

| Date / Time of Meeting | September 4 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, Ross Edmunds, Vice-Chair: TBD & Co-Vice-Chair: TBD |

| Voting Members | Att'd | Voting Members | Att'd | Participants | Att'd |
|---------------------------------------|-------|-----------------------------------|-------|--|-------|
| Ross Edmunds - DBH | Х | Laura Wallis - Parent | Х | Shane Duty - DBH | Х |
| Pat Martelle - Family Advocacy Agency | Х | Janet Hoeke - Parent | Х | Treena Clark - DBH | Х |
| Patrick Gardner - Child Advocate | Х | Sabrina Griffis - Youth | Х | David Welsh - Medicaid | Х |
| Howard Belodoff - Child Advocate | Х | Proxy Voting Members | Att'd | Mallory Kotze- Medicaid | Χ |
| Cameron Gilliland - FACS | Х | Candace Falsetti - DBH | Х | Sara Stith - Medicaid | X |
| Lael Hansen - County Juvenile Justice | Х | Michelle Weir - FACS | 0 | Elizabeth Henstock- Medicaid | 0 |
| Eric Studebaker- SDE | Х | David Bell - Medicaid | Χ | Brent King - IDHW DAG | Χ |
| Matt Wimmer - Medicaid | 0 | Recorder | Att'd | Charina Newell - IDHW DAG | X |
| Leah Moeller - DBH CMH Region 1 | Х | Megan Schuelke - DBH | Х | KayT Garrett, IDHW DAG | Х |
| James Phillips - IDJC | Х | Participants | Att'd | Craig Ward - Behavioral Health Director for Tribes | 0 |
| Doug Loertscher - Provider | 0 | Rebekah Nansel - ICAT | Х | Joyce Broadsword - DHW Regional Director | 0 |
| Jose Valle - Provider | Х | Lynn Thull - Contractor | Х | Joy Jansen - School District | 0 |
| Tribal Representative: TBD | 0 | Ruth York- Family Advocacy Agency | 0 | Georganne Benjamin - Optum | Χ |
| Jennifer Griffis - Parent | Х | Tammy Maxwell - Parent | 0 | Casey Moyer - Optum | Х |
| Kim Hokanson - Parent | Х | | | Tammy Everson - Tribal Representative | Х |

MEETING AGENDA

| # | Time | Length | Topic | Topic Owner | Discussion | Decisions |
|---|---------|---------|--|--|--|-----------|
| 1 | 10:00am | 5 mins | Welcome and Roll Call Approve minutes from last meeting | Pat Martelle | Patrick Gardner motioned to approve the meeting minutes and Eric Studebaker seconded the motion to approve the meeting minutes as written. Therefore, the August 2020 IGT Meeting Minutes were approved as written. | |
| 2 | 10:05am | 45 mins | Review Follow-Up Items: 1. Membership Appointment Letters 2. Utilization Data 3. IGT Information Needs | Pat Martelle, Ross Edmunds, Shane Duty, David Welsh & Laura Wallis | All voting members confirmed that they had received their official IGT appointment letters. David Welsh and Mallory Kotze provided an update on the requested utilization data. Mallory Kotze sent the Optum data to Pat Martelle this morning and Megan Schuelke distributed this data to all of the IGT Meeting members. Pat Martelle clarified that the original request for the utilization data came from the providers' concern that there had been | |



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| | | | | | a decrease in mental health service among children. After further conversation, it was stated that school-based services were dramatically hit by the COVID-19 pandemic. The request came during the June IGT Meeting for utilization rates to examine how services are being used during the shutdown. | |
| | | | | | Georganne Benjamin, from Optum, shared that the provided data shows the utilization information from March 2019 through June 2020. This is data for children who are under the age of 18 in the Idaho Behavioral Health Plan. Optum does not have school-based services utilization data therefore did not provide the school-based services data in the report that was shared today. Overall, the data provided indicates that the total number of units and claims paid has increased by about 5 - 6% when you compare the fourth quarter 2019 data with fourth quarter 2020 data. We do know that some services have been impacted by COVID-19, specifically respite. When comparing the same time periods, Respite has decreased by 23%. However, during the June 2020 time period, we are starting to see the service being utilized again. The data shows an increase of 68% for respite service utilization. The previous decrease in the use of Respite was not an access issue rather, it was due to the service not being requested by families. | |
| | | | | | Pat Martelle asked what percentage of growth that Optum typically sees annually. Georganne Benjamin stated that Optum does not currently have that data, however they could run this report and provide the typical report for IGT. The current data focuses on pre-COVID data versus post-COVID data. | |
| | | | | | Laura Wallis shared that in Region 7, there has been a decrease in the number of providers that are offering YES services. Optum stated that overall, they are seeing an increase in the number of providers. DBH suggested that Optum provide data by region as this would give us the opportunity to see the uniqueness in some of the rural communities. Optum added that some of the data is broken down by region. Region 7 is the largest utilizer of Respite services and they did have a decrease overall. | |



