

Date/Time of Meeting	Wednesday, May 10, 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, 3 rd 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	Χ	Laura Scuri - Provider	Х	Ashley Porter - Medicaid	0
Brittany Shipley - Parent Leader	Χ	Sara Bennett - Parent Leader	Χ	Kyle Hanson - DBH	Χ
David Welsh - Medicaid	Χ	Julie Mead - SDE	X	Joy Jansen - School District	0
Patrick Gardner - Child Advocate	Χ	Monty Prow - IDJC	Χ	Georganne Benjamin - Optum	Χ
Howard Belodoff - Child Advocate	Χ	Proxy Voting Members	Att'd	Matt Johansen - Optum	Χ
Jessica Barawed - County Juvenile Justice	Χ	Candace Falsetti - DBH	0	Dora Axtell - Nimiipuu Health	0
Val Johnson - DBH CMH Representative	0	Andie Blackwood - FACS	0	Candice Jimenez - NPAIHB	0
Marquette Hendrickx - Tribal Representative	Χ	Recorder	Att'd	Caroline Merritt - Association of Providers	Χ
Ruth York - Family Advocacy Agency	Χ	Megan Schuelke - DBH	Χ	Michelle Batten - FYIdaho	Χ
Kim Hokanson - Parent Leader	Χ	Ex-officio Members	Att'd	Raini Bowles - Parent Representative	Χ
Madeline Titelbaum - Youth Leader	0	KayT Garrett - DHW DAG	0	Tricia Ellinger - Parent Representative	0
Chad Cardwell - FACS	0	Kim Stretch - DHW DAG	Χ	Janet Hoeke - Parent Representative	Χ
Juliet Charron - Medicaid	0	Brian Blalock - Child Advocate	Χ	Kylie Turner - Member of the Public	Χ
Alex Childers-Scott - Medicaid	Χ	Cameron Gilliland - FACS	0	Ellyn Wilhelm - Marimn Health	X

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 May 2023 FAM Subcommittee Approved Meeting Notes from February 2023 FAM Subcommittee Approved Meeting Notes from March 2023 Brittany Shipley explained the suggested use of a timer during the IGT meetings to assist in keeping the agenda on track. Patrick Gardner added that the IGT Executive Committee discussed and agreed to this suggestion. We will make every effort to encourage the members to stay within the listed timeframes. If additional discussion on a topic is needed, we will either agree to update the agenda to allow for more time for the discussion or assign a future	Vote: The IGT voting members voted unanimously to approve the IGT Meeting notes from April 2023.



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				task or agenda item. Ross Edmunds added that both he and Brittany Shipley will keep an eye on the timer. **Action Item:* Approve IGT Meeting Notes from April 2023. Patrick Gardner motioned to approve IGT Meeting notes from April 2023 as written and Ross Edmunds seconded this motion. **Vote:**	
2	10 mins	Vote on IGT Membership Renewals	IGT Members	1. Alex Childers-Scott - Medicaid 2. Juliet Charron - Medicaid 3. Sara Bennett - Parent Leader 4. Madeline Titelbaum - Youth Leader 5. Monty Prow - IDJC 6. Marquette Hendrickx - Tribal Representative 7. Ross Edmunds - DBH 8. David Welsh - Medicaid 9. Patrick Gardner - Child Advocate Megan Schuelke shared that Alex Childers-Scott, Sara Bennett, Monty Prow, and Marquette Hendrickx confirmed via email that they would like to renew their IGT membership for the next year. Ruth York previously shared with Megan Schuelke that Madeline Titelbaum with FYldaho is moving so she will not renew her IGT membership. Juliet Charron was unable to attend this IGT Meeting however, it was expressed that she would like to renew her IGT membership as well. Patrick Gardner shared that we should move forward with voting to renew Juliet Charron's IGT membership as she will continue to be involved with the IGT. Ruth York confirmed that update about Madeline Titelbaum and shared that before we consider moving someone new into this position, we need to talk as a group about what we want from this position. We also need to discuss how we are going to engage that person and what background about the IGT is going to be helpful so that they fully understand these IGT meetings. Ruth York added that she and Brittany Shipley have talked about this and agreed that we need to figure out what we are wanting from this position first. David Welsh shared that in regard to Alex Childers-Scott's continued involvement in the IGT, we are shifting some bodies of work and the IBHP is one of those. This work will be shifting to David Tovar as the new Bureau Chief for the IBHP Bureau. This is a critical role so we are planning to renew her involvement in the IGT moving forward with the plan that this position may transition to David Tovar in the future. Kim Hokanson asked if David Welsh was proposing that the	Vote: The IGT voting members voted unanimously to approve Alex Childers-Scott, Juliet Charron, Sara Bennett, Monty Prow, Marquette Hendrickx, Ross Edmunds, David Welsh, and Patrick Gardner as IGT voting members for one year.



