

<b>Date/Time of Meeting</b>	February 9, 2022 10:00 a.m. - 12:00 p.m. MT Dial: 415-655-0003 Access code: 2463 487 4727 Meeting password: pHfp8tM9HQ4 (74378869 from phones and video systems) Webex: <a href="https://idhw.webex.com/idhw/j.php?MTID=m9ddb300283ce3b1efeb1c87aff9c3672">https://idhw.webex.com/idhw/j.php?MTID=m9ddb300283ce3b1efeb1c87aff9c3672</a>
<b>Meeting Purpose</b>	Interagency Governance Team (IGT)
<b>Host</b>	Janet Hoeke: Chair, Ross Edmunds: Co-Chair, Vice-Chair: Patrick Gardner, & Co-Vice-Chair: David Welsh

Voting Members	Att'd	Proxy Voting Members	Att'd	Non-Voting Members	Att'd
Ross Edmunds - DBH	X	Candace Falsetti - DBH	X	Georganne Benjamin - Optum	X
Janet Hoeke - Parent Leader	X	Michelle Weir - FACS	O	Joyce Broadsword - DHW Regional Director	O
David Welsh - Medicaid	X	TBD - Medicaid	O	Joy Jansen - School District	O
Patrick Gardner - Child Advocate	X	<b>Recorder</b>	<b>Att'd</b>	Ruth York - Family Advocacy Agency	X
Howard Belodoff - Child Advocate	X	Megan Schuelke - DBH	X	Amy Minzghor - Parent Leader/Chair of FE	X
Chad Cardwell - FACS	X	<b>Non-Voting Members</b>	<b>Att'd</b>	Madeline Titelbaum - IFF Program Coordinator	O
Jessica Barawed - County Juvenile Justice	X	Shane Duty - DBH	X	Dora Axtell - Nimiipuu Health	X
Laura Treat - DBH CMH Representative	X	Jon Meyer - DBH	X	Candice Jimenez - NPAIHB	X
Marquette Hendricks - Tribal Representative	O	Jenna Tetrault - Medicaid	X	Caroline Merritt - Association of Providers	X
Laura Scuri - Provider	X	Juliet Charron - Medicaid	X	Michelle Batten - FYIdaho	X
Pat Martelle - Family Advocacy Agency/Chair of ICAT	X	Francesca Barbaro - Medicaid	X	Barbara Dunn - Member of the Public	X
Kim Hokanson - Parent Leader	X	KayT Garrett - DHW DAG	O	Ellyn Wilhelm - Marimn Health	X
Nat Parry - Youth Leader	O	Kim Stretch - DHW DAG	X	Raini Bowles - Parent	X
Monty Prow - IDJC	X				
Eric Studebaker - SDE	X				

**MEETING NOTES**

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	10:00am	5 mins	Welcome, Roll Call & Approve Minutes	IGT Executive Committee	<p>Please review the following documents prior to this meeting:</p> <ul style="list-style-type: none"> <li><a href="#">YES Communications Strategic Planning Workgroup Monthly Report - February 2022</a></li> <li><a href="#">YES Family Engagement (FE) Subcommittee Meeting Notes - January 2022</a></li> <li><a href="#">QMIA Quarterly Report - January 2022</a></li> <li><a href="#">Sponsor's Status Report</a></li> </ul> <p>Ross Edmunds motioned to approve the IGT meeting notes from January 2022 as written and David Welsh seconded this motion.</p> <p>Janet Hoeke shared that Amy Minzghor has to step down as the Chair of the Family Engagement (FE) subcommittee. We will be looking for a</p>	<p><b>Vote:</b> The IGT voting members voted unanimously to approve the IGT meeting notes from January 2022.</p> <p><b>Vote:</b> The IGT voting members voted unanimously in favor of amending the agenda and moving the</p>

