

Date / Time of Meeting	August 2 <sup>nd</sup> , 2019 10:00 AM - 12:00 PM Dial in: <u>415-655-0003</u> Access code: 803 382 289 Meeting password: 67843243 Conference Room: 3A, 450 W State St, Boise ID 83702
Meeting Purpose	Interagency Governance Team
Host	Jennifer Griffis, Chair and Tiffany Kinzler, Co-Chair

Voting Members	Att'd	Voting Members	Att'd	Participant	Att'd
Cameron Gilliland - FACS		Matt Wimmer - Medicaid		Holly Riker - DBH	
Carol Dixon - Advocate		Ross Edmunds - DBH	Х	Tiffany Kinzler - Medicaid	Х
Jason Stone - IDJC	Х	Sabrina Griffis - Youth	Х	Treena Clark - DBH	
Jennifer Griffis - Parent	Х	Vanessa Morgan - Parent		Venecia Andersen - Medicaid	Х
Kim Hokanson - Parent	Х			Doug Loertscher - Provider	
Lael Hansen - County Juvenile Justice	Х	Proxy Voting Members	Att'd	Brooke Bennett - Optum	
Lynn Thompson - CMH	Х	Candace Falsetti - DBH	Х	Laurel Griffis - Youth	
		Michelle Weir - FACS		Craig Laurie - PSU	Х
		James Phillips - IDJC	Х	Mallory Kotze - Medicaid	
				Maggie Finnegan - DBH	Х
				Eric Studebaker- SDE	Х
				Rhonda House, DBH	Х
				Ashley Fretwell, Medicaid	Х

## AGENDA

#	Time	Length	Торіс	Topic Owner	Discussion	Decisions
1	10:00 a.m.	5 min	Welcome and Roll Call Approve minutes from last meeting	Jennifer Griffis		Minutes from the last meeting on 6/7/19 were approved.
2	10:05 a.m.	5 min	Review Follow-Up Items	Treena Clark	Ross Edmunds suggested Tiffany Kinzler speak with Joyce Broadsword about a tribal representative to join IGT. Joyce might be able to arrange a forum to elect a tribal representative internally so there will be one tribal representative and not one representative from each tribe.	
3	10:10 a.m.	10 min	Practice Manual Update (Standing Agenda Item)	Cindy Day Elizabeth Perkins	Venecia Andersen reported the practice manual has gone through the review process. - Jen Griffis and Venecia discussed ways to make it more family friendly.	



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#	Time 10:20 a.m.	Length 10 min	QMIA Update (Standing Agenda Item): QMIA Quarterly Report #10	Topic Owner	<ul> <li>Discussion         <ul> <li>Liz Perkins will go through and make the changes.</li> <li>The manual will be ready next week and the newsletter that went out last week stated August, so the manual release is on schedule.</li> </ul> </li> <li>Candace reported that the QMIA Report #10 is on the website and the subcommittee is looking at ways to update that report and provide correct information.</li> <li>Candace suggested discussing the QMIA report during the next meeting to see where information cross sects with the Jeff D agreement and what kinds of things IGT would like to be informed on.         <ul> <li>Candace requested feedback on the kinds of information that IGT would like in the report.</li> </ul> </li> <li>Candace noted the QMIA Plan is also on the website and items that are required under the agreement are in bold.         <ul> <li>Candace identified expenditures and funding as one barrier.</li> <li>An IDJC report in the QMIA report analyzes some of the funding that exists.</li> <li>Candace noted some utilization information needs to be reported and Medicaid and DBH have been able to provide the information close but are not exactly sure if it meets requirements.</li> <li>State Dept of Education is having issues matching the data to the agreement requirements.</li> </ul> </li> </ul>	<b>Decisions</b> <b>Action</b> : Jen will put a discussion of the QMIA Quarterly Report #10 on the September agenda. <b>Action</b> : Candace will send the QMIA plan items and the crosswalk to Maggie and she will distribute to the IGT Team.



