

Date/Time of Meeting	Wednesday, June 14, 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 A		Voting Members	Att'd	Ex-officio Members	Att'd
Ross Edmunds - DBH	Χ	Laura Scuri - Provider	Х	Cameron Gilliland - FACS	0
Brittany Shipley - Parent Leader	Χ	Sara Bennett - Parent Leader	Χ	Joy Jansen - School District	0
David Welsh - Medicaid	Χ	Julie Mead - SDE	0	Dora Axtell - Nimiipuu Health	Χ
Patrick Gardner - Child Advocate	Χ	Monty Prow - IDJC	Χ	Candice Jimenez - NPAIHB	0
Howard Belodoff - Child Advocate	Χ	Proxy Voting Members	Att'd	Caroline Merritt - Association of Providers	Χ
Jessica Barawed - County Juvenile Justice	Χ	Candace Falsetti - DBH	0	Michelle Batten - FYIdaho	X
Val Johnson - DBH CMH Representative	0	Andie Blackwood - FACS	0	Raini Bowles - Parent Representative	0
Marquette Hendrickx - Tribal Representative	Χ	Recorder	Att'd	Tricia Ellinger - Parent Representative	Χ
Ruth York - Family Advocacy Agency	Χ	Megan Schuelke - DBH	Х	Janet Hoeke - Parent Representative	0
Kim Hokanson - Parent Leader	Χ	Ex-officio Members	Att'd	Kylie Turner - Member of the Public	Χ
TBD - Youth Leader	0	Alan Foutz - DBH DAG	Х	Patty Puschmann - Member of the Public	Χ
Chad Cardwell - FACS	0	Brian Blalock - Child Advocate	Χ	Sally Bryan - DBH	Χ
Juliet Charron - Medicaid	0	Georganne Benjamin - Optum	Χ	Rachel Murdock - DBH	Χ
Alex Childers-Scott - Medicaid	0	Matt Johansen - Optum	Χ	Veronica Quintero - DBH	Χ

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 June 2023 FAM Subcommittee Approved Meeting Notes from April 2023 ICAT Subcommittee Approved Meeting Notes from March 2023 ICAT Subcommittee Approved Meeting Notes from May 2023 Ross Edmunds provided an update that the previously DBH and Medicaid Deputy Attorney Generals (DAGs) are no longer with the Department of Health & Welfare (DHW). Ross Edmunds then introduced Alan Foutz as the new DBH DAG. Alan Foutz provided clarification that there is no representation or DAG for Medicaid at this time. Any legal questions related to Medicaid should be forwarded to Alan Foutz for the time being. Patrick Gardner asked if the Medicaid DAG position is posted as a public hire and Alan Foutz confirmed. Brian Blalock asked 	Vote: The IGT voting members voted unanimously to approve of the IGT Meeting notes from May 2023. Action Item: Alan Foutz will find out who should be contacted if



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				who he should contact for legal questions related to the Division of Family and Community Services (FACS). Alan Foutz explained that he was unsure but could find an answer to this question. **Action Item:* Approve IGT Meeting Notes from May 2023. Ross Edmunds motioned to approve IGT Meeting notes from May 2023 as written and Patrick Gardner seconded this motion. **Vote:**	there are legal questions for FACS. This information will be shared with Brian Blalock.
2	10 mins	Updated IGT Bylaws & Vote on IGT Executive Committee Membership Renewals	IGT Voting Members	1. Patrick Gardner - Child Advocate 2. Brittany Shipley - Parent Representative Brittany Shipley shared that the IGT Executive Committee discussed updating the IGT Bylaws and determined that this should be done in a small workgroup so that we can make sure that it is done effectively. This will continue to be worked on and the updated proposed IGT bylaws will be presented at the July IGT Meeting. Patrick Gardner added that the issue that we talked about had to do with the leadership primarily. In part, it had to do with the changes that were made that relegated the agency membership. Rather than vote for those members, it made more sense to have them appointed by their agency administrators or directors. This has been the practice for some time, but it is not consistent with what the bylaws show. The other question that came up was what happens if one of the public members of IGT Executive Committee leaves. We did not have time, based on the Open Meeting Law, to sort this out and have a vote on that membership. The IGT Executive Committee had promised to go through the bylaws and come back with a proposal to the IGT. However, we discovered other issues and need to discuss these further with the IGT Executive Committee. Another suggested update was having members of the subcommittees become IGT voting members. We determined that we would rather sort through the full scope of issues and then come back to the IGT with the issues fixed. Then, we can review and vote on the proposed IGT bylaw changes at the IGT members at this time. Patrick Gardner then motioned that the IGT members at this time. Patrick Gardner then motioned that the IGT approve the IGT bylaws as depicted in the draft "IGT-Bylaws_ProposedUpdates_6.2023" document. Ruth York seconded this motion. Patrick Gardner shared that we will send around the updated version of the IGT bylaws to all of the IGT members. Then, the IGT	Vote: The IGT voting members voted unanimously to approve of the proposed updates to the IGT bylaws. Vote: The IGT voting members voted unanimously in favor of Brittany Shipley and Patrick Gardner as the two public IGT Executive Committee members.



