

<b>Date/Time of Meeting</b>	Wednesday, October 12, 2022, 10:00 a.m. - 12:00 p.m. MT Dial: 415-527-5035 Access code: 2760 720 0386 Meeting password: X5yAvWG3M3c (95928943 from phones and video systems) Webex: <a href="https://idhw.webex.com/idhw/j.php?MTID=mb6ad211812b540439659f44c25849f75">https://idhw.webex.com/idhw/j.php?MTID=mb6ad211812b540439659f44c25849f75</a> In-person Location: PTC, 450 W State Street, Boise, ID 83702, 3 <sup>rd</sup> Floor, Conference Room 3A
<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	Voting Members	Att'd	Ex-officio Members	Att'd
Ross Edmunds - DBH	X	Monty Prow - IDJC	X	Ashley Porter - Medicaid	X
Janet Hoeke - Parent Leader	X	Laura Scuri - Provider	X	KayT Garrett - DHW DAG	O
David Welsh - Medicaid	X	<b>Proxy Voting Members</b>	<b>Att'd</b>	Kim Stretch - DHW DAG	O
Patrick Gardner - Child Advocate	X	Candace Falsetti - DBH	X	Joy Jansen - School District	O
Howard Belodoff - Child Advocate	X	Michelle Weir - FACS	O	Georganne Benjamin - Optum	X
Jessica Barawed - County Juvenile Justice	X	<b>Recorder</b>	<b>Att'd</b>	Matt Johansen - Optum	X
Laura Treat - DBH CMH Representative	O	Megan Schuelke - DBH	X	Joyce Broadsword - DHW Regional Director	O
Marquette Hendrickx - Tribal Representative	X	<b>Ex-officio Members</b>	<b>Att'd</b>	Dora Axtell - Nimipuu Health	O
Ruth York - Family Advocacy Agency	X	Shane Duty - DBH	X	Candice Jimenez - NPAIHB	O
Kim Hokanson - Parent Leader	X	Jon Meyer - DBH	O	Caroline Merritt - Association of Providers	X
Madeline Titelbaum - Youth Leader	X	Scott Rasmussen - DBH	X	Michelle Batten - FYIdaho	X
Juliet Charron - Medicaid	X	Jenna Tetrault - Medicaid	X	Emily Brown - YES Project Manager	X
Alex Childers-Scott - Medicaid	X	Mallory Kotze - Medicaid	X	Ellyn Wilhelm - Provider	X
Sara Bennett - Parent Leader	X	Francesca Barbaro - Medicaid	X	Raini Bowles - Parent	X
Eric Studebaker - SDE	X	Dori Boyle - Medicaid	X	Tricia Ellinger - Parent	X
Chad Cardwell - FACS	O	Nicole Gaylin - Medicaid	X	Brittany Shipley - Parent	X
		Andie Blackwood - FACS	X	Tracey Sutton - Family Support Services	X

**MEETING NOTES**

#	Length	Topic	Topic Owner	Discussion	Decisions
1	10 mins <i>(All times are aspirational &amp; are subject to change.)</i>	Welcome, Roll Call & Approve Minutes	IGT Executive Committee	<p>The following document(s) were shared with the IGT members:</p> <ul style="list-style-type: none"> <li><a href="#">Sponsor's Status Report</a></li> <li><a href="#">YES Communications Strategic Planning Workgroup Monthly Report from October 2022</a></li> <li><a href="#">Family &amp; Advocacy Meeting (FAM) Subcommittee Approved Meeting Notes from August 2022</a></li> <li><a href="#">ICAT Subcommittee Approved Meeting Notes from August 2022</a></li> </ul> <p><b>Action Item:</b> Approve IGT Meeting Notes from September 2022. Ross Edmunds motioned to approve the IGT Meeting notes from September 2022 and Laura Scuri seconded this motion.</p>	<p><b>Vote:</b> The IGT voting members voted unanimously to approve the IGT Meeting notes from September 2022.</p>

