Date / Time of Meeting	August 3, 2018 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
Ross Edmunds - DBH			Lael Hansen - County Juvenile Justice	X		Cindy Day - DBH	
Candace Falsetti - DBH	X		Lynn Thompson - DBH/CMH	X		David Welsh - Medicaid	
Carol Dixon - Advocate	X		Maria McConnell - Advocate			Holly Riker - DBH	X
Kim Hokanson - Parent	X		Matt McCarter - State Dept. of Ed	X		Lynn Thull - Consultant	
Dave Sorensen - Provider	X		Matt Wimmer - Medicaid	X		Venecia Anderson - Medicaid	
Eric Walton - Youth			Michelle Weir - FACS			Rhonda House - DBH	X
George Gutierrez - Medicaid	X		Roxanne Printz - FACS			Tiffany Kinzler - Medicaid	
Jason Stone - IDJC	X		Vanessa Morgan - Parent			Treena Clark - DBH	X
Jennifer Griffis - Parent	x		Pat Martelle - St. Luke's			Valorie Leirmann - DBH	
						Suzette Driscoll - Medicaid	
						Cameron Gilliland - DD	
						Rachel Gillett	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	Jen Griffis		Notes from last meeting were accepted as written and will be posted to the website.
2	10:05 a.m.	5 min	Review Follow Up Items	Treena Clark	The only outstanding action item from the last meeting was the feedback due for the RASCI chart to Cindy Day. Cindy is out today, so please review the specific IGT section and send feedback to her. The only other outstanding item was the standing agenda item of updates on the over 300% from George Gutierrez.	

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3	10:10 a.m.	15 min	BSU Workforce Capacity Report	Candace Falsetti	The BSU Workforce Capacity Report will be sent out to the IGT to review, and it will be further presented at the next longer IGT meeting. One item to notice in the report is that not every individual region is separated out, and the regions cannot be split out due to the high number of providers who work across regions. In the future, the consideration of splitting the regions out individually will be made. This is of concern because, for example, grouping regions 1 and 2 together distorts the accuracy of the true picture of where and how services are provided. Region 5 may be a good indicator, as it was not combined with any other regions, and the issues identified as a rural area there may be insightful indicators on issues overall. There may be an Optum/Medicaid access report that may be able to supplement some of the information captured by BSU to help clarify the issues. It is important to remember that the access reports don't provide as much perspective of the actual experience had by the parents/children involved. This will, however, be an aspect of the quality review that will be done, so that can help supplement as well. The suggestion was made that perhaps reporting could be also based not just by region, but rather by population and rural/urban areas. It will be important for the IGT to review and help identify priorities out of the recommendations made in the BSU report. An example of what may need to be a priority identified and considered by the IGT would	An allotment of time will be dedicated to this report at a future, longer IGT meeting once it has been sent out for everyone's preliminary review.

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					perhaps be the recruitment of providers of services. Average recruitment time is somewhere around 80 days, and ultimately, this is a lot of hours that are lost in terms of service provision. This may be a training/clinical subcommittee issue for consideration. There are approximately 14 recommendations for review. This report may need to be a standing agenda item as there is so much information included therein.	
4	10:25 a.m.	10 min	RASCI Chart Feedback	Cindy Day		This will be added to a future agenda due to Cindy being out today. Please send feedback to Cindy as soon as possible.
			Transitions	Rhonda House	In the clinical/training subcommittee meeting today, the topic of transitions was discussed. There needs to be further discussion and work done around transitions. Rhonda has put together documentation outlining all the ways in which families could come into the system. Some of the transition points being looked at are: Into/out of IDJC Into/out of SDE Transition from formal to informal services Returning to services Continuing services under the same provider	Rhonda will put together a statement of the scope and provide it.

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					There are several tasks tied to transition on the RASCI chart. Rhonda has asked for volunteers to help tackle this discussion as it is not necessarily work to be done by the entire IGT. Specifically, Rhonda is needing someone from SDE, IDJC. Matt requested a brief scope description to help clarify the work that will be done so that the correct people can be identified to help. There are multiple transition points that need to be discussed. Jen volunteered to assist and suggested that there be multiple parents involved. She will put out an ask for additional parents to be involved.	
5	**10:35 a.m.**	**15 min**	CANS/CANS 50	Seth Schreiber	Seth shared a plan that Liberty, Medicaid, and DBH has put together and would like to move forward with. As the CANS50 has been utilized, it has been identified that it is not saving as much time as it was intended, and is beginning to be a roadblock to a child accessing services. As a result, it was decided that Liberty could do the CMH CANS or the CANS50 according to the situation or the desire of the family. Having Liberty have the option of doing either one of the CANS, has skewed the ability to report, and as a result, the suggestion is to remove the ability of Liberty to do the CANS50. Initial review of this process has not revealed any downside outside of allowing a parent the option. Upon further review, there has not been a single time where a parent has opted to do the CANS50, but there have been a high number of	Since no concerns were expressed with moving to the utilization of the CANS versus the CANS50, this is set to go forward. Seth will provide an update of the utilization of the CANS at the next IGT meeting.