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				the IGT Executive Committee, which we should do. It would make sense to affirm those two positions in each June IGT Meeting when the public members are elected. We should have something on record to reappoint the agency members so that it is clear to the public and the IGT. Ross Edmunds agreed with these suggestions and added that we need a process that is formally accepted by the IGT. Patrick Gardner suggested that we have the Medicaid and DBH Administrators write a letter to the IGT in June of each year stating who they are appointing or reappointing. This could be a part of the published materials and	
				could be put in the bylaws as well. Ross Edmunds requested clarification and Patrick Gardner suggested that the DBH and Medicaid Administrators send a letter after this IGT Meeting acknowledging who will be the two agency appointed IGT Executive Committee members. Ross Edmunds shared that the IGT bylaws would be updated stating that this action would occur. Specifically, that the Department would now inform the IGT on the members of the state. The IGT also includes other state agencies so would we want to include all state staff members in that appointing? Patrick Gardner shared that this decision	
3	30 mins	YES Sprint Presentation regarding Intensive Care	Ross Edmunds	is up to the state. However, he completely agrees with the idea as the IGT bylaws include members from DHW, a member from IDJC, and a member from SDE. Due to this, we would assume any of these state members could serve in those leadership roles at the discretion of the state. Ross Edmunds shared that David Welsh presented on out of home placements last month. DHW is requesting that the IGT help prioritize	
		Coordination		the recommendations for work that is not yet started. This includes considering what is most impactful for youth and families and what	



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	.5	F	,	work should be done first. Ross Edmunds then reviewed the "YES	
				Sprints - Out of Home Placements & Intensive Care Coordination"	
				presentation, focusing on intensive care coordination (ICC). In regard	
				to the next steps, feedback, and an action plan, DHW would like to present on the intensive home and community-based services (IHCBS)	
				and crisis sprint recommendations at the next IGT Meeting on	
				7/12/2023. The IGT would provide feedback to DHW on the	
				prioritization of items not yet started for all four sprints by the August	
				IGT Meeting. Then, DHW will review all of the feedback received,	
				access the available resources based on the parameters shared, and	
				create an action plan. DHW would then present the action plan to IGT	
				as we want to be transparent with the IGT.	
				Brittany Shipley asked if all of the feedback should be submitted via	
				email. Ruth York added that it would be super helpful if there was a	
				way to have all of the information across a variety of topics sorted in a	
				way where we are guided as to how to provide feedback. An example	
				would be a matrix for prioritization. This way it would be easier for	
				DHW to see the consistency in the feedback and pull out the main	
				points. Ross Edmunds agreed and added that we could have a vote on	
				the priorities or do this via email. This suggestion makes sense as we would want to make it easier. Brian Blalock agreed that a method for	
				providing feedback would be helpful. It also appears that we ran out of	
				time for questions so it may be beneficial to set up more time for	
				questions and get the materials ahead of time. In talking about the	
				workforce, what plan does DHW have around youth peers and family	
				peers and the relationship that this plays to ICC? Does DHW have plans	
				to role that out? Ross Edmunds shared that we have family support	
				partners and the peer support model in Idaho. However, we do not	
				have a large workforce at this point. We recognize the benefit of what	
				we are going to do and know that we have to be creative in how we	
				are going to do this due to the shortage in clinicians. We will note this feedback for this recommendation.	
				reedback for this reconfinentiation.	
				Brittany Shipley shared that she is involved with the Twin Falls, Idaho	
				crisis model and this is the same model that is being used. We	
				commend the state for looking outside of clinicians that have a Master's in Social Work because they are great social workers none the	
				less. Laura Scuri shared that if we add that to the role of Liberty, it is	
				important to keep in mind that Liberty has a two month wait time for	
				intakes right now. This is a huge barrier to care for targeted care	
				coordination (TCC) and respite. Providers are also receiving push-back	
				from Liberty and having to re-do their Release of Information (ROI)	