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2	15 mins	ICAT PRA Certification	IGT Voting Members	<p><b>Action Item:</b> Vote on ICAT PRA Certification Recommendation.</p> <p>The ICAT PRA Certification Recommendation document was reviewed and it was clarified that IGT must motion to approve this document. Patrick Gardner asked for clarification around what it means to accept this report as a formal matter. Janet Hoeke explained that her understanding is that because the role of the IGT is to make recommendations to the state and because the ICAT body includes provider experts, the state asked the subcommittee to make recommendations for the state on what would work well for CBRS. If the ICAT PRA Certification Recommendation document is approved by the IGT then the state will take it under advisement to see how it could work with the rules and regulations that they have to abide by. Then, the state would come back to the IGT to let us know what was done with the recommendations. Patrick Gardner then asked Laura Scuri to speak to what she is hoping the IGT accomplishes or what she is expecting to happen from these recommendations. Laura Scuri shared that ICAT wants to serve a purpose and make progress on the systems. The PRA certification has become a barrier to care and will continue to be an ongoing issue, specifically for care for CBRS. The conversations that have taken place in ICAT are that we want to be a productive group and produce work that can make a difference. Patrick Gardner asked Juliet Charron what the approval of this recommendation by the IGT members does or should do. Juliet Charron explained that her understanding is that if the IGT votes to bring these recommendations forward as formal recommendations to the state, then the state will review the recommendations within a regulatory framework. The state will then come back with possible follow-up questions or their next steps. Laura Scuri added that the process of creating these recommendations was done in conjunction with state members.</p> <p>Patrick Gardner explained that it is important to provide clarification so that all IGT members have the same expectations for what this vote will mean and the next steps. With this in mind, Patrick Gardner offered the motion that the IGT endorse the ICAT PRA Certification recommendations and request that Medicaid and DBH submit a substantive response back to the IGT in 60 days. Juliet Charron shared that they will need clarification on what the response would include. If the response would include the parts of the recommendation that we can move forward with and the parts that we have questions on, then we could get questions back to the ICAT subcommittee sooner than 60 days. However, if the expectation is to have a full-blown Implementation Plan within 60 days, that would be challenging. As well, it is likely that additional conversations around these recommendations will be needed. Patrick Gardner agreed and shared that it is up to the Department to determine what a substantive response is. The</p>	<p><b>Vote:</b> The IGT voting members voted unanimously to approve of the ICAT PRA Certification Recommendation document as a formal recommendation to the state.</p> <p><b>Next Step:</b> Medicaid and DBH will submit a response back to the IGT and ICAT subcommittee in 60 days including the parts of the recommendation that the state can move forward with and the parts that the state has questions on.</p>

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				<p>state also has good reasons to communication with ICAT as needed without ICAT having a formal role. Ross Edmunds then seconded Patrick Gardner's motion with the added comments that the state came to ICAT and requested that the develop these recommendations recognizing the challenges in access to the PRA certification.</p> <p>Laura Scuri then asked if there are any new directives from the IGT regarding what they would like the ICAT subcommittee to look at or work on next. Patrick Gardner explained that this question may need more context and discussion but it would be appropriate to add this as an agenda item for the next IGT Meeting.</p>	
3	15 mins	Discuss Proposed One Kid One CANS Workgroup Charter	IGT Executive Committee	<p>Shane Duty shared that the IGT Executive Committee discussed the One Kid One CANS Workgroup and wanted to bring two broad areas to the IGT for consideration and approval for the workgroup to pursue. The first primary area is to look at the CANS tool itself. For clarification, ICANS is the platform that the CANS exists on. This would be only focusing on the CANS tool itself and the number of items that are on the CANS while still maintaining reliability and validity that we need in that assessment tool. We would want a more user-friendly version for providers that are using the CANS on a daily basis. The second primary area is to work with providers to help improve the training environment that we have for the CANS. This is not just the CANS certification but also what it means in practice and how that becomes an asset to the clinical work that is being done. Then, we can make that a valuable tool and use the CANS for everything that it is worth over time. Patrick Gardner added that with the second area and improving the user-experience, this would be for both clinicians and families. Today, we are proposing to the IGT that the One Kid One CANS Workgroup take a careful look at that user-experience and give the IGT concrete feedback on how we could improve that. This would include a concrete investigation with recommendations on how to improve the user-experience for all of those involved. In terms of thinking about the tool itself, Praed has designed shorter assessments for other states that have been effective. As another observation, in order to do these things, we are hoping that this workgroup will reflect the interests that Shane Duty identified earlier as well as the parents, youth, clinicians, agencies, etc. These are all of the interests that we need to hear from and that need to be involved during this process as well as those that should be on the workgroup. One question to ask is who should be on the One Kid One CANS Workgroup. There is a workgroup that exists now however, it was suggested that IGT weigh in on participation. Additional questions to ask are what kind of support we should provide for that workgroup to be effective and how long this should take as well as when we should expect to get something substantive back.</p>	<p><b>Next Step:</b> Any participant recommendations for the One Kid One CANS Workgroup will be emailed to Megan Schuelke within the next two weeks and should include a brief statement about the reasoning. All recommendations will be brought to the IGT Executive Committee for review and further discussion will take place during the November IGT Meeting.</p>