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					Candace noted the QMIA team is trying to make sure the	
					Data and Reports subcommittee is getting the right data that addresses children's access to services.	
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					The QMIA council met on 7/26/19 and is working on	
					implementing projects on the QFAS and QSIS	
					subcommittees <b>QFAS</b> is working on identifying and prioritizing	
					barriers to care.	
					- Jen and Kim Hokanson are on the subcommittee	
					and are helping to establish a charter.	
					- The goal is making sure families give input about	
					barriers to care and quality of care issues.	
					- <b>QSIS</b> is working on safety plans: how to access	
					them, identify what plans are in place, etc.	
					Data and Departs subcommittee is undeting and	
					<ul> <li>Data and Reports subcommittee is updating and finalizing the charter and is working to</li> </ul>	
					understand their role in answering YES questions	
					through data.	
					- QMIA #10 has been published and a quality	
					review required in the agreement has been piloted.	
					- The intent was to have an external body review	
					the YES system.	
					- DBH piloted the process through BSU and	
					<ul><li>received 141 family survey responses.</li><li>The top 3 areas that were identified as areas for</li></ul>	
					improvement dovetail with what QSIS already	
					working on: improving the complaint process,	
					safety plans, and strength-based services.	
					<ul> <li>The BSU survey will be shared in September possibly.</li> </ul>	
					- The actual process needs to be reviewed by the	
					plaintiffs (families and attorneys) and needs to	
					go to IWG at some point. It will have to pass	
					<ul><li>through IGT first.</li><li>The pilot didn't go as well as DBH wanted but it</li></ul>	
					is a start for a system wide process. An external	
					body will need to help.	



#	Time	Length	Торіс	Topic Owner	Discussion	Decisions
#	Time	Length	Торіс	Topic Owner	Discussion           The QMIA has been working on a plan for centralized complaints. Once finalized, it will come to IGT.           The Implementation Report will need to be on the IGT agenda for September as well.           -         The report was distributed to IGT.           -         Candace is looking for content input between now and the Sept IGT meeting. At that IGT meeting, the team will try to get final input and move forward from there.           -         The formal report that goes to the court is due to court on Sept 30th.           Kim Hokanson reiterated IGT needs to review the practice manual, implementation progress report, and QMIA report and send feedback to Candace.           Rhonda House noted some areas in red on the implementation progress reports designate missing data.           -         Venecia stated information from system partners is needed to provide content for those areas.           -         Candace requested feedback on the red areas	Decisions
					<ul> <li>even if nothing written there. IGT could provide feedback on what should be there.</li> <li>Candace stated a draft has already been sent to the plaintiffs but they haven't reviewed it yet.</li> </ul> IGT members need to identify final accomplishments and	send out the formal letter on accomplishments and challenges with minutes.
					challenges that can be agreed upon. Jen is saving space on for 3 things on Sept agenda: the implementation progress report, the QMIA report #10, and the BSU survey.	Action: Candace will send Jen time estimates for the future agenda items.
5	10:30 a.m.	20 min	Discuss Focus Questions for Regional SOC Presentation	Venecia Anderson Candace Falsetti	<ul> <li>Venecia noted at the request of IGT, regions have been reporting on changes in the region as a result of YES.</li> <li>Regions should report on CMH staff, IDJC, and Mental Health Providers.</li> <li>Candace noted a major element of IGT's charter and goals is system coordination.</li> </ul>	Action: Jen will put an item on the September agenda to discuss a meeting around the regional



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					<ul> <li>Craig Laurie said he would help to look at mapping to understand how coordination is or isn't working between systems.</li> </ul>	coordination of care presentations. The presentations will start with the
					Reponses to Power Analysis show that local Behavioral Health boards, counties, schools, providers are some of groups that are not part of important conversations. - Regional perspectives would help clarify some issues.	Beacon report on Crisis. Candace will summarize what Beacon put together and
					Candace noted DBH is getting Beacon's help to look at the statewide crisis system. - DBH will be getting a report on each region as to what focus groups reported.	report on it. If there isn't sufficient time, the item will move to October.
6	10:50 a.m.	30 min	Discuss Power Analysis Project- Access to Services and PRTF	Jennifer Griffis Craig Laurie	<ul> <li>Feedback on the power analysis revealed the person with power in the organization is not consistently represented in decisions.</li> <li>Craig Laurie discussed 3 categories to think about around the power analysis results: <ul> <li>Presence, level of participation, and who has the power</li> <li>The analysis showed a list of people/entities missing from the conversations:</li> <li>Youth, local representation of BH boards, counties, schools, providers at local level, Legislatures, CMS, IBOL (Idaho board of occupation. Licenses)</li> </ul> </li> <li>Craig suggesting taking 1-2 topics, 20 min per meeting and talk through noting the absence of power.</li> <li>Three big pieces that need to come together to make decisions: policy, provision, funding.</li> <li>Different people have control of different parts. At the local level, it is youth, families, providers, Regional Health Boards. When having these conversations, what sort of information do we want from each of these groups and what is the best way to get that information.</li> </ul>	Jen will put a discussion of Craig's document on the power analysis on the September agenda. 20 minutes