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				before Liberty will communicate with them again. Adding these pieces as items to watch would also be helpful. Ruth York added that she met with probation in Coeur d'Alene, Idaho and they talked about the barrier of the Liberty backlog and the wait time for them. Brittany Shipley shared that this is good to note as it is important that we are looking at more than just those directly involved in the YES system. Ross Edmunds agreed that we are trying to look forward and we appreciate hearing the climate that we have now. David Welsh has been taking down notes related to the Liberty feedback and the contract. We need to be working with them to find solutions. Kim Hokanson agreed that this is the case, even in Region 7. She scheduled her son in May and his assessment with Liberty is not until the end of July. Ruth York noted that we are not expecting an answer to this now, but she is wondering if Liberty is backed-up due to the internal workforce issues or if the volumes are increasing, or if there are other factors at play.	
				Howard Belodoff shared that there was a lot included in this presentation. The issue is that it is hard to prioritize all of these items. With regard to the action plan that DHW comes up with, we have to have a model for that. The action plan has to include everything that we need, including who, what, where, when, what resources, what workforce, and the timelines. The prioritization will determine what comes first and what waits a little. The action plan should be for all of the things that are required so that we know where we are going. It is important to keep in mind that the state is not the same all over the place. A model action plan that is inclusive would be helpful and necessary as there are a lot of unknowns. Ross Edmunds agreed and shared that these are the identified reasons that we are going to do an action plan.	
				Patrick Gardner shared that he does not think that these presentations and providing 15 minutes is sufficient for the IGT to give useful and informed feedback. We need more substantive information and to have more dialogue at the front end in order for the IGT to do its job, which is to provide feedback. We need something more to give the members of the IGT so that they can give effective and useful feedback to the state. The IGT Executive Committee may need to come up with a proposal on how to do that. Examples could be voluntary briefings that the Department could provide offline or a document that lays out the why and wherefore. Howard Belodoff's observation that the presentation was absent of some kind of information about how big of a task these various components are and what the timeframe for doing	



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				them would be is essential for useful feedback. Having some evaluation, assessment, or estimate of the impact of doing these individual things would be helpful. This way it can be a collaborative effort. We can have the IGT Executive Committee put their heads together about how to do this or how to have members of the IGT make recommendations about how to better inform the IGT Executive Committee so that we can give useful information. One place that one might look is the materials that we have put together to make reports to the court. This is a resource and is one of the ways to provide additional perspective and context. Overall, we need more than what we have here. Ross Edmunds shared that this makes sense. A lot of effort went into this YES Sprint work and we wanted to share that with the IGT. After hearing the feedback, we need to give better thought to how that information is shared and how to gain input from the key stakeholders of the IGT. This is something that we can talk about at the next IGT Executive Committee Meeting. As well, the Department can task members to put together a model where information can be easily shared, and feedback can be gathered in a comprehensive way. Brittany Shipley agreed that we need to have a good way to collect that information. As well, we need to make it easier to move out of ICC as a situation is evolving and growing. A crisis for high needs youth ebbs and flows. It is critical that they move out of ICC when they are functioning at an ideal level. We need to look at how easy it is to move back, especially in rural areas when they experience a crisis and need to easily access it when needed. Ross Edmunds agreed that this is also a good point, and this is something that we kept at the top of our minds as we went through this process.	
4	20 mins	Presentation & Discussion on Coordination with the LEAs & School District	IGT Members	Brittany Shipley shared that we previously had a conversation about supporting kids and their needs through the schools. We want to bring this conversation to the forefront. However, there are no LEAs or school representatives present at this IGT Meeting. Due to this, are there any thoughts on how we would prefer to move forward? Patrick Gardner explained that Julie Mead is the main contact for this conversation. However, she may not be with the LEA for much longer. Due to this, it may make sense to pull back and do some homework on who else might present on this issue so that we can get this conversation going. Without that input, we may not have the same level of engagement. Due to this, the recommendation would be to reschedule this topic for a later time when we can prepare for this conversation so that it would be more productive. Brittany Shipley agreed with this suggestion.	



