Date/Time of Meeting	Wednesday, March 8, 2023, 10:00 a.m. – 12:00 p.m. MT Dial: 415-527-5035 Access code: 2763 870 6910 Meeting password: bjA72A33uG3 (25272233 from phones and video systems) Webex: https://idhw.webex.com/idhw/j.php?MTID=m5467926584070d11371d3cf13c692d49 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	Voting Members	Att'd	Ex-officio Members	Att'd
Ross Edmunds – DBH	X	Monty Prow – IDJC	X	KayT Garrett - DHW DAG	X
Janet Hoeke – Parent Leader	X	**Proxy Voting Members**	**Att'd**	Kim Stretch – DHW DAG	X
David Welsh – Medicaid	X	Candace Falsetti – DBH	X	Joy Jansen – School District	X
Patrick Gardner – Child Advocate	X	Michelle Weir - FACS	O	Georganne Benjamin – Optum	X
Howard Belodoff – Child Advocate	X	**Recorder**	**Att'd**	Matt Johansen – Optum	X
Jessica Barawed – County Juvenile Justice	X	Megan Schuelke - DBH	X	Dora Axtell – Nimiipuu Health	O
Val Johnson - DBH CMH Representative	X	**Ex-officio Members**	**Att'd**	Candice Jimenez - NPAIHB	O
Marquette Hendrickx - Tribal Representative	O	Jon Meyer – DBH	O	Caroline Merritt – Association of Providers	X
Ruth York – Family Advocacy Agency	X	Scott Rasmussen – DBH	X	Michelle Batten - FYIdaho	X
Kim Hokanson – Parent Leader	X	Jenna Tetrault – Medicaid	O	Emily Brown – YES Project Manager	X
Madeline Titelbaum - Youth Leader	X	Mallory Kotze – Medicaid	X	Raini Bowles – Parent Representative	X
Chad Cardwell – FACS	X	Francesca Barbaro – Medicaid	X	Brittany Shipley – Parent Representative	X
Juliet Charron - Medicaid	X	Ashley Porter – Medicaid	X	Tricia Ellinger – Parent Representative	X
Alex Childers-Scott - Medicaid	X	Dori Boyle – Medicaid	X	Julie Mead – SDE Representative	X
Laura Scuri – Provider	X	Nicole Gaylin – Medicaid	X	Sally Bryan - DBH	X
Sara Bennett – Parent Leader	O	Andie Blackwood – FACS	X	Parker Luce – Member of the Public	X
TBD - SDE	O	Cameron Gilliland - FACS	O		

MEETING NOTES

#	Length	Topic	Topic Owner	Discussion	Decisions
1	**10 mins** *(All times are aspirational & are subject to change.)*	Welcome, Roll Call, & Approve Minutes	IGT Executive Committee	The following document(s) were shared with the IGT members: • YES Communications Strategic Planning Workgroup Monthly Report from January 2023 • YES Communications Strategic Planning Workgroup Monthly Report from February 2023 • YES Communications Strategic Planning Workgroup Monthly Report from March 2023 • Family & Advocacy Meeting (FAM) Subcommittee Approved Meeting Notes from October 2022 • ICAT Subcommittee Approved Meeting Notes from December 2022	***Vote:*** The IGT voting members voted unanimously to approve the IGT Meeting notes from November 2022.