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				<p>The goal is to be very clear about what we are asking of the workgroup, who is involved, and by when do we expect a response.</p> <p>Matt Johansen shared that this is a good set of priorities. Concerning who needs to be involved, we would recommend that Optum be a part of the workgroup as well as providers from different parts of the state and different professional levels along with parents. Juliet Charron shared that the Idaho Community Health Center Association recently reached out and asked about participating. We also agree with having representation from providers and from across the state on the family side to make sure that we get a full understanding of the user-experience that we are trying address. Tricia Ellinger added that it is important that the parent voice includes parents that are experiencing the CANS currently with children of different age levels and multiple disabilities so that we can try to better understand that unique experience. Raini Bowles shared that she would like to be a part of this workgroup as a parent and as a foster community member. Tricia Ellinger also shared that Optum and providers need to be on this workgroup. As well, the DD case managers are unaware of how the CANS and the YES appendix works so perhaps it would be helpful to include them. The reference to DD and YES appendix is that the DD case managers need to know the complexities of assessments that are important to treatment and access to services.</p> <p>Patrick Gardner asked who should chair this workgroup and volunteered Janet Hoeke. Janet Hoeke shared that she would be happy to as she is happy to help with this in anyway. For membership, it would also be potentially helpful to have someone from Liberty on the workgroup. Ashley Porter shared that she could help coordinate getting someone from Liberty to participate on this workgroup. Tracey Sutton agreed that the FQHC's need to be included and shared that they would be glad to participate to represent the northern region as an FQHC provider. Ross Edmunds shared that the state will talk about this membership internally and identify a state co-chair. It would make sense to have two co-chairs on this workgroup. Francesca Barbaro added that she is happy to provide a clinical perspective for the Department, if needed. Ruth York also shared that FYIdaho could help with parent involvement and provide recommendations.</p> <p>Patrick Gardner asked the state, from their experience, how many participants is too many? Shane Duty shared that for this workgroup, it may be best to have the total membership at ten participants or less. Janet Hoeke shared that she would disagree only because it is important to have all of the voices present. If there is tight management, we are documenting the voices, and staying organizing in a way that is effective then it can work</p>	

