

REGION II
Behavioral Health Board

MONTHLY MEETING MINUTES

May 12, 2016, 1:30 PM

Minutes Amended June 9, 2016

State Office Building – Third Floor Conference Room

website: www.riibhb.idahopublichealth.com

Phone Conference (Call-In) Number: 208-799-4356; code 2100

I. Roll Call, Welcome, and Introductions

Board Members

X	John Allen	X	Beverly Fowler	X	Deborah Lind		Taylor Skye
	Lori Blackmon	X	Chris Goetz	X	Joyce Lyons	X	Laura Thayer
X	Scott Douglas	X	Jennifer Griffis (by phone)		Lisa Martin		Marsha Wilson
X	Eleanor Downey		Dr. Jefferson	X	Elizabeth Patzer	X	Teresa Wolfe
	Mary Evans		Mike Kingsley	X	Jim Rehder		Joyce Broadsword
X	Tammy Everson (by phone)	X	Tom Lamar	X	Cathlin Stewart (by phone)		Tom Stroschein

Others In Attendance: Perri Larson, Carol Moerle, Todd Hurt, Dean Allen, Caroline Forsman (Student Researcher), Shawn McDowell, Steve Bonner (Sojourners), MaryAnn King (Office Drug Policy, Doug Havens (Nez Perce County Commissioner), Tami Jeffords (LCSC Counseling), Darrell Keim **By phone:** Sharlisa Davis, Aaron Darpli (Optum Idaho)

II. **Approval of March BHB Minutes:**

Motion to Approve – Bev Fowler moved and Joyce Lyons seconded. Board Approved.

III. **Financial Report (Carol and Perri):**

- Carol Moerle (Public Health) presented written financial report. No questions raised by Board.

IV. **Change in Agenda:** Jim entertained a motion to change the order of the agenda to accommodate those presenting. Eleanor Downey moved that we accept change in agenda and Deborah Lind seconded. Board Approved.

V. **Adolescent/Child Treatment Services Survey Report (Caroline Forsman):**

VISION: A community where physical, mental, social and emotional needs are met.

MISSION: Promote the development of an integrated network of preventative and responsive behavioral health care which is accessible and affordable to all Region 2 communities and individuals.

Caroline presented results of her research project. See attached powerpoint and executive summary. The Board agreed that reviewing need for Inpatient Psychiatric Treatment for Children and Adolescents should be a priority for FY17. In conjunction Dean Allen suggests that the Board also analyze the issue of transportation of children to Inpatient Psychiatric facilities. As part of this Beth Patzer recommends reviewing of rules that impact Medicaid Funded transport.

VI. Recovery Community Center Latah and Nez Perce Counties (Darrell Keim, Steve Bonner):

- Darrell reports that the number of individuals served by the Latah County RCC continues to be steady. The programming is going well and funding is secured for at least one more year.
- Steve Bonner reports that Sojourners Alliance was informed (with very little warning) funding for transitional housing in Idaho was being cut. HUD is transitioning their support to a rapid re-housing model. Rapid re-housing is a housing model where HUD funds are used to pay for housing deposit and the first few months of rent. HUD feels rapid re-housing is better than a transitional housing funding model. As of now August 31st is the last day for transitional housing with Sojourners Alliance.

Steve reports that Sojourners is looking at other uses for their building and is hopeful that HUD will allow them to shift the use of their building to other forms of housing. Tom L asks Steve to confirm that as of August 31st folks are currently living at Sojourners will no longer be there. Steve confirms.

Joyce L states housing is only one piece of what Sojourners provides. A void will be felt by the Region when they are no longer there to provide the other services they provide. Steve acknowledges individuals in need of the services they have been providing will likely end up seeking services from IDHW, the local hospital Emergency Departments, or Law Enforcement will have to be involved.

Jim R. suggests that the BHB's Housing sub-committee stay in touch with Steve and keep informed of the status.

VII. Behavioral Health Board Bylaws Revision:

Jim referenced the draft changes distributed with the Meeting Agenda and asks for the Board to consider suggested revisions to Sections IV and V.

Chris G moves that the revisions presented be approved with one minor change in Section V. correcting the term "member" to "members". Bev F. seconds. Board approves.

