

Date / Time of Meeting	May 4, 2018 90:00 AM - 11:00 AM Dial in: 866-906-9888 Access code: 7258371 Conference Room: East, JRW Building
Meeting Purpose	Interagency Governance Team
Host	Treena Clark, Division of Behavioral Health

Voting Members	Att'd	Participant	Att'd
Ross Edmunds - DBH	X	Cindy Day - DBH	
Candace Falsetti - DBH	X	David Welsh - Medicaid	X
Carol Dixon - Advocate	X	Holly Riker - DBH	
Connie Sturdavant - Provider		Lynn Thull - Consultant	
Dave Sorensen - Provider		Venecia Anderson - Medicaid	X
Eric Walton - Youth		Rhonda House - DBH	X
George Gutierrez - Medicaid	X	Seth Schreiber - DBH	
Jason Stone - IDJC		Tiffany Kinzler - Medicaid	
Jennifer Griffis - Parent	X	Treena Clark - DBH	X
Kim Hokanson - Parent	X	Valorie Leirmann - DBH	
Lael Hansen - County Juvenile Justice	X	Pat Martelle - St. Luke's Children's	X
Lynn Thompson - DBH/CMH	X	Cameron Gilliland - DD	X
Maria McConnell - Advocate		Suzette Driscoll - Medicaid	
Matt McCarter - State Dept. of Ed		James Phillips - IDJC	X
Matt Wimmer - Medicaid	X	Heather Olsen - FACS	x
Michelle Weir - FACS			
Roxanne Printz - FACS	X		
Vanessa Morgan - Parent	X		

AGENDA

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	9:00 a.m.	5 min	Welcome and Roll Call Approve minutes from last meeting	Dave Sorensen	Welcome and introductions.	Notes from the last meeting were accepted as written.
4	9:05 a.m.	15 min	IGT Data Requests	Candace Falsetti	As the system is being developed, the focus will	

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					<p>continue to be on becoming more and more data focused and data driven. As data requests come up, Candace will help facilitate them to the QMIA and the IGT.</p> <p>Work has begun with Dr. Israel on data coming from the ICANS, and reporting will be done through the QMIA quarterly report in November. The goal will to bring more information to the IGT about TCOM and the data that will be looked at.</p> <p>The QMIA Council has taken on two separate issues for review: Transition after Residential and Discharge from Hospital/ER.</p> <p>A survey has gone out to the Parent Network to help begin identifying some of the experiences and issues they are experiencing.</p> <p>If there is a specific request from the IGT to the QMIA Council, please submit a formal request to initiate a potential review.</p> <p>The QMIA Council is also working on an agreement for a Quality Review, which must be implemented in the next year to year and a half as required by the settlement agreement. A Quality Review is a more intensive type of review than is normally done by looking at CANS outcomes. For example, this was recently done in Washington and the CANS information was reviewed to identified successful qualities and high performing programs. This helps develop training ongoing system improvements. This will require some resources and some potential budget allocation.</p> <p>Work continues on ensuring the QMIA Council processes are clear and the subcommittees required have been established.</p>	

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					<p>The QMIA Council would like to know more about the charter of the IGT subcommittees. The Training and Clinical Subcommittee has created a Statement of Purpose.</p> <p>The question was asked whether blended agency funding would be a possibility in the future. At this point, there is not an answer to that, though other states have ultimately done something similar.</p> <p>The question was asked if a family has an issue or problem while experiencing transitional care, who would be the contact person for them. The best person for them to go to at that point is the complaint line so that it gets logged, tracked, and addressed. If a parent wants to make contact with another parent, then one of the parent consultants would also be a good route. There is also a Liberty email for concerns, and Medicaid concerns. The process for centralizing complaints is underway and will help streamline these issues as they arise.</p> <p>The Parent Network is also working to support parents in these situations, and are working on partnering a couple of parents with the family as a mentor to help them through the situation.</p>	
5	9:20 a.m.	20 min	Review Statement of Purpose - Training and Clinical Subcommittee(s)	Dave Sorenen Kim Hokanson	<p>The membership of the subcommittee has been formalized. The Medicaid invitee has not yet attended, and representatives from SDE and Optum have been requested.</p> <p>Medicaid provided feedback that it may be helpful to have the membership be a little more focused on the topics and information being handled. The membership does consist of multiple providers, but they are clinical in nature, and there is a good blend of subject matter experts.</p>	<p>Medicaid will provide their feedback on the two statements of purposes prior to the next IGT meeting in June.</p> <p>Venecia will work with Georgeanne at Optum to identify someone to attend.</p>

