

## R4 Behavioral Health Board | Provider Committee Meeting

**Members:** Tami Jones, Chair | Chris Christopher | Amy Jeppeson | DeLanie Valentine | Destry Eskew | Ken Widick

Meeting Date	Attendees	Items Discussed Follow Up	Outcome/ Assignments	Owner	Cmpltd
6/25/15	Tami Chris DeLanie Amy Laura Destry	Standing Meeting Schedule – 4 <sup>th</sup> Thursday of the month from 9-10 <b>FOLLOW UP:</b> Standing meeting changed to 3 <sup>rd</sup> Thurs of each month.	Standing meeting: 4 <sup>th</sup> 3 <sup>rd</sup> Thur/m   9-10AM	All	<input checked="" type="checkbox"/>
		Next meeting at Idaho Behavioral health suite 190			
		Does this committee need to discuss with the SUD providers how the BPA meet and greet still working for them or would they like another format?	Outcome of 8/132/15 meeting – yes SUDS providers want to keep meeting and this committee can help facilitate that with BPA Meet and Greets.		
		Issues around the capitated rate and it not including mental health			
		There is a SHIP subcommittee meeting for behavioral health			
		Gaps and needs report is posted on DHW website: <a href="#">R4 BH Gaps &amp; Needs Analysis</a> .	Assignment – Review the analysis, bring top 3 to mtg.	All Members	<input checked="" type="checkbox"/>
7/23/15	N/A	<b>Meeting Canceled</b>			
8/20/15	Tami Chris Destry	DeLanie resigned from the committee due to other assignments. Is there a requirement for the number of members on the committee? We currently have 5. <b>FOLLOW UP: Kim's response:</b> The original committees were appointed with at least 6 members, but nothing required or magic about the number. It was more for an effective group size and variety of representative. The bylaws don't say anything specific on numbers. Only member that must be replaced is the board member of the committee if that becomes vacant. Bylaws specify each committee of the board needs a sitting board member as member of committee. The Provider committee could continue on with 5 members. DeLanie was not representing either type of provider, MH or SUDS. She was suggested for her understanding of the relationship with agencies that work with various providers. If the BH board wants to have replacement, then name would be submitted to BH executive committee for appointment.	Check w/ K.Keys, Co-Chair on R4 BHB.	Destry	<input checked="" type="checkbox"/>
		Should we set up a distribution list to disseminate the committee's notes to other providers? Do they want the info? If so, we need to know who we would add to the list.	Destry to ask Laura if she has suggestions.	Destry	<input checked="" type="checkbox"/>
		Members discussed the <a href="#">Statewide BH Gaps and Needs Analysis</a> and the <a href="#">R4 BH Gaps &amp; Needs Analysis</a> . Both reports had similar information. All agreed analysis lacked addressing MH. Questioned the BH Boards intentions/goals for the committee – what is the purpose, do they have specifics they would like as our charge or are we to develop our own. <b>FOLLOW UP: Kim's response:</b> We do have SOME direction for the committee.	Destry to check with Kim Keys, new Co-Chair on R4 BH board. At the 8/13/15 BH Board meeting, the Board's executive committee shared plan for next	Destry	<input checked="" type="checkbox"/>

## R4 Behavioral Health Board | Provider Committee Meeting

**Members:** Tami Jones, Chair | Chris Christopher | Amy Jeppeson | ~~DeLanie Valentine~~ | Destry Eskew | Ken Widick

		<p>What we need committees to do is 1) advise to those gaps, provide direction as to the needs of SUD providers in our region, and potentially provide solutions (i.e.: work to change policy at a state level to elevate regulatory requirements). Also, periodically, we will likely have projects that will need provider's involvement, maybe. What do we want from the Board? When the committee was first formed, the Board asked how the three committees (Youth BH, Recovery Wellness and Provider) were going to communicate to keep all board committees connected and not work in silos.</p>	<p>year was to make impact in the rural areas. Each Board committee was asked to include a rural project of some type in their plans.</p>		
		<p>Discussed patient centered medical homes (PCMH) as part of the SHIP grant through DHW. The <a href="#">NCQA</a> has information on the purpose of the PCMH. We discussed how providers, both MH and SUDS fit in the model. Tami suggested beginning to build relationships with a physician(s) in order to prepare.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
		<p>Discussed lack of SUDS referrals for Medicaid clients. Destry spoke about the process Optum uses to give clients choice. The providers give (top 3) come from a preferred provider list that Optum manages. To be a preferred provider, you must meet certain criteria – list of how to be a preferred provider is on PE. Recommend reviewing the following:  <a href="#">ACE Facility Flyer</a>  <a href="#">ACE Facility Program Description</a>  <a href="#">ACE Facility FAQ</a> - <i>This has a lot of information that I found helpful</i>  <a href="#">ACE Facility Measures Fact Sheet</a> - <i>This has a lot of information as well</i></p>	<p>To review your agencies rating, go to Provider Express, click on Provider Reports, click on Achievements in Clinical Excellence (ACE).</p>		
		<p>The committee did not schedule a meeting for next month as unsure if one is needed at this time. We will wait for feedback from the BH Board on the committees' direction and then determine when to meet again.</p>	<p>N/A</p>	<p>All</p>	<p><input type="checkbox"/></p>