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				IGT onboard a fourth Medicaid member. David Welsh clarification that he is not proposing this. Rather, we are looking for Alex Childers-Scott to transition these responsibilities to David Tovar so it would change from Alex Childers-Scott to David Tovar as an IGT voting member in the future.	
				Patrick Gardner motioned in favor of having the eight above listed nominated members, minus Madeline Titelbaum, voted in for another year as IGT voting members and David Welsh seconded that motion. Raini Bowles asked in the notes, as the chair of the FAM subcommittee, where does she stand on the membership? Patrick Gardner explained that due to Idaho Open Meeting Law, we cannot change the list of nominees to vote on. However, this is something that we should address as a separate matter. Brittany Shipley asked if this could be discussed during an IGT Executive Committee Meeting and then brought back to an IGT Meeting. Kim Hokanson shared that, historically, the chairs of the subcommittees have attended the IGT meetings. However, because the chairs tend to rotate, they attend as participants versus voting members. Raini Bowles confirmed her understanding of this reasoning.	
3	15 mins	Discuss IGT Executive Committee Renewal Process	IGT Executive Committee	 Current IGT Executive Committee Members: Ross Edmunds - DBH Brittany Shipley - Parent Representative David Welsh - Medicaid Patrick Gardner - Child Advocate Ross Edmunds shared that the IGT Executive Committee members have been reviewing and discussing how the IGT bylaws establish membership, voting members, and the difference with state representatives. As an example, Ross Edmunds explained that his position on the IGT will not be a nomination and selection process as he will be on the IGT Executive Committee due to the nature of his position as the Administrator with the Division of Behavioral Health. This is also the case for the IGT Executive Committee position related to Medicaid. As it relates to Raini Bowles earlier question about the chair of the FAM subcommittee, all of the ex-officio members are identified because of the role that they play or somewhere that they serve. We could permanently state that whoever chairs the FAM subcommittee would also be considered an IGT voting member or an IGT ex-officio member. This way it is based on the position that they hold. As it relates to the IGT Executive Committee members and the IGT bylaws, we would like feedback from the IGT members around if we should take a look at that 	Decision: The IGT Executive Committee will meet before its authority ends. All individuals from the IGT can provide input about the IGT bylaws to Megan Schuelke which will be provided to the IGT Executive Committee for consideration upon which a recommendation will be made and provided back to the IGT for discussion at the



