Date/Time of Meeting	Wednesday, April 12, 2023, 10:00 a.m. – 12:00 p.m. MT Dial: 415-527-5035 Access code: 2764 798 7204 Meeting password: sYmAkTAB229 (79625822 from phones and video systems) Webex: https://idhw.webex.com/idhw/j.php?MTID=m1dbda2aff2046dd18342720b6e578782 In-person Location: PTC, 450 W State Street, Boise, ID 83702, 3rd Floor, Conference Room 3A
Meeting Purpose	Interagency Governance Team (IGT)
Host	Brittany Shipley: 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	Sara Bennett – Parent Leader	O	Dori Boyle – Medicaid	O
Brittany Shipley – Parent Leader	X	Julie Mead - SDE	X	Nicole Gaylin – Medicaid	O
David Welsh – Medicaid	X	Monty Prow – IDJC	X	Cameron Gilliland - FACS	X
Patrick Gardner – Child Advocate	X	**Proxy Voting Members**	**Att'd**	KayT Garrett - DHW DAG	X
Howard Belodoff – Child Advocate	X	Candace Falsetti – DBH	O	Kim Stretch – DHW DAG	X
Jessica Barawed – County Juvenile Justice	O	Andie Blackwood - FACS	O	Joy Jansen – School District	X
Val Johnson - DBH CMH Representative	O	**Recorder**	**Att'd**	Georganne Benjamin – Optum	X
Marquette Hendrickx - Tribal Representative	O	Megan Schuelke - DBH	X	Matt Johansen – Optum	X
Ruth York – Family Advocacy Agency	X	**Ex-officio Members**	**Att'd**	Dora Axtell – Nimiipuu Health	O
Kim Hokanson – Parent Leader	X	Jon Meyer – DBH	O	Candice Jimenez - NPAIHB	O
Madeline Titelbaum - Youth Leader	X	Scott Rasmussen – DBH	O	Caroline Merritt – Association of Providers	O
Chad Cardwell – FACS	O	Jenna Tetrault – Medicaid	O	Michelle Batten - FYIdaho	X
Juliet Charron - Medicaid	X	Mallory Kotze – Medicaid	O	Raini Bowles – Parent Representative	X
Alex Childers-Scott - Medicaid	O	Francesca Barbaro – Medicaid	O	Tricia Ellinger – Parent Representative	X
Laura Scuri – Provider	O	Ashley Porter – Medicaid	O	Janet Hoeke – Parent Representative	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, & Update on Action Items	IGT Executive Committee	The following document(s) were shared with the IGT members: • YES Communications Strategic Planning Workgroup Monthly Report from April 2023 • ICAT Subcommittee Approved Meeting Notes ***Action Item:*** Approve IGT Meeting Notes from March 2023. Ross Edmunds motioned to approve the IGT Meeting notes from March 2023 as written and Ruth York seconded this motion. The IGT members also reviewed and updated the below listed action items.	***Vote:*** The IGT voting members voted unanimously to approve the IGT Meeting notes from March 2023.
2	**15 mins**	Presentation on YES Feedback	Joy Jansen	Joy Jansen shared the feedback and issues that have been shared with her regarding YES services and the behavioral health system specific to	

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				the local education areas (LEAs) and the school districts. These issues are occurring for families, youth, and the school districts. There is a crisis happening because we do not have the providers we need to serve these children. The teachers and those within the schools are on the front line with these students every day. There is a high level of suicidal ideation. When teachers recommend that a student goes to a hospital, they are often denied by the hospital because the recommendation is from a school and not from an LCSW. This means that the student comes back to school the next day with the same issue. The school districts need help as they are not set up to provide these behavioral health needs. Some schools are using their own funds to pay for remote counseling for students. Some of the students are in special education so they can be helped through that program. However, not every child qualifies for an Individualized Education Program (IEP). Families are coming to the schools for help when they cannot find what they need in their community. An example of this is when there was a high-needs student in therapy. The therapist decided to drop the child as a client, so the school district is working with family to try to find the child a new therapist. Additionally, LEAs do not have social workers. They have a good relationship with DHW and IDJC. Superintendent Critchfield has created a Behavioral Health Committee and DHW is also part of those conversations. Good relationships will help but that is not the case in every school district, and it is not possible in every school district. Joy Jansen shared that we want to understand where the LEAs will fit in with this new behavioral health model. How is the educational system going to fold into this new model? Juliet Charron asked if it would be helpful to have a specific conversation with the LEAs. We could have quarterly meetings that are broader than the current school-based services meetings and bring Optum to the table. Joy Jansen explained that she is located in Sandpoint and they are the first school district to have a community health partnership. However, not all of the regions have this. When families cannot find therapists for their children, it is landing on the school district's shoulders. They see these children every day, so they often have a better pulse on them then the counselors. The provider vacancy and the administrative burden are also real issues. We need to know how we fit into this new system and structure. David Welsh shared that they have been working to reduce the administrative burden. As well, we are working with Optum to increase the number of providers based on the legislative budget increase. This will go into effect on July 1, 2023. This is a step towards stabilizing the provider network. Georganne Benjamin added that Optum has a Master's-level clinician on	

