

Date/Time of Meeting	April 13, 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: https://idhw.webex.com/idhw/j.php?MTID=m9ddb300283ce3b1efeb1c87aff9c3672 In-person Location: PTC, 450 W State Street, Boise, ID 83702, 3rd Floor, Conference Room 3A
Meeting Purpose	Interagency Governance Team (IGT)
Host	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	Χ	Candace Falsetti - DBH	Χ	Georganne Benjamin - Optum	Х
Janet Hoeke - Parent Leader	Χ	Michelle Weir - FACS	0	Casey Moyer - Optum	Χ
David Welsh - Medicaid	Χ	TBD - Medicaid	0	Joyce Broadsword - DHW Regional Director	0
Patrick Gardner - Child Advocate	Χ	Recorder	Att'd	Ruth York - Family Advocacy Agency	Χ
Howard Belodoff - Child Advocate	Χ	Megan Schuelke - DBH	Χ	Madeline Titelbaum - IFF Program Coordinator	Χ
Chad Cardwell - FACS	0	Non-Voting Members	Att'd	Dora Axtell - Nimiipuu Health	Χ
Jessica Barawed - County Juvenile Justice	Χ	Shane Duty - DBH	Χ	Candice Jimenez - NPAIHB	0
Laura Treat - DBH CMH Representative	Χ	Jon Meyer - DBH	Χ	Caroline Merritt - Association of Providers	Χ
Marquette Hendricks - Tribal Representative	Χ	Jenna Tetrault - Medicaid	Χ	Michelle Batten - FYIdaho	Χ
Laura Scuri - Provider	Χ	Juliet Charron - Medicaid	Χ	Ellyn Wilhelm - Marimn Health	Χ
Pat Martelle - Family Advocacy Agency/Chair of ICAT	Χ	Francesca Barbaro - Medicaid	Χ	Clay Lord - FACS	Χ
Kim Hokanson - Parent Leader	Χ	Mallory Kotze - Medicaid	Χ	Eric Brown - FACS DD	Χ
Nat Parry - Youth Leader	0	KayT Garrett - DHW DAG	Χ	Alex Childers-Scott - Medicaid	Χ
Monty Prow - IDJC	0	Kim Stretch - DHW DAG	Χ	Sara Bennett - Parent Leader	Χ
Eric Studebaker - SDE	0	Joy Jansen - School District	0	Emily Brown - YES Project Manager	Х

MEETING NOTES

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	10:00am	5 mins	Welcome, Roll Call	IGT Executive	 The following document(s) were shared with the IGT members: Sponsor's Status Report Communications Strategic Planning Workgroup Monthly Report from March 2022 and the Strategic Communication Plan: YES Program and Access Communication Family Engagement Subcommittee Meeting Notes from March 2022 	Vote: The IGT voting members voted unanimously to approve the IGT Meeting notes from March 2022.
			& Approve Minutes	Committee	Patrick Gardner motioned to approve the IGT Meeting notes from March 2022 and Ross Edmunds seconded this motion. Patrick Gardner also motioned that the current IGT Meeting agenda be amended in order to remove Item 5 "Mental Health Needs and ER Use" and Ross Edmunds seconded this motion. Pat Martelle asked why this agenda item could not be covered during this meeting and Patrick Gardner explained that he has	Vote: The IGT voting members voted unanimously to amend the IGT Meeting agenda