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		•	•	section of the IGT bylaws and correct it based on the way that we	next IGT
				are functioning.	Meeting.
				Patrick Gardner shared that the issue we need to focus on is the	Action Item:
				need to vote in the new IGT Executive Committee members, which	Megan Schuelke
				includes the Chair, Co-Chair, Vice-Chair, and Co-Vice-Chair. This has	will send out a
				to happen at this IGT Meeting. We reviewed the IGT bylaws and	clarifying email
				there is this an issue related to when we voted Brittany Shipley in as	with a deadline
				the Chair. We did not specify whether she was taking over the	date to all of the
				remaining period that Janet Hoeke had left or whether she was being	IGT members.
				voted in for a full year. As we looked more closely at the IGT bylaws,	Megan Schuelke
				we also found that the rules state that the Vice-Chair will act as an	will also
				aid to the Chair and performs the duties of the Chair in the absence	schedule the
				or inability of the Chair to act and will serve as the Chair-elect,	additional IGT
				taking the role of Chair at the end of the Chair's term. It also states	Executive
				that the Co-Vice-Chair will act as an aid to the Co-Chair and perform	Committee
				the duties of the Co-Chair in the absence or inability of the Co-Chair	Meeting prior to
				to act and will serve as the Co-Chair-elect, taking the role of the Co-	June 1, 2023.
				Chair at the end of the Co-Chair's term. This is something that we	
				have not been doing. The IGT Executive Committee feels that we	
				need to revisit this issue about how these positions work. Additionally, we need to determine when we vote for the positions	
				going forward, are we voting for all four positions or is Brittany	
				Shipley on for another 10 months? Are we voting in accord with the	
				IGT bylaws that have a particular arrangement for the Chair and Co-	
				chair or are we simply voting the IGT Executive Committee members	
				in for individual slots? If this is the case, then this raises a question	
				about how a person gets on the list for possible candidates for the	
				IGT Executive Committee? This is something that we do not have a	
				process for. We thought that it would be best to ask the IGT	
				members to help us work through this process. The tricky part is that	
				we need to elect that membership now because, otherwise, we will	
				not have an IGT Executive Committee as of June 1, 2023. Another	
				option is that we could put this on the agenda for the next meeting,	
				do what needs to be done, and amend the IGT bylaws as we see fit.	
				Ross Edmunds clarified that we did not list a vote for the IGT	
				Executive Committee members on this IGT Meeting agenda. We can	
				have this conversation, take nominations for members of the IGT	
				Executive Committee, and ask the IGT for permission for the four	
				current IGT Executive Committee members to continue to serve as	
				the IGT Executive Committee in an unofficial capacity until we have	
				voted in the new members. Brittany Shipley confirmed that the IGT	
				Executive Committee talked about the current members still holding	



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		·	·	the next IGT Executive Committee Meeting as we need to plan the agenda and adjust the IGT bylaws. For a case when a member needs to step down and a new member fills the position before the term has ended, we need to update the bylaws so that the process is clear for every going forward. Kim Hokanson requested clarification about Ross Edmunds remaining	
				in this role. Due to his position and because we would like DBH to hold a position, will it always be Ross Edmunds? Ross Edmunds confirmed. Kim Hokanson asked if the same applies to David Welsh from Medicaid. Patrick Gardner shared that he does not think that this is true. This is the exact kind of conversation that we want to have when we walk through this process. We need to double-check on what the IGT bylaws state now, vote on the proposed updates to the bylaws, and then either adopt or not adopt the proposed updates. Kim Hokanson then asked if the IGT Executive Committee wants the IGT members to send an email with their ideas. Patrick Gardner explained that we are going to talk in detail about this at the next meeting so that we can clarify what it says in the bylaws. It was determined that any suggestions related to updating the IGT bylaws should be emailed directly to Megan Schuelke. Patrick Gardner clarified that we will only be electing two public IGT Executive Committee members as the other two members are appointed by the state or assigned by the Administrators from DBH or Medicaid. Ross Edmunds added that as it relates to the question about Brittany Shipley fulfilling her position, the IGT appointment	
				Patrick Gardner suggested, in regard to next steps, that we schedule a meeting with the IGT Executive Committee members before their term expires at the end of May. Any feedback provided by the IGT members could be channeled to the IGT Executive Committee and then we can make a recommendation based on that information gathered. Ross Edmunds and Brittany Shipley agreed with this	
				suggestion. Patrick Gardner motioned that the IGT Executive Committee meet before its authority ends. All individuals from the IGT can provide input to Megan Schuelke which will be provided to the IGT Executive Committee for consideration upon which a recommendation will be made and provided back to the IGT for discussion at the next IGT Meeting. Ross Edmunds seconded this motion and all of the present IGT members agreed unanimously. Brittany Shipley asked what the deadline date is for this feedback. It	