VIII. Nominating Committee Report (John A):

John A reports Jim agreed to continue as chair. Chris G. will be stepping down from the vice-chair position. Bev Fowler and Tom Lamar are both open to filling that position. Bev F. withdraws her name from consideration.

Beth Patzer has agreed to continue as secretary since no other board members has expressed interest in filling the position.

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The Treasurer position has been changed to an at-large position. Laura T. is willing to be considered to fill that position. Mike K. is interested in filling the SUD position.

Elections for these Executive Team positions will be held June 9th. If anyone else is interested in holding one of the Executive Committee positions please contact John Allen before June 1st.

IX. BHSPC Application Status (Carol and Jim):

The BHSPC Application was resubmitted on April 27th. Carol has not heard anything yet from the Planning Council. Jen G. reports that the Board will hear final consensus within the next couple of weeks. Jen G. will send out notice when our application is approved.

After the application is approved then the R2BHB will be eligible to apply for IDHW grants as well as grants offered by other entities. Public Health will provide the financial and organizational structure needed to apply for and manage grant funds.

Jim R. asks if there is a reporting process that the Planning Council or IDHW will use to provide information about successful grant applications that can be used to inform future grant applications the R2BHB may want to write. Jen G. states no such structure has been put in place and there may be an issue in doing so because the grants will be competitive so other regions may not be open to sharing their grant information.

X. Needs and Gaps (Eleanor D):

Eleanor states that for our June Board meeting she will present a structure and format for linking all the needs and gaps identified by the sub-committees.

XI. BHB Sub-Committee Reports:

CMH – The CMH Sub-Committee did meet this month. They are focusing on the Respite Care grant application. The documentary “Paper Tigers” is being shown this next Wednesday at 6p at Lewiston High School Auditorium. The sub-committee is working on a goal to get “Paper Tigers” shown in every R2 county by the end of the year. A group in Grangeville was able to offer an outstanding suicide prevention training earlier this month. It was well attended by Mental Health Providers, Pastors, Teachers, Law Enforcement Officers, and Parents.

Needs and Gaps – See Report Above

ABH – There is a Community Mental Health Awareness Panel this evening in Grangeville (Senior Center 6p). There is a Disaster Training being offered in Lewiston on May 26th and 27th.

Housing – No Report. Tom L requests a visual model of the Housing Process in Idaho that outlines the needs (particular to Region 2)

Tele-Health – No Report

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Crisis Center – Joyce L and Beth P. provided an informal report of the “virtual” crisis center model the Sub-Committee is developing. The model will include the use of Hospital Emergency Departments so it is important to get hospital buy-in from the beginning. With that in mind, there was opportunity to meet with a group of Latah County individuals at Gritman on 05/11 where the model was discussed. Response from Gritman representatives as well as law enforcement and others was positive. The sub-committee will present the model in more detail to the BHB within the next couple of months.

Nominating – See John A’s report above.

By-Laws – Discussed earlier in the meeting

Legislative: Chris G reports that SHN was advised by their Advisory Board they should be asking the legislature for funding needed to address remodeling/plumbing issues, the need for additional Mental Health Secure beds.

Jim R. recaps legislative issues the Board has prioritized for coming year:

- Child/Adolescent Psych services
- Secure Beds for mentally ill
- Rules that impact Medicaid Funded Transport (for kids and adults)
- Private emergency transport for adults/children
- Medicaid Expansion
- Discussion of IC 18-212 statute

XII. **Next BHB Meeting:** June 9, 2016

XIII. **Meeting adjourned at 3:30 pm.**

A NEEDS AND GAPS ASSESSMENT FOR CHILD AND ADOLESCENT IN-PATIENT PSYCHIATRIC SERVICES

Lewis-Clark State College

Caroline Forsmann, BSW

Eleanor Pepi Downey, MSW, PhD

May 12, 2016



Need for Study

- Effects of untreated mental illness
- Closest in-patient unit for children & adolescents is in Coeur d'Alene
- Region 2 currently lacks an in-patient psychiatric unit for minors
- Anecdotal data indicated need for services

Research Question

- What is the need for in-patient psychiatric services for children and adolescents in Region 2 of Idaho?
 - ▣ Specifically focusing on
 - Current barriers and complications
 - What a prospective facility could provide in relation to treatment services

