

<b>Date/Time of Meeting</b>	June 9 <sup>th</sup> , 2021 10:00 AM - 12:00 PM MST Dial in: 1-415-655-0003 Access code: 177 349 0248 Meeting password: phD6rJX3xM8 (74367593 from phones and video systems) Webex: <a href="https://idhw.webex.com/idhw/j.php?MTID=m4a48b7aa97850f51d0408971e3cc0e3c">https://idhw.webex.com/idhw/j.php?MTID=m4a48b7aa97850f51d0408971e3cc0e3c</a>
<b>Meeting Purpose</b>	Interagency Governance Team (IGT)
<b>Host</b>	Janet Hoeke: Chair, Ross Edmunds: Co-Chair, Vice-Chair: David Welsh & Co-Vice-Chair: Patrick Gardner

Voting Members	Att'd	Voting Members	Att'd	Participants/Non-Voting Members	Att'd
Ross Edmunds - DBH	X	Kim Hokanson - Parent Leader	X	Jennifer Griffis - Parent Leader	X
Janet Hoeke - Parent Leader	X	Laura Wallis - Parent Leader	O	Shane Duty - DBH	O
David Welsh - Medicaid	X	<b>Proxy Voting Members</b>	<b>Att'd</b>	Craig Ward - BH Director for CDA Tribe	O
Patrick Gardner - Child Advocate	X	Candace Falsetti - DBH	X	Joyce Broadsword - DHW Regional Director	O
Howard Belodoff - Child Advocate	X	Michelle Weir - FACS	O	Joy Jansen - School District	X
Cameron Gilliland - FACS	O	David Bell - Medicaid	O	Tammy Everson - Idaho Tribe	O
Lael Hansen - County Juvenile Justice	X	<b>Recorder</b>	<b>Att'd</b>	Ruth York - Family Advocacy Agency	X
Eric Studebaker - SDE	O	Megan Schuelke - DBH	X	Tricia Ellinger - Parent	X
Laura Treat - DBH CMH Representative	X	<b>Participants</b>	<b>Att'd</b>	Amy Minzghor - Parent Leader/Chair of ICAT	O
Director Monty Prow - IDJC	O	KayT Garrett - IDHW DAG	X	Mallory Kotze - Medicaid	X
Marquette Hendricks - Tribal Representative	X	Kimberli Stretch - IDHW DAG	X	Lydia Dawson - Chair of ICAT Subcommittee	X
Doug Loertscher - Provider	O	Casey Moyer - Optum	X	Laura Scuri - Access Behavioral Health	X
Nat Parry - Youth Leader	O	Georganne Benjamin - Optum	X	Stacey Stephens - Alliance Family Services	X
Pat Martelle - Family Advocacy Agency	X	Francesca Barbaro - Medicaid	X	Connie Sturdavant - St. Luke's Hospital	X

**MEETING AGENDA**

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	10:00am	5 mins	Welcome & Roll Call Approve Minutes	IGT Executive Committee	The May 2021 IGT Meeting notes were reviewed. Patrick Gardner motioned to approve the May 2021 IGT Meeting notes as written and Ross Edmunds seconded this motion.	<b>Vote:</b> The May 2021 IGT Meeting notes were unanimously approved as written by the IGT Voting Members.
2	10:05am	10 mins	Vote on New Members of the IGT	IGT Voting Members	<ul style="list-style-type: none"> <li><b>Vote:</b> IGT Voting Members will vote on Nat Parry as the new Youth Leader and Voting Member for the IGT. Ross Edmunds motioned to approve Nat Parry as the new Youth Leader and Voting Member of the IGT and Patrick Gardner seconded this motion.</li> <li><b>Vote:</b> IGT Voting Members will vote on Laura Treat as the new DBH CMH Region 1 Representative and Voting Member for the IGT. Ross Edmunds shared that DBH CMH Chief in Region 1 has changed and is now Laura Treat. Ross Edmunds motioned to</li> </ul>	<ul style="list-style-type: none"> <li><b>Vote:</b> The IGT Voting Members unanimously approved Nat Parry as the new Youth Leader and Voting Member of the IGT.</li> <li><b>Vote:</b> The IGT Voting Members unanimously approved Laura Treat as the new DBH CMH Region 1 Representative and Voting Member of the IGT.</li> </ul>