## Idaho Children's Mental Health Reform: Interagency Governance Team Meeting Minutes

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					<ul> <li>Craig asked the group to think about what it would look like to have judiciary reps as part of larger conversations. There can't be mandates coming from the local level that aren't achievable in terms of providers and funding.</li> <li>Lael Hansen noted the disconnect at the legislative level as well.</li> <li>Craig asked the team to read the analysis and reach out to him with specific questions.</li> <li>Candace clarified that the power analysis is supposed to help gain a better understanding of what IGT has some authority on and what the team doesn't have authority on.</li> <li>Jen noted the benefit of identifying what IGT has authority over &amp; how handle that. She asked the group to think about how the power analysis is going to impact IGT at practical level.</li> <li>Do we have the conversation and invite the missing people who have power or do we not have the conversation because those people are not present.</li> <li>The team agreed to focus on Access to Care as a topic for the power analysis.</li> <li>Tiffany noted IGT could talk about access to care in terms of missing levels of care, all levels of care, proximity, and appropriate service vs one service fits all.</li> <li>Craig suggested IGT will organize the topic into those 3 categories and start discussion provision as levels of care and move to policy and funding.</li> <li>Email or call Craig with questions.</li> </ul>	Next step: Craig will take Venecia's compiled notes, focus only on access to care, thinking about levels of care and service; based on what already have, organize those by policy, provision, and funding; at next meeting in September, IGT will start with provision and move from there.
7	11:20 a.m.	10 min	General Update to Lay People	Jennifer Griffis	How do we have those conversations? Is addressing these questions helpful?	Venecia will take this issue to the



#	Time	Length	Торіс	Topic Owner	Discussion	Decisions
						communications workgroup.
8	11:30 a.m.	10 min	BSU Survey Results	Candace Falsetti	See QMIA Update Notes	
9	11:40 a.m.	5 min	Implementation Progress Report	Candace Falsetti	See QMIA Update Notes	
10	11:45 a.m.	5 min	IGT Requests - Factor Influencing Family Engagement in Residential Treatment - Update (Standing Agenda Item)	Jennifer Griffis	IGT will have Medicaid send the QFAS committee the wording for the contract with PRTF specific to transportation so we can continue to support families in their transportation needs	Remove from Agenda for next month Action: Venecia will bring that to the QFAS meeting.
11	11:50 a.m.	5 min	Cost Sharing Update (Standing Agenda Item)	Tiffany Kinzler	<ul> <li>Tiffany Kinzler discussed cost sharing.</li> <li>Medicaid had everything in place, including a legal review, in order to start invoicing families.</li> <li>The calculation of family premium information is difficult to extract from the claims system.</li> <li>There will be a report next week and information will be sent out to the family the following week.</li> <li>They will get a notification explaining premium and cost sharing and an invoice will come out in September.</li> <li>Tiffany noted the notices are long because there are federal requirements around appeals and fair hearings. The notice also included information from Medicaid on what to do if a family cannot afford payment.</li> <li>DBH cost sharing is at over 300%.</li> <li>Ross met with Optum and they are putting processes in place estimating the time to create secondary over 300% flat file.</li> <li>Information from Medicaid will show who has Medicaid and who can bill. Medicaid is trying to get a new feed to Optum.</li> <li>Optum trying to figure out how to move 2<sup>nd</sup> flat file into system so when provider looks to bill and it shows the coverage a person has and can get billed for.</li> </ul>	Action: Venecia will send the notices and processes to the Federation, MMIS Call Center, Healthy connections call center, DBH staff, and Lael. Action: An agenda item will be added in September for Jen and Ross to discuss braided funding in relation to access to services in rural areas.