Response Rate

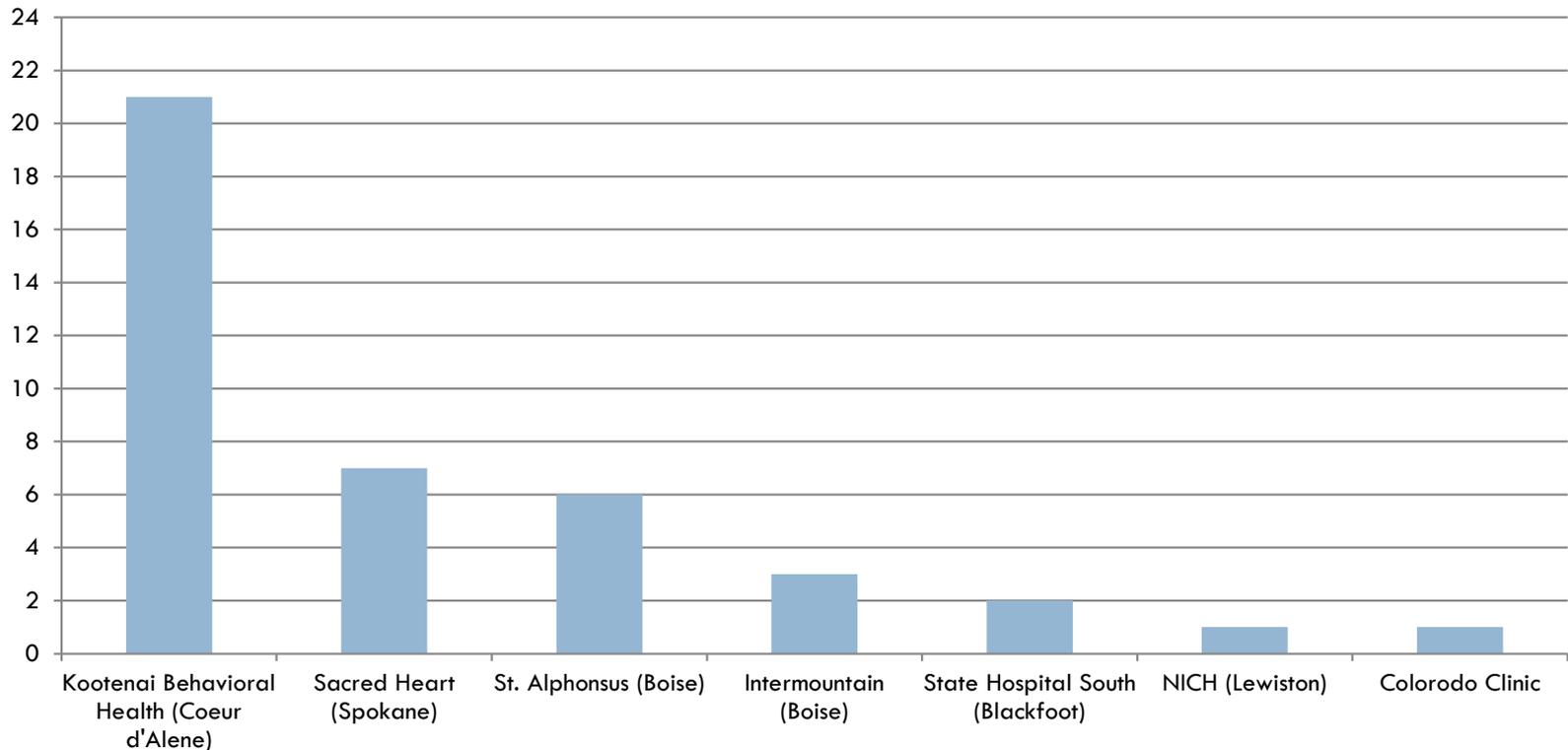
- 50 Surveys distributed
- 34 Surveys returned
- Respondents
 - ▣ 20% Mental Health Counselors
 - ▣ 20% Agency Managers
 - ▣ 18% Medical Staff
 - ▣ 18% Social Workers
 - ▣ 12% Interns and volunteers
 - ▣ 12% Other