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				the ground that they could match up with Joy Jansen to help families find providers. Charlie Health also offers statewide virtual intensive outpatient programs for adolescents. They are working on a lot of initiatives to reduce the administrative burden. There is also Project ECHO, which provides training in schools and offers more support. As well, we have telehealth services that are offered by paraprofessionals. Matt Johansen shared that Optum has received feedback that providing the CANS is slowing down treatment in schools because of the requirement for parents to be involved in the CANS. This could be addressed. We want to hear about any issues that members may have so we can try to adjust and fix them. Patrick Gardner noted that this is the exact thing that we have been hoping that the IGT would do. We want to learn about how the implementation is going and brainstorm solutions. It is important to point out that high-needs children are entitled to care under the Jeff D Settlement Agreement by the state of Idaho and by the law, which they deserve whether they have Medicaid or not. The families and school districts should have the partners at the table with them to solve these issues. There are efforts underway to review how procedures are supposed to work. The system is supposed to have a methodology. The Access Pathways Maps should cover the access through the schools. Based on this discussion, we would expect the Department to reach out to all of the other programs about the information provided by Joy Jansen, address the next steps in the Sponsor's meeting, and then share with the IGT how the Department has fixed these issues. Joy Jansen added that she has seen YES work for families in her area, but it needs to work for the high-needs children as well. When families ask, we suggest that they go to Kootenai Health instead of Bonner General Health Hospital. This is because at Bonner General they have to wait in the waiting room. Often, the child will calm down and change their story by the time they see a doctor. Then, it is no longer perceived as an emergency. We do not suggest that parents take their children to the hospital unless it is a very serious situation. However, when they take their child to the hospital, they are denied. Parents can sit in the waiting room for up to six hours and then be turned away. Patrick Gardner added that it is critical that we address the fact that there are no services in the home after the child is denied at the hospital. Idaho historically has not been able provide those intermediate critical services. Howard Belodoff added that we also need to get the Communication Plan completed. Are there any crisis services in Joy Jansen's community? Joy Jansen shared that they	

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				provide phone numbers to the families for the hospital, but they are not aware of any available intermediate services. Juliet Charron explained that she suggested that the LEAs have a conversation with Optum because there are resources between Optum and the Department that are available, such as intensive home and community based services (IHCBSs). It is important that we get this information to Joy Jansen. Ruth York added that there is also a role for FYIdaho here. It is helpful for families to have someone walking beside them through this process to help with support and resources. Raini Bowles noted that she does not want to take her kids to the hospital because we know that there is no place for them that is a good fit. It is 10 steps backwards for the whole family to have a child moved from our structured and supportive environment into a traumatic and often more detrimental setting. We NEED more counselors; this is for sure! We finally have some of our BI/HI/IS hours covered, but we need more of these as well. Finding care for these kids that have dual+ issues is so hard, and often so burdensome to the parents. Online services are not a great fit for our kids on the spectrum, but it is a start. Tricia Ellinger also noted that our dual kids have lagging/missing skills and schools who are designed to meet educational needs are not trained to meet those lagging skills. Getting that support in rural communities is nearly impossible, cross-trained direct providers is almost nonexistent. Advocacy is an overwhelming full time responsibility. Raini Bowles noted that she agrees that advocacy can be an overwhelming and a full-time responsibility on top of all the care, crisis, and other normal responsibilities that we have as parents of these kids, especially for those of us with more than one of these kids. Brittany Shipley also noted that lived experiences are so critical to addressing barriers. Patrick Gardner asked which workgroups are a part of this process and can take this work on. Ross Edmunds shared that there is not only one workgroup that focuses on this issue. It is a part of all of them to some extent. The LEAs are local but SDE may be able to assist with the coordination. Patrick Gardner suggested that each party agree to come back to the next IGT Meeting with ideas about how IGT can help solve this issue. Ross Edmunds and the present IGT members agreed. ***Action Item:*** The IGT members will bring their suggestions and ideas to the next IGT Meeting about how the IGT can help the coordination process among agencies, providers, stakeholders, etc. with the LEAs and the school districts.	