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| | | | | | Rebekah Nansel shared that in Region 1 they have had many agencies close and there are very few agencies that are providing skills-building services. None of the providers are providing agency Respite at this time so there are access issues in certain regions. Optum stated that, specific to Respite, the service has been limited since it has been rolled out. Skills-building services have also been limited in this area. | |
| | | | | | Pat Martelle stated that this leads to another question about any particular efforts of projects underway that Optum has to address these access issues that are being reported. Optum stated that their biggest concern at this time, based on provider feedback, is Respite and what changes can be done to try and help this workforce grow so that the service is more utilized. Medicaid added that they are looking at opening the service up to more providers. | Decision: Optum will provide an update on their plan to assist with the respite access issues and workforce development issues at the ICT Mosting |
| | | | | | Pat Martelle asked when we should expect to see this change or a change in the approach. Optum stated that they could provide an update at the October 2020 meeting. They are also required to provide a 30-day notification to all of their providers. Medicaid added that they are actively having meetings with Optum about workforce development. | at the IGT Meeting in October. |
| | | | | | Jen Griffis asked if the access issues are being accurately reported. She said the information that we receive depends on who is attending this meeting and it doesn't seem like the Optum data will give an accurate picture of what the access issues are. Pat Martelle added that there are other variables outside of utilization that are related to the issues that are being brought up. How can we pursue this to get the information that we need to address these issues in a meaningful way? Candace Falsetti added that the QMIA Council is reviewing utilization data. | |
| | | | | | David Welsh suggested that anytime there is a data request from IGT, a meeting should take place afterwards to define the data request and clarify what data is needed. Shane Duty added that there also needs to be an opportunity for DBH and Medicaid to review the data ahead of time. This way | Decision: After an ad hoc data request from IGT, a small group including DBH, |



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| | | | | | DBH would be able to get perspectives from the QA Unit and | Medicaid and |
| | | | | | the DBH Regional staff members to inform this data. | Optum will meet |
| | | | | | | immediately to |
| | | | | | Patrick Gardner stated that the process by which this request | clarify the request |
| | | | | | was made is problematic. The IGT members should see | and the data that |
| | | | | | Medicaid data regularly and there needs to be a formal | is needed. Once |
| | | | | | process for data requests that do not take months to | the data report is produced, this will |
| | | | | | complete. Medicaid stated that they have been working over the past month to formalize this specific data request. There | be provided to DBH |
| | | | | | should be a formal process for discussing the data requests | and Medicaid for |
| | | | | | after the IGT Meetings so that they can push the collection | review prior to the |
| | | | | | of the data for the IGT members. Medicaid has also been | presentation at the |
| | | | | | working with Optum to provide data on a regular basis. | IGT Meeting. |
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| | | | | | Pat Martelle asked if we have an existing structure for | Decision: Candace |
| | | | | | regular data reporting to the IGT. Candace Falsetti stated | Falsetti from DBH |
| | | | | | that in the past we have tried to review to QMIA Quarterly | and David Welsh |
| | | | | | Reports during the IGT Meetings. There have been a few ad | from Medicaid will |
| | | | | | hoc data requests from the IGT for additional data and we | be the leads on |
| | | | | | have responded to those. However, there has never been a | establishing regular |
| | | | | | standing data request from the IGT that was different from | reporting for IGT. |
| | | | | | the data provided in the QMIA Reports. Candace Falsetti | |
| | | | | | added that David Welsh from Medicaid and herself can take the lead on establishing regular reporting of statistics for the | |
| | | | | | IGT. | |
| | | | | | 101. | |
| | | | | | Patrick Gardner suggested that DBH and Medicaid present on | ACTION ITEM: Ross |
| | | | | | the QMIA Reports that come out on a regular basis and | Edmunds and |
| | | | | | highlight the important data. This way the IGT members will | Candace Falsetti |
| | | | | | also be advised that the QMIA Report is out. Pat Martelle | will talk with Dani |
| | | | | | stated that we will need to make this a priority in the | Pere and |
| | | | | | upcoming IGT Meetings so that we have time to review the | determine if they |
| | | | | | data. This original data request was concerning the impact of | have relevant data |
| | | | | | the pandemic on the access to services and there are many | related to the |
| | | | | | variables that can impact this. We need further analysis of | impacts of COVID- |
| | | | | | the pandemic on the access to services. Candace Falsetti | 19 on access to |
| | | | | | suggested that we invite Dani Pere from DBH to provide | services. |
| | | | | | further information on the impacts of COVID-19 at the next | |
| | | | | | IGT Meeting. DBH has been collecting information from providers related to the impacts of COVID-19. | |
| | | | | | providers related to the impacts of COVID-19. | |
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| | | | | | Clarification was provided for the suggestions about collecting and presenting data regularly at the IGT Meetings. Patrick Gardner stated that it makes sense to present the QMIA Report first before we try to add or change the information included. David Welsh confirmed that this is a good place to start and then IGT can determine if this meets the data needs or if additional data is needed outside of the QMIA Reports. Candace Falsetti stated that herself and David Welsh have been working on detailed data elements for each report. They have also added a shorter description, like a Table of Contents, of the information included in the QMIA Report. Pat Martelle clarified that the IGT members will receive the QMIA Quarterly Report that has been developed and review this data. IGT members will also receive the Optum utilization data for their review. Optum added that the data also includes a summary report. Ross Edmunds asked Medicaid and Optum how they will be prioritizing these many data requests. David Welsh stated that we can evaluate the requests and have follow-up conversations after the requests are made. Pat Martelle stated that in June, the IGT talked about the ongoing need for information about the YES project and the implementation of services. In the interim, Laura Wallis and Pat Martelle met to discuss creating a tool to gather this information. Laura Wallis and Pat Martelle then met with Ross Edmunds and Shane Duty. They discovered that Shane Duty has been working on a tool to push information into the IGT using the forms that are being developed. Shane Duty stated that DBH has a number of different ways that we can account for various elements of project planning. DBH is working on a project plan that will account for the YES items moving forward. It will account for the work being done by the various workgroups and their timelines. We want to find a consolidated way to collect this information from each workgroup and report that out. | ACTION ITEM: Candace Falsetti and David Welsh will present the most recent QMIA Quarterly Report at the IGT Meeting in October. IGT will then discuss the data. Data reporting will also become a standing agenda item for the IGT Meetings. |



