

Date / Time of Meeting	April 3 rd , 2020 10:00 AM - 12:00 PM Dial in: 415-655-0003 Access code: 805 059 032 Meeting password: 99465569 WebEx Only
Meeting Purpose	Interagency Governance Team
Host	Pat Martelle, Chair & Ross Edmunds, Co-Chair

Voting Members	Att'd	Voting Members	Att'd	Participant	Att'd
Cameron Gilliland - FACS	X	Matt Wimmer - Medicaid	O	Treena Clark - DBH	X
Jason Stone - IDJC	X	Ross Edmunds - DBH	X	Brooke Bennett - Optum	O
Jennifer Griffis - Parent	X	Sabrina Griffis - Youth	X	Mallory Kotze - Medicaid	O
Kim Hokanson - Parent	X			Megan Schuelke - DBH	X
Lael Hansen - County Juvenile Justice	X	Proxy Voting Members	Att'd	Eric Studebaker- SDE	X
Doug Loertscher - Provider	X	Candace Falsetti - DBH	X	Ashley Fretwell - Medicaid	O
Pat Martelle - Federation of Families	X	Michelle Weir - FACS	O	Liz Perkins - DBH	O
		James Phillips - IDJC	X	David Welsh - Medicaid	X
				Craig Ward - Tribal member	X
				Joyce Broadsword - DHW Regional Director	X
				Sara Stith - Medicaid	X
				Joy Jansen	O
				David Bell - Medicaid	X
				Rebekah Nansel - ICAT Member	X
				Ruth York - Idaho Federation of Families	X
				Jon Meyer - DBH	X
				Laura Wallis - Parent	X

