

Date / Time of Meeting	February 3, 2017 10:00 AM - 12:00 PM Dial in: Access code:
Meeting Purpose	Interagency Governance Team
Host	Treana Clark, Division of Behavioral Health

Participant	Att'd	Participant	Att'd
Carol Dixon - Advocate	X	Ross Edmunds - Behavioral Health	
Charlie Silva - St Dept. of Ed.		Pat Martelle - Project	X
Connie Sturdavant - Provider	X	Lynn Thompson - DHW/CMH	no
Dave Sorenson - Provider	X	Marcy Chadwell - IDJC	X
Jennifer Griffis - Parent	X	Matt Wimmer - Medicaid	
Kim Hokanson - Parent		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		Logan Zuck - Class Member	
Treana Clark - DHW support		Maria McConnell - Advocate	X
Candace Falsetti - DHW QMIA	X	Cindy Day -DHW	X
		Dr. Nate Israel	

MINUTES

#	Topic	Topic Owner	Discussion	Decisions
1	Welcome and Roll Call	Vanessa Morgan	Roll call completed.	
2	Minutes from last meeting and action items	Vanessa Morgan	Notes from last meeting accepted as written. Review of action items. TCOM Team Development Guide met 2/2/17; additional groups will be planned by Candace and Dr. Israel in the next month. In regards to acronyms, the Parent Network Voice group will pare	

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			<p>down the large Department of Health and Welfare lists (but will include a link to the complete list at the bottom of the page).</p> <p>Pat reminded the membership that part of the work still ahead of the IGT is to determine exactly how IGT and the project engage with each other. Maria stressed the importance of having the structure in place so as to avoid distractions and having work impeded.</p>	
3	Communications Update	Cindy Day	<p>The Primer 101 parent booklet is currently under review for a broader audience, and the review draft can be distributed to the IGT. It is anticipated to have a version ready in the next week or so.</p> <p>Cindy received feedback from David Sorenson and now has a provider/parent team member participating on the communications workgroup.</p> <p>Cindy distributed a visual of the org chart; currently the role of the IGT is viewed as informing.</p> <p>They have looked into posting the workgroup charters online and are ready to publish the communication workgroup charter. All charters will be collected, made uniform in look and feel and then posted for view.</p> <p>Requirements for the website - Laura Wallace and a few of the team members will be meeting next week to come up with a mock-up representation of the site for review. Communication will come up with a draft for review. IGT will then help assess the timeline.</p> <p>Communications workgroup has added additional members covering representation from other agencies, and has extended their meeting time by a half an hour to further their work.</p> <p>Deliverables for the objectives - the items are posted under the objectives on the site.</p> <p>The workgroup put together an inquiry tracking tool, and it can be used over time to help identify gaps. Additionally, it may be used to request resources needed for further understanding/communication of</p>	<p>Cindy has asked the IGT to consider their role in the communications workgroup.</p> <p>Communications Update will continue to be a standing agenda item each month.</p>

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			<p>the YES project. Carol mentioned that the parent network was really excited about having a method for requesting informational and support materials.</p>	
4	QMIA Update/Implementation Report	Candace Falsetti	<p>Candace provided an update from the QMIA Committee, specifically the initiation of the performance improvement plans. The initial issues under review are hospital discharges and potential referrals to Child Welfare/potential child neglect charges, as well as EPSDT process timelines. Some measures have been identified to ensure work is being done in the right direction. One of the steps the QMIA would like to take is to follow up with the families known to have experienced these problems to ensure comprehensiveness in resolution. Child Welfare has agreed and is currently working on a bulletin for families that will walk them through what can happen in these situations, covering potential interactions with Child Welfare. Additionally, a hospital discharge committee is currently meeting, and it has been asked in taking on a role in looking at children’s hospital discharges as well. Further, Medicaid is already implementing efficiency improvements to the EPSDT timelines. Additional work will be done to identify the number of denials as well. Work is already being done on step down and diversion services; one of the things that QMIA believes needs to happen is training on how to write a good crisis plan. Lastly, on the complaint process, there is a requirement that there be a cross-system complaint process, and MOU’s will be written to address confidentiality and ensure it occurs in cross system collaboration.</p> <p>Vanessa asked if Candace had been working with Jennifer Barnett as she has been covering some of this work in the crisis services subcommittee, and Candace assured that they are working closely together to address these areas specifically. Carol offered that one of the items missing from the PIP is the fragmentation of the system and the need for a team to come together to meet to ensure the parent, providers, and all involved are on the same page. Carol stated that this is a proposed action that could be implemented now. Dave stressed that providers would like to be engaged in such meetings, but don’t always have the means to meet on the spur of the moment, however, would definitely be engaged in alternate methods of engaging.</p>	<p>If you have feedback for Candace on the Implementation Report, please email or call her.</p> <p>There is a revised version for review, and it will be sent with the notes from this meeting. Please provide feedback to Candace prior to next IGT meeting.</p>