was determined that Megan Schuelke will send out a clarifying e with a deadline date to all of the IGT members. David Welsh reviewed the Services & Supports Crosswalk Status Update presentation. David Welsh acknowledged that there is a significant amount of information in the Services & Supports Crosswalk. There are sections of information that we will be loo to incorporate into other authoritative documents. At this time, do not have a specific date for when the updated Services & Supports Crosswalk will be presented to the Implementation Workgroup (IWG). Ross Edmunds reviewed the Update on the Status of the YES Access Maps presentation. Director Monty Prow shared that the Idaho Department of Juven Corrections (IDJC) was under the impression that they were don with the content for the Access Pathways Map related to IDJC. I there is more that needs to be done, please let us know. Ross Edmunds clarified that it was sent out for input and none have be received so no edits are necessary. Georganne Benjamin shared Optum did not receive any of the Access Pathways Maps to provide feedback. Would it be helpful for Optum to provide feedback. Would it be helpful for Optum to provide feedback. Ross Edmunds shared that this is something that he would have	king we itus ile
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the Services & Supports Crosswalk, the Access Pathways Maps, and progress on the Implementation Compliance Task Force DBH & Medicaid DBH & Medicaid DBH & Medicaid Check on. For the Crisis Response by Provider and Provider Agen map and the Outpatient and Intensive Outpatient map, they nee be approved by the defendants and the plaintiffs. That is who the have been shared with and where the input is coming from. Patrick Gardner shared that we have commented specifically on group of Access Pathways Maps that were released to us at the of the year. Patrick Gardner added that he has not reviewed the maps that were released last week. Class counsel raised the issue that the Department did not consult with Optum, users of the system, parents, etc. This is a demonstrated weakness. We had long list of other issues that we raised and they were never form responded to in this process. It is also important to remind the lithat this deliverable was due five months ago and it is still not completed. The Department asked for an extension, which the I agreed to, and we are still waiting for a formal response to the I that was sent out on Monday. Ross Edmunds explained that in response to the input received from the IWG, additional maps at being developed by the state. This includes the Identification, Referrals, and Screen map, How to Access and Manage Services and Care Planning, Intensive Care Coordination, Case Management	that de ck? to cy ed to ney the end e cally GT WG etter e map,



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				materials, the Optum Guidelines, rules, statutes, etc. He is not putting information into these maps that do not have any source information. The balance is that we are trying to draft these maps as we envision the system to be or as we see reflected in the source materials that we have. The input that we received told us that we have to have a better mechanism. If something is missing then we need to develop rules, statues, etc. That is what we are in the middle of doing now. We can go back and talk with Candace Falsetti and Ashley Porter to gather more information on this if the IGT would like. Patrick Gardner stated that, to be clear, the original Implementation Plan laid out that this task had to be done. We did substantial work on the Services & Supports Crosswalk is supposed to describe, with a lot of specificity, what is the service array that is required to be provided under the Jeff D. Settlement Agreement. It is supposed to describe one characterization of those services. As well, it should then be used to determine that the services proposed are the services that are being delivered for the individuals. The Access Pathways Maps are supposed to describe the system design. They describe all of the things that are supposed to happen, and they describe all of the things that are supposed to happen, and they describe the system of care that parents, providers, and the government can rely upon to deliver those services. Neither one of these documents have been completed and more work needs to be done to complete these. This is deeply problematic. This is a design document that is supposed to describe how the system will work as promised. There seems to be some confusion by the state around describing what they have now, what the system is supposed to do, and then trying to fix it. The state has from now take until the end of June 2023 for the latest deadline. This is class counsel's perspective on where we stand with this fundamental design document. We want the design of the system to be finished before	