#	Length	Topic	Topic Owner	Discussion	Decisions
				Action Item: Approve IGT Meeting Notes from November 2022. Ross Edmunds motioned to approve the IGT Meeting notes from November 2022 as written and Ruth York seconded this motion.	
2	**20 mins**	Nominate & Vote for new IGT Voting Members & for renewing IGT Voting Members	IGT Voting Members	***Action Item:*** Nominate & vote for Brittany Shipley as a new IGT Voting Member/Parent Representative. ***Action Item:*** Nominate & vote for the new IGT Executive Committee Co-Chair. ***Action Item:*** Nominate & vote for Julie Mead, Director of Special Education with the Idaho State Department of Education (SDE), as a new IGT Voting Member/SDE Representative. ***Action Item:*** Nominate & vote for the following renewed IGT Voting Members. 1. Howard Belodoff 2. Chad Cardwell 3. Michelle Weir 4. Candace Falsetti 5. Kim Hokanson 6. Laura Scuri 7. Jessica Barawed Janet Hoeke shared that due to family issues, she has to step-down as the IGT Executive Committee Co-Chair. Janet Hoeke shared that Brittany Shipley, who is also a parent, is interested in the position. Ross Edmunds clarified that Brittany Shipley will be nominated as a new IGT voting member and parent representative first. Janet Hoeke confirmed and added that from all of the nominations, the IGT voting members will also vote on a new IGT Executive Committee Co-Chair. Andie Blackwood shared that Michelle Weir is no longer available to act as the proxy IGT voting member for FACS. Megan Schuelke shared that she had reached out to the listed IGT voting members for confirmation on their interest in renewing their membership and had not received a response from Chad Cardwell and Howard Belodoff. Chad Cardwell clarified that he would like to renew his IGT voting membership and plans on participating regularly, if approved by the IGT voting members. Howard Belodoff also provided confirmation that he would like to renew his IGT voting membership. KayT Garrett explained that we likely do not have to be this specific with the process per Idaho Open Meeting Law. For example, Chad Cardwell can determine his own proxy member prior to an IGT Meeting if he is unable to attend. Ross Edmunds motioned to nominate Brittany Shipley and Julie Mead as new IGT voting members. Ross Edmunds also motioned to nominate the	***Vote:*** The IGT voting members voted unanimously to approve Brittany Shipley and Julie Mead as two new IGT voting members. ***Vote:*** The IGT voting members voted unanimously in favor of approving Howard Belodoff, Chad Cardwell, Kim Hokanson, Laura Scuri,

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				above renewed IGT voting members, including Howard Belodoff, Chad Cardwell, Kim Hokanson, Laura Scuri, and Jessica Barawed. Ruth York seconded this motion. Patrick Gardner asked if the IGT voting members accept voting as a slate instead of for each individual to make it clearer. No present IGT voting members expressed any concern for slate voting for IGT voting members. Ross Edmunds motioned to approve Brittany Shipley as the new IGT Executive Committee Co-Chair and Patrick Gardner seconded this motion. It was noted that this change to the IGT Executive Committee will be effective at the end of this IGT Meeting. Patrick Gardner asked if this role requires a contract with the state as a parent participant or if additional steps need to be discussed. Ross Edmunds explained that Brittany Shipley will now be joining the IWG as well so that will require the completion of the IWG Confidentiality Agreement. Janet Hoeke clarified that the hours will be transferred over for compensation and that goes through FYIdaho. First, that needs to be signed off by DBH. Ross Edmunds added that DBH will work with Brittany Shipley and FYIdaho to get this worked out.	and Jessica Barawed as renewed IGT voting members. ***Vote:*** The IGT voting members voted unanimously in favor of approving Brittany Shipley as the new IGT Executive Committee Co-Chair.
3	**30 mins**	Review Updated DBH Organization Chart	DBH	Ross Edmunds began by reviewing the updated Division of Behavioral Health (DBH) organizational chart. Ross Edmunds shared that DBH will be seeking a part-time Medical Director. Janet Hoeke asked what the DBH Medical Director would be reviewing and Ross Edmunds explained that they would review policies, decisions, and engage when we need the highest clinical authority. This position will include a lot of advising. Janet Hoeke asked if this would include advising on the children in the state hospitals. Ross Edmunds explained that it would not because we have a Medical Director for the state hospitals. This specific DBH organizational chart does not outline the staff members for each of the state hospitals. Ross Edmunds continued reviewing the updated DBH organizational chart. DBH used to have a Central Office and seven Regional Offices with each having a Regional Program Manager. DBH is transitioning to a statewide format, which includes the Oversight & Statewide Operation (OSO) Bureau and a small QMIA Bureau. The QMIA Bureau has Candace Falsetti as the division-wide QMIA Director. There is also the Clinician Bureau, which now has Hub Program Managers. This bureau is focused on the customers, direct services, and the involuntary system. The Strategy, Innovation, and Community Development (SICD) Bureau is focused on looking for grants and ways to improve the system. Scott Rasmussen is the SICD Bureau Chief and Val Johnson is the statewide CMH Program Manager. Both members have started to join these meetings. The Center of Excellence (CoE) Bureau is focused on lifting the overall quality of care throughout the state through training,	