MEETING MINUTES

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	10:00am	5 min	Welcome and Roll Call Approve minutes from last meeting	Pat Martelle	Approve March 2020 Meeting Minutes.	The March Meeting Minutes were approved as written.
2	10:05am	5 min	Review Follow-Up Items	Pat Martelle	The below action items were reviewed and updated.	
3	10:10am	10 min	Update on the Impact of COVID-19	Pat Martelle	FACS Update: A vast majority of staff members are working from home. Child Welfare continues to deliver services and provide face-to-face meetings as needed. We are struggling to get personal protective equipment for the staff members	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					<p>that need it. Referral numbers are down. IDHW has created a COVID-19 hotline and we have added 15 staff members to the 2-1-1 line to assist with the huge number of requests. The DD Children's Program is up and running with the Case Managers doing their work telephonically. Many DD agencies are limiting their services or shutting down. We are concerned about the impact this will have on families that need these services. The Infant Toddler Program is also up and running which includes offering all therapy telephonically. Crisis services are not overwhelmed yet.</p> <p>IDJC Update: A vast majority of our staff members, besides those who provide direct care, are telecommuting. We are providing classes about basics such as healthy hygiene. The necessary precaution was made to suspend visitations and limit the number of professionals coming to the facilities. Protocols have been established to check the health of those coming into the facilities. Communication is being sent out once or twice a week to the counties and the facilities. Juvenile justice cases are on a continuous hold as the courts are only accepting high importance cases. On the county level, judges are on a rotation to cover what is needed. No court rooms are open, and the court sessions are not being held in-person. Instead, court cases are taking place telephonically. A site has been set up for families who do not have access to a phone to call in. The Detention Centers are also closed for face-to-face contact. All staff members and children are being screened regularly. There is also a concern about the number of referrals being down and the amount of stress that may be occurring at home.</p> <p>Parent Update: Many families are doing okay and settling into a new routine. Families who have children with emotional behavioral challenges are nervous about what could happen with the loss of in-person services. We are looking at crisis plans and the Idaho Federation of Families (IFF) is offering online parent support groups. A tip sheet has been created for parents and includes how to handle a potential crisis. IFF has also been checking-in with in-patient facilities as families may be unable to get into an ER room if a crisis does occur. The number of calls we are receiving is</p>	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					<p>down for the family support line so IFF has been calling families to check-in rather than waiting for the families to call IFF. The lack of being able to use respite has also put a strain on families. As well, the Police do not want to put children into custody at this time.</p> <p>DBH Update: As mentioned earlier, the IDHW COVID-19 distress line is running and being staffed from 8am-midnight. We are working to get it set up for the weekends as well. Recently, FEMA and SAMHSA are making additional grants available. Ross Edmunds has asked Jamie Teeter to head a COVID-19 strike team for DBH to look at all the funding sources and apply for these grants. All DBH regional staff members are reaching out to all of the families on their caseload. DBH Regional office remain open. Most of the lobbies had a doorbell installed for those in-person appointments. DBH Central Office (CO) has a majority of our staff working from home. PLL groups and wraparound appointments continue to take place via WebEx. Some families have asked to take a break from wraparound for the time being. Moving forward, the additional budget reductions will overall create challenges. However, for now, DBH is exempt from the request to reduce staff numbers.</p> <p>Provider Update: The provider network is currently worried. A survey was done with providers with a 24-hour turnaround time. The results showed that 54% of the providers that responded have closed programs or services, 39% have issued significant layoffs and 60% of staff members are unable or unwilling to come into work. For Doug Loertscher, services have decreased by 49% with case management decreasing by 60%. If this situation lasts for another week 50% of providers will have to close their doors. Transportation drivers will have to be laid off as only one request is coming in every day. This will create a transportation issue when the COVID-19 situation passes as there will be no transportation available. A support group for medical providers has been started. The Boise Police Department contacted Doug requesting information on where to get services as domestic abuse and violence is increasing.</p>	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					<p>It was asked if providers are utilizing the telehealth services that Optum has opened up. Telehealth is being used however, the reality is that the patient must have their own phone. The phone is not always a smart phone and if it is, it can be challenging to engage younger children unless a parent is present the entire time. Additionally, the appointments for services like CBRS are more like check-in appointments rather than the skills-based sessions.</p> <p>It was noted that these are all weaknesses in our current system and it is important that we keep these in mind and follow-up after the COVID-19 situation has passed.</p> <p>Medicaid Update: Medicaid is working on many items throughout the system. The telehealth revision and switching services to this format has been the main change related to COVID-19. Medicaid is also actively working with CMS to find the authority to bill for services in the way that they are taking place. We are working with Optum closely and letting them know what is able to be done under the rule relaxation and law relaxation due to the Governor's order. Massive amounts of communication and information releases are going out.</p> <p>At this time, there are not any pending EPSDT requests that have been put on hold. Medicaid and DBH are also working through an issue with State Hospital South (SHS) and their concern about the current population being exposed to the virus with the arrival of a new patient.</p> <p>Youth Update: From a youth perspective, telehealth is an option however, it can be difficult. There are many families experiencing a lot of different situations.</p>	
4	10:20am	15 min	Discussion on ICANS	ICAT Members	<p>This discussion request was related to issues around one child having multiple CANS. The philosophy that should occur is for one child to have one CANS. There is a lack of collaboration.</p> <p>DBH noted that this also has to do with the ICANS system and the issue of how the electronic health portion works.</p>	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					<p>The parents noted that families are completing a full CANS with one provider and then being asked to complete another CANS with a different provider.</p> <p>Medicaid stated that Optum is aware of this issue and is working to educate providers that each child should only have one CANS. Medicaid can work with Optum to send out another provider alert to reeducate providers about the ICANS and checking to see if a CANS has been completed for a patient.</p> <p>DBH added that provider agencies are only able to see CANS within their own agency. Solutions we are looking at now include training and discussing the issue during the CANS Collaborative Meetings. The training would take place in-person and on-site.</p> <p>It was asked if we have a way to measure the problem so that we know if we are making an impact. DBH is aware of the need for this data and is working on creating the criteria to gather the correct data. This includes looking at families who chose to go to a different provider and the timeframe of when the child completed multiple CANS.</p> <p>The parents stated that from the family's perception, the providers do not want to give up their patients by sharing the CANS information. Often, the person who is checking for the patient's CANS in the system is not a provider. They are usually the receptionist and may not know what they are looking for. Many families are also unaware that it is okay to request a printed copy of their CANS.</p> <p>DBH asked if the two different providers are requesting to be on the Child and Family Team (CFT). This could potentially solve part of issue.</p> <p>The parents noted that providers are asked to join the team a day in advance. Some providers also believe that the CFT is where you put together your own treatment plan so other providers and the family are not being invited to the team.</p>	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					<p>DBH added that this is not just an ICANS issue. This has to do with transforming the culture and looking at how we begin to function as a collaborative system.</p> <p>IDJC stated that there is a short timeframe and they are not able to receive the most recent CANS from the provider. For example, if a youth went through the Rule 19 process it is difficult to get the most recent CANS. Often, once you are able to get the document, the treatment recommendations have already been made.</p> <p>The parents asked is the CANS could be searched for based off of the billing code and the child's Medicaid billing code. Medicaid stated that this is a method that they can look into. Optum may have a method of searching for two providers who are billing for multiple CANS for one child.</p> <p>Sara Stith from Medicaid will offer an update on this topic at the next IGT Meeting.</p>	
5	10:35am	10 min	Discussion on the Relationship between ICAT and IGT	ICAT Members	<p>Rebekah Nansel introduced herself as the Chair of the ICAT Subcommittee. She stated that ICAT has been working to clarify their role in connection to IGT and how to funnel issues to IGT. Once ICAT identifies issues related to clinical and training work within the larger network with the help of a subject matter expert, they will provide these recommendations to IGT. From there, the IGT members will move forward and discuss these recommendations.</p> <p>It was confirmed that this is an accurate description of the role of ICAT and the relationship to IGT.</p>	
6	10:45am	10 min	Discuss the IGT Meeting Schedule and Vote on Moving the Meeting and the Requirement to have Suggested Changes in Writing	Voting Members	<p>A discussion with Pat Martelle, Patrick Gardner (plaintiff's attorney) and Ross Edmunds about the IWG and IGT Meetings took place earlier this week. A document describing the proposal that was explained earlier in the meeting will be provided to the IGT members from Ross Edmunds within the next few weeks. The proposal does not include when the meetings will take place as this was undefined. Once the IGT members receive the proposal, they are encouraged to read and review the document. The proposal will be discussed and voted on at the next IGT Meeting in May 2020.</p>	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
7	10:55am	5 min	Vote to have Eric Studebaker as the SDE IGT Voting Member	Voting Members	The vote took place and all voting members agreed to have Eric Studebaker as the SDE IGT voting member.	
8	11:00am	15 min	Discussion on Recharting of the YES Communications Workgroup	Jon Meyer & Laura Wallis	<p>The Communications Workgroup is currently updating their charter to reflect the changing needs of the YES system of care and the stakeholders involved. The important points of this change include:</p> <ul style="list-style-type: none"> • The new Workgroup will be called "YES Communications Strategic Planning Workgroup" • Creating a core group with limited membership to identify communication needs across partners • Submitting those communication needs to IGT for assignment of partner resources • Using IGT identified task specific teams to create communication pieces • Always pairing a parent with the subject matter experts assigned to the team to make sure all communication is family friendly • Reviewing all YES related public facing documents to verify they are current, consistent, and accurate. <p>To that end, today we need the following resources identified by IGT:</p> <ul style="list-style-type: none"> • Member of the core group from SDE • Member of the core group from IDJC • Member of the core group from FACS <p>Our next steps:</p> <ul style="list-style-type: none"> • We will finalize our updated charter and publish to the appropriate project pages. • We are in the middle of the YES website redesign and will present the IGT with newly identified communication needs as they arise. <p>It was clarified that the hope is that IGT involvement will increase input and create a more collaborative process with more effective communication. IGT will not be asked to create or review products and instead, notify the workgroup if the team feels that communication materials are missing.</p> <p>Jason Stone and James Phillips were identified as the points of contact for IDJC. They will both be invited to the</p>	<p>ACTION ITEM: At the next IGT Meeting, IGT members will ask SDE to appoint a representative for the YES Communications Strategic Planning Workgroup. This information will be shared with the YES Communications Strategic Planning</p>