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				<p>well. Shane Duty added that we previously talked about having an expert from Praed on this workgroup and Praed is open to that. As a note, this request would need to be approved by Candace Falsetti first. The Praed Foundation also suggested that members should be CANS certified. Raini Bowles shared that for the FAST subcommittee, we had more than ten participants, which was excellent as many times others could not attend. Additionally, parents can get certified, however most of us are not already. Patrick Gardner added that we should include at least one or two youth on this workgroup. Ten participants would not give us many slots. Ashley Porter added that we may not be able to get all the right people at the table if we only have ten slots. Alex Childers-Scott agreed and added that 20 members would provide good representation. However, it should likely not exceed 25 participants. Ross Edmunds shared that he likes the idea of a bigger group for this workgroup to help us get a better product in the end. Relative to what Shane Duty said, this workgroup will have to figure out how to best utilize and incorporate all members in the decision-making. The workgroup may decide that it is best to divide up into smaller subcommittees to help with that decision-making.</p> <p>Georganne Benjamin explained that the number of participants might be secondary to the skill sets and experiences of those coming into the workgroup based on what we want to build solutions for. The skill sets and voices that we need should be looked at first. Patrick Gardner explained that it may make the most sense to have the IGT members make recommendations to the IGT Executive Committee of those who should be on this workgroup and include a couple of sentences about why that should be included. This way we can focus more on who should participate rather than how many participants we are going to have. Georganne Benjamin agreed and Matt Johansen shared that he is happy to put forth providers names from throughout the state that we coordinate with regularly. Laura Scuri added that she sits on the Executive Board for the Idaho Association of Community Providers and she would be happy to put a call out for participates from every region in Idaho. Janet Hoeke asked about contacting the FQHC and Juliet Charron confirmed that she would reach out and request representatives.</p> <p>Patrick Gardner shared that the IGT Executive Committee would like feedback to put together the workgroup charter, which includes the membership. First, do the two primary areas described sound correct and should be the focus of the One Kid One CANS Workgroup? In regard to membership, the best way to go would be to give the IGT members a few weeks to submit their recommendations to the IGT Executive Committee and then we could figure out a way to manage the participants versus</p>	

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				<p>having a small workgroup. Another question is if the user-experience and the length of the CANS are the appropriate focuses for this effort over the next 6 - 8 months. Ross Edmunds added that it is important to note that the issues that Shane Duty presented were on behalf of the IGT Executive Committee and what the members were in agreement on regarding the focus areas. Patrick Gardner then asked if the IGT members agree with the notion of using this workgroup as the means to develop and identify issues and make recommendations on those subject matter areas. Shane Duty explained that, regarding the workgroup membership, his recommendation if it is going to be a large workgroup is that we add a clear decision-making pathway that is approved by the IGT Executive Committee that would help the workgroup come to final decisions. Patrick Gardner agreed with this suggestion as well as the IGT members. Ross Edmunds expressed his agreement as well with one caveat that we also look at the renewed membership of the workgroup. Patrick Gardner also agreed that participation is key so the IGT members should make their participation recommendations by submitting them to the IGT Executive Committee within the next two weeks and include a reasoning for that recommendation. The IGT Executive Committee will then come back with a membership list. Patrick Gardner asked if the IGT members are supportive of this approach and all of the present members agreed.</p> <p>Janet Hoeke commented that, regarding the Praed Foundation's suggestion to have members of the workgroup be CANS certified, this could be a problem for parents as there is a cost associated with it. Ruth York added that this may not be important for the parents input. Shane Duty explained that this recommendation came from Praed. Tracey Sutton asked if the purpose of having the CANS certification requirement is to ensure a thorough understanding of the tool or is there some other purpose. Patrick Gardner expressed that putting up a barrier like that is a mistake. Shane Duty shared that he will reach out to Praed to request clarification on that recommendation.</p> <p>Patrick Gardner asked Ruth York if FYIdaho would be able to come up with some youth members that might be able to participate. Ruth York confirmed that FYIdaho can do that. Patrick Gardner clarified that the IGT Executive Committee will review the recommendations and come back with a proposed One Kid One CANS Workgroup charter and membership list for endorsement by the IGT at the November IGT Meeting.</p>	
4	15 mins	Discuss the Communication Plan	Howard Belodoff	Howard Belodoff shared that he was invited to speak in front of the Idaho Justice Committee in September. During this speech, he asked the audience if they knew about the Jeff D. lawsuit and only five attendees raised their hands. When he asked who had heard about YES, only ten attendees raised	

