

Date/Time of Meeting	July 14, 2021 10:00 a.m.-12:00 p.m. MT Dial: 415-655-0003 Access code: 177 349 0248 Meeting password: phD6rJX3xM8 (74367593 from phones and video systems) Webex: https://idhw.webex.com/idhw/j.php?MTID=m4a48b7aa97850f51d0408971e3cc0e3c
Meeting Purpose	Interagency Governance Team (IGT)
Host	Janet Hoeke: Chair, Ross Edmunds: Co-Chair, Vice-Chair: David Welsh & Co-Vice-Chair: Patrick Gardner

Voting Members	Att'd	Proxy Voting Members	Att'd	Participants/Non-Voting Members	Att'd
Ross Edmunds - DBH	X	Candace Falsetti - DBH	X	Jennifer Griffis - Parent Leader	X
Janet Hoeke - Parent Leader	X	Michelle Weir - FACS	O	Shane Duty - DBH	X
David Welsh - Medicaid	X	David Bell - Medicaid	O	Craig Ward - BH Director for CDA Tribe	O
Patrick Gardner - Child Advocate	X	Recorder	Att'd	Joyce Broadsword - DHW Regional Director	O
Howard Belodoff - Child Advocate	X	Megan Schuelke - DBH	X	Joy Jansen - School District	X
Cameron Gilliland - FACS	X	Participants/Non-Voting Members	Att'd	Tammy Everson - Idaho Tribe	O
Lael Hansen - County Juvenile Justice	X	KayT Garrett - IDHW DAG	X	Ruth York - Family Advocacy Agency	X
Eric Studebaker - SDE	X	Kimberli Stretch - IDHW DAG	X	Tricia Ellinger - Parent	X
Laura Treat - DBH CMH Representative	X	Casey Moyer - Optum	X	Amy Minzghor - Parent Leader/Chair of FE	X
Director Monty Prow - IDJC	X	Georganne Benjamin - Optum	X	Mallory Kotze - Medicaid	X
Marquette Hendricks - Tribal Representative	X	Francesca Barbaro - Medicaid	X	Lydia Dawson - Chair of ICAT Subcommittee	X
Doug Loertscher - Provider	O	Josie Graham - Medicaid	X	Susan Dwello - FACS	X
Nat Parry - Youth Leader	X	Jon Meyer - DBH	X	Julie Hart - Member of the Public	X
Pat Martelle - Family Advocacy Agency	X	Dora Axtell - Nimiipuu Health	X		
Kim Hokanson - Parent Leader	X	Matthew Johansen - Optum	X		

MEETING NOTES

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	10:00am	5 mins	Welcome & Roll Call Approve Minutes	IGT Executive Committee	David Welsh motioned to approve the IGT Meeting notes from June 2021, and Kim Hokanson seconded this motion. David Welsh introduced Josie Graham as one of the Bureau Chief's at the Division of Medicaid who will work specifically on the IBHP. She will be participating in the IGT meetings at a high-level. David Welsh also shared that Matt Wimmer, the Administrator of the Division of Medicaid, has accepted a position outside of DHW. This is effective August 20, 2021 and Medicaid will be actively looking to fulfill this role.	Vote: The IGT Voting Members voted unanimously to approve the IGT Meeting notes from June 2021.
2	10:05am	5 mins	Update on PRA Certification	David Welsh	David Welsh stated that concerns were brought to the IGT about the PRA CBRS certification. Members of ICAT discussed the challenges and put together recommendations for the IGT Executive Committee to review. The Division of Medicaid completed researched to determine how to best improve this paraprofessional workforce and solve the concerns that	