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					times where the parent has opted for the full CANS. Further, there are several instances where there wouldn't actually be a choice. As a result, the recommendation is to remove the choice. The question was asked if there was any feedback from parents who have had to do the CANS50 and then turn around and do a full CANS, and feedback received has been that it was not a pleasant process. The question was asked if the CANS50 would be a plausible option at the point of the annual assessment. Ultimately, there would be similar issues with reporting that could arise. The upside to staying with the full CANS would be the ability to pull in prior results and validating the previous ratings. Less of a hurdle is created by allowing Liberty to do the full CANS and allow for better data collection. If the assessment is done through DBH, a CDA is required. This wouldn't count for the PCP. Anything related to eligibility to Medicaid must be done by Liberty. A clinician should review the historical information to do the next CANS. Feedback from providers has been that they are having difficulty in accessing the original assessment. However, the full assessment is available by request. There is still a need for ongoing education and training to ensure all the providers are aware of this. The anticipation is that this will dramatically improve as the system matures. Ross, Jamie, and Dr. Israel have been going around the state and doing case reviews. The results are demonstrating that there is still a	

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					marked learning curve in terms of using and understanding the CANS. According to Dr. Israel, this is normal in the growth and development process for a system using the CANS to the fullest extent possible. During the reviews, the group is starting to see development and better conversations about the CANS results beginning to occur. Part of the reason that the CANS was selected was the fact that it provides a single, consistent platform. As of today, we have 37 agencies who have signed up to use the CANS, and as of the last report there were only 24 CANS done by providers in the state. Currently, less than 10% have signed up and finished the requirements for access. As the system matures, this will improve dramatically. As an example, all the judges are coming together next month, and there will be a representative coming from Praed to present on the CANS to help further the education process. The whole system must be educated on the CANS. Currently, the 90-day assessments being done by DBH are being done over the phone with the option for an in-person. DBH is contacting the provider first to see if they are online to do the 90-day assessment. DBH initiates the process, and this is in-line with the recommendation with Praed. Concern about there being a disconnect with going to Liberty for the annual assessment was expressed, and this is an understood issue that is being considered.	

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					Dave S. shared that providers have been told through the Optum network that they had until January (and some were told until next July) to utilize the CANS network. There was some documented miscommunication and providers were left with the idea that they still had a considerable amount of time before they needed to engage with the CANS. Dave S. added that they have had to spread out the training of their clinicians to mitigate cost and time. To clarify, Ross stated that Optum will be requiring providers to use the CANS by July 1, 2019. Providers have not necessarily been communicated/educated that they can get certified in CANS so that they can do the assessments instead of having to go back to DBH. Current Data Update: There is a total of six providers using the CANS who have done 36 CANS. In July, Liberty did 151 full CMH CANS.	
6	10:50 a.m.	15 min	20-511A Pilot Program	Rachel Gillett	Over the past several months, DBH, Liberty, and the Supreme Court have been working on a pilot for 20-511As (the court assessments for juveniles). Currently, DBH staff are completing the assessments. The pilot will have the assessments routed through Liberty, with the follow up still being done by DBH staff like it is currently. The hope is that having Liberty do the assessment, the services will be able to be expeditated and eliminate duplicitous assessments. The goal is to have one CANS, one assessment. Additionally, this will help have attorneys/judges have a first-hand look and education of the changes to our system of care.	Rachel will send out a list of the judges specifically involved in the pilot program. Additionally, Rachel will send out the proposal packet that was sent out. Rachel will send the packet and information to Mindy to distribute.

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					This will take some time, but is very important in terms of education. Ultimately, the goal is to reduce the number of 20-511As being done, and having assessments and services provided much sooner to having it be mandated by the courts. As an example, previously there was a court ordered SUD assessment, and as services were determined and delivered earlier, the number of mandated assessments dropped. The pilot is being monitored closely, including how many of the kids are going on to a PCP, and the number of 20-511As being done in the regions. There is not an end-date to the pilot, but rather an end goal. Regions 2,4 and 7 are being developed. Region 4 has gone live with the program, and Region 7 is ready to go once Liberty is ready to handle the volume that will come from Region 7. Region 2 should go live next week. A robust proposal packet was created and emailed to the individuals in each of the regions that will be involved.	
7	11:05 a.m.	15 min	Agency Family/Youth Involvement	Jennifer Griffis	Updates were provided from most of the agencies; SDE has not provided anything yet. To clarify, Jen was requesting information showing were parents are engaged in the organization specifically related to the SED population. One of the questions that arose from the information provided, was are there parents actually participating in the groups where parent positions are listed?	Mindy will include the attachments with the meeting notes. One of the challenges for the partner agencies will be to think of an example of a parent who is really connecting to the system involvement

