

Date / Time of Meeting	June 1, 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	X
Candace Falsetti - DBH	X	Lynn Thompson - DBH/CMH	X	David Welsh - Medicaid	X
Carol Dixon - Advocate	X	Maria McConnell - Advocate		Holly Riker - DBH	X
Connie Sturdavant - Provider		Matt McCarter - State Dept. of Ed	X	Lynn Thull - Consultant	
Dave Sorensen - Provider	X	Matt Wimmer - Medicaid		Venecia Anderson - Medicaid	X
Eric Walton - Youth		Michelle Weir - FACS		Rhonda House - DBH	X
George Gutierrez - Medicaid	X	Roxanne Printz - FACS	X	Tiffany Kinzler - Medicaid	X
Jason Stone - IDJC	X	Vanessa Morgan - Parent		Treena Clark - DBH	X
Jennifer Griffis - Parent	X	Pat Martelle - St. Luke's	X	Valorie Leirmann - DBH	
Kim Hokanson - Parent	X	Linda Miller (for Vanessa Morgan)- Parent	X	Suzette Driscoll - Medicaid	X
				Cameron Gilliland - DD	
				Stephanie Hoffman - DBH	X
				Ashley Daly - DBH	X
				Sara Stith - Medicaid	X
				Scott Johnson - IDJC	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	Dave Sorensen		Notes from last meeting accepted as written.
2	10:05 a.m.	5 min	Review Follow Up Items	Treena Clark	See updates in the action items section.	Three action items will be consolidated.
3	10:10 a.m.	10 min	Communication Strategy	Cindy Day	The communication strategy document had previously gone out in early May. This document	If errors in presentations are

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					<p>is the outline of the “how’ the communications are being done. This document was created in collaboration with all the partners.</p> <p>The PowerPoint outlines the goals and an overview of the strategies behind each of them. Details for each of the strategies are also included, as well as challenges and related risks.</p> <p>Stakeholders are also identified.</p> <p>The timeline is also provided, outlining the messaging stages, and changes at each stage of implementation. Sustainability is included in this stage, and is demonstrated as beginning in Jan 2018 and ongoing.</p> <p>For each element presented, there is a more in-depth list of the related activities.</p> <p>The layout is consistent throughout to make it easy to read and understand. Dave S. shared that there have been a couple of training presentations done by department staff where the information presented has been incorrect, and ensuring correct, consistent information is delivered is essential.</p> <p>This document is not available online but will be included with the notes.</p>	<p>noted, please let Cindy Day know. Talking points must be updated and consistently shared.</p>
4	10:20 a.m.	20 min	IDJC Budget Presentation	Jason Stone	<p>Jason presented a PowerPoint of IDJC’s budget to educate and share.</p> <p>The hope is that this will help the IGT educate and advocate moving forward.</p> <p>IDJC is a bifurcated system. They are one of only a few states that has such a system. This means that there are county level and state level services, and that they are operated differently.</p>	

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					<p>County level services include diversion and probation and 12 juvenile detention centers. Overall, it is an effective partnership where 95% of the juveniles are provided services at the local level rather than the state level.</p> <p>IDJC would be willing to host this group and provide a tour of the facility in Nampa. Classes provided are very small, perhaps 12 kids each, which helps strengthen the education level provided there.</p> <p>St. Anthony housing is a little different where beds are in a more group living situation.</p> <p>The juvenile population is increasing slightly in connection to the increase in population, however, overall arrests have dropped in the last year.</p> <p>Overall demographics haven’t changed much in recent history. 57% of those in custody have a mental health diagnosis, and 36% have a co-occurring disorder.</p> <p>Assessments are also being done now to determine those kids coming in who have also experienced trauma (using the Adverse Childhood Experience tool) and this has been tracked now for the past two or three years. The numbers are aggregate of the entire state. Idaho’s numbers measure up very well in comparison with national data.</p> <p>Recommitment rates are at any given time, not any specific time period, whereas recidivism is within 12 months of release.</p> <p>Overall IDJC budget is \$52 million, the smallest of the partners by comparison.</p>	