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				Action Item: At the next IGT Meeting, the state will share what coordination pieces are already taking place with the LEAs and the school districts.	
3	**15 mins**	Review Medicaid Organizational Chart	Juliet Charron	Ross Edmunds suggested that we move this agenda item to the May IGT Meeting agenda due to time and Juliet Charron agreed. Ruth York asked if the Medicaid organizational charts could be sent out to the IGT members now. Juliet Charron explained that these organizational charts are public however, there are about 15 charts as they go into detail. These charts will be fully explained during the May IGT Meeting.	
4	**10 mins**	IBHP Update	Juliet Charron	Juliet Charron shared that there is a limited amount of information that can be shared today. We are still actively in progress with the Department of Purchasing (DOP) to complete the procurement process. We will have a continued active relationship and partnership with Optum as we move forward. They will continue to provide services, which includes bringing on some new services within the next year. The requested funding for the behavioral health services was approved and includes rate increases. We are working with Optum to see where the greatest access to care challenges are across the state and will begin by increasing rates there. There will also be funding to support the new services coming in as well as the investments that were made in the previous legislative year. This includes supporting the stand-up of the Certified Community Behavioral Health Clinics (CCBHCs), the Psychiatric Residential Treatment Facilities (PRTFs), the new Crisis Assessment Centers. Some of these facilities will be working with Optum or DBH to be stood up. We are working through the timing for these pieces. They will continue to coordinate for out-of-home placements and the EPSDT team will continue to review the applications and work with the providers and families. Outpatient services will go through Optum and Ross Edmund's team will still have engagement as we have to keep some of the clinicians involved. Ross Edmunds explained that nothing changes for DBH. This is hard as we are in the middle of a Division transition. As DBH employees are moving into their new positions, they are still having to hold onto their existing work. We are excited to move into the new IBHP and create a single system. Juliet Charron added that the enhancing work for the system will not stop. Ruth York asked if any changes will occur as of July 1, 2023, such as additional funding that will come in. Juliet Charron explained that there will be the rate increases for providers. We are currently working with Optum through their contract amendment and the provider rates for the next year. However, we do not get the funding until the new state fiscal year (SFY). Additionally, we will be supporting the ongoing reimbursements for all of these investments that we have made for the	

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				Youth Crisis Centers, the PRTFs, etc. One concern is the availability of providers, specifically providers who are in the state and serving rural and non-rural communities. Ruth York asked who in the state owns this pieces of work the most. Where is the work being done to bring in more providers? Ross Edmunds explained that this is the biggest challenge that we have right now. The bottom line that we need to work to get more providers is for all of us. There are a series of reasons that this has occurred, including the administrative burden, the reimbursement rates for services, burnout, etc. Brittany Shipley added that this is a nationwide crisis. Ruth York then asked if we have players from multiple places at one table that are trying to solve this problem. Juliet Charron shared that through the Idaho Behavioral Health Council (IBHC), there is a Workforce Plan that was created that DBH and Medicaid are working on. Workforce development is also called out in the YES Sprint work that was done. This includes information on the services that are needed, where to best address provider capacity, and where we know the main issues are reimbursement, technical support, training, education, etc. We are trying to think about what we can control and support what we can do with our partners. We are in crisis mode for both the physical and behavioral health workforces. Ross Edmunds added that the Governor of Idaho has a Workforce Task Force as well. This issue is not just a matter of money. One example is the crisis contracts. There was not a single provider that wanted to take on that work in the state. We not trying to share excuses but rather share that we are constantly problem-solving. Georganne Benjamin added that bringing on new services means that they will need a lot of workers to provide those services. Ross Edmunds shared that DBH asked the legislature to approve an increase for a facility from 32 to 46 beds. The legislature chose not to because they felt that we would have a hard time finding the necessary staff. A brief legislative update was requested and Juliet Charron shared that on the Medicaid side, they had a maintenance budget for ongoing Medicaid services as they exist today. We had a sizable decrease in that budget. This cut means that we will go back and ask for a supplemental request. We will have gap in funding so we will have to ask the legislature to fill that gap for the SFY. The other funding request related to YES and behavioral health services was for new services and for the outpatient provider rate increases. This was fully funded by the legislature. Ross Edmunds shared that on the DBH side, most of what we asked for did not get funded by the legislature.	

