

<b>Date / Time of Meeting</b>	April 5, 2019 10:00 AM - 12:00 PM Dial in: <a href="tel:866-906-9888">866-906-9888</a> Access code: 7258371 Conference Room: 9A, 450 W State St, Boise
<b>Meeting Purpose</b>	Interagency Governance Team
<b>Host</b>	Treena Clark, Division of Behavioral Health

Voting Members	Att'd	Voting Members	Att'd	Participant	Att'd
Cameron Gilliland - FACS		Matt Wimmer - Medicaid	X	Cindy Day - DBH	X
Carol Dixon - Advocate		Pat Martelle - St. Luke's	X	David Welsh - Medicaid	
James Phillips for IDJC	X	Ross Edmunds - DBH	X	Holly Riker - DBH	
Jason Stone - IDJC		Sabrina Griffis - Youth		Lynn Thull - Consultant	
Jennifer Griffis - Parent	X	Vanessa Morgan - Parent	X	Rhonda House - DBH	
Kim Hokanson - Parent	X			Tiffany Kinzler - Medicaid	
Lael Hansen - County Juvenile Justice	X	<b>Proxy Voting Members</b>	<b>Att'd</b>	Treena Clark - DBH	X
Lynn Thompson - CMH	X	Candace Falsetti - DBH	X	Valorie Leirmann - DBH	
Matt McCarter - State Dept. of Ed	X	George Gutierrez - Medicaid	X	Venecia Andersen - Medicaid	X
		Michelle Weir - FACS		Doug Loertscher - Provider	
				Karen Kopf - Optum	X
				Brady Nixon - Optum	

**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 from last meeting were approved as written.
2	10:05 a.m.	5 min	Review Follow Up Items	Treena Clark	No additional update at this point in time, but the tribes will be meeting again in May and George will provide an update.	
3	10:10 a.m.	10 min	Practice Manual Update (Standing Agenda Item)	Cindy Day Elizabeth Perkins	The overview video was posted, and the next step will be to get it translated in Spanish. The PDF version of the Practice Manual in Spanish has been posted. Work for version two is underway and moving forward. Liz, the contractor working on the	

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					practice manual, has had her hours reduced to 24.	
4	10:20 a.m.	10 min	QMIA Update (Standing Agenda Item): QMIA Quarterly Report #8	Candace Falsetti	<p>The QMIA Council met on the 29<sup>th</sup> of March and is process of getting the two subcommittees up and going.</p> <p>The Q-SIS has met a couple of times now, and at the next meeting will be doing a trial run of an issue that has been submitted to see how the concept of having each agency report progress toward solutions will function.</p> <p>The Family Advisory Subcommittee is in the process of getting set up and is currently working on the charter. An initial draft of the charter has been issued, and the subcommittee will meet next Tuesday to review.</p> <p>Work is currently being done on Quarterly Report #9, and this will be published in the next couple of months.</p> <p>The QMIA plan is currently under revision as it was written three years ago. Sandy Millar has been helping with this, and it has been much appreciated. This will be published on the YES website as soon as it is finished.</p> <p>There is a local TCOM conference coming up in Boise on May 1-2. There are currently 24 tickets left. This is the first time Praed has done a regional conference, and there is a lot of excitement around this conference.</p> <p>The Council is working on a quality review process and is working on having an outside entity assist with this. There is no specific timeline outlined in the settlement agreement, but work continues.</p>	

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					<p>Candace shared the QMIA Quarterly Report #8 and how it has been revised to be less pages but to include more information than past versions. The report now includes family stories as well to supplement the data.</p> <p>The question was asked about how information was selected for the report, and how the IGT would be able to provide input. Candace shared that to date, the report has been created to answer questions that come directly from the settlement agreement. Additionally, information is included from complaints that have arisen. As the report continues to develop, the data will also drive additional questions that will then be included. Further, additional information will come from the various workgroups such as the IGT.</p> <p>Jen suggested that there may be some opportunity for the IGT to include this subject when considering the purpose of the IGT.</p> <p>Jen encouraged everyone to review the QMIA Quarterly Report and truly digest the data with a mindset of viewing it in consideration to how it impacts the work being done.</p>	
5	10:30 a.m.	10 min	Optum - Telehealth	Optum	<p>Karen Kopf from Optum shared the manner in which Telehealth has been expanded in the regions, specifically in Regions 1 and 2. This expansion has allowed for increased treatment in the rural and frontier areas as well as during the difficult winter weather months where travel becomes difficult or impossible. As providers continue to adopt the new modality, the services will continue to expand. There has been steady improvement in the overall adoption, with a 50% expansion from January 2018 to January 2019. Regular therapy, family psychoeducation, and individual treatment plans can now be done in this manner. The CANS is also now available to be administered via Telehealth. Telehealth also allows for the hiring of providers outside of the direct county.</p>	