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					<p>were shared. The proposal was in the regards to the state looking at creating this certification and managing this workforce. The state has decided to begin work on this proposal however, there are a few items that have to be completed first, such as looking into possible rule changes. Medicaid will</p> <p>will collaborate with the Behavioral Health Authority, the Division of Licensing and Certification and sponsors who can assist in taking this to the legislators. In the short-term, for the PRA after the PAG, we are looking to defer this certification until we are able to fully implement this solution.</p> <p>Pat Martelle asked what the provider community can expect going forward, such as a timeline and a project plan. David Welsh stated that we will be soliciting public input and Medicaid will complete a project plan. The hope is that this work will be completed as soon as possible. Janet Hoeke asked if anything additional is needed from ICAT and David Welsh stated that they will engage ICAT as additional input is needed.</p>	
3	10:10am	30 mins	Review of IGT Strategic Plan	IGT Executive Committee	<p>The IGT Strategic Plan was reviewed, specifically the IGT Mission and the IGT Vision.</p> <p>Vote: The IGT Voting Members voted unanimously to approve the IGT Mission and the IGT Vision included in the IGT Strategic Plan.</p> <p>The IGT Strategic Goals were also reviewed.</p> <p>Vote: The IGT Voting Members voted unanimously to approve Goal #1 included in the IGT Strategic Plan.</p> <p>Vote: The IGT Voting Members voted unanimously to approve Goal #2 included in the IGT Strategic Plan.</p> <p>Vote: The IGT Voting Members voted unanimously to approve Goal #3 included in the IGT Strategic Plan.</p> <p>Vote: The IGT Voting Members voted unanimously to approve Goal #4 and Goal #5 included in the IGT Strategic Plan.</p> <p>Ross Edmunds motioned to approve the IGT Strategic Plan in its final form and Patrick Gardner seconded this motion.</p>	<p>Vote: The IGT Voting Members voted unanimously to approve the IGT Strategic Plan in its final form.</p>
4	10:40am	15 mins	Outline for Completion of IGT Operational Handbook	Patrick Gardner	<p>Patrick Gardner stated that it is critical that we have the relationships clarified so that the IGT understands the connection with the various workgroups. Patrick Gardner stated that the following proposal is for how we complete the IGT Operational Handbook in an incremental way. The first step would be to ask the lawyers to look at the Jeff D. Settlement Agreement and the Implementation Assurance Plan. We will then provide the IGT with the clear relationships with these workgroups based on those documents. Workgroups are created by IGT as well as Medicaid and DBH. The second step would be to review the direct</p>	<p>Vote: The IGT Voting Members voted unanimously to approve of the proposed process from Patrick</p>

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					<p>reports, including the committees that provide these documents, and determine what the relationship and authority should be. A small workgroup would lay out what the relationship with the IGT is or should be. This small workgroup would also include members from these specific workgroups. The third step would be to review the workgroups that are not required by the Settlement Agreement and determine what the relationship and authority is to the IGT. The hope is that we could do each step within a month's timeframe so that the IGT Operational Handbook would be completed within the next 4 - 6 months. Ross Edmunds and KayT Garrett both agreed to engaging in the proposed process.</p> <p>Patrick Gardner stated that we would need to solicit additional help to determine how this applies to the committees and workgroups. For example, the QMIA Council was created through the Settlement Agreement. We need to discuss how we could approach this.</p> <p>As the next step, it was determined that the attorneys will put together a memo for this proposal and a memo for the process going forward. This will be shared with the IGT members and reviewed at the following IGT Meeting pending the amount of work that can be completed within the next 30 days.</p>	Gardner for completing the IGT Operational Handbook.
5	10:55am	15 mins	Update on Involvement in YES and use of CANS	Candace Falsetti/FACS	<p>Candace Falsetti stated that DBH currently has a contract with the PRAED Foundation and we have been engaging with PRAED and FACS for their use of the CANS. DBH is also looking at the use of the FAST assessments. Susan Dwello, from FACS, stated that there are parts of the Families First legislation that align with the use of the CANS. This legislation promotes family placement and the QRTP. The need for an assessment and the creation of a Child and Family Team (CFT) meeting aligns with the YES system of care. Child Welfare has decided to use both the CDA and the CANS as their assessment tools for determining treatment needs for non-family settings. Family Advocacy and Support Tool, known as FAST, is also provided through the PRAED Foundation. We are looking at our prevention services to assist with children not entering the foster care system. This will assess the needs of the family as a whole and the treatment providers that may be in the home. Candace Falsetti stated that the work will begin within a month for the implementation of the CANS and within a few months for the implementation of the FAST. In the near future, we will be able to provide a work plan for the IGT.</p> <p>Patrick Gardner asked when children will begin to receive the CANS and which children will receive this assessment. Susan Dwello stated that the</p>	