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					<p>replacement for the Chair on the FE subcommittee and if any parents are interested, please contact the IGT Executive Committee.</p> <p>Patrick Gardner stated that he was unable to gather the necessary information in time for the meeting and motioned that agenda item 5 "Mental Health Needs and ER Use" be moved to the following March IGT meeting. David Welsh seconded this motion.</p>	<p>agenda item "Mental Health Needs and ER Use" to the March IGT meeting agenda.</p>
2	10:05am	20 mins	Review Sponsor's Report	DBH & Medicaid	<p>Ross Edmunds reviewed the Sponsor's Status Report beginning with Project 1: Implementation Assurance Plan (IAP) and Project 2: implementation Assurance Plan (IAP) Project Plan. Ross Edmunds shared that the Department is in the process of hiring an Enterprise YES Project Manager. Interviews will take place February 10 and February 11 and they hope to make a decision by early next week in order for the person to begin working within the month. Janet Hoeke stated that this staff member will be a regular attendee at this meeting and Ross Edmunds confirmed. Pat Martelle asked who the YES Project Manager will report to and Ross Edmunds shared that they will be reporting directly to Miren Unsworth as she is the Deputy Director over Medicaid, FACS, and DBH. Janet Hoeke asked if we will need to add this staff member as a new voting member of the IGT. Ross Edmunds explained that the YES Project Manager will not be a voting member and rather, a regular attendee and participant on the IGT. We are trying to be clear around the differences between the YES Project as we move through implementation and the YES Program as the access to services and supports that people need on an ongoing basis.</p> <p>Ross Edmunds noted that Project 3: House Bill 233 will be discussed as one of the below agenda items. Candace Falsetti then reviewed the details of Project 4: QMIA Council Quarterly Report Recommendations and Project 5: Quality Review (QR) Process in the Sponsor's Status Report. Related to the QR process, Patrick Gardner added that it is important to keep in mind that there is a process in place already, which was established last year. The focus of this project is on an update and refinement of that process.</p> <p>Ross Edmunds reviewed Project 6: Jeff D. Implementation Compliance Task Force and Project 7: IBHP Invitation to Negotiate (ITN). Related to the IBHP ITN, Laura Scuri asked if the intention is that this contract will be full risk and Ross Edmunds confirmed. He explained that this contract does not only include outpatient care and also includes inpatient care, PRTF, and residential care for both Medicaid and non-Medicaid patients. For the Medicaid services, it will be a full risk. Laura Scuri then asked if by non-Medicaid services, they meant waiver services. Ross Edmunds</p>	

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					explained that he was referring to services for people who do not have Medicaid. DBH is contracted with providers to provide services and these are all under non-Medicaid services. David Welsh clarified that this includes non-Medicaid eligible patients as well as non-Medicaid reimbursable services for those that do have Medicaid.	
3	10:25am	15 mins	Q&A Session on QMIA Quarterly Report	Candace Falsetti & David Welsh	<p>Candace Falsetti shared the new QMIA Quarterly Report, which was briefly reviewed during the January IGT meeting, and has been posted on the <a href="#">YES website</a>.</p> <p>Ruth York asked about the data showing a drop in Medicaid services from Quarter 4 to Quarter 1 as well as the data showing a drop in psychotherapy services during that same time. This also appears to be the case for the CANS. What might be accounting for that? David Welsh explained that he would need more time to analyze the indicators to determine the 'why'. Candace Falsetti added that the QMIA Council has not started looking at the 'why'. Their focus has been on looking at barriers to care for children with high and complicated needs. As well, it is important that we compare the data in Quarter 1 to the data in Quarter 1 of the previous year. We are looking at services across the state and the project will begin to answer this question.</p> <p>Janet Hoeke stated that it is interesting that when the state of Idaho is experiencing growth, we are seeing a decrease in the utilization of Medicaid services. This is an interesting question as you would think that we would be experiencing increases. Candace Falsetti shared that we do not know whether those people moving into the state are accessing Medicaid as we have not seen a large increase in those on Medicaid. It should be noted that this is not an exact relationship. Ross Edmunds added that JFAC provided data which showed that there are about 450,000 Idahoan's on Medicaid right now however around 100,000 of those members do not meet Medicaid criteria. These members cannot be taken off of Medicaid. David Welsh clarified that these members cannot be disenrolled from Medicaid due to the current Federal guidelines so we will have to look at eligibility with the Federal guidelines as this unwinds.</p> <p>Ruth York stated that she noticed that the report shows that the number of people receiving skills-building has dropped in Region 7 and the number of people accessing TCC in Region 1 increased recently. Candace Falsetti explained that, as it relates to Ruth's first question, the psychotherapy data on page 24 of the QMIA Quarterly Report shows that there was not a huge change from quarter to quarter. It could be related to COVID however, we do not want to make that assumption so we will</p>	

