

Date / Time of Meeting	February 1, 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		Matt Wimmer - Medicaid		Cindy Day - DBH	X
Carol Dixon - Advocate		Pat Martelle - St. Luke's		David Welsh - Medicaid	X
Jason Stone - IDJC	X	Ross Edmunds - DBH	X	Holly Riker - DBH	X
Jennifer Griffis - Parent	X	Sabrina Griffis - Youth	X	Lynn Thull - Consultant	
Kim Hokanson - Parent	X	Vanessa Morgan - Parent	x	Rhonda House - DBH	X
Lael Hansen - County Juvenile Justice	X	Doug Loertscher - Provider	X	Tiffany Kinzler - Medicaid	
Lynn Thompson - CMH	X	Proxy Voting Members	Att'd	Treena Clark - DBH	X
Matt McCarter - State Dept. of Ed	X	Candace Falsetti - DBH	x	Valorie Leirmann - DBH	
		George Gutierrez - Medicaid	X	Venecia Andersen - Medicaid	
		Michelle Weir - FACS		Dallas Payton	X
				Mallory Katze	X
				Elizabeth Perkins	X

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		Notes were approved as written.
2	10:05 a.m.	5 min	Review Follow Up Items	Treena Clark	Updates in the Follow Up Item section below.	Rhonda will take over this role going forward.
3	10:10 a.m.	15 min	Practice Manual Review Discussion	Jennifer Griffis	The practice manual will be published to the website on Monday, February 4. There will be an announcement sent out with the link. The practice manual management plan was distributed. The next release of the practice manual will be in July.	Liz will share the list of expected updates to be included in the July release of the Practice Manual.

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					<p>Liz is putting together an “explainer video” to help people understand the practice manual and how to use it as well as what the benefits of the practice manual would be. Liz has a list of things that are expected to be included in the next release of the practice manual.</p> <p>The question was asked what may be needed from the IGT moving forward and how the IGT can best support. It may be beneficial to have the practice manual as a standing agenda item moving forward.</p>	<p>The practice manual will become a standing agenda item, with the time being adjusted accordingly as needed.</p>
4	10:25 a.m.	10 min	QMIA Update (Standing Agenda Item)	Candace Falsetti	<p>QMIA Council did not meet in December but did meet in January. Much of the meeting was spent discussing the Quality System Improvement Subcommittee (QIS). The goal of forming this subcommittee was to work with the partners on improvement plans for issues brought to the committee. The QIS would provide input and review on the overall improvement plan, and then the plan would go to the QMIA Council for approval. The QIS is still working to formalize their charter and purpose, but expects to be fully up and running in the next few months. Work is being done to develop the quality review process as well as prioritize the issues that have been brought to the QIS.</p> <p>A quality review process will be piloted with Boise State in the coming months, and will include an intensive record review, primarily focused on the wraparound services and a survey that will go out to families served by the Division of Behavioral Health. Upon successful completion of the pilot, this could be expanded to other areas. A formal definition of the</p>	<p>QMIA Quarterly Report #8 was just published on the website and will be an item on the agenda for review at the next IGT meeting.</p>

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					<p>quality review process will be brought to the IGT for review and then to the plaintiffs.</p> <p>QMIA Quarterly Report #8 was just published on the website and will be an item on the agenda for review at the next IGT meeting. The format of the report has been changed and made shorter for easier review and readability. This was based on feedback received.</p> <p>If there are any questions on the QMIA report, please let Candace know.</p>	
5	10:35 a.m.	40 min	Special Populations Discussion: Presentation from IDJC	Jason Stone	<p><i>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.</i></p> <p>We will address children w/ SED being served by IDJC. The focus is on what is working and not working, challenges w/MH services when kids return home, to school, and to community-based services. Please be thinking of how your agency/organization is also involved with this population.</p> <p>Jason provided a legislative update handout. While the number of 10 - 17-year-old kids in the state is increasing, the numbers in detention has remained stable or declining. The current population is near an all-time agency low. IDJC Demographics do not yet include SED distinctions, but will in the foreseeable future. It is important to remember that the percentages do not tell the entire picture (i.e. acuity, pervasiveness, et al).</p> <p>This document is missing any pending legislation, and this year there was nothing</p>	<p>Please provide suggestions for any future topics to Jennifer.</p>

