

<b>Date / Time of Meeting</b>	April 6, 2017 10:00 AM - 12:00 PM Dial in: <a href="tel:866-906-9888">866-906-9888</a> Access code: 2927162
<b>Meeting Purpose</b>	Interagency Governance Team
<b>Host</b>	Treena Clark, Division of Behavioral Health

Participant	Att'd	Participant	Att'd
Carol Dixon - Advocate	X	Ross Edmunds - Behavioral Health	X
Charlie Silva - St Dept. of Ed. Represented by Matt McCarter		Pat Martelle - Project	X
Connie Sturdavant - Provider		Lynn Thompson - DHW/CMH	X
Dave Sorenson - Provider	X	Marcy Chadwell - IDJC	X
Missing parent from northern hub ☹		Matt Wimmer - Medicaid represented by George Gutierrez	
Kim Hokanson - Parent	X	Miren Unsworth - FACS represented by Michelle Weir	X
Lael Hansen - Idaho Association of Counties Juvenile Justice Administrators	X	Vanessa Morgan - Parent	X
Eric Walton - Class Member	X	Logan Zuck - Class Member	
Treena Clark - DHW support	X	Maria McConnell - Advocate	
Candace Falsetti - DHW QMIA	x	Cindy Day -DBH YES	X
Susan - IFF		Dave Welsh - Medicaid	X
Tiffany Kinzler - Medicaid			

## MINUTES

#	Topic	Topic Owner	Discussion	Decisions
1	Welcome and Roll Call/introductions of new members-5 min	Vanessa Morgan		
2	Response to recommendation for new membership-<10 min	Ross Edmunds	Ross stated that it seems up to the committee, but that the recommendation makes sense. He cautioned against having the committee grow too large, but that it was important to have the right people here. Ross requested a current list of appointment membership including who the proposed members will be for submission to the director.	Mindy will prepare documents.

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3	Training funds for Parent/Youth involvement- <10 min	Vanessa/Ross	<p>Vanessa stated that, to her understanding, there are some funds available and asked how the budget will work. Ross stated that it is best to view it as there are a certain amount of funds available for a year. Ross stated it would be best if we looked at a maximum of two participants per conference (same standard used in the department). Ross stated that DBH would manage the arrangements and the Federation would manage the decision of which families would attend each conference. Vanessa asked for input on the Federation making the decision of who should attend. Carol stated that the pool of parents is split between those involved with the project and those involved in the network, and there is some overlap. Carol stated that it could be the Family Engagement Subcommittee or the Federation. Ross stated that the department’s goal is to make the resources available as well as the planning and coordination, but that it would be best if the Federation or the Subcommittee decided attendees. Marcy asked what the expectation of those selected to attend may be. Ross stated that it is a reasonable expectation that those who attend bring back the information gained and share it with everyone. Candace suggested looking at the idea of bringing a conference to Idaho to allow for additional attendees. Michelle asked if the funds were for parents and youth, and who would decide. Ross shared that it would be more difficult to send four people to attend a conference, and that if youth are being sent, a parent/guardian needs to be sent as well. Ross stated that the budget is 15k-20k, and that that will go quickly. Carol asked the average cost per conference, and Ross explained it is roughly 2k - 3k per person to attend. Vanessa asked for a list of worthy trainings, and Pat shared that one has been started. Carol will manage the list. Ross requested that whatever process is ultimately agreed upon that it be put into writing. Vanessa stated that she pictured it as the Subcommittee identifying the training opportunities, and then the decisions will be made as to who will attend. Pat stated that it will be important to identify the criteria used in the decision making. Ross stated that DBH does not have to be the only entity putting budget towards these trainings, and, as an example, IDJC and FACS may have the ability to contribute to or provide assistance in training. Pat stated that this is an opportunity to identify how, in our system of care, we are all contributing jointly. Carol mentioned that IPOL also has scholarships to help parents attend training.</p>	<p>This agenda topic will remain and be brought up with the Family Engagement Subcommittee.</p>