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				Patrick Gardner shared that we need to answer Ruth York's question about adequate service array and workforce. Certainly, Medicaid has an obligation to provide services to everyone who is eligible. Medicaid writes the contract for the MCO and that contract incorporates the requirements from the Feds for access to services. Medicaid has the leading obligation to find and employ workers such that children receive the services that they are entitled to. In addition, the Jeff D Settlement Agreement was built on the assumption of having the Medicaid backbone. Medicaid also has an obligation to ensure that all of the services that are coverable under Medicaid are provided. The Feds cost shares all of those services. Based on the way that the state proceeded by integrating services for the Jeff D children, specifically whether they are Medicaid eligible or not they are served by the Medicaid system, Medicaid needs to make sure that these services are available. DHW has moved DBH out of the clinical role so it is vital for Medicaid to meet that challenge. This does not mean that the other defendants in this case do not have a role to play but the role would be dictated by the Governor of Idaho as to how the other agencies fit into the mix. There is still the obligation to provide services and find human resources to deliver the services that are required of them. When Medicaid talked about looking at reimbursement rates, which are going to change around July 1? Is the analysis one of the actuarial decisions or does it take into consideration the need within the system for certain types of care? Juliet Charron explained that the work that we are doing with Optum's partnership is to evaluate where there is the greatest need and challenge for access to care for reimbursement. Optum keeps track of this and we are working with them to see how that fits into this rate increase. As our contractor and the owner of this provider network, we want to know from them where they see the greatest challenge. David Welsh added that we are setting the budget and giving Optum flexibility on the best way to set rates as Juliet Charron mentioned. We are having good conversations with Optum. There is a lot of thought and effort that is going into how that will look for the next SFY. Patrick Gardner shared that typically the state does not get into actual rates with individual providers or clinicians. Rather, the state makes its contribution by setting capitulation rates. There are other ways that the state can manage risks or challenges. It would be helpful to hear more about how you do that. Based on the ITN, the state is already considered setting criteria and targets for specific services. Juliet Charron explained that they are using the Access to Care Standards. CMS is coming out with new access rules sometime in the May or June timeframe. CMS is relooking at access to services across the board and	

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				how states work with managed care plans to measure and manage access to care. We want to replicate what has been done in the commercial space and see Medicaid participants have equal access to care. Medicaid moved to using the amount of time and distance and CMS realized that this does not work well. The time that it takes to get to an appointment is being looked at instead. We have to go out of state for certain services as there are access to care challenges for a variety of services. Optum is also working on the access to care issues. We are hoping that the rate increases will help with these challenges. We will have more information to share on this in the Spring as we are waiting for the new access rule. We are focused on health equity so you will see more around provider search tools and more robust requirements in that space as well. Patrick Gardner asked that, as it is relevant to the future IBHP contract, will the state enter into a contract with Optum starting July 1. We are trying to understand the review of the rate increases and whether the state will take a more proactive role in identifying which services are priorities and whether there is teeth in the contract to ensure priority and drive rates that the clinicians want to see as opposed to staying hands off and only addressing the capitation rate that is paid to Optum. Juliet Charron explained that they are working with Optum on a process by which we know where we have access to care for services. This requires ongoing monitoring. We are also having conversations about the rate negotiations. In terms of the teeth, that is where the provider network monitoring comes in so that we can see where there are issues with access to care. Just because there is an influx of funds in the system, you will not see a huge change in the network. However, we cannot force anyone to contract with us. Some of this is related to business decisions and transactions, which Optum cannot control either. For example, they cannot control what a therapist gets paid by their agency. Georganne Benjamin added that Optum will communicate this information as soon as we can. Patrick Gardner stated that this is why we raised the question about the teeth in the contract. We want to know some of the mechanisms that will be used to do that. There are techniques that can be used to do this and we have not heard about the techniques that are going to be used. We also worry that the work to stop providers from leaving is considered a low threshold. Juliet Charron suggested that Medicaid and Optum share how they monitor the contract, including the teeth that are there, how that functions with the provider network monitoring, and what we are expecting with the new CMS rule. Patrick Gardner stated that this is a great offer and	

