

Date / Time of Meeting	January 11, 2019 10:00 AM - 12:00 PM Dial in: 866-906-9888 Access code: 7258371 Conference Room: 3A, 450 W State St, Boise
Meeting Purpose	Interagency Governance Team
Host	Treena Clark, Division of Behavioral Health

Voting Members	Att'd	Voting Members	Att'd	Participant	Att'd
Cameron Gilliland - FACS	Χ	Matt Wimmer - Medicaid		Cindy Day - DBH	Х
Carol Dixon - Advocate	Χ	Pat Martelle - St. Luke's	Х	David Welsh - Medicaid	Х
Dave Sorensen - Provider	Χ	Ross Edmunds - DBH	Χ	Holly Riker - DBH	Х
Jason Stone - IDJC	Χ	Sabrina Griffis - Youth	Х	Lynn Thull - Consultant	
Jennifer Griffis - Parent	Χ	Vanessa Morgan - Parent	X	Rhonda House - DBH	Χ
Kim Hokanson - Parent	Χ			Tiffany Kinzler - Medicaid	Χ
Lael Hansen - County Juvenile Justice	Χ	Proxy Voting Members	Att'd	Treena Clark - DBH	X
Lynn Thompson - CMH	Χ	Candace Falsetti - DBH	X	Valorie Leirmann - DBH	
Maria McConnell - Advocate		George Gutierrez - Medicaid	Х	Venecia Andersen - Medicaid	Х
Matt McCarter - State Dept. of Ed		Michelle Weir - FACS		Doug Loertscher - Provider	Х
		Susan Peck - SDE	х	Ruth York - Idaho Federation of Families	х
				Mallory Kotze - Medicaid	Х
				Elizabeth Perkins - DBH	Х
				Jason Dye - Courts	Х

AGENDA

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	10:00 a.m.	5 min	Welcome and Roll Call Approve minutes from last meeting	Jennifer Griffis	Dave Sorensen is stepping down from the IGT as he has sold his practice and will be pursuing a different line of work.	
2	10:05 a.m.	5 min	Review Follow Up Items	Rhonda House	Updates are in the section below.	
3	10:10 a.m.	15 min	Communications and Training Update	Cindy Day	Cindy encouraged the IGT to go to the YES website and subscribe to the YES newsletter. The newsletter provides a regular update and outlines what has been posted to the website.	Cindy will reach out to Susan Peck from SDE for more information on the



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					The State Department of Education has published their mental health checklist for youth. There is still work to be done with communicating this out.	Federal Programs Conference.
					The YES Wraparound for Families Handbook has been published, and has also been made available in Spanish as well. Additionally, a quick guide - Wraparound for Families at a Glance has been published.	
					There are currently 430 subscribers to the YES Newsletter.	
					There is a presentation that has also been put together with general YES information that is available to the different agencies.	
					There is a Federal Programs Conference coming up in the second week of April where there would be a good opportunity to present YES information.	
					There has been a youth version of the YES presentation that has been created. It is currently being reviewed by Youth MOVE for input.	
					Family trainings on YES continue. The next one is on January 29 - Collaboration for the Good of Our Children. It is being advertised by the Federation and on the website.	
					Additionally, the settlement agreement requires a stability plan for training that was shared at the ICAT meeting today and it will be going out for further review with the other partners. This plan supports the need by each agency to ensure that their staff, et al, is trained on a	
					continuing basis, covering both new additions to	



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					staff and ongoing training for existing personnel.	
					Training has also begun for the Practice Manual. Dave Sorensen will provide the voiceover work for the video.	
					Feedback on the newsletter is that it is very visually interesting and easy to review with a lot of information. Past issues of the newsletter are also available online.	
					The website is being worked on to make it easier to look at and use as there is a lot of information and navigation is not always intuitive. Opportunities for feedback will also be forthcoming.	
4	10:25 a.m.	15 min	Practice Manual Update	Elizabeth Perkins	The Practice Manual is getting close to publishing; over 800 comments were received from stakeholders. Feedback has been incorporated into the manual, and a response will be provided for stakeholder review next week. The goal for publication is February 4. The bulk of the feedback comments were content related, not grammatical in nature. The feedback has been organized in such a way that everyone can see how feedback was incorporated. A maintenance plan was also put together, including a process flow. This plan also includes a request to have the IGT continue to act as the reviewer for the Practice Manual on an ongoing basis. The idea of an executive review committee had been proposed at one time, but was not brought to reality. There is potential to utilize the ICAT for review of the Practice Manual; the caution is that there is not enough representation in ICAT to adequately review the Practice Manual.	Discussion regarding ongoing review of the Practice Manual and ensuring appropriate representation is present will be an agenda item at the next IGT meeting in February.



