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| **Date / Time of Meeting** | May 5, 2017 9:00 AM – 3:00 PM<br>Dial in: 866-906-9888<br>Access code: 2927162<br>Conference Room: 3A |
| **Meeting Purpose** | Interagency Governance Team |
| **Host** | Treena Clark, Division of Behavioral Health |

| Participant | Att'd | | Participant | Att'd |
|---|---|---|---|---|
| Carol Dixon - Advocate | x | | Ross Edmunds – Behavioral Health | |
| Matt McCarter – State Department of Education | x | | Pat Martelle – Project Manager | x |
| Connie Sturdavant – Provider | x | | Lynn Thompson – Children's Mental Health | x |
| Dave Sorenson – Provider | x | | Marcy Chadwell – Idaho Department of Juvenile Corrections | x |
| Missing parent from northern hub | | | George Gutierrez - Medicaid | x |
| Kim Hokanson – Parent | x | | Michelle Weir – Family and Community Services | x |
| Lael Hansen – Idaho Association of Counties Juvenile Justice Administrators | x | | Vanessa Morgan - Parent | x |
| Eric Walton – Class Member | | | Logan Zuck – Class Member | |
| Treena Clark – DHW support | x | | Maria McConnell - Advocate | x |
| Candace Falsetti – DHW QMIA | x | | Janet Hoeke – guest parent | x |
| Dr. John Lyons- guest | x | | David Welsh- Central Office | x |
| | | | | |

**AGENDA**

| # | Topic | Topic Owner | Discussion | Decisions |
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| 1 | Welcome and Roll Call/introductions of new members/Anti-Stigma Announcement | Vanessa Morgan | Completed. Notes are accepted as written. | |
| 2 | 9:10- 10:30 Introduction to the CANS | Dr. John Lyons | Dr. John Lyons stated that the system is designed to make the decisions based on the people that we serve. Currently 15-20% of all youth have behavioral health challenges and only 4% get served. This compares the people who have needs and the people who get help. This then suggests that there is a disconnect that has been created.<br><br>We need to create a situation where everyone can win. The question was then asked, how do we create this? Everyone here cares about kids and families. Trauma is not a disability. You can recover from trauma. | |

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| | | | CANS is a strategy within a larger philosophy. Learn to talk to each other consistently and accurately by implementing CANS. Need to create systems that care by creating a common purpose where everyone uses these ideas on a regular basis.<br><br>Idaho is an individualized place. Implementing from a central place down can create push back. You must have a trust challenge- how are you going to rebuild that trust? We all care about the kids- how do you create a culture where that is the main focus? Working together towards that common purpose can be a challenge but this will create a successful system.<br><br>Make sure that we continue to communicate in a way that is consistent. Needs and strengths are both important but different from each other. Absence of a need is not a strength and the absence of a strength is not always a need. Strengths are different from needs and we use them differently. The impact of the system is not to eliminate needs but to build strengths.<br><br>Strength based work is different with children and adolescence. You develop strengths as you grow and adolescence are very protective of these strengths because that is all they have at that time. We are trying to implement this common language into common practice as part of the CANS implantation process. Good practice is collaborative.<br><br>TCOM- International Collaborative Program<br>Time your interpretations and wait until people are ready to hear what you think. Share what you think in a nonjudgmental way- this is called post-triangulation. That methodology was applied to behavioral health by asking different perspectives and measuring those perspectives. The assessment challenge is that the perspective of each person is different. Not each youth, parent or therapist has the same perspective so you cannot label these perspectives as a youth perspective or a parent perspective. Use triangulation first and then apply the measurement.<br><br>The overall idea of CANS is to create a common language, implement it, and teach people to use it efficiently and effectively in order to shift the system. This is how you manage the business for what the business actually is. You need to measure the system first because you | |