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					<p>approve Laura Treat as the new DBH CMH Region 1 Representative and Voting Member of the IGT and Patrick Gardner seconded this motion.</p> <p>– <i>Vote:</i> IGT Voting Members will vote on Director Monty Prow as the new IDJC representative and voting member for the IGT.</p> <p>Pat Martelle asked about Director Monty Prow being able to attend this meeting on a regular basis. If IGT Voting Members are not able to attend on a regular basis, it would be helpful to note who their proxy Voting Member would be. Megan Schuelke confirmed that Director Prow stated that he would be able to attend the IGT meetings on a regular basis moving forward. Ross Edmunds motioned to approve Director Monty Prow new IDJC Representative and Voting Member of the IGT and Patrick Gardner seconded this motion.</p>	<p><b>Vote:</b> The IGT Voting Members unanimously approved Director Monty Prow as the new IDJC Representative and Voting Member of the IGT.</p>
3	10:15am	20 mins	Parent Story	Parent	<p>Raini Bowles shared her story and her children's stories as it relates to her experiences with the YES program in Region 4. She currently has five children who all qualify for YES. The YES program includes a large amount of paperwork, including the CANS. Her children do not currently have a Targeted Care Coordinator (TCC) and they have never been able to complete a PCP and receive wraparound. As well, foster children need these services, and they are not receiving these services currently. Raini Bowles added that she is interested in offering feedback and helping to improve the system not only for her children but also for other children throughout Idaho. Janet Hoeke shared that she could connect her with the Family Engagement Subcommittee of IGT. There is also the QMIA-Family Advisory Subcommittee and they are very interested in hearing what things are and are not working. Ruth York stated that the Idaho Federation of Families (IFF) will be offering several options to Raini Bowles for her participation in one/multiple workgroups related to YES.</p> <p>Patrick Gardner asked Raini Bowles about her experience with multiple Targeted Care Coordinators (TCCs). She shared that she has had five TCCs within the last two years. These TCCs tend to leave the position as they can move up to make more money. At this time, the provider that her family is using does not have a TCC that is qualified for the needs of her children. As well, her experience with respite is that the</p>	<p><b>Next Steps:</b> Mallory Kotze will reach out to Raini Bowles to schedule a follow-up meeting with herself, Medicaid, Optum, DBH and the Idaho Federation of Families to discuss her experiences and concerns further.</p>

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					<p>Respite Coordinators do not have the training necessary to deal with SED, DD, or trauma. Raini Bowles also shared that they have specifically requested wraparound for their children however, she was told that you have to complete a PCP first. It seems like providers need more extensive training in order to provide the level of care necessary for many children.</p> <p>Ross Edmunds stated that he will work to have a staff member contact Raini Bowles in order for her children to receive wraparound. This service would likely fit well with the issues that she shared. Overall, this feedback is very helpful when looking to improve the YES program and this system of care. Georganne Benjamin stated that she would also like to reach out to Raini Bowles to discuss her issues and her experience with respite. Raini Bowles clarified that the foster care system uses TBRI instead of respite and her family has continued to use TBRI to maintain consistency. However, she has never met a provider who is trained in TBRI. David Welsh added that he would like to coordinate with DBH and Optum to meet with Raini Bowles to address these concerns and how we can learn from this experience to prevent this from happening for other families. Ruth York requested that IFF be looped into these meetings with Raini Bowles as well.</p>	
4	10:35am	30 mins	Update on Workforce Development Issue	ICAT/ Medicaid/ Optum	<p>– Provider Stories on Workforce Issues. (15 mins) Lydia Dawson stated that Raini Bowles' stories highlighted the workforce issues. Stacey Stephens shared that she is a provider with Alliance Family Services in Region 5, specifically Twin Falls and the surrounding areas, and has been in this field for 21 years. One of the biggest challenges in providing any service to any one is the amount of paperwork and coordinating that has to take place. There are about 240 pages of paperwork that we have to coordinate with in order to provide services and be in compliance. We have lost staff members due to the amount of paperwork and the number of required trainings. We cross-train so many of our paraprofessionals to be able to hire someone and retain them so that they have a full-time schedule. We have to create a way of paying people a sustainable wage so that they can work a full schedule and remain in this field.</p>	