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| # | Time | Length | Topic | Topic Owner | were going to add the information that IGT needed. Rather, the current understanding is that DBH needs to develop a tool and this will be a great amount of work. Shane Duty clarified that DBH has some software available that can assist in moving forward. The work being done on the YES project is vast and we need to be able to account for all of the work being done. We need this information to be able to put it into the tool and see if it will work and meet the needs of the IGT. Shane Duty added that he will be reaching out to a few workgroups to see what information we can gather and will have more information about the tool and the report for IGT by the October IGT Meeting. Laura Wallis suggested that Shane Duty start with the Communications workgroup. Patrick Gardner asked for more specifics on what the problem is and why this information has not been presented to IGT before. Shane Duty stated that there are a number of YES workgroups who are doing a number of tasks and report on their work differently. We want to produce a report that makes the most sense for this group and that will be a heavy lift. Patrick Garner stated that it seems that IGT needs to address | Decisions |
| | | | | | the question of there being sufficient resources to manage this project. Ross Edmunds stated that DBH is trying to provide IGT with regular updates in a consistent manner. We are trying to determine the best mechanism for reporting however, this is not an unachievable lift for DBH. Patrick Gardner stated that we need a mechanism whereby we can efficiently get information from workgroups including what they have accomplished, what they are working on and what issues they are facing. A written report would be helpful. Ross Edmunds stated that we want to present IGT with this important information because the IGT members have the opportunity to help us remove any roadblocks. A written update can be provided regularly with those areas of priority followed by a more robust conversation with IGT. | |
| 3 | 10:50am | 10 mins | Action Item: Identification of Co-Vice Chair and Vice-Chair & Vote | Pat Martelle & Ross Edmunds | Pat Martelle stated that four people will now compose the IGT Chairs and Vice Chairs, which includes two members from our community and two members from the government. The Chair and Vice Chair will be members from the community and the Co-Chair and the Co-Vice Chair will be | Decision: This agenda item and vote will be moved to the IGT Meeting agenda in October |



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| | | | | | members from the government per our bylaws. Pat Martelle encouraged all members to review and bylaws and email her if they would like to nominate themselves. Patrick Gardner suggested that we instead have the IGT members nominate themselves between now and the IGT Meeting in October. This way they will have enough time to consider the decision and we will have a list of people to consider at the next IGT Meeting. Patrick Gardner motioned to approve this change and Ross Edmunds stated that he would second that motion. Ross Edmunds also stated that DBH will work internally to identify a nominee for the government position. | 2020. DBH will work internally to identify a nominee for the government position. |
| | | | | | Lynn Thull shared that she was chairing the Case Management workgroup, which ran through June 2020 until this past week. Their goals were to develop a shared vision for case management for youth and identify the components available and the additional components around youth involved in multiple systems. The workgroup also identified gaps in services and access. The workgroup then identified the priority areas and came up with recommendations based on seven different categories. The final report was created and submitted to the workgroup sponsors, David Welsh and Ross Edmunds. The recommendations are being discussed and are under consideration. | |
| 4 | 11:00am | 15 mins | Update Report: Case Management Workgroup | Lynn Thull | Patrick Gardner asked if the Case Management workgroup report could be shared with the IGT members. Ross Edmunds stated that this report can be shared with the IGT. It is important that the members remember that it is a preliminary report including recommendations that may be implemented in whole, in part or a different component may be used. Lynn Thull stated that she is working on a supplement to the report that includes examples of what other jurisdictions have implemented. Pat Martelle asked when the IGT can expect to receive this report. Shane Duty stated that there is writing due on 9/30 and the final report is due on 10/30. There are a vast number of decisions that will be made over the course of September 2020. Ross Edmunds added that it is difficult for | |