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					<p>requirements for a QRTP begin October 1, 2021. This will be used for children who need to enter the QRTP placement. We are also interested in treatment foster care and PRTFs. From there, expansion decisions will be made for the rest of the children in the child welfare system. Our hope is to use these assessments throughout the system. Each year, we anticipate about 150 new youth referrals that will likely complete a CANS and be placed in congregate care. Those that are currently in residential care that are a non-QRTP, they will be “grandfathered-in” however, if they change settings then an assessment will be done.</p> <p>Patrick Gardner asked if there is any direct link to providing YES services prior to a child being placed in a QRTP. Susan Dwello stated that they are working to create this link and bridge the FACS and DBH systems. We are defining these policies and working to define how we can make sure that we are assessing the services that are available and sharing the same processes. The only item that does not align is the timeframe due to the 30-day requirement for the assessment completion and the 60-day requirement for court approval. Due to the timeline, FACS is looking to hire clinicians to complete the CANS for children in child welfare. FACS did inquire about going through Optum for the completion of the CANS and there was uncertainty that the timelines could be met.</p> <p>Patrick Gardner asked if these requirements were included in the IBHP. It would be valuable for Optum to provide these services for FACS and DBH. Susan Dwello stated that they did reach out to Medicaid and Optum could not make the recommendations to the court for the placement.</p> <p>Janet Hoeke asked if these children would possibly receive multiple CANS. Susan Dwello stated that these children would not receive multiple CANS. They have been working with Candace Falsetti to make sure that the current providers are invited to the CFT meetings. Clinicians will be certified in the CANS and will utilize the existing CANS if one already exists.</p> <p>Amy Minzghor stated that when they have case workers do an assessment and see concerns with the child, are they giving resources to the family and asking them about completing a CANS. We want to make sure that we are providing children services before they need to enter treatment services. Will this be implemented? Susan Dwello stated that this is within the role of the social worker when they assess the needs for services. There is some work that needs to be done for FACS staff to fully understand the services available within the YES system of care. Amy Minzghor asked if there is a better way to document this as many of the</p>	

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					<p>case files state that there are no referrals for services offered. Susan Dwello stated that one of the tasks we have planned is to develop of catalog of available services so that they are aware of the services that will help in the prevention of a child entering foster care. Prevention services have to be an evidence-based service and included in that plan. We anticipate having to build these services throughout Idaho. More discussions about this topic will occur in the Fall of this year.</p> <p>David Welsh stated that coordination is an area of opportunity that Medicaid has with FACS and we are working on addressing this. David Welsh stated that he would like to have additional conversations with FACS to discuss possible collaboration.</p>	
6	11:10am	15 mins	Discuss Role of IGT & Review of QMIA Reports	Candace Falsetti/David Welsh	<p>Candace Falsetti shared the QMIA Q Process Flow presentation, which included four options for IGT to offer input on the QMIA Quarterly Reports. David Welsh stated that we would like to propose and approve of the data elements that we include in the QMIA Quarterly Reports. It would be helpful to standardize the data elements that are reported so that we can identify areas of opportunity and engage the IGT members so that we receive regular feedback.</p> <p>Patrick Gardner stated that we need to have a standard report that provides the essential data, which is specifically listed in the Settlement Agreement. We also need to understand what the data means. This includes the questions that we want to ask, how we present this data to answer these questions and how we then use the data for policy decisions and quality improvement. Patrick Gardner proposed that a response in writing, which addresses those big items, would be helpful. Certain items should be called out more specifically, such as the participation of the IGT members. This is a bigger topic that the IGT will hopefully address when we are writing the IGT Operational Handbook. When a report comes out, how should the IGT interact. Is the data accurate, informative, educational, and does it drive policy? Patrick Gardner stated that he would want to elaborate on these four options and get feedback from all of the IGT members. The IGT Executive Committee could also discuss these options in more detail.</p> <p>Janet Hoeke asked which option Candace Falsetti would recommend. Candace Falsetti stated that, at this point, her recommendation would be for Option 3 and the IGT would engage the QMIA Council more. KayT Garrett proposed that we take Option 3 and incorporate the suggestions that Patrick Gardner proposed. Janet Hoeke stated that she needs more time to review this information and would want more of a conversation between the QMIA Council members and the IGT members to determine</p>	

