

Date / Time of Meeting	June 5 th , 2020 10:00 AM - 12:00 PM Dial in: 415-655-0003 Access code: 803 135 850 Meeting password: 99465569 Webex Only
Meeting Purpose	Interagency Governance Team
Host	Pat Martelle, Chair & Ross Edmunds, Co-Chair

Voting Members	Att'd	Proxy Voting Members	Att'd	Participant	Att'd
Cameron Gilliland - FACS	O	Candace Falsetti - DBH	X	Megan Schuelke - DBH	O
Jason Stone - IDJC	O	Michelle Weir - FACS	O	Liz Perkins - DBH	O
Jennifer Griffis - Parent	X	James Phillips - IDJC	X	David Welsh - Medicaid	X
Kim Hokanson - Parent	X			Craig Ward - Behavioral Health Director for Tribes	X
Lael Hansen - County Juvenile Justice	X			Joyce Broadsword - DHW Regional Director	O
Doug Loertscher - Provider	X			Sara Stith - Medicaid	X
Pat Martelle - Federation of Families	X	Participant	Att'd	Joy Jansen - School District	X
Eric Studebaker- SDE	O	Elizabeth Henstock- Medicaid	X	David Bell - Medicaid	X
Matt Wimmer - Medicaid	O	Treena Clark- DBH	X	Rebekah Nansel - ICAT	X
Ross Edmunds - DBH	X	Janet Hoeke- Parent	X	Lynn Thull - Contractor	O
Sabrina Griffis - Youth	X	Jon Meyer- DBH	X	Laura Wallis - Parent	X
		Mallory Kotze- Medicaid	X	Stephanie Hoffman - DBH	X
		Ruth York- Idaho Federation of Families	X	Tammy Maxwell - Parent	X
		Shane Duty- DBH	X	Maggie Finnegan - DBH	X
				Patrick Gardner - Child Advocate	X
				Howard Belodoff - Child Advocate	X
				Brent King - IDHW DAG	X
				Charina Newell - IDHW DAG	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	The April 2020 Meeting Minutes were voted on and passed. Pat motioned to amend the agenda to include a discussion on COVID-19 impact on access to services. The motion was voted on and passed.	
2	10:05am	5 min	Review Follow-Up Items	Pat Martelle		
3	10:10am	20 min	Action Item: IGT Bylaws	Pat Martelle	The group reviewed the proposed IGT By-Laws. Pat introduced proposed changes she made to the IGT bylaws to	

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					<p>align the official guiding documents and to expand membership</p> <ul style="list-style-type: none"> - Craig suggested a tribal member be added to the voting members because the Indian Health Services operate differently. Pat asked if each of the six tribes in Idaho would want representation as they are each sovereign nations. Craig stated the tribes are trying to work together to develop a unified voice and moving forward will not be as disparate as they have in the past. <p>After discussion the following Amendments to the bylaws document were added:</p> <ul style="list-style-type: none"> - Add a tribal representative to the voting members. - Article 5, At least 1 IGT voting member be on each subcommittee. - Article 7, Insert all subcommittees, workgroups into required status reports. - Clarify both voting and non-voting members are appointed with the same process. - Change structure of agenda roll to voting members, proxy voting members, non-voting members, visitors. <p>Ross motioned to hold voting on the bylaws for one month (next meeting) during which time Pat will incorporate all the amendments suggested in today's meeting into the document and redistribute it to the membership. Then the final IGT bylaws would be voted on in the next meeting. The motion passed.</p>	<p>Action: Pat Martelle will make sure the IGT bylaws reflect the amendments based on today's discussion and will get the document distributed and posted for voting at the next meeting.</p>
4	10:30am	15 min	Action Item: List of Nominated Appointees	Pat Martelle	James motioned this action item be delayed until the next meeting when the bylaws are passed. The motion passed.	
			COVID-19 impact on access to services		Ross reported that DBH has not closed the offices across the state but has changed access to incorporate doorbells and appointments. Staff are working from home serving families over the phone or through videoconference. DBH took a proactive approach and began immediately reaching out to families daily to check-in. DBH has been monitoring and responding to mental health needs.	<p>Action: DBH CMH and Medicaid (Optum) will obtain the data regarding</p>