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					<p>continue to monitor this data. The CANS data included in this report also shows similar trends. As it relates to the regional data, Laura Treat, who is the DBH CMH Chief in Region 1, stated that she does not have the information on why this could be occurring however, we can take this back to the providers in her area and gather more information. Laura Scuri, who is provider in Region 3 and Region 4, stated that the increase in TCC could be related to the recent TCC training. Optum also provided good clarification around conflict-free as a standalone program is not possible. This provided clarification for providers who had stopped providing that service due to concerns that they would have to hire, train, and then turn over the companies to those that they had hired and trained in skills-building. The pandemic staffing has been catastrophic, but it might be easing up a little bit.</p> <p>Raini Bowles, a parent who represents parents and families, shared that families are not feeling that the crisis planning is very successful and there should be steps taken to improve this. What does this look like at this point? Candace Falsetti explained that the project around crisis and safety plans has been working to address trainings that are being provided. DBH created a crisis and safety planning training that was posted on the website for families and the Idaho Federation of Families (IFF) also created a podcast for crisis and safety planning. This year we are working with Portland State University (PSU) to provide a training for Idaho providers and we have had over 300 providers sign-up. In terms of identifying issues, the annual family survey will be sent out shortly. Last year it showed that 40% of families had a provider that did not work with them to create a crisis and safety plan even though they expressed that it was needed. As well, over 50% of families had created a crisis and safety plan but did not feel that it was helpful. Ruth York added that the Department does have a process for the family survey and any additional feedback can be shared with IFF and then fed into the survey results. Raini Bowles asked how we are disseminating the information about the crisis and safety plan out to parents as many of them do not know about the YES website. Candace Falsetti noted that that goes beyond the crisis and safety plans and onto project planning. We need to make sure that we communicate about the availability of YES services and the YES website. This can be added as an ongoing question to be addressed. Janet Hoeke asked what percentage 300 is of the total number of providers that provide crisis and safety planning. Candace Falsetti clarified that the 300 providers includes YES stakeholders. There are about 900 providers in the CANS system, which means that they are CMH YES providers. This would be about 15% of the providers but it should be</p>	

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					noted that it is a guess. We think that these trainings need to continue, and we need to find additional ways to offer this training.	
4	10:40am	20 mins	Discussion about House Bill 233	Ross Edmunds	<p>Ross Edmunds shared a presentation on House Bill 233. This includes a new section of the Children's Mental Health Services Act specific to Idaho code 16-2426A, which was effective July 1, 2021. The second section is for the intercept and diversion of children at risk of being removed from their parent's or guardian's custody under the Child Protective Act, which was effective January 1, 2022. The Department's response includes the creation of the Quick Reaction Team (QRT), which is a clinical team that is composed of empowered decision-makers who collaborate to plan for children and families, coordinate responses, create the intra-agency agreement, and provide early intervention and cross-division communication. The challenges include resource shortages and access to behavioral health treatment. This does not prevent the court from taking jurisdiction under CPA and does not prevent law enforcement from declaring imminent danger. It is important that we coordinate across multiple healthcare systems and organizations.</p> <p>Pat Martelle stated that what she sees is an administrative response that is an effort to meet the problem within the community. This is great however; this is a bigger concern and it is not how we want to see our community and system operate. Ross Edmunds explained that we want a system that goes further upstream and for children who need inpatient hospitalization, we should be working with the families from the moment that they are identified for discharge. There should never be a surprise at discharge.</p> <p>Ruth York stated that a spike in education efforts will be needed. Has this been outlined? Ross Edmunds explained that some work has been done with the major hospitals and inpatient psychiatric units. More work needs to be done with the smaller units. As well, this will be an ongoing process because constant work is required to maintain these systems. Shane Duty added that as the QRT meets, that learning process is happening. Ruth York stated that she was also disappointed that the parent voice was not included while the agreement was being written. Ross Edmunds agreed that we need to have a family partner as a part of this process and committed to being inclusive of family voice for these communication and training efforts.</p> <p>Amy Minzghor shared that this topic was brought up in the previous FE subcommittee meeting and parents were unsure of what they should do if this is still occurring. Where do we send families and who do we reach out to in order to get the QRT involved? Ross Edmunds explained that</p>	