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				Ross Edmunds shared that the members from Optum were with us	
				when we had this conversation at the last IGT Meeting. One useful	
				thing that we could do today would be if Optum came prepared with	
				information on the work that they are doing. This information may be	
				helpful to understanding the process. Georganne Benjamin, from	
				Optum, shared that they followed up with Joy Jansen following the	
				April IGT Meeting discussion. Their clinical staff in norther Idaho met with her. She made the statement that she was not aware of staff that	
				can support her team to help her find care for the kids. This was	
				discussed at the Children's Subcommittee Meeting that she attends	
				with the Optum staff members and they talked about the options of	
				working with the hospitals. They did reiterate that this is a broader	
				system issue and broader discussions need to occur. They also talked	
				about setting up a meeting with the LEAs and others to have for more	
				discussion around it. One update is related to Optum's work with	
				Project ECHO. Project ECHO conducts educational trainings with	
				medical providers for rural access settings. Optum started engaging	
				with Project ECHO a couple of years ago for more focus on the	
				behavioral health side to share information with behavioral health	
				providers and medical providers. Specifically, Optum funded this program with Project ECHO to put together a behavioral health series	
				that they will conduct virtually for school teachers and support staff.	
				This is not limited to only providers. We are reaching into the schools	
				for more training and education in the classroom setting for kids with	
				behavioral health issues to help them. This series will be rolling out in	
				September for 2023-2024 school year. Dr. Eric Studebaker is running	
				this program and we asked if he would be willing to present to the IGT	
				to talk more about how they will be rolling out some of these	
				educational series and he shared that he is more than willing to do	
				that if IGT would like. This is only one step and will not address all of	
				the issues. Matt Johansen added that when they met with Joy Jansen,	
				they also asked if she knew of other regional LEAs that we could	
				connect with to collaborate on the services that are provided to them.	
				Joy Jansen agreed and we are waiting to get that list from her.	
				Brittany Shipley asked if these Project ECHO videos can be accessed at	
				a time that works for their own schedules if they are unable to attend	
				the live sessions each month? Tricia Ellinger shared the following	
				website link:	
				https://www.uidaho.edu/academics/wwami/echo/current-	
				series/education. Ruth York added that she knows that they record and	
				post each session, but she is not sure if someone can get credit if you	



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		•		do not attend at the allotted class time because she believes that they	
				stop recording the sessions when they move into case reviews.	
				Patrick Gardner asked what the Children's Subcommittee is and	
				Georganne Benjamin explained that this is a subcommittee from one of	
				the Regional Behavioral Health Boards. There are seven Regional	
				Behavioral Health Boards around Idaho and each has a Children's	
				Subcommittee. Brittany Shipley shared that, as a previous member of	
				one of the Behavioral Health Board, she still participates in the	
				Children's Subcommittee. She is aware of some of the resources that	
				are available however, she has never heard them talk about the	
				supports for schools in these meetings. It is likely that many of the subcommittees do not know a lot about this and this is something that	
				we may be able to potentially fix. Patrick Gardner asked if there is an	
				umbrella organization for the Behavioral Health Boards or the	
				Children's subcommittees. Do they get together as a whole group, for	
				example? Brittany Shipley explained that this depends on the region	
				where the Behavioral Health Board is located. You have to ask the	
				Behavioral Health Board to attend the Children's Subcommittee	
				meetings. Patrick Gardner asked if Optum has ever presented to the	
				larger group or representatives from all of the Behavioral Health	
				Boards. Kim Hokanson shared that there is a monthly Behavioral Health	
				Board leadership call that involves all of the chairs. As well, all of the	
				chairs are welcome to attend the Behavioral Health Planning Council	
				meetings to provide updates. Some of the Behavioral Health Board	
				chairs present on the leadership calls and attend the Behavioral Health	
				Planning Council meetings. Patrick Gardner asked if Optum has had the	
				opportunity to present at these meetings. Kim Hokanson shared that	
				Optum is always welcome to present at these meetings and, in the	
				past, they have presented. Ross Edmunds clarified that these meetings	
				are often more focused on the coordination of the boards. Georganne Benjamin shared that they are not aware of the leadership calls that	
				are being referenced but they are happy to attend. In the past, they	
				have presented on trending utilization data.	
				nave presented on dending decization data.	
				Patrick Gardner noted that there are twelve sessions that will be	
				offered for teachers. Is Project ECHO is training them on identifying	
				and screening or on how to make referrals or intervention techniques?	
				Georganne Benjamin explained that they are developing the series now	
				and Dr. Eric Studebaker has all of this information. The panel is	
				working to make sure that we are addressing the needs of the	
				educators. The sessions will be recorded, and the teachers will get	
				CEUs for watching the recordings. Patrick Gardner asked if they should	