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			<p>The Implementation Progress Report is a requirement of the agreement and provides the court with an update in regards to how well we are doing at meeting the agreement. Originally it was to be completed at the end of February, and has now been pushed back to the end of March. Chuck Halligan has returned to help finalize the report. We are striving for accuracy and transparency, showing successes and challenges as well as what is being done to mitigate those challenges going forward.</p> <p>Maria asked what kind of feedback would be helpful. Maria stated that it has felt like the IGT is doing QMIA work, and wants to ensure that the IGT is being helpful in the appropriate role. Candace shared that from her perspective, the IGT would serve in a role as such that they review the work of the QMIA and provide oversight of the implementation. Carol asked if, when something like the implementation report comes to the IGT, should there be a smaller, more intense group that digests it. Dave stated that one aspect that should be considered is the reality of the proposed implementations, ensuring that it will function in actuality. Candace stated that one of the roles of the IGT is to have the System of Care vision from the top down. Marcy stated that in her view, the IGT all come from different perspectives and that it is important to all come to the table as a whole team to be the reviewer and provide input. Carol stressed that then the importance will be the team must make the commitment to the critical items that come through. Pat asked how we could provide better support to ensure the high priority items are identified and addressed. Maria stated that it will be essential to identify the IGT’s roles, mission and charter. Vanessa proposed a meeting in the next week or two to iron out the roles and charter of the group. Michelle asked if the subgroups need to meet with Dr. Israel prior to fully defining the IGT. Carol stated that the IGT may need to function as if we are building the bike while we are riding it. Maria agreed that IGT work such as reviewing of the Implementation Plan needs to continue simultaneously. The subgroup meetings need to be fast tracked, and need to be kept individualized in order to provide perspective and voice to each group. Lael requested that if the main IGT meetings are to be more frequent, to book them ahead and make it a regular schedule. Maria asked if the extra meetings would be just for the focus and role of the IGT, and Vanessa stated that a separate meeting</p>	

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			just for that is needed. Further, Vanessa stated that, due to the large number agenda items needing addressed, meeting twice a month may be necessary. Dave requested that Dr. Israel come and address the meeting of providers in April if at all possible (to discuss the overall system change). Candace will work with Dave to ensure the right person can come to the meeting and address the providers. Dave shared that providers are unsure of the questions to ask, and are in need of information. Additionally, not all the providers are part of the provider network. This issue is one that, rather than the IGT fixing, would be sent to the communication workgroup.	
5	Legislative Update	Ross Edmunds	<p>Ross shared that JFAC has approved the supplemental for the additional 11 positions that had been requested. Additionally, the 7 positions for the regional areas are included in the budget that has been proposed for the coming year.</p> <p>Rules effecting children's mental health (including the ability to use CANS) have passed both houses and been approved.</p> <p>Things are rolling along pretty well, there are still a couple of pieces of outstanding legislation, but they aren't in direct impact to YES.</p> <p>There are requests in the budget for university contracts for technical assistance, help with developing policy manuals.</p> <p>Medicaid has a couple of things moving forward, including one that transfers a million from CMH to Medicaid that will be matched with the federal dollars to be used in the funds for the increase in poverty eligibility for children with SED. Medicaid's legislation has been printed, but still in process. Hearing of House Bill 43 will occur on Monday, February 7th and public testimony can be heard.</p> <p>The department made Jeff D/YES the top priority this year and is receiving positive momentum.</p>	
6	Format for recommendations from the IGT	Kim Hokanson	This is a form for routing; Vanessa will distribute it to the group for review, and recommends that it not be officially accepted until after the vision and charter for the IGT has been completed. Pat also recommended that the form go through testing - using it as a draft	<p>Vanessa will send the form out to everyone.</p> <p>Dave will utilize the form to</p>