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					<p>The question was asked if the CANS through Liberty could be done via Telehealth and it cannot currently. There would be a benefit into looking into the Telehealth and possible expansion of availability to do so when necessary. Praed recommends the CANS be done in person unless barriers are present and then it is possible to do so.</p> <p>The question was asked as to how many providers are accessing Telehealth. Currently, a report is being developed to determine this information. Once this report is finalized, it can be provided. Jen requested that, if possible, the prescription provider piece could be separated out from the Telehealth providers to reflect more accurate access levels.</p> <p>Karen shared that one of the biggest challenges being faced currently is the reluctance of some of the providers to adopt the Telehealth technologies. Efforts are being made to educate and increase comfort levels with using Telehealth and the platforms available. More education to the providers about Telehealth would be extremely welcome. Additionally, the providers' bandwidth is already very stretched in the adoption of YES services, further creating hesitation to adopt Telehealth now.</p> <p>There is a separate credentialing process for Telehealth providers, but the timeline is short (as short as ten days) to do so. This is because it is not a different level of service but a modality of delivering service, so it uses the same code but with a modifier.</p> <p>Jen shared that she could help connect providers with parent/youth stories to help underline the important of having Telehealth available if it would be impactful.</p> <p>The question was asked if the provider was independently licensed, supervisory protocol does not apply. If they are not independently licensed, this would also be a barrier.</p>	

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					<p>This will be an issue worth continuing to watch, and may be something that would be helpful to track from a QMIA standpoint as well.</p> <p>The question was asked if Telehealth would be available in the psychiatric area. Psychiatrists and Nurse Practitioners are allowed to prescribe through Telehealth. Board certification in Idaho is required. The challenge with prescribing via Telehealth is that it is generally done in tandem with a general practitioner. There is an online provider directory on the Optum home page (left hand side of the screen, external sites, find a provider - you can search by virtual visits). Work is being done to make it possible to see services available via Telehealth.</p> <p>Additional updates from Optum would be appreciated as possible.</p>	
6	10:40 a.m.	40 min	Improving Effectiveness of IGT Meetings	Jennifer Griffis	<p>Discussion Priorities: IGT Objectives Leadership</p> <p>The review began with the charter overview. During the discussion at the last meeting, the importance of having a clearly defined difference between QMIA, IGT, IWG, et al. One of the differences between QMIA and IGT is that IGT considers if something is getting implemented, whereas QMIA reviews if something is getting implemented <i>well</i>. Governance is working at the policy level.</p> <p>The question was asked that if something is noticed as a needed change at the policy level, how does that actually happen? Some of this depends on <i>where</i> the policy needs changed. There is a process to make a request to the agency; the IGT is not in a position to <i>require</i> any other agency to do anything, but the IGT can advise, recommend, and review.</p> <p>The example was if there is a situation where providers are unable to get a document from Liberty that would verify eligibility. This is a good example in that it demonstrates there is a communication issue with what information is coming from Liberty</p>	

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					<p>and Optum, as nothing would come from Liberty to determine eligibility. Venecia, on behalf of Medicaid, would take the issue and see how it can be remedied, then come back to IGT to report.</p> <p>This example highlights the importance of having the right people at the table and having all the agencies engaged. It also raises the question of what happens when an issue is not easily resolved, and it may outline situations where issues could potentially be sent on to other workgroups.</p> <p>It was cautioned that it is important for the IGT to not get too involved in the “one-offs” and approach things more systematically. Some of the problem solving needs to be done at the local level; this would be aided by more clearly defining of IGT’s role.</p> <p>The IGT should be aware of implementation issues, and should not be the one to solve it, but to send it on appropriately.</p> <p>A draft of the Implementation Progress report will be available this summer and it may help drive the work of the IGT as well.</p> <p>The suggestion had been made to create six-month objectives for the IGT.</p> <p>In considering the role of the IGT, it may be beneficial to go, month by month, and reviewing the services being implemented to have the information needed to govern as outlined. The question was asked if this would then create a situation where the system of care piece was being missed. To clarify, this would be a review of the implementation of services through a system of care lens and asking different questions. It could be framed through a question of “Are we implementing the right services and are kids getting the care that they need?”</p> <p>The concern is duplicating conversations and meetings that are already being held. The importance will be to ask different questions about</p>	