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		. 5		expect to have a bearing on children in rural and frontier areas. Georganne Benjamin shared that they could send out a summary that Project ECHO provided about the series. Optum has also funded with Project ECHO on a separate series about substance use disorders (SUD) for educators as well. This will also roll out in September 2023 for the 2023-2024 school year. Ruth York shared that she is a Project ECHO panelist now for an adolescent with a SUD and can offer family perspectives. She is happy to share her experience with anyone wanting to know more about how it is working. We are about of a third of the way through the class. David Welsh shared that four Medicaid organizational charts were sent	
5	10 mins	Questions about the Medicaid Organizational Chart	David Welsh	out to the IGT members before this meeting. We wanted to focus the charts on the critical components for understanding the YES system. We also wanted to call out that, as we discussed in a previous IGT Meeting, we are in the process of developing a joint bureau and reorganizing the IBHP team. Currently, this bureau is reflected at a high-level on the Medicaid Administration organizational chart. Once the IBHP Bureau is formed, we will provide a new organizational chart for its team members. We have the Bureau Chief, David Tovar, leading this effort along with the three newly hired Program Managers. As we fill the positions, we will share that organizational chart with the IGT. This bureau will be the main team that will be responsible for the oversight and implementation of YES and the IBHP. Patrick Gardner noted that there is a position related to legal support in the Medicaid Bureau of Financial Operations organizational chart, but this position is not listed in the Medicaid Administration organizational chart. Ross Edmunds explained that none of the DHW organizational charts have the Deputy Attorney Generals (DAGs) listed. The DAGs do not work for DHW and work for the Office of the Attorney General (OAG). Patrick Gardner asked if the Division of Medicaid employs any of their own attorneys or if they are all DAGs. Ross Edmunds shared that they are all DAGs per Idaho statute that establishes that the Attorney General represents all state agencies. Alan Foutz confirmed that this is his understanding as well. Brittany Shipley asked about the format of the organizational charts and what the meaning is behind them. David Welsh explained that there is no formalized key for these organizational charts. The double line around a box is indicative of a Bureau. There may be several teams within a box. If a larger team is double lined then they directly report to those members. The IBHP Bureau is in process of being formed and will report to both David Welsh and Jamie Teeter from DBH.	



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#	Length	Торіс	Topic Owner	Howard Belodoff asked if Dr. Hamso, the Medical Director with Medicaid, was previously on a contract and is now a Medicaid employee. David Welsh shared that Dr. Hamso is in a permanent full-time position at Medicaid and has been for over four years now. We still use contractors to look at specialty cases. Patrick Gardner asked if that means that the role changed. David Welsh clarified that she was hired on originally as a full-time employee and was never a consultant. Howard Belodoff asked if it is possible to identify on each box if they have a connection to the YES program so that we know who works on YES. David Welsh explained that every individual on these organizational charts has the potential to interface with YES, some staff members more than others. The IBHP Bureau will have significantly more engagement with YES than some of the other bureaus. This is something that we could look at doing. It would take some significant effort to identify the employees that are engaged with or impacted by YES as they are encompassed on all of these. Howard Belodoff shared that others may not understand the titles and roles and how they function and what the different bureaus do. David Welsh shared that he is happy to talk about those different pieces. It is hard not to make the organizational charts too detailed. Patrick Gardner suggested that as our full-time FTE staff for the IGT, Megan Schuelke could take the time to pick the top ten individuals who are doing work on YES and provide a few sentences on what their role is and how they interact with the YES Team. We would only do it for the key positions. David Welsh noted that this is a reasonable request, and they could work with Megan Schuelke around the scope of the	Decisions
6	15 mins	Status of the IBHP Procurement & Optum Contract Extension	David Welsh	responsibilities for those key players. David Welsh shared that there are no significant updates outside of what has already been shared. As things happen, then we will share more updates on the IBHP contract. We are still in the final stages of the procurement process. Patrick Gardner shared that, based on the public information that is out there about the status of the IBHP, he read some documents, including the complaints that were filed in this matter. We would think that this would warrant a more fulsome presentation from the state at the next IGT Meeting. In reading these documents, it suggests that we cannot continue with business as usual and have a straightforward transition. The Department can and should share more of what is going on with this. David Welsh shared that complaints were filed about the Intent to Award the contract and they are protesting this for various reasons. The Department is planning to move forward unless we are told to stop moving forward. Optum is still our business partner today and we will continue to execute the provisions in that contract. As it pertains to the variables of the	