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4	10:20 Family Engagement update and charter	Carol Dixon	Discussion centered on bringing more youth into the project and having more youth involved. Eric shared that he often feels like he is addressed differently and things are explained to him differently because of his age. He further stated that he would appreciate having additional youth participating in order to fully have their voices heard. Candace and Gracie from the Idaho Foster Youth Advisory Board also attended and added feedback regarding building youth voice. Ultimately, the idea of a youth council was suggested and will be addressed at a later meeting. Carol stated that there are multiple pools to be considered to bring youth together and that strategic/safe sharing training could be provided. Vanessa suggested the idea of a weekend retreat to bring together youth from across the state. Eric also mentioned that the use of acronyms is too high. Pat added that the model Carol described is something that will help make it all sustainable and keep youth engaged.	Another meeting, outside of the subcommittee, will occur to continue the work.
5	10:35 Communication Update - Include follow up on IGT request for communication to providers	Cindy Day	Cindy shared that since the first version of the communication plan was published, a workgroup and committees have been formed. Because of the work, the communication plan has been updated and will be shared with the Implementation Workgroup soon. The updated plan has been posted to GoogleDocs. Cindy stated that this document will help track and show deliverables, and is a living document. Cindy asked what would be helpful in presenting information and Vanessa stated that being informed is important. Vanessa asked for an example of what would be sent out to providers, and Cindy shared that we are still at a general level with what has been finished. Cindy then shared the version of the brochure to be shared as soon as it is finalized by legal. Specifically, in regards to what will be available to communicate with providers, Cindy stated that the feedback received about the best way to communicate with providers is through fax/email blasts like what is currently being done by Optum. Optum participates in the communications workgroup as well. Provider communications will be coming. Dave shared that he is still working to find a provider representative and that one of the concerns is that the meetings are weekly and, because providers are so heavily booked, they have not been able to commit to attending weekly. Dave asked if someone who could not attend weekly, but could come when possible, if that would be acceptable. Cindy said that the weekly meetings should not be an inhibitor, and that they would welcome participants who could come less than weekly.	

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6	10:50 Service Definition Deliverable	?	<p>Pat shared that these definitions are those that were developed by the Clinical Advisory Workgroup and that they have been shared for review. Vanessa asked for clarification on what documents the IGT is being asked to review and provide feedback. Pat clarified that information that comes from QA should be reviewed and provided feedback upon and that the definitions shared have been provided to share information more than for editing purposes. Candace further stated that even if direct review is not requested, but if, upon review by the IGT, items for input that are discovered should most definitely be shared (i.e. if something is not relevant or doesn’t fit those involved appropriately, it should be discussed even if something has already been published). Pat stated that some of the things the IGT should always consider are: How are parents and youths’ needs being met by what is being proposed, Do the policies and rules being proposed support the rights and promote equality across the groups, Do they address disparities, Does what we are doing cultivate an approach that the individual is treated as such and not in a cookie-cutter fashion. Treena added that it should also be a consideration of the partners at the table of “How can I take this back to my agency and implement it?” Candace stated that, as an example, from the QMIA report, there is a potential gap in a younger age under four being served, and, as an agency what are we doing to address it, and that the IGT can have those conversations on how to use the data, and do we implement these changes? (Eric shared that ages 9 -12 are the years that were incredibly hard to get the help that needed. He clarified that some issues where bad matches, and some were availability of services.) Kim asked for clarification on when documents are to be reviewed, as there was no chance for her to review between when it was sent out and the next meeting. Treena added that the hope for documents is to get them out prior to the day before the meeting, and that what they can definitely work on doing is clarifying what the expectation is of the documents being sent out (i.e. specifying which ones are for review directly, and which ones are for informational purposes only). Kim stressed the need for time to review and read, and Eric asked for at least a week lead time to review and that if they are not ready at that point, then perhaps they should not be on the agenda. Ross suggested that, as an amendment, if the documents are not available a week ahead of time, that time be allowed on the agenda itself to go through the item during the</p>	<p>Vanessa formally requested than if feedback is required, it be formally stated and a deadline be provided.</p>