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		•		Patrick Gardner, especially after hearing your thoughts on the critical need for feedback from stakeholders regarding these maps. As such, she believes that not only is the feedback useful from the Department and the plaintiff's team, but furthermore from the families of consumers receiving these services, as well as from those entities who will be/are providing these services. Ross Edmunds began by reviewing the YES Sprints Out of Home Placements (OHP) and Intensive Care Coordination (ICC)	
5	25 mins	YES Sprint Project Recommendations	DBH & Medicaid	Placements (OHP) and Intensive Care Coordination (ICC) presentation. Ross Edmunds explained that the Department identified that the state has most of its challenges with meeting children that have the most intense needs. Each sprint focused on a service for high-needs youth and for this presentation we wanted share the details about timely access to appropriate out of home placements and intensive care coordination. We will talk about the other two focuses, intensive home and community based services (IHCBS) and crisis services, in another IGT Meeting. We would like the IGT to help prioritize these recommendations, which includes sharing what would be the most impactful for youth and families and what should be done first. We only have so much capacity and we need to do the things that are going to have the biggest impact. David Welsh then reviewed the Out of Home Placement Sprint priorities as well as the recommendations and the current work that is taking place. Due to time, Ross Edmunds suggested that we move the Intensive Care Coordination portion of this presentation to the next IGT Meeting agenda and send out a copy of the presentation to all of the IGT members. The other option would be to dedicate more time on the agenda to this topic. All of the present members agreed to move the Intensive Care Coordination portion of this presentation to the next IGT Meeting agenda. David Welsh briefly reviewed the next steps as it relates to out of home placement. Ruth York shared that this is a huge area on one topic. We are interested in the path to the overall plan that will allow us to track alongside with you as this work is being done. It sounds like we can get to those details in the follow-up presentation. Brian Blalock asked if the Department could speak about the specific populations, high-prevalence areas, and where they are targeting for specific services. David Welsh asked if Brian Blalock is referring to the different populations that we have trouble placing. For cases where we struggle to find approp	



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	.			placements are the most challenging, some facilities will accept a	
				small percentage of these youth. It also depends on the population	
				with the current provider. Ross Edmunds added that we are focused	
				on the children that have needs that are difficult to meet as they are	
				the biggest challenges. They need the most intense services and	
				have the most intense needs. Brian Blalock asked how the	
				Department is defining "out of home placements" here. Does this	
				include those that go through IDJC and the Child Welfare system so	
				that the cases are identified and part of the process? David Welsh	
				explained that it is a component. When we are talking about out of	
				home placements, we are considering their access to services and	
				not the avenue that they get there. We are specifically talking about	
				treatment services. Ross Edmunds added that our intentions are to	
				help children who have serious emotional disturbance (SED). For	
				children who have been committed to IDJC, the judge and the court	
				sometimes determine this. Brian Blalock asked if youth with SED are	
				disproportionately present. Ross Edmunds confirmed that both state	
				and national data show that the prevalence of SED in Juvenile	
				Justice and Child Welfare is higher. Brian Blalock asked about	
				residential facilitates and if they include youth that are placed in	
				short-term residential facilities through Juvenile Justice or Child	
				Welfare, such as group homes. David Welsh shared that this is	
				considered a residential facility. We have psychiatric facilities that	
				are covered by Medicaid and we have residential facilities. The provider agency is also involved in 24/7 residential treatment. Brian	
				Blalock then asked when the Department is looking for future	
				funding and braided funding, are they including Title 4 as well? David	
				Welsh shared that this is a potential. Patrick Gardner added that it	
				would be helpful to know how this impacts children directly in the	
				short-term and the long-term. This will give us a better sense of	
				what the impact will be by doing these things so that we can better	
				understand one choice over another. David Welsh shared that he can	
				talk to his team and see what information we have. In terms of	
				quality measures, that data would take time to gather and develop.	
				Somethings might take longer versus what we can implement earlier.	
				It will take more time to push formal requests out to this group.	
				Patrick Gardner shared that we are trying to not only focus on the	
				system but also what the impact would be on the group.	
				Brittany Shipley asked if members should e-mail David Welsh	
				directly. David Welsh suggested that we channel the questions	
				through the IGT Executive Committee so that we are not getting	
				duplicates. This means that the questions would go to Megan	