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					<p>the services and system of care here than are being asked elsewhere.</p> <p>The IGT will truly take off once the IWG has served its purpose. There may be an opportunity to spread out the meetings of the IGT to not duplicate the work of the IWG. This provides an opportunity for the IGT to grow and develop the knowledge base in preparation for the transition from IWG.</p> <p>The questions that the IGT should be asking need to be clearly identified.</p> <ul style="list-style-type: none"> <li>• Barriers? - Barriers are going to the QMIA Council.</li> <li>• What is a system of care?</li> <li>• How is coordination happening?</li> <li>• Who is still operating a system of care? <ul style="list-style-type: none"> <li>○ Who is doing it well?</li> </ul> </li> </ul> <p>The representation of the agency partners is essential because this is where the high-level information exists. The parents and providers bring issues from the granule level, which is not necessarily where the IGT should be focused. This may be the place where the IGT took a misstep - in requiring non-agency representatives to chair and lead the IGT. While the intent was to ensure non-agency voice and make sure that it was not an agency led group. However, the work that needs to be done is largely at a high, agency level.</p> <p>It may be beneficial to have QMIA come and give an in-depth presentation on the work being done there to connect the data with the stories so that a high-level connection to the granule could be demonstrated. The heart of TCOM is stories, and stories are critical to how TCOM and CANS work at a system level.</p> <p>Jen can chair through May, but due to family commitments cannot continue to do so going forward. Therefore, May would be a good point to consider changes to the leadership structure of the IGT.</p>	

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					<p>Additionally, what items should be considered for next month's agenda?</p> <ul style="list-style-type: none"> <li>• Identifying local efforts <ul style="list-style-type: none"> <li>○ Region 7/Regional approach</li> <li>○ Madison Cares</li> <li>○ Initially start with making sure we have the knowledge base - Candace will request this</li> </ul> </li> <li>• Reminder of the timeline (where we are / where are we headed) - Venecia/Candace</li> <li>• Discussion of general updates to lay people (elevator pitch version - like four bullet points)</li> <li>• IGT Leadership/membership discussion</li> <li>•</li> </ul>	
7	11:20 a.m.	5 min	Membership List Review for Website Posting	Rhonda House		This will remain an action item. Mindy will work with Rhonda to get this posted to the website upon approval.
8	11:25 a.m.	5 min	IGT Requests - Factor Influencing Family Engagement in Residential Treatment - Update (Standing Agenda Item)	Jennifer Griffis	The QMIA Council took the request and is reviewing it.	
9	11:30 a.m.	5 min	Cost Sharing Update (Standing Agenda Item)	George Gutierrez	<p>This is on schedule at this point. The request was made to have parent's review. Laura Wallis is working with Medicaid to help with this. The last notice that went out was reported to be very confusing to the parent group.</p> <p>Matt W. shared that it would be very helpful to have a layperson subcommittee to help with writing notices that are broader than YES.</p>	
10	11:35 a.m.	10 min	Family Engagement Subcommittee Update (Standing Agenda Item)	Jen Griffis	This subcommittee is not meeting next month, and is currently in transition, focusing on recruitment. There was discussion about all the different ways families are involved in the system but that there is a lack of connection between all those manners.	



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					There are 15 parents coming to the TCOM conference, including the 5 consultants. There is representation from 6 of the 7 regions. DBH was able to scholarship several people to attend.	
11	11:45 a.m.	10 min	Clinical and Training Subcommittee Update (Standing Agenda Item)	Kim Hokanson	Optum presented on Targeted Care Coordination and clarified the differences between case management and TCC. TCC requires a higher level of training and are more qualified to facilitate CFT.	
12	11:55 a.m.	5 min	Review Future Agenda Topics and Action Items	Jen Griffis Treena Clark	The State Department of Education has two conferences/trainings coming up in the next few weeks.  The State Department of Education has changed the term emotional disturbance to emotional behavioral disorder. This helps the conversation. The question did arise as to where the diagnosis of a disorder is done - Matt M. will follow up.	
13	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
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.	In progress.