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					<p>what functionally would work best. Candace Falsetti stated that the improvement element is not addressed in Option 3 however, this is a piece that would be included when the relationship between the QMIA Council and the IGT is determined while writing the IGT Operational Handbook.</p> <p>Shane Duty stated that he would prefer to see a recommendation from the QMIA Council based on what they feel would be preferable. Patrick Gardner stated that the IGT determines what is necessary in order for us to do our job. In the final analysis, the IGT has be able to understand the data and turn that into policy and oversight.</p> <p>For the next steps, it was determined that we will take these options back to the IGT Executive Committee and then they will make recommendations about the next steps.</p>	
7	11:25am	10 mins	Update on Jacob's Law	Shane Duty	<p>Shane Duty stated that the House Bill 233 workgroup, which includes members from Medicaid, DBH, and FACS, has done some research on what other states have implemented for similar laws and the workgroup will work to determine what those jurisdictions may look like in Idaho. The workgroup is also working with the YES Sponsors workgroup on deliverables including a loose concept paper for ideas and a more-detailed project plan that takes us through the deadlines at the end of the year. Shane Duty clarified that there is a piece of Jacob's Law that went into effect on July 1, 2021 and another piece that has to go into effect by the end of the year. KayT Garrett confirmed that Subsection Provision 2 of Jacob's Law must go into effect by the end of January 2022.</p> <p>Ruth York asked if there are any parents on the House Bill 233 workgroup and Shane Duty stated that, at this point, collaboration needs to take place within the divisions. As we work to identify those elements and expanded conversations begin, parents will be included in the workgroup.</p>	
8	11:35am	10 mins	New Business Items	IGT Members	<p>Jon Meyer shared that they are looking for a new parent leader to join the Communications Workgroup, which meets once each month for one hour. A maximum of 20 hours per month would be requested and a work order will be coming out shortly about this request.</p>	
9	11:45am	10 mins	Public Comment	IGT Members	<p>Ruth York stated that we do have youth voice attending this meeting and need to determine the best way to use this. We should be thinking about how IGT members can best benefit from having the youth voice at this meeting, such as adding a standing agenda item for youth voice. If any IGT members have a suggestion, please email Janet Hoeke.</p>	

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10	11:55am	5 mins	Review Future Agenda Topics & Action Items	IGT Executive Committee	August IGT Agenda Items: <ul style="list-style-type: none"> Review Process for Completing the IGT Operational Handbook - Patrick Gardner Review Draft IGT Operational Handbook - IGT Members Discuss the IGT Dashboard Focus Areas - Shane Duty Update on SHW - Gina Westcott Future Agenda Items: <ul style="list-style-type: none"> Update on PRA Certification <i>as needed</i> - David Welsh 	
11	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.	3/10, In Progress. Ross Edmunds spoke with the RBHB Leadership members. Ross Edmunds sent the questions to the CMH subcommittees again requesting feedback.