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| | | | cannot manage what you do not measure.<br><br>Pat stated that we will be challenged with articulating the medical necessity. Dr. Lyons stated that this research has been done. However, currently no one pays for strength building but it is possible to work through that. What we actually need to do is to teach people how to work through those challenges. Everyone will always have challenges throughout life. Imbed CANS in any program but you need to think it through and understand how it fits the rules.<br><br>Pat stated that we need to focus on medical necessity in our training. Dr. Lyons stated that you need to learn to do different things for different people rather than treating everyone the same. Equity versus equality- equally fair with a different model of fairness.<br><br>Janet stated that she has a concern about the high suicide rate in Idaho. She asked if those kids are going to be accurately portrayed in CANS and included in this idea. Dr. Lyons replied that this is a policy decision and Pat agreed that we need to keep this in mind for further policy decisions. Dr. Lyons replied and stated that anger is the biggest issue that leads to suicide rather than depression. The biggest challenge with suicide is that it is a rare event so it is difficult to create programs for these problems. It is almost impossible to predict who will actually commit suicide. There is a risk to talking about suicide with a child when suicide is not currently a thought. Janet stated that we still need to identify these kids as class members. Dr. Lyons stated that it is not a CANS decisions but a policy decision that we need to look at in the future.<br><br>David asked about the proxy class members for kids struggling with suicide and what determines who becomes a class member. Candace stated that class membership is identified as SED and functioning with a DSM diagnosis. David commented that the proxies identify possible suicide class members. They have an attempt but not a diagnosis so hopefully CANS will provide that communication in between.<br><br>Vanessa asked if there is a CANS item for suicide ideation. Dr. Lyons stated that it could be added to the CANS from the full CANS database. Vanessa stated that suicide ideation should be flagged and brought up on a pop-up screen for providers when the questionnaire is completed. | |

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| | | | Kim asked if CANS is supposed to be predictive or an identifiable service for what would be best for that specific child. Dr. Lyons stated that that is difficult with suicide to be predictive however risk prediction is possible.<br><br>David explained that the primary function of CANS is an assessment of behavior in order to identify risk factors. David also stated that CANS is a way to standardize the language. Medical facilities will use CANS in order to suggest treatment plans and services. It can be viewed as an additional tool.<br><br>Dr. Lyons stated that CANS is a measurement of your story and a standardized way to communicate your story. Pat stated that it will be an open door and the idea is not that the door will be closed. Candace also stated that CANS is not intended to close the door to services. We are not trying to keep people from receiving services but rather to identify unmet needs instead and get kids the correct services that they need.<br><br>Dr. Lyons commented that you do not want to create a separate committee for communication. It is important to learn to talk to each other consistently about what people need. He also stated that it does take time and will likely take years to fully implement CANS.<br><br>Pat commented that we will be launching a pilot in the Fall of a CANS program to see if the tool is working the way that we need it to. Is the tool identifying the factors that we are looking at or are children still being missed and needs are being unmet. | |
| 3 | 10:30-10:45 Break | | | |
| 4 | 10:45-12 | Dr. John Lyons | Matt asked about what state has the best format and implementation of CANS and Dr. Lyons replied with New Jersey who has implemented it for 15 years now. Washington and Oregon are both moving forward with implementing similar systems so they would be good to speak with as well. New Jersey has the most mature program currently. Connecticut and Indiana have a justice implementation program that is pretty good as well.<br><br>Kim asked about CANS being used across the board for all programs. Dr. Lyons replied that the most recent state to do this is New York where you have one job- focus on kids and not the sectors. | |

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| | | | Vanessa stated that she hopes CANS will decrease the amount of paperwork parents are required to complete as well as the amount of hoops you have to go through in order to get the services that your child needs.<br><br>Dave commented that consistency across the board for both providers and for parents is critical with CANS. Dr. Lyons replied that you will get push back from providers because they are concerned that if they document something and don't do anything about it then they will be sued which is not true.<br><br>Lael asked about provider's preferences for kids with private billers versus other government programs. Connie commented that there will be resistance because it will add more time onto the providers for material that they need to complete. CANS cannot replace the current program, CDA that is used because it does not diagnose patients.<br><br>Candace commented that the hope is that the CANS program can replace some aspect of the electronic health records eventually. This is why we want one statewide CANS program so that everyone is putting the information into the same program and gaining access to the same documents.<br><br>Dave also noted that we want the program to be as simple as possible as things often get too complicated.<br><br>Lael asked what is required for Medicaid paperwork. Pat stated that you need an assessment and a treatment plan. Dr. Lyons commented that there are the basic requirements for paperwork and then providers require more from there. What you want to do is integrate the CDA program and the CANS program. The CDA provides a diagnosis and the CANS does not. Vanessa stated that eventually we want to evolve to making the CDA paperwork less because a majority of the information will be in the CANS program. Candace stated that we are looking at redundancy right now but it will take time to resolve the issue.<br><br>Pat noted that Child Welfare has a separate CANS right now and Private Providers have another CANS program as well.<br><br>Dr. Lyons commented that New York, New Jersey and Indiana have the | |