Findings - Need

- Children and adolescents needing immediate in-patient psychiatric care
 - ▣ 79% of respondents indicated at least one person per month is in need of in-patient services
 - ▣ Range: 1-20 children or adolescents
- Less than 1 of these was admitted to an inpatient unit
- Approximately 2/3 or 66% of clients needed admission could not access services
- 91% of respondents indicated minors forgo in-patient treatment due to a lack of services

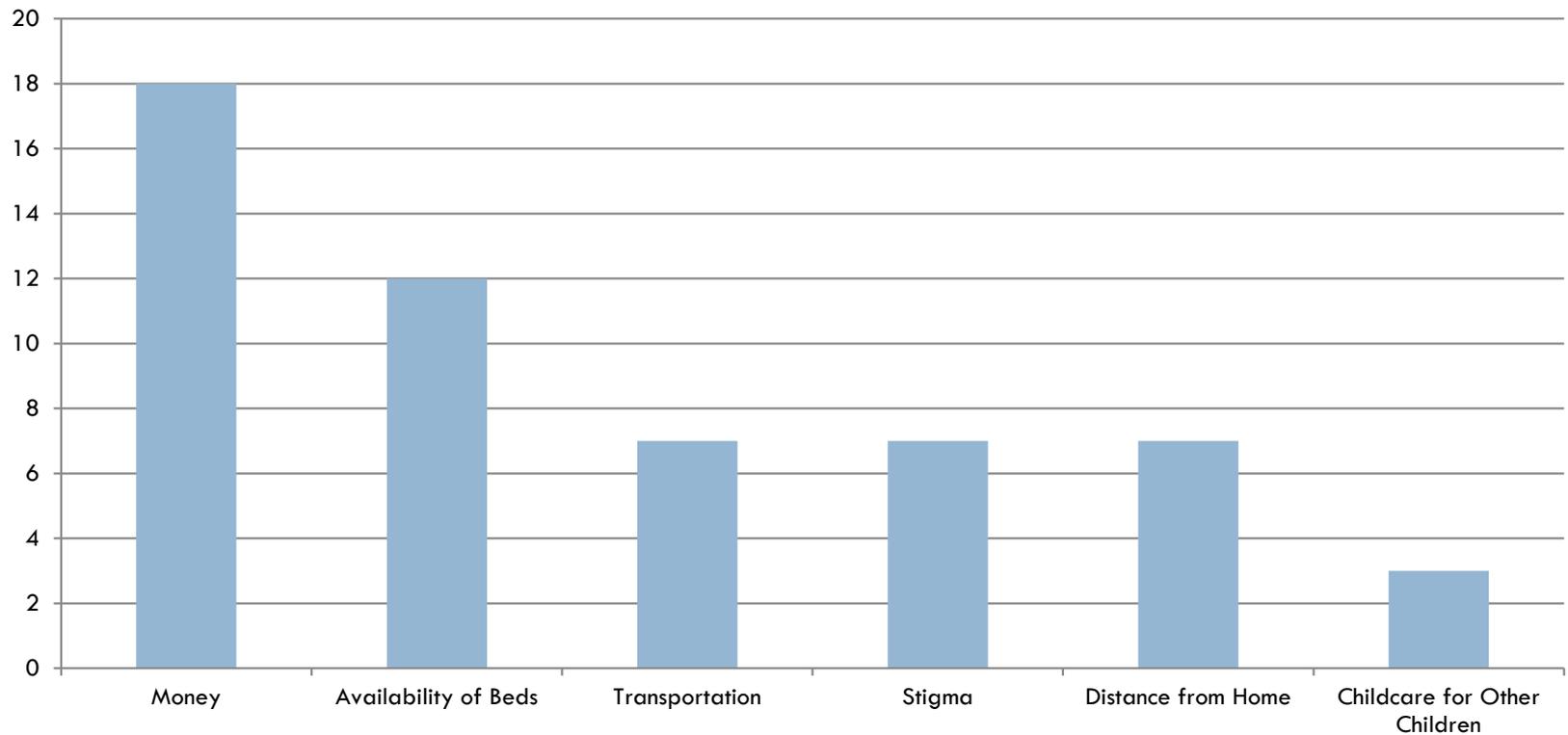
Findings – Location of Facilities

- In-patient psychiatric units utilized by clients and their families:



