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Region 6 Behavioral Health Board		
12.19.2017	11:30am	Southeastern Idaho Public Health
Facilitator	Mark Gunning	
Note taker	Laurie Brenchley	
Attendees	Chris Daniels, Linda Hatzenbuehler, Brad Baker, Robb Redford, Chris Freeburne, Barry, Jones, Melissa Syria, Bob Gehrke, Debra Davis-Johnson, Kimberly Thomas, Mark Gunning, Jim Price, Dave Sorensen, William Slaven, Charlie Aasand, Laurie Brenchley.	
Minute Approval		
Discussion	Barry Jones moved to approve November minutes as written. William Slaven seconded the motion. All in favor, motion passed.	
WICHE 2008 Report Update		
Discussion	<p>In 2008, WICHE (Western Interstate Commission for Higher Education) was commissioned by the Idaho Department of Health and Welfare to look at and report on the state of mental health in Idaho. Now, the division is updating that report. Dr. Liza Tupa and Hanna Cook are here to lead a discussion about mental health in Region 6 today. This report will be published towards the end of the legislative session. WICHE does a lot of higher education support and consultation for behavioral health all over the western United States. The following are the questions asked by Dr. Tupa, and the answers from the Region 6 Behavioral Health Board.</p> <p>Q: Do you feel that the state has established a statewide prioritized package of services to be delivered within the region for adult services. What is the package of services?</p> <p>A: We know what the services are in Idaho but they are not adequate. We have psychiatric medication management services, mental health case management, peer support services. ACT is not provided here, although it is available within the region. It is staffed for about 40 clients, but it also served the mental health court services. About 25 slots are taken by the court system. Those slots left are for priority clients.</p> <p>Q: Within the justice systems, have those programs been integrated with the regions? Do you feel like they are well coordinated? Do you know of the programs within the court systems?</p> <p>A: It is fragmented and has been for some time, but with the YES program, they are working on improving it. When women are released from prison, the prison tries to set them up with a plan, but they are not a priority in the systems. Somehow the information on programs is not available. In the rural regions, there is some money provided, but it is not spent because it is not enough to accomplish anything.</p> <p>Q: Eligibility criteria – Are people getting screens, treatment, and preventions at the correct time?</p> <p>A: Unless a person is involved in the department of corrections, or the justice system, there are not services available. There is no substance abuse treatment for people seeking treatment voluntarily. The eligibility criteria are to be in the justice system. It is the same for the dually diagnosed. The only way to get them into a mental health facility is if they are insured or on Medicaid. Once a person leaves incarceration, they are cut off from services for funding, that is fast tracked only when trying to get them into a facility. Reenrollment is very difficult. In the private sector, screenings can be done at any time, but the reimbursement is not adequate to accomplish what needs to be done.</p> <p>Q: How many of you access the Health and Welfare website?</p> <p>A: The website is not functional. It takes too long to find any information. The website and the phone system are not adequate. Many providers and clients call Laurie to find information for them on the website.</p> <p>Q: What is working? What needs are fairly consistently being met for adults with serious mental illness?</p> <p>A: Consistently, people are only provided services if they are incarcerated. The system is built for those with moderate need. There is a program in the jail for substance use that keeps getting reduced. Once they are on their own, they have no access to recovery support after parole. If you are on Medicaid or insured, the programs work well.</p> <p>Q: what about the current service array is not working?</p> <p>A: Community based services have been slashed. People need services in their community and in their home. Idaho is one of the highest suicide rates and the lowest dollars spent on mental health services. Providers have tried to rely on peer support in place of CBRS, but it is not being successful. It is not able to provide the right level of care. There has been some success with peer support, but the turnover and administrative costs have been significant, with not enough payback. There needs to be a program that replaces CBRS. There are also just not enough psychiatrists in Idaho. We need to up the number of providers in that profession.</p> <p>Q: How would you assess the cultural appropriateness of the services in this region?</p> <p>A: For the most part they do a good job compared to the rest of the state. Some religions/ethnicities are having struggles. This is mostly minor.</p> <p>Q: Is there a group that the stigma against getting help is stronger?</p> <p>A: Young adults and teenagers. People having family or peer problems. There are no specialized your programs to rely on or refer too.</p> <p>Q: In terms of providers, what is your assessment of the statewide data system? Do you utilize it? In what ways?</p> <p>A: They used to send out an updated report that accumulated data from the gain assessment. The system is kind of hard to use and access. It is a little bit complicated.</p>	

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Q: What are resources for permanent support of housing? What is available?

A: There is just no money for it. There is no case management waiting for people when they are released from incarceration. If they see a PO, they don't have the wraparound services needed to make it work. Residential care services can be very picky about who they take. If a person is banned from one shelter, most others will not take them. There is just not enough housing for homeless. When people have support and feel safe, there has been amazing success across the county. But they need life skills to fall back on. Getting them to do basic functions is very hard.

Q: What is missing from the service array? What are the barriers to the service?

A: Funding to coordinate services. Collateral contact – providers were paid to coordinate a patient centered connection of services, but that that funding has been taken away. Under case management, there is just not funding enough. There is just not more opportunity in adult mental health.

Q: Are there specific characteristics to the region that drive the need?

A: Accessibility for rural areas defines this region. There are too many outlying counties without access to any mental health care. It also feels like we always take a back seat to Ada county. They get whatever funds they need and the rest trickles down. It does not work the same here as it does in Ada county.

The previous WICHE report had a lot of good ideas; however there was just no funding to implement those solutions.

WICHE will follow up on more questions in the form of a survey. It would be helpful to hear feedback from the committee.

## Accelerated Resolution Therapy (ART) Training

Discussion	<p>Melanie Fowers is the Behavioral Health Consultant for the National Guard. She has been struggling to make referrals for military service providers. Civilian providers are unfamiliar with how the military works and could provide a diagnosis that would result in discharge.</p> <p>EMDR is an evidence based treatment that has provided accelerated resolution therapy. There is not one provider in the state of Idaho that provides this. It has shown to be effective in less than 5 sessions. It is something that is needed throughout the state, not just for military personnel, but anyone suffering from PTSD. She is asking for the Regional Behavioral Health Boards around the state to help sponsor training for providers. They would like to hold the training from February 1-3. They would like to hold it in the armory in Idaho Falls. They are planning for around 36 participants.</p> <p>The group discussed options related to funding a portion of the ART training.</p> <p>Kimberly Thomas made a motion to provide \$2,500.00 to fund 5 positions from Region 6 to attend the ART training. Applicants would be required to pay the remaining fees.</p> <p>Charlie Aasand seconded the motion. There were 6 votes in favor, with 4 abstaining from the vote. The motion passed. Those abstentions were from those hoping to apply for the funding either on their own behalf, or on the behalf of members of their practice.</p> <p>The applications will be sent to board members for review. The 5 applicants with the most votes will receive funding. The votes need to be returned to Laurie by Thursday, January 4<sup>th</sup> at 5:00pm.</p>