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| | | | best cross over CANS programs that include four separate areas that have been implemented.<br><br>Vanessa stated that on the original CANS workgroup they looked at the Child Welfare CANS and rearranged some of the material to better fit Mental Health.<br><br>Maria asked about who will be using CANS within the state of Idaho. Dr. Lyons commented that the people who will be using CANS are mainly Child Welfare, Juvenile Corrections and other government agencies. It is not widely used in schools. Although you could think about a wraparound program in the schools where it is like a one-stop-shop.<br><br>Lael commented that there is a real struggle with the rural areas because they have to drive two or more hours for services and the people in these areas do not want to be patient at this time to wait for services.<br><br>Vanessa brought up the issue of trust and trusting everyone involved. It is important to assume that everyone else at the table is doing the best that they can as well. Dave commented that at the New York CANS conference everyone needs to have a "memory loss" in order to move forward with the trust factor. It is also important to have linear communication instead of top-down communication.<br><br>Lael asked about how we can get schools to join in on the use of CANS. Matt stated that it is up to the federal agencies and the school board as to what tools can be used in the schools and classrooms. In terms of engaging a school, it is best to identify certain factors and bring together multiple people who have the focus you are looking at and have a "focus day". It is best to add these partners and players to the conversation due to the fact that each school is different within Idaho.<br><br>Pat talked about CANS appearing in an IEP folder and the schools having access to the CANS documents in the future.<br><br>Kim brought up that multiple tests were required in order to get services and in order to get help at school. Her concern is that many parents do not stick with the multiple tests that are required to complete. Those children then fall through the cracks and do not get | |

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| | | | the services that they need. The IEP process is long and overwhelming for parents and can be discouraging to the parents.<br><br>Dr. Lyons gave a recommendation that we should try to identify a small number of schools to begin working with. Other schools will trust other schools that have successful programs that they have fully implemented more than they will trust an overall program implementation in all of the schools within the district. Remember that you need to advertise the success of these schools to the other schools to build that trust in change. | |
| | 12:00-12:30 Networking Lunch/ any other topics not listed on this draft | | | |
| 5 | 12:30 Access Model | Seth Schreiber | Seth had a conflict today and was unable to attend the meeting. | |
| 6 | 12:45 Communications Update | Cindy Day | Cindy touched on the new YES website being launched. There will be a section for each audience on the website. A Communication Lead was also hired named Brenda who will manage the YES website.<br><br>Treena stated that the Parent Voice and Parent Network reached out to the school districts about communicating to students and parents about the YES project. However, we want to make sure that the information about the YES project that goes out to the community comes from us first. Behavioral Health would like to communicate with the school district about the YES project. In connection with the Parent Voice and Parent Network, there has been discussion about statewide communication to a specific targeted group.<br><br>Pat stated that part of the conversation is that we are all one team including Child Welfare, Optum and all parties involved.<br><br>Carol talked about how Optum was going to pay for the posters and then give the posters to all of their providers. Treena then brought up that it could be a red flag because then Optum bills Medicaid as part of their contract. If Optum wants to bill Medicaid for this community service project piece then it needs to go through the Medicaid approval process first.<br><br>Treena noted that the challenge then comes back to the part that DBH created and supported the Parent Network initially however they are independent of DBH and the State now, especially from a funding perspective. Treena also commented that providers need to be | |