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			<p>meeting. Vanessa stated that it should also be okay to have some of those discussions occur via email. Treena also shared that, in an effort to eliminate large emails, notifications will be sent out of documents being posted to the GoogleDocs site. Cindy stated that one of the challenges was the number of deliverables was large in March, and appreciated the feedback that documents are welcome to be sent out between meetings. Michelle stated that, as long as it is clear what the expectations are for the documents, it is helpful if a deadline be included as well.</p>	
7	11:05 Workforce Development Plan	Gina	<p>Gina is the Southwest Hub Administrator for Regions 3,4, and 5. She is also the lead for the Workforce Development Committee. Gina provided an orientation to the Workforce Development Plan. It is a document that will likely be updated on a yearly basis. The plan includes an outline for the next three to four years. The work was accomplished through the Workforce Development and Training Plan Workgroup, which included College of Southern Idaho, Department of Juvenile Correction, Division of Behavioral Health, State Department of Ed, family advocates, training coordinators, Medicaid, Optum, family members. The workforce development includes recruitment, sustainability, and training of the workforce. Gina stated we don’t have a lot of information about Idaho specifically, but viewed national trend information. Over the next few years, more Idaho information will be gathered through the relationship with the University. Through the QMIA workgroup, a lot of information about capacity analysis was gathered and helped build the information included in Section II. Gina outlined Section III and shared how the goals and objectives were outlined and developed. The workforce development committee will continue to meet for the next couple of years to ensure the plan is being worked and that the work is being moved along. Section IV explains the focus on training and what will be able to be accomplished in the first year. Gina shared that CANS will be piloted at the county and state level and providers will receive training. Gina stated that the goal will also to be working with families and provide training regarding what YES is all about. Michelle asked where, as a partner, they fit in, as they rolled CANS out a year ago, and that they want to be involved without doing double work in Child Welfare. Gina stated that in the plan, reference was made and that she will follow up with Michelle outside of the meeting. Gina stated that there is a hope to develop a contractual relationship with Boise State to help further</p>	<p>Send feedback and questions regarding the Workforce Development Plan document to: <a href="mailto:Gina.Westcott@dbh.idaho.gov">Gina.Westcott@dbh.idaho.gov</a></p> <p>Carol will help Gina find some additional parents to be involved in the workforce development plan.</p>

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			<p>Goal 1. Goal 2 works primarily around engaging Idaho's community to meet behavioral health needs. Goal 3 is to provide support and information to help families engage with the system fully. Goal 4 speaks to the long term strengthening and retention of the workforce. Goal 5 is in regards to the evaluations of the training plan. Gina stated that one of the Workforce Development plans goals is to pilot the practice manual and gather feedback. Vanessa thanked Gina for the concise summary and asked what else Gina might need from the IGT. Gina asked for feedback and questions and that they would be emailed to her directly. The goal is to make the document live on May 1<sup>st</sup>. Vanessa stated, that, in the next few weeks, the IGT should read through the document and provide feedback as time allows, and that as work continues, the IGT be kept up to date on how the plan is developing and work is continuing. Gina stated that she would be happy to provide the IGT regular updates. Carol asked if Gina needed additional parents to participate in the workgroup and Gina stated that she would appreciate help with that. Gina stated that, as the plan is published, she will also seek assistance in gathering parents to help with planning training.</p>	
8	11:25 Principles of Care Practice Manual Stakeholder Action Plan	Treena	<p>Treena shared the plan. She stated this is just a start and is tied to several of the workgroups in place. The Communications Workgroup provided feedback, and so updates will be done. Treena stated that this document is for informational purposes, but if you have feedback, please share with Treena. Cindy added good feedback ensuring every stakeholder has been included, and that this is living document that will grow as the work is continued. Treena stated that it is important to remember that this document is directly related to the Principles of Care and Practice model, and is small in scope in regards to how it is trying to engage people. Treena will give notifications when the document has been updated. Cindy stressed that this document is very tied to communications and training.</p>	
9	11:45 Access Model	Seth or Cindy	<p>Cindy shared that the Access Model is coming. Cindy stated there was a meeting with all the agencies to work through how someone would interact with all the partner agencies, including community, as they go through the process. It has been mapped out on a flow chart document to show all the connections and it will be distributed out for review. It will be sent out well in advance. The document was prepared by every agency partner, and it may be appropriate to have agency partners attend to respond to questions at the next IGT</p>	