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					<p>upcoming YES Communications Strategic Planning Workgroup meetings.</p> <p>Cameron Gilliland from FACS will be invited to the upcoming YES Communications Strategic Planning Workgroup meetings. He will then work to identify the correct staff member to regularly attend these meetings.</p> <p>It was decided that the strategic proposals that are created by the YES Communications Strategic Planning Workgroup will be shared with IGT by being emailed to Pat Martelle and Ross Edmunds.</p>	Workgroup facilitators.
9	11:15am	5 min	Practice Manual Update (Standing Agenda Item)	Elizabeth Perkins	<i>Due to time, this agenda item was not covered.</i>	
10	11:20am	5 min	QMIA Update (Standing Agenda Item)	Candace Falsetti	<i>Due to time, this agenda item was not covered.</i>	
11	11:25am	5 min	Cost Sharing Update: 1915i (Standing Agenda Item)	Medicaid	Medicaid noted that co-pays and cost sharing has been temporarily suspended due to COVID-19.	
12	11:30am	10 min	Family Engagement Subcommittee Update (Standing Agenda Item)	Jen Griffis	This subcommittee is waiting for a decision to be made about the IGT and IWG Meetings. Members are staying in contact via email and will look to increase parent membership on the subcommittee in the future.	
13	11:40am	10 min	Clinical and Training Subcommittee Update (Standing Agenda Item)	Kim Hokanson	The subcommittee update was covered in the above agenda items.	
14	11:50am	5 min	Braided/Blended Funding Discussion (Standing Agenda Item)	Ross Edmunds	<i>Due to time, this agenda item was not covered.</i>	
15	11:55am	5 min	Review Future Agenda Topics and Action Items	Pat Martelle	<ul style="list-style-type: none"> Review and Vote on the Proposal for IGT/IWG Meetings Update from Sara Stith and Discussion on the One Child One CANS Issue 	
	12:00pm	--	Dismissal	Pat Martelle		