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					Jason stated that to his knowledge there are not parents representing the titles on the commissions. The composition of the district councils' changes regularly. Parent participation is not exclusively noted. There are three councils at present that do have youth members active (this has changed, as there were previously five or more). That being said, while those numbers may not look super impressive, the commission is really looking at the youth voice, and we are one of only two states where a youth member is serving as chair. The state of Idaho is doing well in comparison to other states, noting that there are still many opportunities to increase participation by parents and youth. IDJC is committed to including parent and youth voice. The question was asked if the commission is pushing down to the councils the expectation of parent participation, and yes, the message is there, but it could be clearer and there could certainly be more success in including parents. Additionally, in review the inclusion information, it was noticed that a lot of the groups that were federally mandated or mandated by statute. One of the challenges for the partner agencies will be to think of an example of a parent who is really connecting to the system involvement and provide that to the group to share what worked well and made that parent successful. It is also very important to continue to stress the need of having more than one parent involved. This information will be utilized to create a tip sheet to be used to help in recruiting and inclusion.	and provide that to the group to share what worked well and made that parent successful. Please share these examples with Jen.

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8	11:20 a.m.	5 min	Cost Sharing/300% Update	George Gutierrez	There is a meeting scheduled to discuss the cost sharing information with the plaintiff group. Medicaid is still working on their plan for execution, but will not execute until all the issues are resolved. Still in the works is how all of this information will be shared with the public and those that will be impacted. Notices will be provided 30 days prior to implementation. Information on how to request a waiver will also be provided in the event that the family is experiencing a hardship in payment. The notice received from the eligibility review is also being updated to inform those who will be subject to a cost share and that additional information will be provided.	This item will remain a standing agenda item.
10	11:25 a.m.	15 min	Family Engagement Subcommittee	Carol Dixon	The subcommittee discussed youth involvement at both the subcommittee and IGT level and the challenge of keeping youth engaged. One suggestion was to have Jen's daughter become involved in the IGT as she already has some knowledge of the discussion and the IGT. Additionally, the suggestion was made to provide the youth member a member (other than Jen). There is currently no formal orientation for new members, youth or adult. The process is simply that the IGT must approve the nomination to then go to the Director for approval. The recommendation was made that at the September meeting membership nominations and vacancies needing filled be discussed. Rhonda volunteered to be involved with the onboarding/orientation process. Matt M. expressed that at times it works even better to be specific and have focus groups with	Membership review and nominations for vacancies will be an agenda item at the September meeting. A discussion regarding onboarding/orientation will be an agenda item.

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					the youth voice to keep engagement of the youth at meeting such as the IGT. Jen acknowledged the challenge therein and that it is very difficult to retain youth involvement. Jen explained that we are required to have two youth members in the IGT. The settlement agreement also defines youth as under 23, and there may be opportunity to engage at the university level.	
10	11:40 a.m.	15 min	Clinical and Training Subcommittee Update	Kim Hokanson	The subcommittee reviewed some issues that are occurring in Region 3 and discussed training. The subcommittee has finalized the statement of purpose and will seek a vote of approval from the IGT at the September meeting.	The subcommittee has finalized the statement of purpose and will seek a vote of approval from the IGT at the September meeting.
11	11:55 a.m.	5 min	Review Future Agenda Topics and Action Items	Jen Griffis Treena Clark	Candace added that the centralized complaints process needs to be presented at the next IGT meeting as well as further review/discussion of the BSU workforce capacity report.	The decision was made to hold a longer, four-hour meeting of the full IGT in September.
12	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
IGT Members will have feedback for Cindy on the RWSCI Chart Review	7/13/18	Cindy	8/3/18		New
Report on Medicaid's communication plan regarding the new Medicaid eligibility and potential premium costs	2/2/18	George	3/2/18	5/4/18—No update 7/13/18—Still in discussion now, sufficient notice will be sent to the families once an agreement is reached	Ongoing
Candace will discuss the Provider Subcommittee moving to the IGT with the QMIA Council.	1/5/18	Candace	Next QMIA Council Mtg	Discussion has occurred and the QMIA would like to see the subcommittee's charter prior to making a decision. 7/13/18 - QMIA did not meet last month	Ongoing

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				Discussion has occurred and the QMIA would like to see the subcommittee's charter prior to making a decision.	