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| | | | communicated with about this information and the State Department of Education. | |
| 7 | 12:50 QMIA Update | Candace Falsetti | Candace stated that the council met on Wednesday and are still missing their lead, Jamie, due to maternity leave. Looking at the membership in that committee, it is feeling a little small and the committee is looking to grow. The committee is missing some major elements of the system such as a representative of the hospital. Candace also discussed the rising concern about the quality advisory committee for families and youth. This committee was split into two separate committees however it is difficult because of the number of people who need to be multiple places at once.<br>The committee is looking to change this so that we can connect everything together. The provider quality committee was also created and has been making progress.<br><br>Candace brought up that a crisis plan for families training has been created and is ready to be distributed shortly.<br><br>Once wraparounds are created it will then create more solutions for families. The issue is that families don't know who to contact when there is a crisis.<br><br>Candace will start bringing more data to the IGT meetings such as the QMIA Quarterly Report. These reports discuss the target and the strategies. The report covers 0 to 4-year olds who may be unidentified and then 4 to 9 year olds that are unidentified. It also includes 9 to 12-year olds who have a gap in services because of a lack in residential services and other services.<br><br>At the next meeting Candace will talk about setting priorities for what strategies we will be focusing on and providing that data. | |
| 8 | 12:55 Workforce Development Update | Gina | Please read and review the workforce development document. | |
| 9 | 1:05 Principles of Care Practice Model Stakeholder Action Plan | Treena Clark | Treena stated that they haven't got any further with the stakeholder engagement plan. It was presented it at the IWT and there was no feedback. Treena is in the process of hiring a person whose main focus will be to operationalize and implement this action plan. We need to discuss how to get others engaged to provide feedback and to strategize. This could also be a possible new workgroup.<br><br>Treena stated that this connects the communications workgroup. The | |

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| | | | plan is to include many engagement strategies already present in other workgroups. They will be referred to those strategies and will rely on these other plans as the engagement strategy. | |
| 10 | Discharge Planning | Carol Dixon | Carol stated that discharge planning is a need and there is a disconnect between accessing services and pulling services together. Institutionalize the new things that are being done and use these current families. Create processes and make a path for the families that experience these again.<br><br>Candace stated that we need to also address systemic barriers. These discharge crises will continue to go directly through the council until we have a committee created this summer.<br><br>The families currently go to PLL right. We need a person that families can contact when they are in crisis specially when their child is getting discharged and the family is not ready. This needs to be a place where the parent can call about discharge and get answers. This is a true system of care that works. We can have a round table that meets and comes up with solutions that are system wide.<br><br>Candace stated that at the very least there will be a phone number provided that parents can call and communicate with during these times. We will go from there and hopefully that person can direct you on to whom to call next.<br><br>Vanessa commented that discharge should be focused on goals rather than dates. The case manager can go in and contact Medicaid up to 30 days prior to the discharge date. Idaho residents have a difficult time because all of the residential facilities are far way and in other states. Community providers need to start working with the kid before they return home. Many children do not have plans for reentry into the community and have to look for resources after they are released instead of before. Vanessa also discussed that the child is working through treatment however the family has not been going through family treatment or family therapy in order for the child to return to a better environment after treatment. In-home supports are important as well. | |
| 11 | Funding for Parent Network | Carol Dixon | See above notes at communication update.<br><br>Carol stated that there is a need for funding for the Parent Network. Vanessa clarified that the system and DHW has said not right now as | |