#	Length	Topic	Topic Owner	Discussion	Decisions
				coaching, and mentoring. This bureau has specific focus areas and we expect that to increase in the future. The intention is that these staff members will work with the provider network, the MCO, and lift the quality throughout the state with that intentional focus. The focus areas include CANS, crisis, wraparound, as well as certain programs. There is an additional bureau that is not listed on this organizational chart and that is the IBHP Governance Bureau, which will focus on moving forward with the MCO. We recently hired David Tovar for this bureau as the Bureau Chief. This will be a shared bureau and the members will report to both DBH and Medicaid. We want to bring oversight and collaboration to both divisions so we want to make sure that we have one leader for the bureaus and each Bureau Chief will guide that structure. Ross Edmunds then explained the purpose for DBH completing this reorganization and transition. As we are moving to the new MCO with this intentional design, we eliminate the bifurcation that exists today with DBH providing direct services and private providers providing care. There are publicly shared documents that describe this further as both DBH and Medicaid services will go under the MCO. Under this new contract, DBH will no longer deliver direct services and we needed an infrastructure that best helped fulfill this. Ross Edmunds added that in the future the Clinical Bureau will not be providing direct services. DBH is in an interesting position right now because we are waiting on the new MCO so some of our staff members are still doing their old job as well. The ACT Teams are a great example because we still have to deliver those ACT services today. As soon as the transition occurs, we plan to have a runway. Wraparound is another example as we will not immediately transfer a family to a new Wraparound Coordinator. Brittany Shipley asked how this will work for crisis services. Ross Edmunds explained that crisis services are a focus area under the CoE Bureau and the purpose of that is because we are still doing crisis work. We do not have mobile crisis services set up across the state and we intend to do trainings on crisis delivery and Mobile Crisis Response Teams. We also intend to mentor and assist the private provider network as they stand up their crisis system. We are investing a lot of resources into looking at the overall quality of the services. We are focusing on doing things in a consistent way and the only way that can happen is to work closely in a partnership with Optum and the future MCO. Howard Belodoff asked what the colors on the DBH organizational chart mean. Scott Rasmussen explained that yellow means that the position will be located in northern Idaho, orange means that the position will be located in southwest Idaho, pink means that the position will be located	

#	Length	Topic	Topic Owner	Discussion	Decisions
				in eastern Idaho, and green means that they are statewide positions. This is because of the work that needs to be done with community partners. We wanted individuals throughout the state so that they would be available to community partners versus being located anywhere throughout the state of Idaho. Ross Edmunds added that this is one of the things that has changed since COVID. Many people can work remotely and we want to find the best candidates for the positions. Howard Belodoff noted that this is a work in progress and it would be helpful if once everything is in place, we have an explanation of what each division does and have each highlight the children's mental health (CMH) work versus their adult mental health (AMH) work. Ross Edmunds shared that this is a great request. Last week, we met with the Implementation Workgroup (IWG) and he shared a different version of the organizational chart. This version can also be provided to the IGT members. Janet Hoeke asked in regard to Medicaid and the combined bureau with DBH, have the roles at Medicaid changed where the IGT may need to see an updated organizational chart from Medicaid to see where the positions are combined with DBH. Juliet Charron shared that at a future IGT Meeting, Medicaid could bring a new organizational chart that further explains the combined IBHP Governance Bureau. We are still working through pieces of this bureau, including what all of the staffing will look like. In terms of Medicaid staffing, other than the individuals that will be dedicated to YES, nothing else is changing on the Medicaid side. The clinical staff members that are dedicated to EPSDT for out-of-home placements will change in the future because that function and set of services will be under the new IBHP contractor rather than being a fee for service. This is something that Medicaid can further explain in the next year when we can share it with the IGT. Janet Hoeke asked if this is a topic that we should put on the future IGT agenda list and Juliet Charron confirmed. Juliet Charron further explained that the new IBHP Bureau will have functions that will continue to exist that will touch behavioral health. An example of this is the Policy Team that will work with behavioral health policies and engage with DBH. David Welsh added that with this bureau, the intent is to create one interface with our participants. We are trying to eliminate the complexity around accessing behavioral health services, which includes both Medicaid and non-Medicaid services. This way it will be less complicated for people to pursue services regardless of the payor. The only things that fall outside of this are the state hospitals and the Designated Examiners (DEs).	***Action Item:*** Ross Edmunds will provide the IGT members with a different version of the updated DBH organizational chart that he previously provided to the IWG members.