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					talked with advocates and doctors about the issue of children being unable to leave the ER because placements are unavailable however, the doctors have not been able to attend this meeting. Once the doctors are available to attend this meeting, the item will be added back onto the agenda.	for April 2022 to remove Item 5.
2	10:05am	20 mins	Vote on New IGT Membership	IGT Voting Members	 Vote on the IGT membership of Madeline Titelbaum as the Youth Leader. Vote on the IGT membership of Juliet Charron as the Division Administrator for Medicaid. Vote on the IGT membership of Alex Childers-Scott as the proxy voting member for Medicaid. Vote on the IGT membership of Sara Bennett as an additional Parent Leader from Lewiston, ID. Janet Hoeke reviewed the current members that the IGT voting members will vote on for membership. Patrick Gardner asked why Alex Childers-Scott will be a proxy IGT voting member rather than a full IGT voting member. David Welsh explained that, historically, the IGT voting members have been the DBH and Medicaid Administrators or Deputy Administrators. The proxy status is provided in the event that both of the IGT voting members from Medicaid are unable to attend the meeting, such as during the legislative session. However, we are not opposed to having Alex Childers-Scott as a full IGT voting member. Pat Martelle explained that the IGT has procedures that we have followed in the past. If there are four people from a state agency then it should be noted that they would not have four votes. These procedures are spelled out further in the IGT Charter or IGT Bylaws document. It is also important to clarify in your role if you are a voting member representing the agency you work for or are you a voting member of a specific interest because your agency is already represented. Janet Hoeke then reviewed the IGT Bylaws, which states that "The Idaho Behavioral Health Cooperative will appoint membership to the IGT. The Administrator of the Department of Health and Welfare (DHW), Division of Behavioral Health, will lead the Governance partnership that will include, but will not be limited to, at least one representative from each of the following that shall serve as voting members as a voting member. Additionally, the IGT is not based on a majority rules concept and, rather, is based on collaboration and consens	Vote: The IGT voting members voted unanimously to amend the April 2022 agenda to include the listed votes for the four new IGT voting members. Vote: The IGT voting members voted in favor of amending the agenda to list Alex Childers-Scott as a full IGT voting member rather than a proxy IGT voting member. Vote: The IGT voting members voted in favor of Madeline Titelbaum, Juliet Charron, Alex Childers-Scott, and Sara Bennett becoming full IGT voting members.



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#	Time	Length	Topic	Topic Owner	is referring to the fair distribution of voices at the table. Previously, we distinctly made a point to have more community stakeholders at the table as voters rather than members from state agencies. Janet Hoeke stated that it is important to remember that your status as a voting member or an ex-officio member should not diminish your ability to actively participate and contribute during these meetings. Juliet Charron shared that she and David Welsh do not intend to step back from participating in this committee. There is still a possible need for a Medicaid proxy member, and this would not diminish their presence at these meetings. Patrick Gardner then motioned that the Alternative Care Coordinator for Medicaid, current Alex Childers-Scott, be a full IGT voting member and Ross Edmunds seconded this motion. Pat Martelle then offered an alternative motion that the votes from voting members of IGT who represent an agency only count as one vote. The agency as a whole would only have one vote when issues arise. Patrick Gardner stated that this focuses on the misunderstanding behind this challenge, which is that IGT is not a decision-making body. Rather, it is a collaborative body intended to improve the collaboration between all parties involved. It should not be a matter of who has most of the votes. Janet Hoeke explained that Pat Martelle's alternative motion would require a change to the IGT Bylaws, which we cannot vote on today per the Idaho Open Meeting Laws. Due to this, Janet Hoeke motioned that Pat Martelle's alternative motion is out of order because it was not noticed and, because of the Idaho Open Meeting Laws we cannot vote on this motion at this time. Pat Martelle explained that what was publicly noted in the agenda was to address the new members and therefore it is out of scope to begin defining what those new roles are. It was determined that a motion and vote was first needed to amend this agenda to include the above listed votes for the new IGT members. Patrick Gardner stated that he removed his	Decisions
					amending the agenda to list Alex Childers-Scott as a full IGT voting member rather than a proxy IGT voting member. Patrick Gardner motioned to amend the agenda to list Alex Childers-Scott as a full IGT	