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				complaints, the Department will have no update of these until they are resolved in court. Patrick Gardner asked that given that there are two different divisions involved, how does that get worked out. Are there liaisons for each division or is this being handled by the Attorney Generals? Clearly, there are different priorities and concerns for Medicaid and DBH versus the procurement staff. How does that play out in terms of decisions that get made? Who decides whether the contract gets signed? Alan Foutz explained that for this particular procurement, it is a Division of Procurement item. Therefore, that division determines who the contract is awarded to. With respect to the litigation, it will be the attorney from the Civil Litigation Division that will handle the litigation on behalf of all of the state defendants. Patrick Gardner asked who is responsible for whether the contract gets signed or not. David Welsh explained that the contract resides with the Division of Purchasing. They will execute the contract with the IBHP.	
7	15 mins	Update from Subcommittees	Subcommittee Members	• ICAT Subcommittee Update - Laura Scuri Laura Scuri shared that the ICAT subcommittee has been focused on the workings and functioning's of the subcommittee. We are also looking at the subcommittee membership. We have a co-chair, so they have been going through the charter and operational guidelines together to make sure that everything is clear. In regard to those documents, would the IGT like copies of those documents and if so, how do we communicate that to the IGT? Should these documents be submitted to the IGT once we are done with the updates? We are doing a deep dive into some of the information that we received from the QMIA Report as well as some presentations that we are getting on data analysis. We are also looking for opportunities for further exploration. We are always happy to take direction from the IGT. Patrick Gardner shared that it sounds like there are no present deliverables on order from the IGT at this point. Is that correct? Laura Scuri confirmed. Brittany Shipley clarified that any items that the subcommittee wants to send out should go through Megan Schuelke. Laura Scuri explained that they have the charter and the directive in process. Do these go out to the IGT or the IGT Executive Committee for review? Patrick Gardner noted that this sounds like a process question. The charter for a subcommittee should be overseen by the IGT. This is the structure of the arrangement under the governance provisions in the Settlement Agreement. There is some dialogue that goes on between the ICAT subcommittee and the IGT but typically it goes through Megan Schuelke. Megan Schuelke will then direct traffic to either the IGT or through the IGT Executive Committee so that they can key it up for approval or discussion by the IGT. Laura Scuri confirmed that she will	



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				ICAT's time. At a minimum, the IGT Executive Committee is thinking about ways to increase the value to the IGT and the value to the state of the YES Sprint discussion. First, we can include this in the conversation with the IGT Executive Committee and then come back to	
				the larger IGT with a suggestion. For the moment, the ICAT subcommittee should wait and we can talk with Laura Scuri about what that might look like in the meantime. Laura Scuri agreed with the proposal and added that the ICAT subcommittee is at the disposal of	
8	2.5 mins	New Business Items	IGT Members	the IGT and the group is ready to take on any projects. No new business items were shared at this time.	
9	2.5 mins	Public Comments	IGT Members	No public comments were shared at this time.	
10	5 mins	Review Future Agenda Topics	IGT Executive Committee	 July IGT Meeting Agenda: Review & Vote on Proposed Updated IGT Bylaws - IGT Executive Committee Present on the Intensive Home and Community-Based Services (IHCBS) and Crisis Sprint Recommendations - DBH & Medicaid IBHP Update (Standing Agenda Item) - Medicaid Future IGT Meeting Agenda Items: 	
11		Dismissal	IGT Members		

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