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					<p>Laura Scuri, the owner of Access Behavioral Health, provides services in Ada County and Canyon County. She has provided behavioral health services for 28 years and she shared that she feels that she is unable to provide services and help people now. The workforce issues existed prior to the pandemic with COVID-19. Access Behavioral Health has not been able to hire a new CBRS worker who stays for more than a few days because of the number of other choices the staff members have. Staff members will get PRA certified first and then leave to go onto other options. The turnover rate at Access Behavioral Health prevents the agency from maintaining staff members and the families are the ones who are paying the price.</p> <p>Connie Sturdavant, from St. Luke's Hospital, is the Director of Operations for Mental and Behavioral Health. She shared that all behavioral health providers are facing the same workforce issues. St. Luke's Hospital will offer advanced training and once this has been completed, the staff members will leave and join a private practice. With a private practice, they can have a flexible schedule, be paid by the hour, and do not have to complete the paperwork for Medicaid and complete the CANS on a regular basis. St. Luke's Hospital is trying to reevaluate the system to be able to continue with their deep desire to serve this population.</p> <p>Lydia Dawson stated that this is a systemic issue across the state with both local business and large organizations. Specifically, we are seeing this issue with paraprofessionals and the competitive salaries for entry level positions and private practices. Two potential "low hanging fruit" that come to the top of the list for these workforce issues are:</p> <ol style="list-style-type: none"> <li>a) It is hard to hire and maintain staff when the reimbursement rates do not keep up. We need to raise the reimbursement rates for paraprofessionals and allow them to have more flexibility to make sure that they are providing the services that the clients need.</li> <li>b) We also need to create less administrative burden and paperwork, such as the CDA.</li> </ol> <p>David Welsh confirmed that there is a workforce issue statewide and in all behavioral health fields, which includes the Division of Medicaid. We are trying to figure out how we</p>	

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					<p>can continue to add and maintain individuals in the workforce. Additional Federal funding will be provided and will hopefully assist in hiring more staff members within this workforce.</p> <p>Lydia Dawson clarified that the main issues are reimbursement rates and the number of administrative tasks required. COVID-19 did act as an accelerant to this workforce issue. David Welsh added that expansion has also been an issue. Patrick Gardner stated that an additional accelerant is the amount of time that it takes DHW to make decisions. An example of this is the PRA certification issue, which has been occurring for quiet some time, and likely aggravated these workforce issues. Another example of this is the IBHP RFP, which has made it so that providers are unsure about their future. This can have a significant impact on providers and employees. Another piece is the issue of training; if providers have to pay for training knowing that staff members are going to go to the private sector, it would seem straightforward for the state to take over the responsibility of trainings. The state could provide the trainings and cover the costs of these trainings. Lastly, another piece is the level of administrative paperwork. We have discussed this issue multiple times however; we never seem to determine a solution. We seem to have a real problem of making the system more efficient. Janet Hoeke added that these stories remind her that when providers are unable to maintain a workforce it is the families that pay the ultimate price because we do not have the help we need, as clearly demonstrated by Raini’s story earlier, to be able to function as a family. When we have even one child with SED, if they do not get the services they need, it has an effect on the health and wellbeing of the whole family.</p> <p>– Optum Presentation. (15 mins) Optum then shared a presentation about the IBHP network access requirements, a network overview including data on the total number of licensed providers, monitoring of the provider access standards for access to urgent and non-emergent appointments, a utilization summary for telehealth service delivery, rates evaluation and services review, and policies and procedures that are under review with Medicaid.</p>	