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		-	·	•	voting member and Ross Edmunds seconded the motion. David Welsh, Laura Treat, Ross Edmunds, Kim Hokanson, Jessica Barawed, and Patrick Gardner voted in favor of this motion. Pat Martelle voted against this motion. Marquette Hendricks chose to abstain from this vote.	
					Ross Edmunds then motioned in favor of Madeline Titelbaum, Juliet Charron, Alex Childers-Scott, and Sara Bennett becoming full IGT voting members and Patrick Gardner seconded this motion. Laura Treat, Ross Edmunds, Kim Hokanson, David Welsh, Patrick Gardner, and Marquette Hendricks voted in favor of the above members becoming full IGT voting members. Pat Martelle chose to abstain from this vote.	
3	10:25am	20 mins	Review Sponsor's Report	DBH & Medicaid	Ross Edmunds reviewed the Sponsor's Status Report for the status timeframe of March 10 - April 8. Ross Edmunds reviewed Project 1: Implementation Assurance Plan (IAP) and introduced the new YES Project Manager, Emily Brown. Ross Edmunds also reviewed the updates on Project 2: Implementation Assurance Plan (IAP) Project Plan and shared that the completed IAP deliverables will be posted to the YES website shortly. Shane Duty reviewed Project 3: House Bill 233 and added that the group continues to meet on a weekly basis, both for operational discussions and concerning the staffings for the Quick Reaction Team (QRT). The new brochure has been sent to Jon Meyer, at DBH, for review by the Communications Committee and we are working to create an internal SharePoint site to track these different cases. Janet Hoeke asked if there is any parent representation on the Communication Committee where the brochure will be reviewed. Michelle Batten shared that FYldaho has two parents and one youth that are apart of that committee. Shane Duty added that the brochure was also recently emailed to Janet Hoeke and Ruth York for their review. DBH can meet with Janet Hoeke and Ruth York once they have completed their review to go through the brochure. Ross Edmunds clarified that the brochure will be sent out across the state to the hospitals that are available to families and children. It will also be used as an informational piece to keep the public well informed about House Bill 233. Ross Edmunds reviewed the updates on Project 4: QMIA Council Quarterly Report Recommendations and Candace Falsetti added that we are in good shape as we move forward. Ross Edmunds also reviewed Project 5: Quality Review Process and Candace Falsetti shared that they are on track and following the plan that we created with the plaintiffs. Ross Edmunds reviewed Project 6: Jeff D. Implementation Compliance Task Force and Project 7: IBHP Invitation to Negotiate (ITN). The closing date for the IBHP is Friday, April 15 at midnight. From there, we will move t	



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		*	•	•	scoring phase for the proposals and then the negotiation phase for the top bidders.	
4	10:45am	10 mins	Share Family Story	IGT Executive Committee	Michelle Batten shared a parent story about their youth and their experience receiving a CANS. Michelle Batten added that they liked that this story because it showed the changes that are occurring in the system. The only concern was that the parent could not review the CANS, which was done at Liberty, ahead of time. Patrick Gardner shared that while negotiating with the state around the CANS definition of real-time and the implementation of this, the state has agreed that the CANS should not be going out to anyone until the family has signed off on it. The CANS is a collaborative process, and it is a fundamental problem if it is being completed by a clinician and the family is not directly involved. Janet Hoeke asked what the current training process is for the CANS for staff members at Liberty, at DBH CMH, and for an independent provider. David Welsh explained that formal training is provided through Praed. Shane Duty added that DHW worked with Praed to increase the number of subject matter experts throughout the state. We now have trainers in all seven regions of the state who are also practicing clinicians. The CANS Certification training was switched from online modules to an in-person learning environment so create a more practical learning experience. The second training element is the CANS in Practice training, which gets into how you use the CANS after it is completed for ongoing treatment. The third training element is the CANS supervision training, which looks at the CANS outcomes and how to use those outcomes to help direct practice. The CANS Certification trainings are not required as they are additional levels of trainings on how to use those outcomes to help direct practice and CANS Supervision trainings are roducted by DBH CMH staff members in different regions throughout the state and Shane Duty confirmed. Janet Hoeke also asked if there is any parent involvement in this training process and Shane Duty shared that their current is not any parent involvement however, that is something that we h	Next Steps: Due to time, it was determined that a broad discussion around the CANS should take place during the IGT Meeting in May 2022.