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					<p>Feedback on the statements of purpose were that it was perhaps a little too broad. There are two statements that have been created with the intent of the subcommittee splitting into two separate groups going forward.</p> <p>Matt W. expressed concerns about having membership of the subcommittee that wasn't clinical or training in nature. Parental feedback on the subcommittee is that it does not need to be <i>just</i> made up of clinical and training subject matter experts, and should include parents for input. Additionally, feedback included that there is already a provider network, so the fact that there are parents in attendance help make it different. The parents don't claim to be clinical, and just want to share input.</p> <p>Provider feedback included that it is very valuable to hear directly from the parents in a clinical discussion.</p> <p>It is important to ensure that the subcommittees aren't duplicating efforts, and that the statement of purpose reflects that.</p> <p>The concern Medicaid expressed with the statement being too broad is that it can raise the question of "what does this subcommittee really do", and clearly defined roles and goals would help that.</p> <p>Overall, the focus of the subcommittee is clinical, and having the parents involved is viewed as important. The statements of purpose can be fine-tuned to reflect that conversations that have now been held. If/when the subcommittees are split, there will need to be a little more addressing of the structure and purpose.</p>	

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					<p>The definitions of both subcommittees do cross over into the subcommittees of the QMIA Council, and that will need to be addressed as well.</p> <p>Ultimately, the focus of these two subcommittees will be to be the voices on the ground, and then moving things on to the appropriate other places as needed.</p> <p>These subcommittees would make recommendations to the IGT, who would then help identify next steps.</p> <p>Candace requested that there be an inclusion for the Data and Reports committee.</p> <p>Realistically, the subcommittees will split, but it may be at least a year before that happens.</p> <p>It was suggested that it would be helpful to add a timeline of services to be reviewed.</p>	
6	9:40 a.m.	20 min	DBH Budget FACS Budget	Jennifer Griffis	<p>IGT made a formal request for each agency to share.</p> <p>DBH: The DBH budget for Children’s Mental Health is 14.8 million dollars, but it is broken out in federal dollars and there is authority given to utilize. The amount of general funds is 9.1 million dollars. Ross will provide a handout and more complete presentation at the next meeting in June. Specifically, Jennifer asked for some information on the waiver and how funds are utilized. Budget is broken down into four categories: personnel, operating, capital, and trustee & benefit.</p>	Ross and Roxanne will present additional budgetary information for their respective divisions at the June IGT.

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					<p>FACS: There is no budget for mental health in DD from FACS. There are some mental health services paid for by the crisis team for kids occasionally, but these are not tracked as it is so miniscule. From Child Protection within FACS, there are mental health services, and but there isn't a lot of tracking for how those are paid. On the other end, there is about \$200,000 where parents can request individual services through the central office. More work is being done, and additional information will come. Jen asked if families who had adopted out of state were not being communicated with regarding the services they were eligible for. Roxanne explained that they are also looking for ways to incorporate services as appropriate from the other state as well. Jen asked if the amount Child Welfare spends on residential placement and therapeutic foster care could be pulled out and shared at the next IGT meeting in June. Roxanne will gather additional information.</p> <p>Jen expressed the need to have a consistent approach to how residential placements and transitions are addressed regardless of the agency handling it.</p>	
7	10:00 a.m.	30 min	DD/SED Presentation	Cameron Gilliland	<p>Cameron presented that they are working on how to coordinate services for children who have two plans within DD and SED. The vision is enhanced beyond what is normally applied. A pilot is running to see if and how this will work, and determination to continue will be made later. A few years ago, the decision was made to provide case management for kids with developmental disabilities. Federal Medicaid had rules about not being allowed to self-refer and that caused problems with providers. This became difficult for a case manager who was</p>	<p>Heather Olson or the family's case manager would be the point of contact if families want to provide feedback. Cameron would also welcome feedback.</p>