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					<p>Sara reported that Medicaid has had Optum tracking use of services, the number of youth served, number of encounters, etc.</p> <p>Joy discussed the continuation of services in Northern Idaho with soft closure of offices. Referrals were still being made and services were continuing to be provided.</p> <p>Tammy from Region 1 discussed a case of deterioration in a child's mental health as a result of COVID and the struggles of the system to provide services related to hospitalization and medication changes.</p> <p>Pat asked the agencies what their plan is to help solve the barriers. Pat asked if IGT can provide guidance and recommendations to the agencies to help resolve system issues stemming from COVID.</p> <p>Doug reported the provider association is tracking these issues as well. Doug discussed reported issues with TCC services. A person-centered plan is required to continue receiving TCC services, but staff can't get coordinated to create the plan and parents are receiving notification that a lack of a plan could impact their services. TCC services are down and Respite services are non-existent. Telehealth therapy is up but this service delivery method isn't as productive for younger children. In rural areas, there are issues with access to telehealth.</p> <p>School-based services are not being provided but families have the option of community-based plans through Optum. There are differences in the types of services. Optum did not report an influx in community-based services so the assumption is that those receiving school-based services (not online) are no longer receiving any services.</p> <p>Joy reported a provider they work with around school-based plans moved to telehealth to provide services. There was a drop but some of the clients were retained.</p> <p>Rebekah noted results likely depend on the school-district. Some were able to implement teleservices, etc. while others were not.</p>	<p>utilization of services (units) and use case analysis (telehealth, in-person, emergency care, waitlist, wraparound) from January onward as far as possible and report at the next meeting.</p>

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					<p>Tammy reported discrepancies in types of school-based services received or not received.</p> <p>Lael reported forced detentions and probation have had struggles dealing with it from county to county. What hearings were allowed and phasing back in hearings during COVID-19 have caused stress. Most hearings are still video based, but some require physical presence. For the most part, staff are telecommuting. The processes continue and precautions are being taken to avoid exposure in the home and in the office. Lael noted that families, kids, and probation offices have been providing status updates. It seems there are advantages to meeting kids at their technological level whereas it is more difficult for staff.</p> <p>Ross reported that DJC has had the lowest number of commitments in their history. Lael noted it might be related to releases and hearing delay but hopefully the numbers will continue to decrease.</p> <p>Jen noted there has been an increase on mental health and anxiety in parents. The Federation of Families is monitoring that as well. Joy reiterated teachers are reporting parents are stressed due to the lack of services.</p> <p>Patrick suggested putting on the next agenda proactive, positive tools that might be shared state-wide to help families and children during this time.</p> <p>Lael discussed research on outcomes and see if there are new practices that can be implemented to help reduce the use of the detention center as the default solution. Lael discussed creating flexibility for parents, scheduling for parents, and doing things over the phone to help meet parents where they are at in their day.</p> <p>Pat discussed communications from Medicaid. The school districts sent out communication on IEP, Medicaid DD program sent out notices to families that utilize school-based services but there was no communication for families that use services related to emotional disturbance (ED), the</p>	

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					school diagnostic category most equivalent to "serious emotional disturbance".	
5	10:45am	5 min	Workforce Development Update		Not discussed due to lack of time.	
6	10:50am	5 min	YES Communications Strategic Planning Workgroup	Jon Meyer	<p>Jon reported the YES website will be launched June 13th. A written report was submitted to IGT before this meeting.</p> <p>YES Communications will create a video on Child and Family Teams (CFT) and Coordinated Care Planning. Staff responsible for content creation and review would be Valerie Liermann, Liz Perkins, Jennifer Barnett. Jon requested a Parent, Medicaid, SDE, IDJC, FACS, Provider members review the content once it is completed.</p> <p>No new costs are anticipated.</p>	
7	10:55am	5 min	Status Report from the new One Child One CANS Workgroup	Kim Hokanson	Not discussed due to lack of time.	
8	11:00am	5 min	Status Report from the new CBRS PRA Workgroup	Doug Loertscher and Rebekah Nansel	Not discussed due to lack of time.	
9	11:05am	10 min	>300% Medicaid Workgroup Report	Shane Duty	Not discussed due to lack of time.	
10	11:15am	10 min	Case Management Workgroup Report	Ross Edmunds	Not discussed due to lack of time.	
11	11:25am	5 min	Practice Manual Update (Standing Agenda Item)	Elizabeth Perkins	Not discussed due to lack of time.	
12	11:30am	5 min	QMIA Council Update (Standing Agenda Item)	Candace Falsetti	<p>QMIA provided a written update to IGT. See below.</p> <p>The QMIA Council met on May 22, 2020. Dani Pere, the new DBH Bureau chief will be taking on the chair position for the Council. Jennifer Griffis and Dr Nathaniel Williams have joined the Council.</p> <p>The Council heard from Dr Nathaniel Williams regarding the 2020 Quality Review family survey that was conducted by Boise State University. BSU received 352 (approximately 9%) responses with good representation from each region. BSU has delivered a draft of the report. The finalized family survey report will be sent out to Council members as soon as it is received, and a formal presentation will be given at the August or September meeting.</p>	