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					<p>mission critical being put-forward, so there was nothing in that aspect to share.</p> <p>Jason showed the video from IDJC’s website (www.idjc.idaho.gov) sharing information about what the program does, specifically the information and assessment unit. There are many positive elements that are highlighted in this video. Classroom size is small, the ratio of staff to kids is very good. There are many, many aspects coming together to help create successes for these kids, not just from IDJC, but across the systems.</p> <p>There are two areas to the building - one focusing more on substance use aspects, and one that is more specific to sexual abuse. It is important to remember every kid has a story and is unique, although there are a lot of commonalities that do come along. The statistics that are often presented do not get into the specifics or acuity of what is presented each day in the facility. The staff share a passion for wanting these kids to do well. Dallas shared an example in the story of “Tammy” who came to the facility when she was 16 years old and has been in facility for about 17 months. She is about the release. She came to the facility with battery charges, among others, though those charges came from when she was in a psychiatric facility and was fighting against the staff trying to help her from hurting herself. “Tammy” came to the facility from a situation where she was not living with mom, or grandma, but great-grandma, and had been hospitalized more times than counted. Overall, she was very cooperative. The staff was able to utilize assessment tools such as the CANS to help identify the best ways in which to help her. “Tammy” was violent to herself and had very low levels of self-image. Realistically,</p>	

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					<p>“Tammy” would have likely benefited from a psychiatric facility, but she was sent to IDJC instead. As a result, IDJC had to develop ways in which to treat on a psychiatric basis. They were able to use an enzyme test to help determine the best medications for her personally, and they were able to use some behavioral therapies specific to her. Additionally, a neurobehavioral analysis was done to help create tools for “Tammy” to utilize upon her reentry. Through the multiple treatment plans and opportunities, “Tammy” now sees value in herself.</p> <p>The question was asked about the average length of stay for a kid in IDJC and it is currently 18.7 months. The length of stay has gotten longer, and that is a result of the complexity of needs presented as well as the full assessment process that utilized. Additionally, there is an independent living facility that is often a part of this as well. There are currently three times the number of kids coming in with mental health issues, and there are more substance use issues coming in as well. It is more complex, but the resiliency of these kids is equally incredible. It is significant that a quarter of the budget is now being put toward keeping the kid where they are and putting services into pre- and post-treatment situations. Ross added that it has been incredible to see the amount of change and improvement in the past five/ten years regarding the tools being utilized and services being provided. System change is happening through training, education, and strategically utilized funding.</p> <p>The idea that a child would have to be charged with a crime to receive treatment services is definitely changing as systems work together</p>	

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					<p>more and more. As an example, the creation of crisis respite will help in not having to criminalize a mental illness to get them help.</p> <p>Transitions within the system of care are starting to be drafted for inclusion in the next practice manual. These are being created as a result of multiple agencies and programs coming together and will also have a positive impact in this area as well.</p> <p>The question was asked if there are kids who work to not be released because they do not want to go back to the home life they have. There are definitely circumstances where work is done to find a kid a different home situation to return to, but there are times when the kid has nowhere else to go, and work is done with the families to the best extent possible.</p> <p>Lael stressed that it is important to remember that there should be a case manager other than the probation officer, and that the goal is to get services to kids without criminalization.</p> <p>The question was asked if there were any kids placed out of state currently, and there are not right now. Historically, if there are kids placed out of state, it is very much based on need and where the best possible treatment can be delivered for the kid.</p> <p>Jennifer asked if another special population to be considered would be kids reintegrating into communities where there are limited resources and how does IDJC and the counties work with those situations. Jason responded that this could be a good conversation for a future meeting with enough lead time to reach out to the appropriate resources for input. Lael</p>	

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					stressed the importance of including both counties that are seeing some success and those that may be facing some struggles.	
6	11:15 a.m.	10 min	IGT Requests - Family Engagement Subcommittee	Jennifer Griffis	<p>The Family Engagement subcommittee is looking to determine factors that may or may not impact a family's ability and/or decision to participate in treatment for their child. The request was put forth to the IGT for consideration.</p> <p>The QMIA Council will not meet again until the end of February, and this request may take some time for further discussion from the Council. Reporting to the IGT may not occur until April.</p>	<p>The request was approved. This will remain a standing agenda item so that regular updates can be provided.</p> <p>An initial report back to the IGT will happen in the April meeting.</p> <p>Candace will take this request to the QMIA Council.</p>
7	11:25 a.m.	10 min	IGT Charter and Roles Update	Rhonda House	<p>Rhonda explained the small changes that have been made to the charter, eliminating the names of the specific members and providing a short update as to how the subcommittees are functioning currently.</p>	<p>The changes to the charter were approved by the IGT.</p> <p>Rhonda will make sure an updated version of the charter will be posted to the website.</p> <p>Rhonda will work with Mindy to put together a formal document of membership and it will be posted to the website.</p>
8	11:35 a.m.	5 min	Cost Sharing Update	George Gutierrez	The plan is still to move forward on July 1.	