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					Ross gave an example. Ex) If a family has an income of 100k, they couldn't pay more than \$5,000 per year for their services. Take \$5,000 divide by 12 and that's the premium to purchase into that system.	
					Benefit card is not Medicaid and they won't have access to EPST.	
					Medicaid as an entitlement program and kids are entitled to services necessary.	
					Lael noted if rural parts of Idaho or other parts don't see services in the way that existing services are available. Providers are still not available in those areas even though Optum put things in place to help such as paying a provider a certain amount of money to go to a community or providing services through telecall.	
					Ross agreed access to services is a problem in the system. Optum trying to get services to people in rural communities. The contract states that a provider must be available 45 miles in rural communities and 30 miles in urban communities. The challenge is that it can be any provider type, so there may only be an adult SUD provider and nothing else for example.	
					<ul> <li>DBH needs to meet with the one provider and ask what it would take to start delivering CMH services in addition to SUD (for example) in a rural area.</li> <li>Provider issues are the barrier and DBH will have to leverage existing providers.</li> <li>Some providers don't have to take more Medicaid patients and can be selective of who they take. How can DBH convince them to expand and take more?</li> </ul>	
					Lael noted Optum has met standard but there are still big gaps and families are no longer patient.	



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					Jen identified a need for discussion about braided funding. She suggested IGT discuss the topic in September. The time for Family Engagement subcommittee meeting	
12	As time allows	10 min	Family Engagement Subcommittee Update (Standing Agenda Item)	Jennifer Griffis	will be changing as the group is trying to pull in other voices that are going to ICAT. Hopefully ICAT can take next hour to meet before IGT or could meeting at noon on Fridays if there is a conflict with ICAT.	
13	As time allows	10 min	Clinical and Training Subcommittee Update (Standing Agenda Item)	Kim Hokanson	<ul> <li>Rhonda reported that Targeted Care Coordination, youth support, and audit tools have been discussed with Optum. <ul> <li>Stakeholder feedback is continuously being incorporated into trainings going forward</li> <li>A full agenda will be created in September.</li> <li>Stephanie Hoffman will help facilitate meetings until Rhonda returns from leave.</li> </ul> </li> <li>Jen noted that from the perspective of family engagement, it appears as though clinical and training subcommittee gets priority. <ul> <li>The Family Engagement subcommittee is struggling to get people connected and getting right people at table.</li> </ul> </li> </ul>	
14	11:55 a.m.	5 min	Review Future Agenda Topics and Action Items	Jennifer Griffis Treena Clark	<ul> <li>Review the Draft of the Annual Implementation Progress Report will be added to the September 2019 IGT Meeting agenda.</li> <li>Review the BSU Survey Results will be added to the September IGT Meeting agenda.</li> <li>An agenda item will be added in September for Jen and Ross to discuss braided funding in relation to access to services in rural areas.</li> <li>An item will be added to the September agenda to discuss a meeting around the regional coordination of care presentations.</li> <li>A discussion of the QMIA Quarterly Report #10 will be added to the September agenda.</li> <li>A discussion of Craig's document on the power analysis will be put on the September agenda.</li> </ul>	
15 8	12:00 p.m.		Dismissal	Jennifer Griffis		



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

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Tiffany Kinzler will seek out a tribal representative to participate in the IGT.	11/2/18	Tiffany Kinzler	12/7/18	12/7/18 - George put out an invitation and will follow up with the tribal representatives as soon as possible.	8/2- Still in progress.
Venecia will send the notices and processes to the Federation, MMIS Call Center, Healthy connections call center, DBH staff, and Lael.	8/2/19	Venecia Andersen	8/30/19		
Craig will take Venecia's compiled notes, focus only on access to care, thinking about levels of care and service; based on what already have, organize those by policy, provision, and funding; at next meeting in September, IGT will start with provision and move from there.	8/2/19	Craig Laurie	8/30/19		