#	Length	Topic	Topic Owner	Discussion	Decisions
				Janet Hoeke asked about those who are coming through the FACS or DD programs. Will they have one access point through the IBHP Bureau? Ross Edmunds shared that we do not want to have separate access points. The expectation under the new IBHP is that there will be collaboration and an integrated approach to that care. We are always working on that so that those systems are working together. For example, FACS should view the behavioral health system as the recipient and we all need to fulfill our responsibilities to help people access the services that they need. We also need to ensure that the behavioral health system is providing access to those services. We do not want FACS to develop their own behavioral health system. Patrick Gardner requested clarification. When the state is mentioning DEs and involuntary care, do they mean institutional care? Ross Edmunds explained that involuntary care is often heavily-weighted towards adults. This occurs when individuals have been placed on holds by law enforcement or individuals that are in a hospital. This does happen with children but it is not as common. Patrick Gardner asked that when DBH is stating that their primary focus will be on the involuntary system, is it correct that they are referring to the hospitals. Ross Edmunds shared that he is not referring the hospitals. Rather, DBH is referring to the involuntary system, such as outpatient dispositions. A big chunk of this is the hospitals and there are a number of individuals that are in outpatient care but they are still under the commitment of the state. Patrick Gardner asked if the state hospitals will land under the new IBHP Bureau and Ross Edmunds confirmed that they will in terms of funding. This will not be the case for the process by which a person is committed. However, once they are at a state hospital, the reimbursement of their care would be under the MCO. Their care will be paid for by the MCO, similar to the process for a private hospital. DBH still operate and manage the state hospitals. Patrick Gardener asked where Megan Schuelke's position as the IGT support role landed on the updated DBH organizational chart. Megan Schuelke explained that her position is listed under the SICD Bureau with Val Johnson in the CMH Unit. Patrick Gardner then asked where we are in the process of shifting Megan Schuelke to this role. Val Johnson explained that the transition is still in progress because we are in the hiring process and working with the Administrative Support staff members to figure out who is the best staff member to take over Megan Schuelke's administrative role. We are being strategic as we hire and transition work to make sure that we are getting everything covered effectively. Patrick Gardner shared a reminder that it was supposed to	

#	Length	Topic	Topic Owner	Discussion	Decisions
				happen many months ago and it does not bode well as it should be a straightforward transition. Patrick Gardner shared that his next question relates to staffing and whether this is an increase or decrease in FTEs for DBH. Ross Edmunds explained that outside of the state hospitals, in order to complete this transition, we need a reduction in CMH and AMH FTEs by 25% overall. We are working on that transition as we do not want to have to lay off any staff members. Patrick Gardner asked if this percentage will be equally shared between CMH and AMH. Ross Edmunds explained that it will be equally shared with a 25% reduction in CMH and a 25% reduction in AMH. Patrick Gardner then asked if there will be a direct transfer of funds to Medicaid or how that budget will work. Ross Edmunds shared that the state budget is broken down into four categories and this money is moving from the trustee and benefit (T&B) category to the personnel category. Patrick Gardner stated that there is a T&B behavioral health line of spending but we do not have T&B services anymore. Ross Edmunds clarified that we still do as it is considered T&B when they are paid to private providers. The dollars are still tracked through the direct service delivery. It does not go over to Medicaid and instead stays in DBH. This is why we are managing the new MCO together. Juliet Charron added that the non-Medicaid covered behavioral health services will be covered through the IBHP contract. The Medicaid budget is unchanged from this specific transition. Patrick Gardner asked if they are right in thinking that there are services that DBH has provided directly that are Medicaid services so this will be an increase for the non-Medicaid service line. This would include paying for PLL as these were Medicaid covered services before and now they will become non-Medicaid covered services. Juliet Charron explained that some services, like PLL, will be transitioning to Medicaid. Medicaid requested an additional $72 million dollars and $50 million of that was for the new services that were historically DBH services. The additional $22 million dollars is for provider rate increases. The Joint Finance Committee approved this budget request but it still has to go to Senate and House floor for approval. Ross Edmunds shared that flex funds is another example. These funds will go into the new IBHP budget and will be used for both Medicaid and non-Medicaid individuals. The T&B budget will also go into the new IBHP. Patrick Gardner stated that is sounds like there will be a change in character of the payments such that they will change from state funded to Medicaid funded. Will there be a net gain for the YES system as a result of these changes? Ross Edmunds confirmed and Juliet Charron clarified that they do not have an exact dollar figure	