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				Schuelke and then she can facilitate a response. It may also be helpful to develop an FAQ with the responses.	
				Brittany Shipley noted that she saw many considerations outlined for youth with complex needs and their need for appropriate treatment in PRTF's and RTC's. Will this include youth with special health care needs as well? Additionally, as a parent who has had a child placed in a PRTF in the past, she can attest to how difficult it is to find a placement for youth with complex needs, such as aggression. The amount of denials we received based on my own child's needs has been a significant barrier and far outnumbers the facilities who are willing or able to manage and support those needs, safely, and appropriately. Brittany Shipley also noted that the most recent statistics that she has seen regarding youth who are involved with IDJC shows that 7 out of 10 youth within the IDJC system have a diagnosed behavioral health condition. Director Monty Prow from IDJC responded that their ACE scores are also well beyond national averages as well.	
				Howard Belodoff asked what is meant by out of home placement. Not everyone is familiar with this term. As well, issues have come up related to capacity and accessibility. How is this going to be done in the context of the new MCO? Will all of the issues be addressed in terms of the workforce and the providers that we do not have? This is something that we would be interested to learn about. It also needs to be addressed in the context of these slides and the presentation. These services are not going to happen if we have no one to do it. It would be helpful to know the population and how it is being defined as well as the numbers and definitions for ICC. We know the CANS scores and the studies on wraparound that are projected to be done in a year. For residential care and the PRTFs, what type of capacity are we looking at in terms of projected numbers served in the state? For treatment foster care, we need to know how many there are. Again, we need to get people to do that work and pay them. How is that all going to be done, especially if it is not covered by Medicaid? It would be helpful to have this information for the follow-up discussion.	
				Jessica Barawed noted that youth with higher needs tend to stay in our Juvenile Detention facility longer than youth with higher criminogenic needs. Once the youth are introduced to the juvenile justice system it makes it more difficult to access placements that	



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				are willing to accept the youth. Brittany Shipley responded that she agrees that these are great points to highlight.	
6	25 mins	Presentation & Discussion on Coordination with the LEAs & School Districts	IGT Members	Due to time, Ross Edmunds suggested that we move this discussion to the June IGT Meeting. Julie Mead shared that she does not mind if we move the discussion as this will provide her with the opportunity to get a feel for what information the IGT wants SDE to share. Patrick Gardner shared that the IGT Executive Committee could provide feedback to Julie Mead in the next week or so. Brittany Shipley agreed and added that this will allow more time for preparation.	
7	2.5 mins	New Business Items	IGT Members	No new business items were shared at this time.	
8	2.5 mins	Public Comments	IGT Members	No public comments were shared at this time.	
9	5 mins	Review Future Agenda Topics	IGT Executive Committee	Patrick Gardner shared that this also raises the previous question of needing more time for one or more of these meetings. We have not demonstrated that we can get through the items listed on the agenda in two hours. This could be an additional conversation. Kim Hokanson agreed and shared that it has been awhile since updates were provided from the IGT subcommittees and the One Kid One CANS Workgroup that the IGT appointed. Brittany Shipley explained that this topic came up during the last IGT Executive Committee Meeting however, Juliet Charron was not able to attend the meeting so we moved the discussion until she returns. This is something that we want to discuss further. June IGT Meeting Agenda: Vote on 2 IGT Executive Committee Members - IGT Voting Members Review Proposed Updated IGT Bylaws - IGT Executive Committee YES Sprint Presentation regarding Intensive Care Coordination - Ross Edmunds Presentation & Discussion on Coordination with the LEAs & School Districts - IGT Members Review Medicaid Organizational Chart - Juliet Charron Share how the current IBHP 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	l l l l l l l l l l l l l l l l l l l	
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The IGT will track action items and their status from the meetings here:

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Follow-up Items	Opened	Owner	Due Date	Comments	Status