

# REGION II

## *Behavioral Health Board*

### Subcommittee: ADULT BEHAVIORAL HEALTH

Date/Time of Meeting: 12:15 September 12<sup>th</sup>, 2019

Location of Meeting: 215 N 10<sup>th</sup> Street, Lewiston ID (Public Health Building)

Call-in info: Phone Number: 208-748-0414; Conference Room Number: 7002#; Conference Pin Number: 7002#  
 website: www.riibhb.idahopublichealth.com

Attendees:

x	Teresa Shackelford		Jim Rehder		Shari Kuther		
x	Bev Fowler		Jenny Teigen	x	Mike Ponzozzo		
x	Dean Allen	x	Sara Bennett		Nina Woods		
x	Tammy Lish-Watson		Tom Lamar				
	Todd Hurt	x	Diane Kovach				

Agenda	Meeting Minutes Discussion/Outcomes
Meeting Called to Order, Roll Call:	Meeting called to order 12:25pm
Approval of last meeting minutes ( <b>Action Item</b> )	Emailed to subcommittee members on 8/27/19 Beverly requested a change to the min because she felt it didn't accurately reflect her concerns were due to alliance leaving. Approval of min with corrections made, motioned by Dean seconded by Mike.
<b>Topics to Discuss:</b> <ol style="list-style-type: none"> <li>1. Medicaid Expansion (ME) Update</li> <li>2. Stakeholder Meetings (regarding ME)</li> <li>3. N&amp;G Priorities – review/edit               <ul style="list-style-type: none"> <li>• Building capacity and support for agencies to serve current and new clients</li> <li>• Addressing meth/opioid issue</li> <li>• Building a crisis team to respond to a person's home</li> <li>• Encouraging family involvement in the process</li> <li>• Prescribers which are readily available</li> </ul> </li> </ol>	ME Discussion: <ul style="list-style-type: none"> <li>• Teresa provided update on DBH and ME. Plan remains to transition out clinic services after 1/1/20, as community providers are able to absorb. ACT services may transition out in a couple of years.</li> <li>• Bev suggested ACT may be better kept at DBH due to seriousness of illnesses of those vulnerable clients. Teresa personally does not disagree, but reports the direction of the Division is to transition out of direct services. This will help avoid duplicating efforts of private providers/taking business from private sector.</li> <li>• Low provider availability due to low reimbursement rates.</li> <li>• Recovery coach, peer specialist issues should be addressed in terms of supervision, training.</li> <li>• Can recovery centers and crisis centers help with care coordination? Can we pay for that?</li> <li>• Millennium funds for travel – recovery centers can now do outreach in other counties. Tammy plans to do some RC supervision in those areas as well.</li> <li>• Funding for supervision would be very helpful; she's doing it for free, and as far as we're aware, so are the few other RC supervisors.</li> </ul> N&G discussion:

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|  | <ul style="list-style-type: none"><li>• Put N&amp;G reporting into new form – will talk about it in main meeting today.</li><li>• Jim brings up need to address resource guide. We have not moved forward on that task.</li></ul> |
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<b>Next Meeting</b>	Date/Time: <u>October 10<sup>th</sup>, 12:15pm, Public Health</u>
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<b>Meeting Adjourned</b>	Time Meeting Adjourned: <u>1:20pm</u>
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