. Beth is a behavioral health chief in the West Hub at the Idaho Department of Health and Welfare. She has been working on these drafts for a couple of years,

Mr. Edmunds added that these drafts are the second major initiative supported by the Council. The first was very successful, undertook this one next as it required more time to gain consensus.

Ms. Foster showed a slide with the names of the 11 implementation team members, followed by a slide with names of nearly 20 organizations, including the tribal governments, who were asked to review the drafts.

She said that the drafts were circulated for quite a bit of time, and after the last legislative session, they received feedback from a group who had been working with Senator Wintrow on a bill for a neurocognitive hold. During the session, Senator Wintrow’s bill was modified to include language from the 66-329 statute that we are proposing to be modified. If the Council approves these changes, changes will need to be made to the neurocognitive statute.

She shared a slide listed the priorities for change, noting the major change in reorganizing the statute.

Mr. Edmunds asked if significant changes had been made since the last time it was presented, and if there is any significant opposition. No changes have been made since previously presented. The Idaho Association of Prosecuting Attorneys opposed a previous version they received. Ms. Foster had sent them a response noting that their stated opposition is not necessarily toward any of the proposed changes, that their primary opposition is to the existing statute that is not changing. She did not receive any further response.

Mr. Crabtree asked about the status of the bill, whether it was an IBHC bill or Senator Wintrow’s bill. Co-Chair Omundson explained how the Council adopted a recommendation to improve the civil commitments process, an implementation team worked together to draft the proposed

changes, and hopefully one of the Council's legislators would sponsor the revisions as a bill in the next legislative session.

Beth Rumpel provided a brief overview of the revised changes. They reorganized the statutes for clarity and shortened the timelines for the examination process. There is also now a requirement for a court order before an individual is subject to an examination.

Chair Omundson wanted to clarify that a court order is required only for requests from members of the public. Mr. Edmunds explained the three methods for a protective hold: law enforcement, hospital system, and an application from a community member. The proposed revision ensures the court process is the same for all three methods.

Judge Petty moved for the Council to endorse the proposed changes, and Director Tewalt seconded the motion. The motion passed by unanimous voice vote.

Chair Omundson asked if any of the legislators would be interested in sponsoring the legislation. Senator Ali Rabe offered and asked for Republican support, specifically Senator Ricks. Representative Brooke Green said that she would be gone for a significant part of the session. Senator Ricks said he would be happy to help and take a look at the draft. Mr. Edmunds offered to provide assistance.

Idaho Behavioral Health Plan - Magellan

Co-Chair Omundson asked Mr. Edmunds to introduce the next agenda item, as he was key in developing it. Mr. Edmunds spoke about Idaho's historically siloed behavioral health system, where services were divided by Medicaid status, in-patient or outpatient status, and mental illness or substance use disorder even if co-occurring. They wanted to bring it all together under one plan. After a procurement process, Magellan of Idaho became the partner to organize a system to deliver the care. He introduced David Welsh, CEO of Magellan Idaho, and Adam Panitch, Bureau Chief for Idaho Behavioral Health Plan team.

Mr. Panitch expressed appreciation for the council and original members from his time working with the council. Rather than taking time today to talk about Medicaid operations, he encouraged council members to view the July IBHC meeting when DHW Deputy Director Juliet Charron gave a presentation on Medicaid and how it can work with managed care. He then turned over the presentation to Mr. Welsh.

Mr. Welsh said the new Idaho Behavioral Health Plan integrates all state-funded behavioral health services, bringing all funding sources and levels of care into one managed care plan. They brought together the previous outpatient, Medicaid-funded services provided by Optum, the other state-funded services provided by BPA, and the inpatient services under Gainwell Technologies' information system contract, which allows them to coordinate services across the entire continuum of care.

They have built a network with over 3,000 providers, including 90% those enrolled with Optum, BPA providers, new providers, plus the hospitals and residential treatment centers and psychiatric residential treatment facilities enrolled Gainwell DHW's Medicaid managed care

information system contractor. One of their primary goals is to increase the number of providers by reducing the administrative burden (associated with providing Medicaid services).

One of their focus areas are facilities serving the most high-risk youth and residential treatment centers. They are working with different state agencies to rate funding to provide additional services beyond the therapeutic components funded by Medicaid, such as room and board, education, and wraparound or intensive care coordination service.

In addition to building out the network, they are bringing in lots of additional services that were previously provided by state DHW DBH staff. These include Parenting with Love and Limits, Early Serious Mental Illness Identification, and Assertive Community Treatment. The state staff now act as a Center of Excellence to help coach and train the provider network to ensure services are provided with fidelity.

Magellan is also responsible for administering the crisis continuum of care, which includes aggregating the mobile response teams, crisis centers, and leveraging the 988 crisis/suicide hotline for connecting to services and benefits. They have four mobile response teams currently operating from 8 a.m. to 6 p.m. MT but will increase at certain intervals to 24/7 during the next state fiscal year. They've seen 250 responses and average a 30-minute response time, though it varies widely depending on the part of the state. These teams work closely with their communities to develop connections and resources.

They are just over 100 days into the contract and are excited to watch the system mature in Idaho. They're enjoying collaborating with DHW and other state agencies and want to continue to establish themselves as a good partner managing Idaho's critical fiscal resources for behavioral health services.

Judge Petty where the four mobile response teams are located. Mr. Welsh responded that there are two in the valley, one in northern Idaho and one southeastern Idaho. Mr. Panitch added that the technology in place with 988, a platform called Behavioral Health Link, is a gamechanger. The integrated computer system goes beyond dispatch calling and trying to find someone. Mr. Welsh said they are also working on a bed registry to find the availability of services.

Mr. Wilder asked if the mobile crisis has worked with the VA, as they do similar things. Mr. Welsh would ask his crisis director Matt Hardin about the coordination, and he wanted to add that they just signed a formal agreement to operate their MRTs (mobile response teams) on the Nez Perce reservation.

Future IBHC Meetings

Co-Chair Omundson said that she and Co-Chair Larsen tried to schedule the next meeting after the end of the legislative session. The proposed and accepted meeting dates are April 25, June 13, August 22, and October 24.

Adjourn

Co-Chair Omundson requested a motion to adjourn, which was provided by Director Tewalt, and seconded by multiple members. Meeting adjourned at approximately 10:50 a.m.