#	Length	Topic	Topic Owner	Discussion	Decisions
				at this time. We can claim federal funds and general funds when it comes over to Medicaid. The provider rate increases will impact the availability of services for children and youth. Patrick Gardner noted that this could suggest additional resources for the YES program and it may be significant. Ross Edmunds and Juliet Charron both agreed. Patrick Gardner asked what would happen if the IBHP is further delayed by the appeals process as all of this seems to hinge on the MCO firing up this new approach. Ross Edmunds explained that DBH will continue to deliver the services that we have been and are today. We are in the process of reorganizing and if something drastic happens with the IBHP, we will have to pivot and provide assistance until we know of where those individuals will go to receive their services. Patrick Gardner asked when the current Optum contract ends and Georganne Benjamin shared that it ends on June 30, 2023. Patrick Gardner then asked if there is any plan to extend that contract. David Welsh explained that Medicaid has been working with Optum and the Division of Purchasing (DOP) to extend that contract with Optum. We plan to extend it past June 30, 2023. We need to have an implementation period so that we are able to review the procurement process, address any changes, and communicate those changes to the teams and stakeholders. Patrick Gardner asked if the Department could provide an update on procurement process today. Juliet Charron shared that they will give an update to the extent that we can. As we continue forward, all of this will happen regardless of what happens contract-wise. There is work that needs to happen and it will continue on into the next year as we will continue to work and partner with Optum. Patrick Gardner asked if that means that the provider rate increases will also happen regardless of the new IBHP contract and Juliet Charron confirmed. Howard Belodoff asked if there is any concern about the administrative burden of working with Medicaid. Will there be any changes along those lines? Juliet Charron shared that Medicaid is working with DBH and Optum to look at the administrative burden. They have also received feedback from the Federally Qualified Health Centers (FQHCs) and that work is moving forward and plans to continue. There is a lot of rebuilding that has to happen due to the changes in workforce. Matt Johansen shared that, in terms of the specifics on this ongoing work, we collected a lot of feedback from a wide variety of providers on the primary administrative burdens. The rates, the CANS, and documentation are listed as some of the main burdens. We are working with Medicaid to identify the common solutions that providers liked, such as having no prior authorization requirement for community skills-building.	

#	Length	Topic	Topic Owner	Discussion	Decisions
				Howard Belodoff asked how treatment foster care (TFC) will work with the IBHP. What is the vision for that? Is Medicaid going to pay for that or will DBH? David Welsh explained that TFC is detailed out in the ITN. For support on that level of care, we have limits due to funding. The expectation is that this service will be reestablished and we will be paying for a portion as the Medicaid covered benefit. We will then work with the Administrator on how that benefit is established and funded. Ross Edmunds added that there are certain elements that Medicaid can cover. DBH intends to pay for what cannot be paid for by the Medicaid benefit and cover all of it for the non-Medicaid covered individuals. Howard Belodoff asked if the money will be transferred to the new contractor so that the Department is no longer involved. Ross Edmunds shared that he would have to go back and look. Juliet Charron explained that children who are in a state conservatorship automatically go to Medicaid. A majority of children who are in the foster system are also covered through Medicaid automatically, unless there is a limit to what Medicaid can cover and then the contractor will look at non-Medicaid funds and block grants. Ross Edmunds added that the children using TFC are those in the foster care system and those whose parents provided permission. Howard Belodoff shared that he would like more information on the children that are not in foster care and who is responsible for building that system. Juliet Charron share that today it is the Department that is responsible for building that system. In the future, it will be a combination of the Department and the new IBHP contractor. In the chat, Ruth York shared that she hopes that telehealth services for non-licensed providers, like Peer Support professionals, can be included in the work to extend pandemic benefits. It helps keep providers in the field who literally make no money once they pay their own travel expenses to visit families and youth. David Welsh noted that we are currently working with Optum to determine what telehealth flexibilities will continue post PHE. This is a complex topic but we are working to resolve this as soon as possible. In the chat, Laura Scuri shared that providers are maxed and with an expensive transition coming up, we are not in the same financial position that we were in. It is likely that there will be a provider shortage within the next 6-8 months without a rate increase. Brittany Shipley added that the Blaine County area has one provider agency with one staff who has run the agency solo for two years now and is burnt out, so most children	