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					<p>affiliated with a provider to advocate as they needed. Initially, they were constrained as they were administrative case management, and so they are looking to be more intensive with case management in the future, and they are currently in the midst of this pilot.</p> <p>Heather Olsen presented that what they are aiming to provide through this pilot is an enhanced service with the goal of assisting families across systems far more than they have in the past. The goal is to streamline services and contacts so that everyone is on the same page and embracing the philosophy of the Child/Family Team. Throughout this pilot, it is all family choice; just because a child is dual diagnosed doesn't mean the families <i>have</i> to come to DD to write the plan, but rather that they have the option to do so. The goal is to have a single plan where all the services are written on one plan.</p> <p>The pilot began in April with the idea of serving up to 70 children across the state. They anticipate that each case manager would manage up to seven each. The children and families are being referred to these case workers or selected by case workers. A lot of these kids are already being served and are trying to navigate both systems without a lot of knowledge on how to do so. This pilot allows for the case manager to be trained and provide better help to these families.</p> <p>A letter was also sent out to the entire population inviting families to participate if they are interested.</p> <p>The DD case manager either completes the CANS or builds on the CANS50 from Liberty, and then builds the plan with the family. It includes all the services for DD and mental health on a single document, and the case manager will them collaborate with the family and any other</p>	

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					<p>agencies. The pilot may be expanded if needed as interest increases and resources allows. Currently, there are about 40 kids who are interested in the pilot, and includes families who have gone through the IEP and families who have not. Data is being measure throughout and feedback is being requested from the families going through. It is a learning process with multiple unknowns, but there is a lot of excitement around the pilot. The case managers that work in the DD program are either state employees or individually contracted. DD/SED is a very high touch, and the principle interaction with families is through the case managers. When issues arise, DD/SED wants to be as closely engaged as possible and talk directly to the parents whenever possible as it is very important to them. The pilot is too young to draw any conclusions from. One of the questions that arose was what if the family wants to keep the mental health case manager, DD will contract with them to allow for consistency for the family.</p> <p>For families who are not currently in the DD system, the HUB administrator or regional supervisor would be a good place to start. There are some identified gaps that are being worked on. One of the challenges (in Region 2) is finding a provider who can do the assessments that are required by DD to get into the system.</p> <p>Ross expressed a big thank you to DD for their willingness to be involved, as they are not listed as a member of the lawsuit, but are so willing to get involved.</p> <p>DD currently serves a population of approximately 3700 kids statewide, with 800 or so who have a mental health diagnosis,</p>	

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					conservatively. The goal is to create systems that work together to surround the family with services regardless of agency or system.	
8	10:30 a.m.	15 min	Request from Family Engagement Subcommittee	Jennifer Griffis	<p>The Family Engagement Subcommittee is regrouping, and as a result, one of the questions that arose was identifying where families are involved in each agency.</p> <p>Matt M. asked for clarification on the request as there are multiple levels of parent involvement throughout the state - i.e. at the state level, at the local district level, etc. Carol expressed the desire to know who's doing things well and at what level. Jennifer clarified it as where parents are involved at a decision-making level currently and where they could be in the future. Matt McCarter talked about the FACES conference that is done annually and that it may be an opportunity for parents as well.</p> <p>Ross added that it could be beneficial to identify those who parents interact with and how to capture their experiences and stories. TCOM will help accomplish part of this. Candace echoed that there should be people working to address barriers at every local level throughout the state. Work is being done to build the foundation of collaboration to help flush out some of this type of information.</p> <p>Jennifer added that she views it that every time her story is told through a CANS, it is translated into numbers and that data is used.</p> <p>Ross stressed that to effectively interact with the legislature, there must be two things in place: data and stories. Both are necessary to truly make an impact as putting a face to the information being put through really makes a difference with the data being expressed.</p> <p>Matt McCarter will identify for SDE. Jason Stone will identify for IDJC. Jamie Teeter will identify for DBH.</p>	

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					Venecia Anderson will identify for Medicaid and Optum. Cameron will follow up with Roxanne for FACS.	
10	10:45 a.m.	15 min	Other Items Topic Confidentiality Review Action Item Review Dismissal to attend Mental Health Awareness Event	Dave Sorenson Treena Clark	Pat suggested that on the next agenda there be a discussion on youth membership on the IGT. Pat also asked if it would be possible to get a summary of the WICHE report; specifically, Pat was wondering if there was something in the report that should be shared with the IGT. Candace added that there may be an opportunity to share the BSU Capacity Analysis report as it may be more relevant to children's mental health. Candace shared that the Implementation Progress Report is in the process of being updated with the changes requested by the Plaintiffs. The report is due by May 31 st and will be shared with the IGT as soon as possible as the timelines are extremely tight. Feedback will be sought via email. The report can be included on the June or July agenda for additional discussion. Next meeting will be June 1 st , at the regular time.	Mindy will include the link to the WICHE report in the notes. WICHE Report: https://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx

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		New
Clinical/Training Subcommittee will revise Statement of Purpose based on feedback received	5/4/18	Rhonda/Kim	6/1/18		New
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

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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	In Progress
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.	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	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	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