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
5	10:40 a.m.	40 min	Special Populations Discussion: Presentation from DD/FACS	Carol Dixon Cameron Gilliland	As a part of this discussion, the goal is to include all agencies, organizations, and programs that work with the population (to include Education, Juvenile Justice, Family and Child Services, EPSDT, providers, etc.). The focus will be current challenges and successes specific to the kids who are or who could be eligible for services through YES. The Children's Developmental Disability Services group served just over 3700 kids last year. Cameron provided a handout outlining the services that are available through DD. Crisis Intervention and Supports is a provider offered service and should be clearly delineated from the Crisis Team, which is a department program. In terms of the handout, traditional refers to provider directed services. Family directed services allow for families to choose and design solutions that may work for them, and is utilized a lot in the more rural areas where providers are not always readily available. Monthly meetings are held where parents and providers are invited to come and provide feedback and input on the creation and development of new services that will be coming in the future. Crisis Teams are also available throughout the state (made up of about 25 state employees and contractors). A family will likely feel like they are in crisis long before a crisis team gets involved, largely due to the ratio of need to available crisis team members. There is a psychiatrist available with the team. While limited, there are also members of the team who specialize in the therapeutic aspects. Last year, there were about 600 people across the state served by the crisis team.	



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					SWITC (Southwest Idaho Treatment Center) is utilized, however, Medicaid has been very instrumental lately in helping find placements elsewhere. No one goes to SWITC unless they are in the custody of the state of Idaho.	
					Questions: Can DD can come in to provide services in circumstances where dual diagnosis is occurring (i.e. in an ER situation)? Calling the mental health crisis line will get a person connected with DD services in this situation. Best practice would be to have parents call and bring in DD services prior to a situation escalating to an ER scenario. This would be in a situation where repeated events have occurred, and not necessarily in a first episode. Repeat ER visits would be prioritized.	
					Is there a stability period used with the psychiatrist? In general, work would continue with the family to help create stability, including perhaps help in connecting the family to a local psychiatrist.	
					Is the number of kids in foster care and/or adoptions tracked specifically? At this point, the data system being used could track this information, but it is not necessarily tracked in a specific field and may not be easily pulled out. It is a consideration and a trend that could be further analyzed.	
					Do the crisis team come into the family's home? The team will come in to the home as it makes the most sense in planning and working to address the issues. How should a family decide who to call in a crisis situation?	



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					The family should start with Behavioral	
					Health as they have a crisis response team. DD	
					services will be incorporated along the way.	
					For DD services, are there situations where the	
					parents have to face charges prior to services	
					being provided?	
					No. Placement at SWITC is the only place	
					where state custody is required, and that is	
					rare. A lot of the DD placements are done	
					through personal care services (residential care	
					system). There are a lot of cases where DD is	
					putting into general funds for placements.	
					Personal care services have a wide range of	
					services, whereas intermediate care facilities	
					differ and tend to not take behavioral issues.	
					What is the number of children being served in	
					DD that may be eligible for YES services?	
					A specific number is difficult to determine,	
					but it is a substantial amount close to roughly	
					60%.	
					What are some of the largest challenges in	
					service a dually diagnosed population?	
					In the past, part of the challenge has been	
					having more than one system to work with. Presently, all DD staff have been trained to	
					work with both systems, but there are still a lot	
					of gaps between the two. There are challenges	
					in identifying the underlying cause of an issue -	
					is it DD or is it Behavioral Health?	
					From a provider perspective, DD services are	
					not always provided in the same office, and	
					therefore communication becomes one of the	
					major challenges. Compensation and recruitment in the private sector is also a	
					challenge. Funding on the state level is a	
					challenge as well.	
					Funding to coordinate care would be one of the	
					most helpful things for the overall system;	



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
The state of the s		Length		Topic Owner	billing for these services is next to impossible. Case Management services in the future will help with some of this, though there will still be challenges in funding some of the communications. Details of new Case Management services are still being developed. Regarding how the juvenile justice system fits in, it can be very hard to know how all the pieces fit together and who to communicate with. Historically, there has been improvement with getting these services, but there is still a workforce and availability of services issue. There are opportunities to provide additional services to the juvenile justice population, but the goal is to make sure that these kids are identified long before they come into the juvenile justice system. There are still levels of definition and determination to be defined between juvenile justice and DD services. Kids in the juvenile system are evaluated for eligibility, and it is most often a competency. Ultimately, the challenge lies in getting all the involved agencies to communicate and ensure services can be put in place. There are a lot of positive elements coming forward; juvenile justice is at its lowest population in this regard, and integration of services is happening. 70% of the kids coming into the juvenile justice system have a mental health issue, 60% with substance use. How tough is it for Medicaid to find placement for kids with dual diagnosis? This can be very challenging at times, and treatment solutions are typically outside of Idaho.	Decisions