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| | | | far as funding goes so it may be best not to look for donations from people within the system and DHW such as Optum. Treena noted that it is best for the state if they can understand what the expectation from the Parent Network is for funding from the state. DHW needs to be aware of what the communication looks like and what it states.<br><br>Vanessa stated that we are asking the Parent Network to put together a packet so that it can be given to providers. How far have we reached and what has been accomplished. Regional Behavioral Health Boards would also be a good connection. A copy of the posters will be emailed to this team by Vanessa and we will distribute them as far as we can. | |
| 12 | 1:45 Representation for School Districts | Vanessa Morgan/ Matt McCarter | See above notes at communication update.<br><br>Matt will look into school district involvement and what is and is not allowed. Vanessa believes that the workgroups would greatly benefit from having school board members.<br><br>Vanessa stated that in an upcoming meeting, it would be helpful to know what information wants to be communicated to the school districts. We need to think about how we think the school would be helpful to the vision.<br><br>For next month's meeting, read the quarterly report and think about what we want from out school partners. The charter still needs to be done and subcommittees of these groups need to be established. Treena will email everyone the charter and the items that need to be completed. | |
| 13 | TCOM Team Development Guide | Vanessa Morgan | Did not complete at meeting on 5/5/2017. | |

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

| Follow Up Items | Date Opened | Owner | Due Date | Complete/Comments | Status |
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| Ross requested a current list of appointment membership including who the proposed members will be for submission to the director. Mindy will prepare documents. | 4/7/17 | Mindy Oldenkamp | 5/5/17 | Completed on 5/5/17 | **Closed** |
| Vanessa will write up a short proposal and meet with Ross. | 3/3/17 | Vanessa Morgan | | Recommendation e-mail sent to Ross on 3/13/17 | **Closed** |

| Follow Up Items | Date Opened | Owner | Due Date | Complete/Comments | Status |
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| Carol will schedule a conference all in the next few weeks. The next Family Engagement Subcommittee face to face meeting will be just before the next IGT meeting on April 7th. | 3/3/17 | Carol Dixon | 4/7/17 | | **Closed** |
| Pat will reach out to Logan Zuck to confirm his membership/attendance with IGT. | 2/3/17 | Pat Martelle | | Pat has twice reached out to Logan without response. Federation of Families will follow up with Logan | **Closed** |
| Have a brief presentation of what QMIA is by Candace or another member. | 1/6/17 | Candace Falsetti | 2/3/17 | Presented at February meeting | **Closed** |
| A list of acronyms to disburse to the IGT. | 1/6/17 | Pat Martelle | | There was a list contained in the booklet created for the parent network and Pat can share them. A list of acronyms is available for Health and Welfare. Pat will send the list to Vanessa, Jen, and Carol for review. | **Closed** |
| Outline of process for recommendations and process for output from IGT. Pat offered up that a diagram of a proposed hierarchy has been previously shared, and that if it can be created visually, that can be done. | 1/6/17 | Pat Martelle | | Kim is working on the outline format. | |
| Meeting times via conference call for members of the IGT divided by category: system, parent/advocates, education, providers, will be set up in the next two weeks. Candace will coordinate the scheduling. | 1/6/17 | Candace Falsetti | | Parent/youth call complete. Group met with Nate on February 2, 2017 | **Closed** |
| Request to have Candace Falsetti from QMIA Council attend the next IGT meeting and share what's happening in regards to current issues as well as request any help that she may need going forward. | 12/9/16 | Treena Clark | 1/6/17 | Candance attended the January meeting of the IGT | **Closed** |
| Language will be added to the by-laws concerning transparency (in the confidentiality section) and Section A will be amended to include "But will not be limited to" in regard to membership definition. | 12/9/16 | Treena Clark | 1/6/17 | Language added. By-laws adopted | **Closed** |

