

CCSCI – ADVISORY COMMITTEE MINUTES

MARCH 16, 2018

LOCATION: 570 SHOUP AVE W, TWIN FALLS ID 83301

- I. Convene CCSCI Advisory Committee Meeting
 - A. Call to order-Cindy Shotswell
 - B. Roll Call-Cristi Thompson

Committee Members (P-Present, E-Excused, T-Telephone, A-Absent)

P Dawn Anderson – IDOC	E Zach Morairty, MD – St. Luke’s, BH
T Amanda Braga – NCMC	P Cindy Shotswell – OPTUM
P John Brannen – CSI	P Eric Snarr, Sheriff – Minidoka County
P Keith Davis, MD – Shoshone Fam Med	
P Helen Edwards, Mental Health Advocate	A Charles Howell, Comm. Jerome County
E Penne Main, Towne Square Media	P Don Hall, Comm. TF Co.

Ex-Officio (non-voting)

T Linda Montgomery
P Scott Rasmussen
P Frank Knight
E Melody Bowyer
P Kim Dopson
E Taryna Goodman
P Cristi Thompson

Guest(s):

P Dawn Nutting, RIM

C. Don Hall, Twin Falls County Commissioner welcomed as new member of the Board.

II. Action Items

A. Minutes from January 20 meeting were reviewed. **Motion to approve the minutes made by Don Hall, 2nd by John Brannen. Motion passed.**

B. Financial Report by Frank Knight.

Scott Rasmussen offered that the financial situation needs to eventually reach a point where the State is only providing 50% of the funding, with the other 50% coming from other sources. However, the current governing body of the State is supportive of keeping Crisis Centers going throughout the State. The question was asked "how much it costs per day at the Crisis Center vs. other facilities."

Members contributed that a hospital would be about \$1200 a night, Canyon View is about \$3000 a night, Medicaid allows \$1750, the State about \$1050, compared to the Crisis Center which averages \$694.38. Dr. Davis asked if there were a comparable set-up with all the states centers. A: no, there isn't. Frank is supportive of a standardized statistical method. Scott reported that the Automations Unit in Boise is working on creating a standardized method. After it is done, all centers would need to be on board with using it. **Dr. Davis moved that the financial report be approved for filing. Dawn Anderson 2nd. Motion passed.**

C. Discussion on whether to use a consent agenda. Cindy felt it was not needed or appropriate. Nancy Andreotti explained again how it works. **Dr. Davis moved that a Consent Agenda be implemented. Dawn Anderson 2nd. Motion passed.**

III. Presentation on Recovery in Motion by Dawn Nutting, director. (See attached report)

A. There was discussion about how to structure an Advisory Board for RIM. This Board could serve both RIM and the Crisis Center. The Crisis Center requires 5 voting members, RIM requires 10-12 including 5 who are in recovery. Concerns were expressed. Most favored separate boards.

IV. Actions Items (continued)

Recovery In Motions numbers are continually climbing with each month. Our hours are 8am-8pm no holidays and only an occasional Saturday permitting we have enough staff for activity. We welcome all treatment agencies. Our coaches will try to get funding for the people that come in through screenings with treatment providers and let the client see ALL the options that are available to them. We work within the community to extend quality care to the clients. While working within the community for resources and the means to run a nonprofit business. RIM is a community support center with CBT/DBT Support Groups, Yoga, AA Support groups, NA Support groups, CA Support groups, bowling, theatre movie once a month, and we recently added a Veterans Support Group. Currently we have 13 groups running during the week. Our hours are 8am-8pm no holidays and only an occasional Saturday permitting we have enough staff for activity. Payment is not required to obtain a recovery coach, peer support, or a detox companion. Let me clarify the detox companion role. We are not nurses or doctors so we do not medically detox someone, just a voice and a comfort to someone waking up alone in the hospital after a overdose. We try to intervene before the next use by bringing them to the Crisis Center and then give them resources and recovery coaching after the detox is complete. We are not crisis management staff, it's not our lane. We train recovery coaches and I can supervise their hours until they can become certified. Kim, Frank, and I have a vision to help the ~~still~~ addict that still suffers as well as helping people with mental illness learn to cope. Many other centers are already supporting us by sending clients that would not otherwise have help due to funding cuts and burnt bridges. We know many people share our vision of a strong recovery community. We would love to have a board of people ready to help with the same vision. We need to have a board and are looking for volunteers to meet once a month as an Advisory Board.

Thanks for your time.