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					<p>parents as well as the Idaho Federation of Families should contact Shane Duty and the Children's Mental Health (CMH) Chief in their area. <b>Next Step:</b> Megan Schuelke will share the list of the CMH Chiefs by DBH Region as well as their contact information with all of the IGT members.</p> <p>Howard Belodoff requested to see a copy of the Administrative Directive that has been referred to. Howard Belodoff also provided feedback on the agreement and Ross Edmunds explained that the purpose of the agreement was to provide an internal message about the use of the QRT. Medicaid, FACS, and DBH members should send staff members that are empowered to make decisions right away. The next iteration will be an external interagency agreement that will be signed by the Director for members outside of DHW. Right now, we have an intra-agency agreement between the Divisions. The interagency agreement is what we would use to educate and communicate with law enforcement, hospitals, etc. We are happy to take any feedback as well. It may be helpful for DHW to create a desk guide or brochure that could go to the hospitals for families so that they would have this information. Ross Edmunds asked if Raini Bowles would be available to help with the creation of this document and she confirmed.</p> <p>Patrick Gardner stated that it sounds like the Administrative Directive is one of the most important documents. Is this something that has been posted for the public? Ross Edmunds explained that the Administrative Directive was done within FACS. The Administrator of FACS sent this document out to all of the staff members throughout the state. Chad Cardwell added that the Administrative Directive provided specific procedural instructions to the FACS staff members on the policy and rule changes and directed them on how to comply. Chad Cardwell shared that he has not reviewed the Administrative Directive at this time and cannot provide further comments. <b>Next Step:</b> Chad Cardwell will ask Cameron Gilliland for additional comments about the Administrative Directive and see if a copy can be shared with the members of the IGT.</p> <p>Patrick Gardner also asked if it is possible to track how many cases there are for the QRT and how they are being resolved. Ross Edmunds explained that we should be able to collect data soon and we are working to create a data response. We would be happy to share that data with all of the IGT members.</p>	
5	11:00am	10 mins	Mental Health Needs and ER Use	Patrick Gardner	<i>Per the amended agenda, this topic will be covered during the IGT meeting in March.</i>	



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6	11:10am	35 mins	Detailed Review and Discussion of Implementation Assurance Plan (IAP)	IGT Executive Committee	<p>Ross Edmunds motioned to move this agenda item to the next IGT meeting due to the short amount of remaining time for this meeting and David Welsh seconded this motion. It was determined that at the March IGT meeting, we will do a shallow dive into the Implementation Assurance Plan (IAP) and leave time for a Q&amp;A session.</p> <p>Pat Martelle shared that during the previous ICAT Subcommittee meeting, there was an expressed interest in the Department presenting on what exactly is different in this version versus what providers have come to learn from the original Implementation Plan. It was determined that Shane Duty will prepare this summary.</p>	<b>Vote:</b> The IGT voting members voted unanimously to amend the agenda and complete the review of the IAP with a Q&A session during the March IGT meeting.
7	11:45am	5 mins	New Business Items	IGT Members	Janet Hoeke shared that a longstanding member of the IGT received the Distinguished Lawyer Award for 2021 and that was Howard Belodoff. Congratulations Howard Belodoff!	
8	11:50am	5 mins	Public Comment	IGT Members	<i>There were no public comments at this time.</i>	
9	11:55am	5 mins	Review Future Agenda Topics	IGT Executive Committee	<p><u>March IGT Agenda Items:</u></p> <ul style="list-style-type: none"> <li>Mental Health Needs and ER Use - Patrick Gardner</li> <li>Shallow Review of Implementation Assurance Plan (IAP) with Q&amp;A Session - IGT Executive Committee</li> <li>Review Sponsor's Status Report - DBH &amp; Medicaid <i>standing agenda item</i></li> <li>Update on IGT Executive Committee Meetings with Subcommittees - IGT Executive Committee</li> </ul> <p><u>April IGT Agenda Items:</u></p> <ul style="list-style-type: none"> <li>Update on draft of PRA Proposal Solution - ICAT subcommittee</li> </ul>	
10	12:00pm	--	Dismissal	IGT Members		

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

Follow-up Items	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 RBHBs to gather information. We could distribute a list of questions that the IGT would like answered by the CMH subcommittees.	3/10, <b>In Progress.</b> Ross Edmunds spoke with the RBHB Leadership members and sent the questions to the CMH subcommittees requesting feedback.
Follow-up with Miren Unsworth to gather more information about implementing the START model for children.	11/10/21	Chad Cardwell	N/A		11/10, <b>New.</b>
Gather information from community providers about the decrease in skills-building and the increase in TCC.	2/9/22	Laura Treat	N/A		2/9, <b>New.</b>
Ask Cameron Gilliland if a copy of the Administrative Directive can be shared with the members of the IGT.	2/9/22	Chad Cardwell			2/9, <b>New.</b>