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					<p>There are four divisions under IDJC that the budget is split between.</p> <p>The COPS budget is split and there are funds that are also passed through to the community. Dedicated taxes like cigarettes and lottery go to the counties.</p> <p>Mental health funding is broken up into two things, including clinicians in each facility across the state, and then kid specific treatment plans. Overall, the success rate is at 90% of the 457 youth served. Savings generated from lower population levels are reinvested into the community for prevention services.</p> <p>Wraparound, person centered planning, services are being worked on to integrate as much as possible.</p>	
5	10:40 a.m.	20 min	FACS	Roxanne Printz	<p>Roxanne presented FACS - Child Welfare budget information.</p> <p>Later this year, programs will be launching to help foster connections between child welfare and IDJC that will also involve mental health.</p> <p>Child Welfare (CW) has a centralized intake unit, taking 44,000 calls a year, and approximately half of those are truly referrals to other areas. Approximately 9,000 need assessments. Priority 3's are typically home health and safety issues.</p> <p>Approximately 24% of the 9,000 are found to have unsafe environments. Ultimately there are about 425 families that are served in their homes without having to go to foster kids and approximately 1700 kids that require foster care (8% overall of all incoming calls).</p> <p>At any given time, there are approximately 2700 kids in foster care with only 1100 families providing care. The focus is now on asking</p>	

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					<p>people to foster families rather than just fostering one kid. 70% of kids are reunited and go home. FACS does receive federal funding. Child Welfare receives a portion of the FACS's 3% of the state budget. Of the core services offered, the goal is to have these available in all communities throughout the state.</p> <p>1% of the population does not stay with the Child Welfare system and go elsewhere, such as IDJC or tribal.</p> <p>There is not currently a waitlist for residential treatment.</p>	
6	11:00 a.m.	10 min	Implementation Progress Report	Candace Falsetti	<p>The Implementation Progress report was due to the courts on May 31st and was submitted on time.</p> <p>The report will be added to the YES website.</p> <p>Candace requested additional information on what is needed from Family Engagement and residential treatment questions.</p>	<p>The report will be put on the July IGT agenda.</p> <p>Additional information is needed for Family Engagement to share additional information and questions regarding residential treatment issues and questions.</p>
7	11:10 a.m.	15 min	Workforce Development Survey Results	Ashley Daly Stephanie Hoffman	<p>A parent survey for YES trainings was completed to capture parent input to help develop the workgroup plan moving forward. Results of the survey are in the process of being branded and will be posted to the YES website as soon as that has been completed. The survey was a combination of multiple choice and free form answers. Overall there were 65 responses, which was enough to provide an analysis. Counties from</p>	<p>For additional questions on the survey, please contact Stephanie Hoffman. For questions on the report itself, please contact Ashley Daly.</p>

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					<p>regions throughout the state were represented. About 50% of respondents had not heard of YES. Most popular ways of wanting to receive YES training were one on one from the child's provider as well as in person trainings. Specific topics that families want to learn about were overwhelmingly focused on current and future services as well as understanding eligibility. Preferred methods of receiving training were one on one discussions, followed by webinars. To participate, parents are requiring either evening trainings or child care options, but not always both necessarily. Email was the most popular preferred manner to receive information, followed by direct mail. Parents also expressed interest in participating in leadership as well. Parents heard about the survey through email, social media, and was overall distributed well.</p> <p>The question was asked if this survey would be sent out again after the launch in July, and Ashley will follow up with Stephanie.</p> <p>The question was asked if this survey was connected to the training and clinical subcommittee, and it was not. This was done by the workforce development workgroup. There is shared membership between the groups to help maintain the connections.</p>	Mindy will send out the survey report with the notes.
8	11:25 a.m.	5 min	Update: Cost Sharing for those 185 - 300% and over	Jennifer Griffis	<p>Work had been continuing but a few road blocks had been experienced. Details as to what the system will fully entail are not yet determined. Parents will not receive a bill on July 1st, and they will receive a notice at least 30 days prior to receiving a bill. Parents will have sufficient time to opt out. Medicaid will continue to keep the IGT posted.</p>	We will revisit the 300% and over population at a next meeting.