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			(Standing Agenda Item)			
9	11:40 a.m.	7 min	Family Engagement Subcommittee Update (Standing Agenda Item)	Carol Dixon	<p>The Family Engagement Subcommittee received an update on the youth movement from Holly Riker. Options are being considered on how to involve youth at the upcoming TCOM conference in May.</p> <p>Family participation at TCOM was also discussed. 20 seats for family members are being set aside at the early bird rate, so parents are being considered for attendance. Scholarships for parents to attend are being considered.</p> <p>Parent involvement and recruitment for QMIA groups was discussed.</p> <p>Brainstorming for future work of the family engagement subcommittee was also discussed.</p>	Please contact Jennifer or Ruth at the Federation of Families if you have any connections for scholarships.
10	11:47 a.m.	7 min	Clinical and Training Subcommittee Update (Standing Agenda Item)	Rhonda House	<p>The subcommittee discussed updates to services already in place by Optum. Crisis response and intervention as well as respite were discussed. A slide presentation from Optum was shared. The group also went through the principles of care and practice e-learning module to review the work that had been done there. This will ultimately be shared with the e-learning module of the department. Additionally, ways in which to share this with other agencies are also being considered. There was further discussion as to whether this should be shared to the website, and the decision was to do so. While it cannot be determined who has passed it through the website, it will be able to show how many times it has been accessed.</p> <p>Kim shared that overall feedback on the e-learning module was positive and it was obvious the amount of work that had been put into it. It may be beneficial to have something to provide to the CFT as a whole right before the meeting, and the e-learning module may serve as a good foundation for that.</p> <p>The e-learning module may be a good resource for providers as well.</p>	

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					<p>The discussion centering on training for the CFT will be an agenda item for the next CAT subcommittee meeting.</p> <p>The question was asked if there was anything new added to services that needed to be considered. Crisis response was launched 10/1/18, and additional plans to certify additional people have been put into place. Crisis intervention can also now be done as teams, depending on what the needs of the situation determine. Nothing needs to change in the practice manual at this point in time.</p> <p>There was a recommendation regarding the review of the assessment on the CANS because if the child has co-occurring issues, there are multiple assessments being conducted, by the time the child is receiving treatment, the 90-day CANS assessment is due again. The recommendation went to Optum for further discussion. There are requirements to be compliant with audit, but Optum was open to review for better efficiencies in getting the child into treatment. It is important to remember that the CANS is not an assessment for eligibility but for treatment planning.</p> <p>Doug has been asked to join this subcommittee as well to help represent providers.</p>	
11	11:54 a.m.	5 min	Additional Announcements, Review Future Agenda Topics and Action Items	Jen Griffis Treena Clark	<p>George provided a quick legislative update from Medicaid. There was authority put into rule for the ability to terminate enrollment if federal requirement are not met for eligibility. A timeline for implementation has not been determined yet.</p> <p>Matt M. provided an updated for SDE. There has been a lot of focus on suicide prevention. Matt is working on a school safety initiative with a</p>	

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12	11:59 a.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
Cindy Day will reach out to Susan Peck from SDE for more information on the Federal Programs Conference.	1/11/19	Cindy Day	2/1/19	Cindy reached out to Susan, though has not heard back from her yet.	Complete
Treena Clark will research further where the subcommittee notes should be housed for consistency.	1/11/19	Treena Clark	2/1/19	Treena has not investigated this completely and will follow up with an update next time.	In progress.
George Gutierrez will seek out a tribal representative to participate in the IGT.	11/2/18	George Gutierrez	3/1/19	2/1/19 - George will follow up at the next tribal meeting at the end of February. 12/7/18 - George put out an invitation and will follow up with the tribal representatives as soon as possible.	In progress.