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				<p>their hands, which was surprising. This is a concern as we need to think about how we are communicating this information to the public. These attendees were unfamiliar and did not have the information about what they should do, who they should talk to, or where they can find the information for police officers who deal with this on a daily basis. It is difficult for the police officers as they are not equipped to handle this and they do not know the options that are available for parents. This means that we need to do something with regard to communication. This includes identifying entities that could benefit from having this information, developing a plan on how to educate and get this information to the proper organizations, and we need to build relationships with these people if we want to make this system work. Howard Belodoff then suggested creating a toolkit and/or a training of some sort. This is really important as the system of care and crisis system develops. We need to do more in this area.</p> <p>Shane Duty shared that something that, from a Department standpoint, we have talked about this to a planning degree. There is also the Communication Plan however, it is out of date and needs to be updated and adjusted to meet our system of care as it changes and develops. We need to look at how we engage and get out in the communities where these daily conversations are occurring. Planning conversations have occurred and we want to determine the responsible parties and come up with a strategy to hit all of the targets. DBH is ready to step up as the group that owns the formation of that Communication Plan however that does not mean that DBH accounts for every detail. Rather, we would make sure that the Communication Plan is updated and engage the correct stakeholders in how we do that. This starts with the parents and community members regarding how we incorporate their input into the communication strategy. Then, within the Department, we would take the feedback and work with IDJC, SDE, Medicaid, FACS, etc. to make sure that milestones are built into that plan. We want to build a plan and produce materials that relay those messages. Howard Belodoff added that it was effective to bring the information down to a level that the officers could see it since they have a different perspective. Shane Duty agreed that we need to maximize the expertise that someone brings to the table. We need tangible communication materials and we should leverage that without focusing too much on process. This can be done with a solid communication strategy.</p> <p>Brittany Shipleigh shared that it is important to highlight that it is all entities and Howard Belodoff is right because there is not enough information out there. There are deficits in the communication and then things fall through the cracks. The number one piece of feedback is when families ask, “How come we did not know about this?” Jessica Barawed shared that the County</p>	

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				<p>Juvenile Justice has a unique opportunity with resource grants. They received a grant and are working on creating a resource center. It is also important to educate law enforcement. We are specifically working on steering low criminal youth away from the justice system, which will start with the Boise Police Department. We are also starting communication at a local level. Many other regions also received these grants and are collaborating to get that information out. Tricia Ellinger also shared that the Safe Teen Assessment Centers are trying to understand how to communicate the resources that they have available. Find Help Idaho is the method they will be using in Region 3. Education across disciplines is imperative.</p> <p>Howard Belodoff explained that with the youth centers opening up, we need to have these conversations with the stakeholders and develop a strategic plan. Patrick Gardner noted that we have not formally heard from the Communications Workgroup. It would be helpful to have members at the next IGT Meeting so that they can share an update on what they have been working on. Janet Hoeke asked if this workgroup would have information about how to talk to specific stakeholders. Shane Duty explained that this workgroup has not been charged with coming up with the Communication Plan. Rather, they would be collaborators with that plan. Janet Hoeke then asked where that lies and if that group could present on what the Communication Plan is at the next IGT Meeting. Shane Duty explained that the Communication Plan exists however, it is outdated. The Department has started conversations about how to update it, who owns it, and who the contributors are. Janet Hoeke asked how the IGT can be inclusive of that process and Shane Duty suggested that the IGT list this as an agenda item and request an update at the next IGT Meeting. DBH can have some staff members provide an update on where we are, including strategies for stakeholder outreach and the outlined next steps. Patrick Gardner explained that this is fully explained in the Implementation Assurance Plan (IAP) under Objective B. The Department needs to identify who is responsible for ensuring that that is done and come back to the IGT with clarification on who is responsible for doing this and how it is getting done. Howard Belodoff added that a good place to start is with the people that are effected and who you need to communicate with. It could be useful to have someone, such as Jessica Barawed, identify someone who could speak to this issue, such as a Police Chief who could talk about what their police officers face and what would help them. Jessica Barawed agreed and added that educating local law enforcement and having the resource center piece is how you can steer away youth and connect them to resources.</p>	