Findings - Barriers

- Common barriers encountered while trying to access in-patient services



Findings – Need for In-patient Services

- 91.2% - Benefit to children and families
- 70.6% - Children 12 and under
- 76.5% - Adolescents (13-18 years of age)
- 79.4% - Short-term treatment facility
- 64.7% - Long-term treatment facility

Findings – In-Patient Services

- 97.1% - Family centered treatment
- 73.5% - In-patient treatment for substance abuse
- 73.5% - Day treatment services
- 64.1% - Chemical dependency education
- 61.8% - Group therapy services

Implications

- Professional community strongly supports need for inpatient services
- Current barriers create complications for families
 - Transportation
 - Distance
 - Money
 - Availability of beds
- Current services do not effectively meet in-patient psychiatric needs of youth and their families

Need for Future Research

- Data from other areas of Region
 - ▣ Latah County
 - ▣ Orofino, Grangeville, Cottonwood
- Information from families
- Input from schools, juvenile justice system, and law enforcement
- Cost-benefit analysis

EXECUTIVE SUMMARY

A Needs and Gaps Assessment for Child and Adolescent In-patient Psychiatric Services for Idaho's Region 2

The Problem

For children, adolescents, and their families who cannot manage their mental illness in out-patient settings or within the family, in-patient services provide the next level of care. According to the National Alliance on Mental Illness, children and youth that are unable to access mental health services, including in-patient psychiatric care, are at risk for developing more severe and debilitating symptoms of their mental illness. Currently Region 2 of Idaho does not have an in-patient psychiatric unit for youth (anyone under the age of 18). For residents of Region 2, the closest child and adolescent in-patient facility is in Coeur d'Alene which is approximately a 2 - 2.5 hours away. For families who do not have the resources to travel this distance, receiving in-patient services is not feasible. For those that have resources, the distance creates additional stress for the family due to separation and travel time. Many mental health professionals voiced a need for in-patient psychiatric services for minors in Region 2 and this study was designed to acquire data to support this perceived need for services.

Methodology

A total of 50 surveys were mailed-out to mental health and related professionals who work directly with children and youth dealing with behavioral health issues and 34 participants responded. Respondents included mental health providers, agency managers, medical staff, social workers, and interns/volunteers who worked in the Lewiston area. The survey was divided into three sections that inquired about: participant credentials, their experience working with youth who need in-patient services, and their professional opinions of effective treatment interventions for children and youth requiring inpatient behavioral health services.

Findings

Seventy-nine percent of the respondents indicated that at least one person per month could have benefited from immediate inpatient psychiatric care. Responses ranged from 1 to 20 children or adolescents per month as needing in-patient services. Approximately 66% of the clients that required these services were unable to access them. Due to lack of in-patient psychiatric services in the area, children and youth were placed in: Coeur d'Alene, Spokane, Boise, and even a facility in Colorado. A total of 75% of respondents agreed that an appropriate driving time to access in-patient psychiatric care is 1 hour or less, which is much less than what it currently takes to travel to any facility for a resident of Region 2. Common barriers encountered while trying to access in-patient services for families included finances, availability of beds in a given facility, transportation, mental illness stigma, distance from home, and childcare for other children.

A series of 5-point Likert Scale questions with responses ranging from 1 – Strongly Disagree to 5 – Strongly Agree was used to obtain information about effective treatments and services to be

provided at a potential in-patient facility. A total of 91.2% of participants agreed that an in-patient psychiatric facility for minors in Region 2 would benefit children and their families in the area. Seventy-nine per cent agreed that a short-term facility, usually treating patients for 2 weeks or less, would most benefit children and youth living with mental illness. In reference to treatment options, 97.1% agreed family centered therapy should be included at the facility and 73.5% also agreed substance abuse treatment would be an effective intervention method.

Recommendations

Based on the current research, professionals working with children and youth perceive a need for an in-patient psychiatric facility for children and adolescents in Region 2. They support a facility that provides both long-term and short-term hospitalization with a range of services for these patients and their families.

It is recommended that further research be conducted in other areas of Region 2 including Latah County, Orofino, Grangeville and Cottonwood etc. Additionally data should be gathered by interviewing families affected by these issues and seek their perception of the gaps in services as well as the type of services they believe would be helpful. Additional input from schools, the juvenile justice system, and law enforcement would also provide a more complete picture.

Caroline Forsmann, BSW

Eleanor Pepi Downey, MSW, PhD