#	Length	Topic	Topic Owner	Discussion	Decisions
				have been unable to get services through the agency due to this issue and the agency will likely close. In the chat, Kim Hokanson asked if the contract with Optum had already been extended to the maximum four times and if so, would that affect the extension negotiations. Janet Hoeke noted that Georgeanne Benjamin from Optum shared that it has no effect on the extension of the negotiations.	
4	**20 mins**	Update from DBH & Medicaid	DBH & Medicaid	Val Johnson shared a presentation on the YES Sprint Project, which explained the decision to organize a YES Sprint Project around four identified focus areas related to services for high-needs youth. The four focus areas were out-of-home placements, intensive care coordination (ICC), intensive home & community-based services (IHCBS), and crisis services. Val Johnson explained that each intensive sprint lasted for two weeks and included cross-divisional stakeholders. In April, we would like to present to the IGT on the recommendations that we gathered as we would like the IGT's perspective and feedback. Ross Edmunds added that we would like the IGT members to provide the state with their input to help guide us on prioritizing the recommendations and creating a plan to move forward. Janet Hoeke shared that it would be helpful if the slide deck with the recommendations could come out a week before the next IGT Meeting. This way the IGT members could review the information ahead of time to bring back helpful input and be ready for a valuable discussion. Patrick Gardner shared that while he is glad to hear that Medicaid and DBH are working more closely together, this presentation did not present anything new, which is unfortunate. Additionally, a few observations were made based on the presentation. The presentation sounds like you think that the answer to your problems is to work harder and that is the wrong answer. We also get the sense that the state is already having staffing problems and the plan is to decrease 25% of the authorized positions. This is a concern. While we like the better collaboration, all of the things mentioned take more time and that is a worry. Val Johnson explained that she thinks that we will be able to be more direct in attacking these with this method. In the past, we would try to tackle a lot all at once, which divides the focus. The perspective of doing sprints and doing this work together is that we are looking at what we can tackle with resources that we have so that we can be intentional moving froward. Patrick Gardner shared that for his second concern, he was thinking about the challenges that the state has run into. The system capacity has	

#	Length	Topic	Topic Owner	Discussion	Decisions
				declined in the last two years. The state has had a difficult time making decisions and following through with those decisions. These new recommendations have to go through a process so we did not see anything today. This is because it has to be taken to the Sponsor's first and then the final recommendations can come before the IGT. This makes it sound like the recommendations have already been finalized and the IGT is coming in too late to provide feedback. This sprint process would be more helpful if the state incorporated parents and providers earlier so that it would include their views and perspectives. Ross Edmunds shared that it does not feel that way internally. We have done great highly-focused work with the intention to work smarter and not harder. We learned a lot running through these sprints about staying focused. We also highly value feedback and want feedback from the stakeholders. The sprint teams were given license to look broadly at long and short-term recommendations. We still have one sprint going on which is why we are bringing the detailed work to the IGT Meeting next month. Juliet Charron added that we have become more focused as a whole team versus having DBH and Medicaid doing separate things. It will take time for us to work through some of these. Also, thank you again to the IGT for letting us take this time as it has been critical to dig deeper. Patrick Gardner stated that for his third concern, the previous report provided concrete and smart proposals on how to make changes. One of which was to increase provider rates. It is not clear that other recommendations are showing up in serious ways in these sprints. We are worried that the state has been having these sprints to deal with something that has already been studied and we have powerful recommendations on. Instead, we are planning again when we have results that matter and time is of the essence. Ross Edmunds shared that the skepticism is understandable however, he has not felt as positive about the progress forward as he feels right now. In the chat, Brittany Shipley asked if the START model is one of the potential resources/modalities that you had referred to as a potential to bring in to provide support and address some of these issues and needs. Chad Cardwell shared that he could provide a brief update on the START model. FACS DD did request legislative funding for the first year of the National START certification. This funding request was approved by the JFAC committee and we are waiting on final approval from the full Legislature. If they approve it, FACS plans to begin the national START certification process in June/July 2023. Brittany Shipley shared that she thinks that the START model can help to address several of these issues and help to identify children at an earlier time, provide crisis-level	