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| | | | | | the system to move forward without the case management structure. | |
| 5 | 11:15am | 15 mins | Update Report: CANS (1 Child 1 CANS Workgroup) | Kim Hokanson | Kim Hokanson stated that providers, parents and IDJC have composed a list of concerns about the CANS. The 1 Child 1 CANS workgroup is going through this list and listing their priorities. The workgroup is determining the level of changes that would be needed to address these concerns. Parts of these concerns will be taken to subject matter experts for further discussion and suggestions on how to proceed forward. Shane Duty added that the priority list is being reduced and the high-priority list is being set. We want to be specific about how the subject matter experts are requested and used. Candace Falsetti manages the PRAED contract and we have clear lines of communication with them. Patrick Gardner stated that the 1 child - 1 CANS process works integral with case management. It is important that there is a connection with the 1 Child 1 CANS workgroup and the Case Management workgroup. As well, having PRAED and Lynn Thull directly involved is critical. Shane Duty stated that the intent is for the workgroups to identify the issues and prioritize the issues in Idaho. Then the subject matter experts will be brought in for specific comments based on their expertise. We are developing a system for Idaho and it is important for people in the communities of Idaho to identify those barriers and develop solutions. The subject matter experts will be brought in for further expertise on that strategy. Patrick Gardner stated that every state he has worked with looks to other states to learn and improve. It is problematic to ignore resources. Ross Edmunds clarified that we are not asking PRAED and Lynn Thull to be regular members on the workgroups. Instead, they are experts and will be contributing with their expertise. Ross Edmunds stated that we will utilize their expertise to assist DBH in this work when the workgroup decides that it is the appropriate time. | |
| 6 | 11:30am | 15 mins | Update Report: QMIA | Candace Falsetti | Pat Martelle stated that we will have Dr. Nate Williams attending our October IGT Meeting to present on additional data and we will devote time to reviewing other data. | |



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| | | | | | Candace Falsetti stated that the QMIA Quarterly Report from the QMIA Council was shared with the IGT members. Candace Falsetti is working to follow a standard procedure that was discussed earlier so the report may look a little different. The QMIA Council and the subcommittees are learning more about quality monitoring throughout the systems. We are working to draft a new QMIA Quarterly Report that will be published within the next month. As well, we have been continuing to work on a plan for further enhancements of centralized complaints. There are three subcommittees to the QMIA Council. They continue to work through supplementary ideas on how to improve the system, issues occurring when children are discharged from a facility and additional quality improvement projects. | |
| 7 | 11:45am | 10 mins | Public Comment | Pat Martelle | Time was provided for public comment and no additional public comments were presented. | |
| 8 | 11:55am | 5 mins | Review Future Agenda Topics and Action Items | Pat Martelle | Pat Martelle stated that she will talk with Ross Edmunds about the prioritized status of the agenda items and the other requested agenda topics. | |
| 9 | 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. | 8/2/2019 | 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 copays 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. |
| Get clarity around the value of the regional SOC project and the ability to have DBH work on the project. | 3/6/2020 | 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. |



| Follow Up Items | Date Opened | Owner | Due Date | Complete/Comments | Status |
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| Discuss updating the by-laws to include membership information based on the feedback received. | 5/1/2020 | Ross Edmunds & Pat Martelle | 6/5/20 | 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, inperson, 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. |
| Create a subcommittee reporting template by July 20th. | 6/5/2020 | Shane Duty | 7/20/20 | | 6/5, New. |
| Talk with Dani Pere and determine if they have relevant data related to the impacts of COVID-19 on access to services. | 9/4/2020 | Ross Edmunds/ Candace Falsetti | 10/2/20 | | 9/4, New. |
| Present the most recent QMIA Quarterly Report at the IGT Meeting in October. IGT will then discuss the data. Data reporting will also become a standing agenda item for the IGT Meetings. | 9/4/2020 | Candace Falsetti/ David Welsh | 10/2/20 | | 9/4, New. |