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			<p>meeting. Cindy stated the goal was to have everyone understand how it would work and that any gaps are identified. Vanessa asked if there were additional agency partner representatives that may need to be invited, and Cindy stated no, that those already in attendance would suffice. Vanessa will look to add it to the agenda for the next meeting. Treena stated that access will be a large discussion for the IGT and Pat added that the project needs the IGT to understand the significant changes that are coming with the oversight of ensuring the appropriate priorities and items are kept in mind. Ross added that it is equally important to make sure it is not just the parent experience that is viewed, but that the youth experience perspective is absolutely essential. Eric stressed that it shouldn’t necessarily be a standard experience for each person, but each person will have a different experience and the system should be made to be flexible for each person going through it. Eric stressed that even two people with the same mental illness wouldn’t have the same treatment needs and that the system needs to allow for that sort of flexibility. Michelle asked if there should be standardization of what families and youth should experience through the system. Eric compared it to teaching, explaining that, even within the service experience, there will be people who need a different service experience, and the system should allow for that. Eric also stated that standardization makes it seem like people don’t care. Ross shared that the most important part around standardization is ensuring that families know how to get from point a to point b, in a way that is predictable. Eric stated that the predictability is nice, but don’t expect the experience to be the same, as it makes it seem industrialized or mechanical. Ross shared that he’s heard repeatedly, that the most impactful aspect was the connection where the person felt cared for and the personal connection is what makes the most difference. Eric agreed that it’s often more about the personal connection rather than the services provided. Vanessa added that as an example for her, one of the biggest things she needed was in home support, and that there has often been the need to look for loopholes to make the standard services work because everything was defined as community supports. Ross stated that home is community for some people and needs to be considered as such. Kim shared that CBRS used to be allowed to work in the home, but that anymore, CBRS is almost impossible to obtain now. Eric shared that the system should listen to the families more to help determine what is needed to help</p>	

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			them be successful, and that in his experience, in order to qualify for things that were effective, he had to complete things that weren't, and that this was a waste of time, money, and energy. Ross stated that one of the problems is that services weren't labeled correctly, and as a result, were eliminated and not replaced. Ross stated that it's not necessarily anything that any one agency is responsible for, and Eric stated that it needs to be a solution based issue.	
10	11:55 Follow up items for next meeting	Vanessa	Next meeting will be from 9 - 3 and will include a presentation from Dr. Lyons. The meeting will also include lunch.	Mindy will get the meeting invite out.
11	Education Updated		Carol asked for an education updated. Vanessa shared that Dr. Silva recommended that Matt McCarter be the liaison.	
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The IGT will track action items and their status from the meetings here:

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Pat will reach out to Logan Zuck to confirm his membership/attendance with IGT.	2/3/17	Pat Martelle			
Have a brief presentation of what QMIA is by Candace or another member.	1/6/17	Candace	2/3/17		
A list of acronyms to disburse to the IGT.	1/6/17			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.	
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	1/6/17	Candace Falsetti			

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the next two weeks. Candace will coordinate the scheduling.					
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				
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				
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	<p>Here are some articles that are useful in understanding the new system of care:</p> <p><a href="https://successfulmentalhealthsystems.wikispaces.com/file/view/Family-Driven%20Care%20Brochure_March%202011.pdf/215725492/Family-Driven%20Care%20Brochure_March%202011.pdf">https://successfulmentalhealthsystems.wikispaces.com/file/view/Family-Driven%20Care%20Brochure_March%202011.pdf/215725492/Family-Driven%20Care%20Brochure_March%202011.pdf</a></p> <p><a href="https://successfulmentalhealthsystems.wikispaces.com/file/view/SOC_Update_2010%20Stroul%20Blau%20Friedman.pdf/215725064/SOC_Update_2010%20Stroul%20Blau%20Fri">https://successfulmentalhealthsystems.wikispaces.com/file/view/SOC_Update_2010%20Stroul%20Blau%20Friedman.p df/215725064/SOC_Update_2010%20Stroul%20Blau%20Fri</a></p>	CLOSED Links sent 11/3/16.

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				<a href="#">edman.pdf</a>	
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 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.	"Click here" button has been updated for easier usability.
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 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 - Draft of bylaws has been 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 7 <sup>th</sup> .	9/9/16	Membership	Prior to October 7, 2016	10/7/16 Membership established duties and terms. Chair and Vice-Chair elected 10/3/16 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	7/26/16	Pat Martelle	9/2/2016	Emailed 9/2/16	CLOSED

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
to access.					
Request if Jon can create a link for the IGT on website.	7/26/16	Pat Martelle	9/2/2016	<p>10/7/16</p> <p>Committee and workgroup pages are being developed for the YES Website. Goal is to have each workgroup or committee site complete with a:</p> <ul style="list-style-type: none"> <li>• Shortened version of the charter in the center area</li> <li>• A link to the full charter on the right</li> <li>• 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)</li> <li>• A List of workgroup members (with no roles indicated for now)</li> <li>• Any official meeting docs (agendas, minutes, etc.) We can launch without these if needed.</li> </ul> <p>Webpages for IGT, Clinical Advisory Workgroup and Workforce Development Workgroup should be launched by end of October</p> <p>7/26/16 Modifications to the website have been requested and are scheduled in the month of September.</p>	<p><b>Communications person will start on Monday, November 7<sup>th</sup>, request has been submitted.</b></p>