#	Length	Topic	Topic Owner	Discussion	Decisions
				services in the home and community, and help lessen the amount of hospitalizations as a result. Joy Jansen asked where the school districts and local schools will fit into this YES work. She shared that she works with the Local Education Agencies (LEAs), which are the school districts that we are working with. There is more local hospitalization and trauma occurring in local schools because of the increase in behavioral health crises. It would be helpful to know what our role is and if there will be a training. What will that look like? A lot of parents have expressed that they are frustrated with YES and not receiving services so then their children are not receiving any services. Ross Edmunds explained that the state will not move forward with anything that does not include our partners. It is hard to partner with everyone as there are hundreds of LEAs. We will plan to work with Julie Mead from SDE to help us work with the LEAs so that there is a good partnership and understanding for the LEAs. Patrick Gardner asked if Joy Jansen could present at the next IGT Meeting around the frustrations that parents are having regarding YES and their children not receiving services and Joy Jansen confirmed.	
5	**10 mins**	Review & Update Open Action Items	IGT Executive Committee	Due to time, it was determined that Megan Schuelke will reach out to the owners of the below action items to request updates.	
6	**10 mins**	New Business Items	IGT Members	*No new business items were shared at this time.*	
7	**10 mins**	Public Comments	IGT Members	*No public comments were shared at this time.*	
8	**10 mins**	Review Future Agenda Topics	IGT Executive Committee	Patrick Gardner requested that an update on the status of the IAP deliverables, including the Services & Supports Crosswalk, the Access Pathways Maps, and the progress on the Implementation Compliance Task Force, be shared at the next meeting as this would provide the IGT with updates on these critical deliverables. KayT Garrett shared that these updates were a part of the overall update that the state was intending to provide today however, we ran out of time. The state can provide these updates via email to the IGT members. Patrick Gardner explained that the state should be provided with the time needed to present on these deliverables at the next IGT Meeting. Ross Edmunds shared that the state can give an email update to the IGT members and then we can also present an update at the next IGT Meeting. <u>April IGT Meeting Agenda Items:</u> • Share information on the frustrations that parents are having regarding YES and their children not receiving service – Joy Jansen • Update on the status of the IAP deliverables, including the Services & Supports Crosswalk, the Access Pathways Maps, and the progress on the Implementation Compliance Task Force – DBH & Medicaid	

#	Length	Topic	Topic Owner	Discussion	Decisions
				• Review YES Sprint Project Recommendations – DBH & Medicaid Future IGT Meeting Agenda Item: • Share an updated Medicaid organizational chart that further explains the combined IBHP Governance Bureau – Medicaid	
9	--	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.	**3/10/22, In Progress.** Ross Edmunds spoke with the RBHB Leadership and sent the questions to the CMH subcommittees for feedback.
Gather information from community providers about the decrease in skills-building and the increase in TCC.	2/9/22	Laura Treat	N/A	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	10/12 Update: Correct, it is recommended that this work be rolled into the One Kid One CANS Workgroup.	**6/9, 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	3/8 Update: Megan Schuelke shared that there are now participants from IDJC, FACS, and SDE.	**3/8/23, Closed.**
Provide the IGT members with the different version of the updated DBH organizational chart that was previously provided to the IWG members.	3/8/23	Ross Edmunds	N/A		**3/8, New.**