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				would serve the IGT well to see how that works and understand the challenges. Patrick Gardner stated that his next question is that the IAP relies significantly on the states effort to implement the Jeff D Settlement Agreement with the new IBHP. Since this is not going to happen in the timeframe that the state had planned and reported, how are those requirements in the IAP and the Settlement Agreement going to be met if the new contract is going to Optum and not new MCO? Juliet Charron explained that work has continued for the implementation of the IAP. We have to exist with the structure that we have today with Optum. The work does not stop but it may look different if it is not falling under new IBHP contract. Would more specificity of what that looks like be helpful? Patrick Gardner agreed and added that, for example, there are a number of deadlines in the IAP that are based on the timeline for the new IBHP happening. How does the state intend to address these deadlines? Juliet Charron shared that we are still working towards meeting those deadlines. Some of the pieces have to evolve with the implementation of the contract when that happens. Unfortunately, this is out of our control as we are following the state's procurement law. We are going to do our best to meet these timelines knowing that some of the deliverables will need to evolve over time. Patrick Gardner shared that the Governor of Idaho is also a defendant in this case. It is problematic to say that the process changes the expectations that are in the IAP and the Settlement Agreement. Is it your expectation that the extension or the new contract with Optum is a yearlong enterprise such that there will not be a new contract before July 1, 2024? Juliet Charron explained that they are still working on the contract amendment with Optum so we are not in a place to comment on that today. Patrick Gardner shared that he has more questions around this topic so he may be able to put those in writing or we can talk about this more at the next IGT Meeting. Ross Edmunds shared that we are happy to put that on the agenda for following IGT Meeting. There will be more to come on the IBHP. Juliet Charron suggested that we include a standing agenda item on the IBHP. Once the new contract has been awarded, there will be a considerable amount of outreach and education. This is another body of work that will be coming. We have a contract award date and a contract go-live date and there is work that has to be done between those timelines.	
5	**25 mins**	Update on the status of the IAP Deliverables, including	DBH & Medicaid	*Due to time, this agenda item will be moved to the May IGT Meeting Agenda.*	

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		the Services & Supports Crosswalk, the Access Pathways Maps, and progress on the Implementation Compliance Task Force			
6	**25 mins**	YES Sprint Project Recommendations	DBH & Medicaid	*Due to time, this agenda item will be moved to the May IGT Meeting Agenda.*	
7	**5 mins**	New Business Items	IGT Members	*No new business items were shared at this time.*	
8	**5 mins**	Public Comments	IGT Members	Tricia Ellinger noted that we often run out of time to cover the planned agenda items. Can the allocated time for this meeting be increased to meet the robust discussions that occur in this meeting? Ross Edmunds shared that last month, we increased the time for this meeting by an hour. It may be difficult to increase the time allotted for each IGT Meeting as everyone has full schedules. However, we want to be able to get through all of the important discussions. Ross Edmunds suggested that he and Brittany Shipley work to help guide the agenda along. This suggestion can also be discussed further during the next IGT Executive Committee Meeting. Brittany Shipley agreed that this is something that the IGT Executive Committee should look at and discuss. Patrick Gardner asked if the IGT members would like a more aggressive time keeping facilitator to keep with the agenda or if we want to provide more time increments along with the agenda requests. This is an important question that we as a group should answer. This could be an agenda item for a future IGT Meeting.	
9	**10 mins**	Review Future Agenda Topics	IGT Executive Committee	• Update on the status of the IAP Deliverables, including the Services & Supports Crosswalk, the Access Pathways Maps, and progress on the Implementation Compliance Task Force – DBH & Medicaid • YES Sprint Project Recommendations – DBH & Medicaid • Review Medicaid Organizational Charts - Juliet Charron • State Presentation on what coordination pieces with the LEAs and school districts are already taking place – DHW • Discuss ideas about how the IGT can help the coordination process among agencies, providers, stakeholders, etc. with the LEAs and school districts – IGT Members • Share how the contract is monitored, including the 'teeth', how that functions with the provider network monitoring, and what we are expecting with the new CMS rule – Medicaid & Optum • IBHP Update *(Standing Agenda Item)* - Medicaid	
10	--	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	3/10/22, Update: Ross Edmunds spoke with the RBHB Leadership and sent the questions to the CMH subcommittees for feedback.	**4/3/23, Closed.** No interest has been expressed by the RBHB CMH subcommittees.
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.	**4/12/23, Closed.** Patrick Gardner shared that we have asked ICAT to determine if this is a continuing issue. ICAT can bring this back to the IGT as needed.
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.	**4/3/23, Closed.** This work has been rolled into the One Kid One CANS Workgroup.
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		**3/31, Closed.** Ross Edmunds completed this request.