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

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Set up a subcommittee meeting with himself, David Bell, Jennifer Griffis and Pat Martelle to discuss the role of the IGT for the next eight months. The	11/1/19	Ross Edmunds	1/3/2019	The proposal includes adding the plaintiff's attorney to the IGT membership. Eliminate the IWG Meeting	4/3, Closed. Have a draft proposal that

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
concept paper created from this meeting will be shared with the IGT members.				as it exists today and create a smaller working group related to the confidential conversations that need to take place between the plaintiffs and defendants.	will be shared with IGT meeting membership. Vote on this proposal will take place at May IGT Meeting.
Send notices and processes related to premiums to the Federation, MMIS Call Center, Healthy Connections, DBH staff and Lael.	8/2/19	Medicaid	8/30/19	3/6 Update: Candace Falsetti from DBH and Sara Stith from Medicaid will check on this agenda item and provide an update at the next IGT Meeting.	4/3, In Progress. Medicaid has waived co-pays for the time being due to COVID-19. Agenda items will be combined.
Follow-up with Ross Edmunds to get clarity around the value of the regional SOC project and the ability to have DBH work on the project.	3/6/20	Pat Martelle	4/3/20	4/3 Update: Previously identified system collaboration as an interest and discussed how we could look at system collaboration. Helpful to see what collaboration looks like in each region.	4/3, In Progress. Work with Regional Behavioral Health Boards and request they prepare presentations . Will cover one region per meeting. This will be done by Ross Edmunds.
Complete two IGT Formal Request forms for IGT on behalf of ICAT.	3/6/20	Lydia Dawson	4/3/20		4/3, In Progress. Form will be emailed to membership today.

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Follow-up with Joyce Broadsword on the tribal providers use and feedback on the CANS.	3/6/20	Shane Duty	4/3/20	Craig Ward stated that the CANS is important for utilization reasons however, the implementation of the CANS has been difficult. Further discussions with Medicaid and Optum can take place at the May Medicaid Meeting.	4/3, In Progress. Spoke with DBH about concerns. Shane Duty will contact Joyce Broadsword and attend the May Medicaid Meeting and offer to invite Dr. Lyons for further assistance.
IGT members will ask SDE to appoint a representative for the YES Communications Strategic Planning Workgroup. This information will be shared with the YES Communications Strategic Planning Workgroup facilitators.	4/3/2020	SDE	5/1/2020		4/3, New.

DRAFT