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5	11:05am	20 mins	Discuss Updated QMIA Quarterly Reports	Candace Falsetti	<p>Candace Falsetti shared that they received written input from Patrick Gardner and others on errors and requests for the QMIA Quarterly Report from April 2021. This report was updated in May 2021 and has been posted on the <a href="#">YES website</a>. DBH is currently working on the next QMIA Quarterly Report, which we hope to have published on the YES website by the end of June 2021.</p> <p>Patrick Gardner stated that we need to determine who drives this report, how it can be amended over time and what the role is of the QMIA Council. The hope is that this will be clarified in the IGT Strategic Plan. Specifically, clarity is needed for the approach used to determine the number of services being delivered to children in the YES program. We need to clarify this target number and the QMIA Council needs to settle on a specific approach. Candace Falsetti stated that the QMIA Council has settled on a set of methodologies that they could use, and we need to settle on one approach. As it relates to the Settlement Agreement, this could be an IGT decision. Ross Edmunds stated that the best way to do that would be to gather broad input from IWG, IGT and the QMIA Council.</p> <p>Patrick Gardner stated that one of the challenges of this report is that it is long and detailed, which is needed. However, many people do not want to read the entire report and a change in the format could address this issue. It could be valuable to create a summary document or alternatively, there are QMIA recommendations throughout this report. We could have two reports; one with the data and one with what the data tells us and the specific recommendations.</p> <p>Ross Edmunds stated that he will discuss this with Candace Falsetti and within the next couple of months, they could determine one methodology for the QMIA Council to use in this report. Patrick Gardner suggested that, instead, we should have more time at the next IGT Meeting in July to discuss this topic as well as the relationship between IGT and the QMIA Council. It was agreed that this topic will be added to the July IGT Agenda for further discussion.</p>	
6	11:25am	10 mins	Update on PRA CBRS Certification Issue	David Welsh	Due to time, Patrick Gardner stated that the IGT Executive Committee will ask David Welsh to send out a memo to all of the IGT members concerning this topic.	

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7	11:35am	10 mins	New Business Items	IGT Members	No new business items were provided.	
8	11:45am	10 mins	Public Comment	IGT Members	No public comments were provided.	
9	11:55am	5 mins	Review Future Agenda Topics & Action Items	IGT Executive Committee	<p>Janet Hoeke noted that the IGT Strategic Planning Meetings have been scheduled to take place on Monday, June 14<sup>th</sup> and Tuesday, June 15<sup>th</sup>. If you have not received the calendar invites, please email Janet Hoeke or Megan Schuelke.</p> <ul style="list-style-type: none"> <li>- Discuss the IGT Dashboard Focus Areas - Shane Duty</li> <li>- Update from State Hospital West - DBH</li> <li>- Update Concerning Involvement in YES and use of CANS - FACS</li> <li>- Update on Jacob's Law</li> <li>- Discuss QMIA Quarterly Reports &amp; the Relationship of IGT with the QMIA Council - Candace Falsetti &amp; IGT Members</li> </ul>	
10	12:00pm	--	Dismissal	IGT Members		

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

Follow-up Items	Date Opened	Owner	Due Date	Comments	Status
Regional SOC Project and the intention to have one region present at each IGT Meeting.	3/6/20	Ross Edmunds	4/3/20	1/11 Update: Patrick Gardner suggested that we target the CMH subcommittees of the Regional Behavioral Health Boards (RBHBs) to gather the information. It would be helpful to create and distribute a list of questions that the IGT would like answered by the CMH subcommittees.	<b>3/10, In Progress.</b> Ross Edmunds spoke with the RBHB Leadership members. Ross Edmunds sent the questions to the CMH subcommittees again requesting feedback.