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				Janet Hoeke explained that next month the IGT will get the report back from the Communication Workgroup around what they are doing, how they are planning to get that feedback, and what they will do once they have that feedback. Patrick Gardner added that having the Department come back to the IGT with a description of the Communication Plan and how they will comply with the IAP would also be useful.	
5	20 mins	Review Updated FACS Administrative Directive	Cameron Gilliland	<i>Due to time, this agenda item was not covered and will be added to the November IGT Meeting agenda.</i>	
6	10 mins	Update on IGT Roles & Responsibilities Grid	IGT Subgroup Members	<i>Due to time, this agenda item was not covered and will be added to the November IGT Meeting agenda.</i>	
7	15 mins	Review Sponsor's Status Report	DBH & Medicaid	<i>Due to time, this agenda item was not covered and will be added to the November IGT Meeting agenda.</i>	
8	5 mins	Review & Update Open Action Items	IGT Executive Committee	The below open action items were reviewed and updated accordingly.	
9	5 mins	New Business Items	IGT Members	<p>November Half-Day Meeting - Janet Hoeke suggested that the November IGT meeting be scheduled to take place from 9:00am - 1:00pm MT both in-person and virtually and the present IGT members agreed.</p> <p>Due to time, the above listed agenda items, "Review Updated FACS Administrative Directive", "Update on IGT Roles &amp; Responsibilities Grid", and "Review Sponsor's Status Report", need to be deferred to the next IGT meeting. Janet Hoeke motioned for these three agenda items to be moved to the November IGT Meeting agenda and Juliet Charron seconded this motion. All present IGT members approved of this change to the agenda.</p> <p>Youth Engagement - Janet Hoeke shared that she would like to have a discussion about youth engagement within the system of care, how to better engage youth, and how to get more youth voice in this process. This discussion will be added to the November IGT meeting agenda.</p>	
10	5 mins	Public Comments	IGT Members	<i>No public comments were provided at this time.</i>	
11	5 mins	Review Future Agenda Topics	IGT Executive Committee	<p><u>November IGT Agenda Items:</u></p> <ul style="list-style-type: none"> <li>• Review Updated FACS Administrative Directive - Cameron Gilliland</li> <li>• Update on IGT Roles &amp; Responsibilities Grid - IGT Subgroup Members</li> <li>• Review Sponsor's Status Report - DBH &amp; Medicaid</li> <li>• Report from Due Process Workgroup - Howard Belodoff</li> <li>• Discuss Requested Next Project for ICAT Subcommittee - IGT Members</li> <li>• Review One Kid One CANS Workgroup Charter &amp; Membership Request List - IGT Executive Committee</li> <li>• Presentation on Communication - Communication Workgroup Members</li> <li>• Youth Engagement - Janet Hoeke</li> </ul>	
12	--	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.
Gather information from community providers about the decrease in skills-building and the increase in TCC.	2/9/22	Laura Treat	N/A	Update: Understanding that this was rolled into the CBRS questions. Correct? 10/12 Update: This is a separate question but the request could be sent to ICAT. Discussion will continue at the next IGT meeting.	2/9, New.
Based on the CANS Oversight Issues document from Patrick Gardner and the following item, "Do MCO policies undermine CANS? Are there unintentional financial incentives that cause some of the problems identified above?", Dennis Baughman will work with his Optum team to provide information on undermining versus fostering the use of the CANS.	6/8/22	Dennis Baughman	N/A	Update: Understanding that this was rolled into work on the One Kid One CANS Workgroup. Correct? 10/12 Update: Correct, it is recommended that this work be rolled into the One Kid One CANS Workgroup.	6/9, New.
Optum will work with Medicaid to extend the monthly Provider Engagement/Advisory Committee meeting invitations to the IGT members.	7/13/22	Georganne Benjamin	N/A	Update: Check to see if additional parents or providers are interested in attending these meetings. 10/12 Update: Optum will work with Medicaid to determine this and update with the IGT.	7/13, New.
IDJC, FACS, and SDE will email Megan Schuelke the representative who will regularly attend the Due Process Workgroup meetings.	9/14/22	IDJC, FACS, and SDE	N/A	Update: Megan Schuelke has not received emails from IDJC, FACS, or SDE. 10/12 Update: Megan Schuelke will reach out to IDJC, FACS, and SDE again.	9/14, New.