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					<p>The Council reviewed the Jeff D Agreement Outcomes Requirements and confirmed the role of the QMIA Council based on the requirements. The Council also reviewed the QMIA Plan.</p> <p>The QMIA Quarterly report #13 has been published on the YES website. The quarterly report on complaints has also been published.</p> <p>The Council received several brief updates:</p> <p><u>Centralized Complaints:</u> The Council is working on an update for the Centralized Complaints plan. The current work is to enhance coordination between DBH and Medicaid.</p> <p><u>Revisions to QMIA Plan:</u> The QMIA Plan has been revised and the revised version will be published on the YES website.</p> <p>The QMIA Council received an update on QMIA subcommittees:</p> <ul style="list-style-type: none"> • Family Advisory Subcommittee (Q-FAS): The Q-FAS has met at least monthly for last few months. The Q-FAS has made a recommendation to the Council to implement a Q-SIS to look at the following issues: <ul style="list-style-type: none"> ○ <i>Navigating the System,</i> ○ <i>High Risk Youth access and discharge</i> <p>Participating families continue to bring new barriers to care to the Q-FAS meetings and these issues will be provided to the QMIA Council.</p> <ul style="list-style-type: none"> • Data and Reports Subcommittee: The Data and Reports Subcommittee has met, however less frequently. This subcommittee continues to work on evolving the quarterly report to evaluate the progress of YES implementation. • System Improvement Subcommittee (Q-SIS): There have not been any Q-SIS over the past few months. There is a current request out for a new Q-SIS to be created to address the Q-FAS concerns. 	

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13	11:35am	5 min	Cost Sharing Update: 1915i (Standing Agenda Item)	Ross Edmunds	Not discussed due to lack of time.	
14	11:40am	5 min	Family Engagement Subcommittee Update (Standing Agenda Item)	Jen Griffis	Not discussed due to lack of time.	
15	11:45am	5 min	Clinical and Training Subcommittee Update (Standing Agenda Item)	Rebekah Nansel	Not discussed due to lack of time.	
16	11:50am	5 min	Braided/Blended Funding Discussion (Standing Agenda Item)	Ross Edmunds	Not discussed due to lack of time.	
17	11:55am	5 min	Review Future Agenda Topics and Action Items	Pat Martelle	A summary of each category of work happening for each subcommittee project can be provided to IGT on the 20 th of every month. Shane will create a template by July 20 th . IGT members can provide recommendations once a template is created.	Action: Shane will create a template by July 20 th .
19	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
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, Update: Medicaid has waived co-pays for the time being due to COVID-19. Agenda items will be combined.	5/1, In Progress. Medicaid stated that not all co-pays are being waived. A notice will be sent out about clients not losing their eligibility due to not paying premiums. This will be shared with the identified parties.

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Get clarity around the value of the regional SOC project and the ability to have DBH work on the project.	3/6/20	Ross Edmunds	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. Work with Regional Behavioral Health Boards and request they prepare presentations. Will cover one region per meeting. This will be done by Ross Edmunds.	5/1, In Progress. This was previously identified as system collaboration. The intention is to have one region present at each IGT Meeting. Ross Edmunds will work to get these presentations scheduled at the right time.
Discuss updating the by-laws to include membership information based on the feedback received.	5/1/2020	Ross Edmunds & Pat Martelle	6/5/2020	Bylaws will be amended by Pat and voted on at the next meeting.	6/5, In progress
DBH CMH and Medicaid (Optum) will obtain the data regarding utilization of services (units) and use case analysis (telehealth, in- person, emergency care, waitlist, wraparound) from January onward as far as possible and report at the next meeting.	6/5/2020	Ross Edmunds & David Bell	July		6/5, New
Shane will create a subcommittee reporting template by July 20th.	6/5/2020	Shane Duty	7/20/2020		6/5, New