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					Cameron thanked the IGT for the interest and the desire to cross the system lines and improve overall service quality. Moving forward, the IGT may want to consider how to track and identify gaps. The next topic for special population discussion is to be determined, with the suggestion of keeping crisis management services in mind for future discussion.	
6	11:20 a.m.	10 min	IGT Charter and Roles Update	Rhonda House	The suggestion was made to remove names from charter to allow for it to be a more stable document that does not have to be altered every time the membership does. Rhonda made the suggestion to provide an outline of responsible groups and roles on the charter in a general manner rather than with specific names. Then, a separate document with IGT membership would be maintained and published on the website.	Rhonda will provide an updated copy of the charter outlining these changes at the next IGT meeting for review and approval. A current membership list will be created and maintained on the website.
7	11:40 a.m.	5 min	Cost Sharing/300% Update (Standing Agenda Item)	George Gutierrez	The 300% topic has been transitioned to a DBH responsibility. The cost sharing is still being worked on; a tentative date has been set as July 1, 2019. It is still to be determined what kind of notice will be sent out on this date, and guidance is being requested from CMS. Timelines will be updated as progress is continued. CMS will provide the answer and must approve the plan for Medicaid, however, the government shutdown is creating a roadblock for this issue as well. A launch/implementation date has not been published.	



#	Time	Length	Topic	Topic Owner	Discussion	Decisions
8	11:45 a.m.	5 min	Family Engagement Subcommittee Update (Standing Agenda Item)	Carol Dixon	The TCOM conference is coming up in the spring. Jennifer Griffis and Janet Hoeke will each be giving presentations. The subcommittee is making a request to the IGT for data on parents engaging in the treatment process. This request is being narrowed down to a very small discussion on transportation. This will look to include the rates of parents visiting their children, roadblocks to visitation, etc. This request will go to the Data and Reports team. Ultimately, this request will broaden over time to include participation in treatment. The subcommittee will put together the request in detail and present that to the IGT.	
9	11:50 a.m.	5 min	Clinical and Training Subcommittee Update (Standing Agenda Item)	Kim Hokanson	ICAT reviewed Valorie's training schedule. The subcommittee is going to review the services that are preparing for launch, and will be working on how to engage parents, families, etc., in training. The subcommittee will also be reviewing potential roadblocks and considering coordinating with the workforce development subcommittee.	Treena will research further where the subcommittee notes should be housed for consistency.
10	11:55 a.m.	5 min	Review Future Agenda Topics and Action Items	Jen Griffis Treena Clark	The rules for YES termination of enrollment related to YES services is scheduled for hearing in the House next Friday, January 18.	The QMIA Update will become a standing agenda item going forward.
11	12:00 p.m.		Dismissal	Jen Griffis		

The IGT will track action items and their status from the meetings here:



Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Venecia Andersen will follow up with Optum about inviting parents to attend upcoming Optum trainings.	12/7/18	Venecia Andersen	1/11/19	Venecia shared that Optum is working on putting together some invites as well as working on a quarterly call just for parents that Optum will conduct. Optum will be reaching out to the parents for parent perspective and content development as well. This work will begin in the next couple of months.	Complete
Candace Falsetti will send the QSIS Subcommittee agenda to Cameron Gilliland for FACS attendance. Cameron will find a FACS representative to attend.	12/7/18	Candace Falsetti Cameron Gilliland	1/11/19	Candace shared the QSIS agenda with Cameron. Cameron is still looking into FACS membership for the committee.	Complete/ Ongoing
Cameron Gilliland will put together a presentation for the next IGT meeting regarding kids with development disabilities (Specialty Population topic)	12/7/18	Cameron Gilliland	1/11/19		
Dave Sorensen will reach out to Maria McConnell to determine if she is continuing with IGT.	11/2/18	Carol Dixon	12/7/18	12/7/18 - Dave will reach out to Maria McConnell to confirm if she is still willing to be a part of the IGT. 1/11/19 - Dave has made multiple attempts to contact Maria and has not heard back. Carol Dixon will follow up with Maria in person.	In progress.
Rhonda House will update the IGT charter to remove names in specific positions.	11/2/18	Rhonda House	12/7/18	12/7/18 - The charter is the only place online that shows an active membership of the IGT and there is ongoing discussion of what is required to be shown online.	In progress.
George Gutierrez will seek out a tribal representative to participate in the IGT.	11/2/18	George Gutierrez	12/7/18	12/7/18 - George put out an invitation and will follow up with the tribal representatives as soon as possible. 1/11/19 - George will follow up with the tribal group at the next tribal meeting in February to keep the invitation open.	In progress.