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					be offered on the CANS. David Welsh explained that the state works with parents to foster involvement in the Idaho TCOM Institute to help educate families on the path forward. Janet Hoeke stated that having something similar to an online video that they could watch that would be given to all of the parents before they go to do the CANS would be helpful. This way the parents would know what to expect and this would likely foster more participation. Ross Edmunds shared that this is a great idea and added that a video could be used to prepare parents for the entire assessment process, both the CANS and the CDA. Candace Falsetti added that DBH has a CANS for Families video currently posted on the YES website. Shane Duty noted that the state has talked with Dr. Fernando about creating additional videos for the CANS. The state is on board however, it does take time to create these resources as we want them to be specific to the Idaho process. Ross Edmunds added that a large portion of the CANS are completed by Liberty. We want the clinician to explain this process to the families and we also want the informed providers to explain this process to the families. Ellyn Wilhelm asked if it is still the case that the YES program will only except CANS assessments done by Liberty. David Welsh explained that this is no longer the case. Medicaid providers can also transfer the assessment to Liberty. Candace Falsetti added that children who have Medicaid can assess the YES program through any Medicaid provider. If they need respite or do not have Medicaid, they can go to Liberty to get a CANS assessment done. Georganne Benjamin explained that, regarding CANS training, DBH is leading these trainings and Optum is working to support that. Optum also includes trainings for the CANS in their Membership Handbook. We could also add links to the training videos on our website. Optum will continue to work with DBH to increase member- and family-specific trainings. David Welsh added that Medicaid will also work with DBH to determine	
5	10:55am	15 mins	Mental Health Needs and ER Use	Patrick Gardner	additional ways to support Liberty. Per the above amendment, this agenda item was removed and will be added to the agenda in the future.	
6	11:10am	20 mins	PRA Proposal Solution Presentation	ICAT subcommittee	Pat Martelle presented the Proposal for PRA Solution 2022, which was completed by a subgroup of the ICAT subcommittee. After the presentation, Ross Edmunds noted that the proposal did not appear to include the information that was asked for. Rather, the state presented the idea of replacing the PRA certification and requested that the subgroup provide proposals on the minimum expectations for education, experience, and competency. The subgroup instead developed a program	



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					that could do the certification instead of describing those competencies. The original idea was that we would publish these as a set of standards and the Department would not issue a certification and, instead, would work to monitor these. Ross Edmunds noted that the presentation does include the minimum expectations for education, and he did like the idea of using the Community Health Worker model. It would be helpful for the two groups to meet to start to bring what the state proposed together with what was proposed by the subgroup in order to determine how to move this forward. Patrick Gardner stated that it is also important to understand that a two-certification process can have a significant downside. Could the state self-certify and if so, would that be appropriate? What do we do with the certification process that was used in the past? Pat Martelle explained that there are possible changes in procedure that could be made at every step. The subgroup described what we thought would be the best solution moving forward. Until that is implemented, the short-term solution described the next steps, which would be to continue the suspension of the certification until we have the long-term solution in place and enforce the provider records. Providers would have to ensure that their staff are competent to provide the service? Laura Scuri explained that extensive provider training would be required. CBRS would be added under the National Association for Social Workers Code of Ethics. We would also use the Level of Care Guidelines through Optum and the Standards of Care through DBH. Patrick Gardner requested confirmation that the subgroup is suggesting that the state eliminate the formal certification process, allow the providers to determine the appropriate care, and take the alternative approach described in the presentation and Pat Martelle confirmed. Patrick Gardner suggested that the IGT Executive Committee attend the next ICAT subcommittee meeting to determine the next step for this work. Once this is deter	
7	11:30am	15 mins	Update on IGT Executive Committee	IGT Executive Committee	Ross Edmunds motioned to amend this agenda and move this agenda item to the IGT Meeting agenda in May due to time constraints and Patrick Gardner seconded this motion. The following IGT voting members voted in	Vote: The IGT voting members voted unanimously



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			Meetings with Subcommittees		favor of this motion: Kim Hokanson, David Welsh, Laura Treat, Laura Scuri, Juliet Charron, and Pat Martelle.	to amend the IGT Meeting agenda for April 2022 to remove Item 7.
8	11:45am	5 mins	New Business Items	IGT Members	No new business items were shared at this time.	
9	11:50am	5 mins	Public Comment	IGT Members	No public comments were shared at this time.	
10	11:55am	5 mins	Review Future Agenda Topics	IGT Executive Committee	 May IGT Meeting Agenda Items: Review Sponsor's Status Report - IGT Executive Committee Broad Discussion about the CANS - IGT Members Update on IGT Executive Committee Meetings with Subcommittees - IGT Executive Committee Mental Health Needs and ER Use - Patrick Gardner as advocates are available to attend the IGT meeting 	
11	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, In Progress. 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, New.
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, New.
Chad Cardwell and Andrea Blackwood will bring the concerns back to the FACS leadership. All IGT members should put their concerns in writing and send them to Chad Cardwell .	3/9/22	Chad Cardwell	N/A		3/9, New.