| Follow Up Items | Date Opened | Owner | Due Date | Complete/Comments | Status |
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| Pat will meet with designated representatives to talk through specific events mentioned in the Parent Voice Proposal and seek solutions. | 11/4/16 | Pat Martelle | | | |
| Pat will share the Parent Voice Proposal to the sponsor group for further discussion. Vanessa will join discussion as a parent voice. | 11/4/16 | Pat Martelle | | Pat will set up a conference call with Jennifer, Vanessa, Carol, and Kim. | **Closed** |
| Send out links to foundational articles and videos to IGT membership | 10/7/16 | Pat Martelle | Prior to 11/4/2016 | Here are some articles that are useful in understanding the new system of care:<br><br>https://successfulmentalhealthsystems.wikispaces.com/file/view/Family-Driven%20Care%20Brochure_March%202011.pdf/215725492/Family-Driven%20Care%20Brochure_March%202011.pdf<br><br>https://successfulmentalhealthsystems.wikispaces.com/file/view/SOC_Update_2010%20Stroul%20Blau%20Friedman.pdf/215725064/SOC_Update_2010%20Stroul%20Blau%20Friedman.pdf<br><br>Links sent 11/3/16. | **Closed.** |
| Revise look of website to indicate clearly that updates are available YES Updates on the website to indicate more clearly that folks can click on the icon | 10/7/16 | Pat Martelle | TBD | 10/15/2016<br>Parent Network Meeting held at IDHW. There was much discussion on revisions to the YES website. Many of the recommendations for improvement are outside the capability of what IDHW can do due to security and department format issues. Lack of resources and a full time YES communications staff adds to the difficulty. Pat will work with Jon Meyer to determine what can be done and establish a plan for making changes.<br><br>"Click here" button has been updated for easier usability.<br><br>5/2/17<br>Enhanced website will be launched April 27, 2017 | **Closed** |
| Treena will work with Vanessa and Dave to begin work on bylaws. | 10/7/16 | Treena Clark | Prior to 11/4/2016 | 10/7/2016<br>Example of R7 Behavioral Health Bylaws and links to Idaho Behavioral Health Planning Council and R4 Behavioral Health by-laws sent to Vanessa and Dave | **Closed** |

| Follow Up Items | Date Opened | Owner | Due Date | Complete/Comments | Status |
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| | | | | Draft bylaws produced | |
| Ross will construct talking points to provide the IGT in regards to his update. | 10/7/16 | Treena Clark | Prior to 11/4/2016 | Talking points added to minutes | **Closed** |
| Pat will make available the list of all workgroups and their deliverables. | 9/9/16 | Pat Martelle | Prior to October 7, 2016 | Emailed 10/3/16 | **Closed** |
| Nominations for chair and co-chair to be submitted via email, decision made at next meeting on October 7th. | 9/9/16 | Membership | Prior to October 7, 2016 | 10/7/16<br>Membership established duties and terms. Chair and Vice-Chair elected<br>10/3/16<br>Need decisions on duties, term, nomination process and election process. | **Closed** |
| Disburse the Idaho Implementation Plan to membership. | 7/26/16 | Pat Martelle | 9/2/2016 | Emailed 9/2/16 | **Closed** |
| Develop materials for membership's orientation to the Plan, workgroups, and subcommittees, including an explanation of defendant roles and identification of other subject-matter experts whose input the IGT may want to access. | 7/26/16 | Pat Martelle | 9/2/2016 | Emailed 9/2/16 | **Closed** |
| Request if Jon can create a link for the IGT on website. | 7/26/16 | Pat Martelle | 9/2/2016 | 10/7/16<br>Committee and workgroup pages are being developed for the YES Website. Goal is to have each workgroup or committee site complete with a:<br>• Shortened version of the charter in the center area<br>• A link to the full charter on the right<br>• A link to the calendar that will hold all meetings for all workgroups (all meetings that I have received have been posted to the calendar, but many do not have any detail at all, dates and times only)<br>• A List of workgroup members (with no roles indicated for now)<br>• Any official meeting docs (agendas, minutes, etc.) We can launch without these if needed.<br>Webpages for IGT, Clinical Advisory Workgroup and Workforce Development Workgroup should be launched by | **Closed** |

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| | | | | end of October<br><br>7/26/16<br>Modifications to the website have been requested and are scheduled in the month of September.<br><br>Communications person will start on Monday, November 7th, request has been submitted.<br><br>5/2/17<br>Enhanced website will be launched April 27th, 2017 | |
| Make a decision on who will be the main point of contact for parent crisis during discharge. | 5/5/2017 | Candace Falsetti | | | |
| Set up an outside meeting to discuss funding for the Parent Network. Will contact Treena. | 5/5/2017 | Carol Dixon | | | |
| Bring all of the organizational charts to the next meeting. Will meet with Cindy to get this information. | 5/5/2017 | Treena Clark | | | |