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					The question remains as to what the families will do if they opt out of Medicaid but still need to access services.	
9	11:30 a.m.	20 min	Medicaid Case Management Services - Person Centered Planning/Service Coordination Approach and Next Steps	Venecia Anderson Tiffany Kinzler Sara Stith	<p>An RFI was issued for Person Centered Planning and five responses from five different vendors were received. All responses have been read and reviewed, and most focused on how each vendor could do the job well.</p> <p>The intent of the RFI (request for information) was to gather feedback and direction on where to go with the case management for service coordination solution under development. Several options have been discussed in this meeting. The state controlled option is great from a control perspective, but there aren't the resources to accomplish this. Providers become complicated because they cannot self-refer and this becomes an issue when referring for treatment. The third option would be to work with an agency such as Optum to be the partner to coordinate the agency/provider network. The vendors who responded to the RFI stated that they would be interested in doing the third option, but none of them addressed the idea that this was a good, beneficial idea, but rather one that would fit the business model. Therefore, this has returned to the IGT for further discussion.</p> <p>The timeframe for decision making is very tight; originally, the goal was to have an RFP released in June to allow for a contractor to have a couple months to put everything together. Realistically, a solution needs to be put together in the month of June to be presented to the legislature for approval.</p> <p>Budget requests have to be determined ASAP.</p> <p>Timelines for a state implementation would be pushed out then to July 2019, and would not alleviate wait times.</p>	<p>If you have feedback or ideas for discussion, please provide these to Tiffany Kinzler as soon as possible.</p> <p>Pat, Dave S, and Jennifer will group together and provide feedback to Medicaid by the end of next week.</p> <p>Sara will send out the RFI summary to the group, and the full details to Pat, Dave S., and Jennifer.</p>

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					<p>If this budget opportunity is missed, it would then be pushed out another year.</p> <p>All three levels of proposed care coordination case management would fit into whichever solution is reached (state or contactor).</p> <p>The proposal was made to have two to three IGT members, including parents, take this issue and make a recommendation.</p>	
10	11:50 a.m.	5 min	Clinical and Training Subcommittee Update	Dave Sorenson Kim Hokanson		Deferred to July meeting.
11	11:55 a.m.	5 min	Family Engagement Subcommittee Update Update on Request for Agency and Family/Youth Involvement	Carol Dixon		Deferred to July meeting.
12	11:55 a.m.	5 min	Other Items for Discussion Review New Action Items	Dave Sorenson	Next meeting will be moved to Friday, July 13 th . and will be an extended meeting.	

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

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Medicaid will get feedback on Clinical/Training Subcommittee to Rhonda and Kim	5/4/18	Matt/Dave	5/18/18	Rhonda requested feedback to be typed up and sent to her. Venecia will do so.	In Progress
Clinical/Training Subcommittee will revise Statement of Purpose based on feedback received	5/4/18	Rhonda/Kim	6/1/18	After feedback is received, this will be done.	In Progress
Issue letters for Connie's departure and Pat's joining the IGT	3/6/2018	Mindy	Prior to May IGT meeting	5/4/18--Letters have been submitted for signature.	In Progress
Candace will send Jennifer a basic survey that can be shared with the Parent Network on issues surrounding residential transition for QMIA council	3/6/2018	Candace	Not set	5/4/18--Survey sent to a member of the QMIA Council and Council is waiting for input back. 6/1/18 - Still waiting for additional information.	In Progress

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Submit IGT request to have agencies identify where parents are involved and what the opportunities may be for parent involvement	3/6/2018	Carol	Not set	Request submitted to Chair/Co-Chair on April 17 th	Complete
Email statements of purpose created for Clinical and Training subcommittee to Mindy for distribution to IGT	3/6/2018	Kim	Prior to May IGT meeting	Statements of purpose distributed to IGT. Discussed at IGT	Complete
Medicaid will visit with Optum and determine who may be able to serve from Medicaid and Optum on the Clinical/Training subcommittee.	3/6/2018	Venecia	May IGT meeting	5/4/18—Discussed at IGT. Venecia will work with Georganne from Optum to get an Optum representative to attend the Clinical/Training subcommittee. 6/1/18 - tied to the first two action items, continuing to be worked. Will be consolidated.	In Progress
Rhonda will connect Kim with Stephanie Hoffman regarding parent survey	3/6/2018	Rhonda	asap	Rhonda connected Kim with Stephanie following IGT meeting on 3/6/2018	Complete
Clarification needed on reconciling including items declared as confidential with open meeting requirements and mandate to publicly post IGT minutes and	3/6/2018	Treena	May IGT meeting	5/4/18—Response from DAG sent to IGT 6/1/18 - Mindy will include with these notes.	Complete
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 6/1/18 - update on this agenda	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.	Ongoing
George (Medicaid) will provide an update on Medicaid paid travel for treatment.	10/6	George	November Meeting	There is a new transportation (MTM - Medical Transportation Management) broker going live on Tuesday, March 6 th . 5/4/18—No update	Ongoing