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			<p>form to ensure it captures what is needed. The request for the project to put together communication for the provider group could be put into the form as a test. The form can be electronically linked with the distribution of the notes. The State can ensure the linkage happens between the IGT and the party that the request form needs to go to.</p> <p>Requests from the IGT may be submitted by an individual IGT member once approval is obtained through discussion of the IGT. Request should be cc'd to Vanessa.</p>	submit the request for provider information and send it to Cindy.
7	Update from Family Engagement Subcommittee	Carol Dixon	<p>The Family Engagement Subcommittee met today and discussed identifying family engagement roles as they exist now. The Parent Network is moving away from DHW and taking on its own identity. DHW will support the needs of the Network, but the Network will function more independently. The Parent Voice Network will be more of an action group out in the community and will fall under the Parent Network. It is still to be determined how information will flow and how it will all be supported.</p> <p>Compensation is being discussed outside in policy groups and the subcommittee will meet again in a month.</p>	
8	TCOM Team Development Guide	Vanessa Morgan/rep from other small groups that have discussed/Dr. Israel/Candace	The discussions need to be finalized.	
9	Recommendations for new members of IGT-FACS and Parent	Michelle Weir to explain roles and responsibilities of FACS Staff, discussion by membership	<p>Jennifer Griffis is pulling back from her Jeff D responsibilities, has resigned from her regional Behavioral Health Board, is pulling back from the Planning Council and is resigning from the IGT. She plans to still be involved in the parent group, though is not sure what that will look like going forward.</p> <p>Jennifer revisited the notion that when looking for parent participation to replace her, to be aware of finding someone to fill in from her Hub.</p> <p>Michelle shared the organization charts from FACS to help outline the structure of the staff.</p>	Vanessa asked for recommendations on a parent replacement.
10				

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11				
12	Next Meeting Topics	Membership	Suggestion to have a four hour meeting on March 3 rd , including Dr. Israel in the first two hours to focus on the charter and membership definition. Family Engagement will meet elsewhere. The next IGT Meeting will run from 9 - 1 on March 3 rd .	Begin meeting every two weeks starting March.

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 the next two weeks. Candace will coordinate the scheduling.	1/6/17	Candace Falsetti			
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	12/9/16				

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going forward.					
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>https://successfulmentalhealthsystems.wikispaces.com/file/view/Family-Driven%20Care%20Brochure_March%202011.pdf/215725492/Family-Driven%20Care%20Brochure_March%202011.pdf</p> <p>https://successfulmentalhealthsystems.wikispaces.com/file/view/SOC_Update_2010%20Stroul%20Blau%20Friedman.pdf/215725064/SOC_Update_2010%20Stroul%20Blau%20Friedman.pdf</p>	CLOSED Links sent 11/3/16.
Revise look of website to indicate clearly that updates are available YES Updates on the website to indicate	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	"Click here" button has

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more clearly that folks can click on the icon				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.	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 th .	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 to access.	7/26/16	Pat Martelle	9/2/2016	Emailed 9/2/16	CLOSED
Request if Jon can create a link for the IGT on website.	7/26/16	Pat Martelle	9/2/2016	10/7/16 Committee and workgroup pages are being developed for the YES Website. Goal is to have each workgroup or committee site complete with a:	Communications person will start on Monday,

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				<ul style="list-style-type: none"> • Shortened version of the charter in the center area • A link to the full charter on the right • 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) • A List of workgroup members (with no roles indicated for now) • Any official meeting docs (agendas, minutes, etc.) We can launch without these if needed. <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>November 7th, request has been submitted.</p>