

Date/Time of Meeting	Wednesday, August 9, 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: <u>https://idhw.webex.com/idhw/j.php?MTID=m1dbda2aff2046dd18342720b6e578782</u> In-person Location: PTC, 450 W State Street, Boise, ID 83702, 3 <sup>rd</sup> 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		Att'd
Ross Edmunds - DBH	х	Sara Bennett - Parent Leader	х	Brian Blalock - Child Advocate	х
Brittany Shipley - Parent Leader	х	Chynna Hirasaki - SDE	Х	Cameron Gilliland - FACS	
David Welsh - Medicaid		Monty Prow - IDJC	х	Ashley Porter - Medicaid	х
Patrick Gardner - Child Advocate	х	Patty Puschmann - FAM Chairperson	х	Janet Hoeke - Parent Representative	
Howard Belodoff - Child Advocate	х	Proxy Voting Members	Att'd	Joy Jansen - School District	
Jessica Barawed - County Juvenile Justice	х	Candace Falsetti - DBH	х	Georganne Benjamin - Optum	х
Val Johnson - DBH CMH Representative	х	Andie Blackwood - FACS		Matt Johansen - Optum	х
Marquette Hendrickx - Tribal Representative	х	Recorder	Att'd	Dora Axtell - Nimiipuu Health	
Ruth York - Family Advocacy Agency	х	Sally Bryan - DBH	х	Candice Jimenez - NPAIHB	
Kim Hokanson - Parent Leader	х		Att'd	Caroline Merritt - Association of Providers	
TBD - Youth Leader		Alan Foutz - DBH DAG	Х	Tricia Ellinger - Parent Representative	
Chad Cardwell - FACS		Devin Gleason - Medicaid DAG	х	· · ·	
Juliet Charron - Medicaid		Megan Schuelke - DBH	х		
Laura Scuri - Provider	х	David Tovar - IBHP Bureau Chief	х		

Barbara Dunn, Dori Boyle, Emily Brown, Amy Balzer, Nicole Gaylin, Jonathan Meyer, Allison Highey, Brook Heath, Kimberly Sweet, Melissa Vian-, Sarah Gomik,

## MEETING AGENDA

#	Length	Торіс	Topic Owner	Discussion	Decisions
1	<b>5 mins</b> (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: FAM Subcommittee Meeting Notes 5.25.23 ICAT Subcommittee Meeting Notes 6.2.23 IGT Monthly Report from YES Communications Workgroup Action Item: Approve IGT Meeting Notes from July 2023. Patty Puschmann was introduced as the FAM Chairperson. Sally took roll call	Laura Scuri - motion to accept minutes Ross Edmunds - seconded the motion Minutes from July 2023 meeting approved unanimously



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2	10 mins	Update on IGT Admin Support	Megan Schuelke and Sally Bryan	Megan announced that Sally will be taking over the meeting admin support moving forward. Veronica Quintero will be setting up the in-person meeting. Rachel Murdock is trained as the backup for Sally if she is unable to take notes. Val Johnson announced that Megan will fully transition to her new role in October. Val asked that we think about what types of projects she could take on for the IGT. Brittany asked when a presentation on Megan's roll would be able to happen and who would do the presentation? Val responded that she was not sure yet when the presentation would happen or who would do the presentation. Ross believes that we would want Megan to attend the IGT Executive meetings as her roll designed to serve the IGT. We can discuss that in the September meeting.	Discuss Megan's role in the September meeting.
3	5 mins	Vote on New & Renewed IGT Voting Members	IGT Voting Members	Introduced David Tovar as the new IGT Voting Member from IBHP Bureau Ross introduced David's roll to the members. His job is to operate the IBHP (Idaho Behavioral Health Plan) Kim Hokanson asked do we have a list of who is officially a voting member and who isn't. Ross remarked that the term ex-officio is not what we really want to do. We want to recognize David as a voting member. Brittany suggested we revisit the Bylaws. Alan mentioned that the IGT would recommend to the Behavioral Coop the individuals they would like to be appointed to the IGT membership. In this way we would eliminate the need to label ex- officio members. If you are a member of IGT, you are considered a voting member.	A vote is not required because he is a member because of his role.
4	10 mins	Review & Vote on Proposed Updated IGT Bylaws	IGT Executive Committee	Brittany described the Section 1, item I. Which includes chairs and co-chairs of the subcommittees to be recommended as voting members. We wanted to ensure that the settlement agreement was considered during the review process. The most recent update 8/3/23 of the Bylaws has been distributed. Kim asked that we wait to vote until everyone has had a chance to review the latest version of the Bylaws. Patrick mentioned that we are not in a rush to vote on it. He suggested we postpone the vote until our next meeting. Brittany also agrees that we wait until the next meeting to vote. Brittany explained that some of the members are required by the settlement agreement and others are not outlined in the settlement agreement. Patrick explained that there isn't a provision to remove someone from the IGT membership unless they miss three meetings. The	It was agreed that we wait until the next IGT meeting to vote on the Bylaws. Kim motioned to vote on the Bylaws at the next meeting Ruth seconded the motion 32:58



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				design of the IGT was not to limit the number of members. The structure has always been that the membership makes recommendations, and the Coop considers the recommendation. Ross supports the delay until the next meeting. CHAT: from Megan Schuelke, DBH SICD CMH Unit to everyone: 10:34 AM Article 3. Section 2. Members unable to attend a meeting shall notify the Chair prior to the meeting. Three consecutive absences without good cause may be deemed a termination of IGT membership.	The Bylaws will be voted on at the next meeting
5	20 mins	IBHP Update (Standing agenda item)	Medicaid	Ross updated the IGT membership. Magellan will be the new contractor. We are in the implementation stage now. There are opportunities at this time for the vendors that were not awarded with the contract to file lawsuits. The go-live date is scheduled for March 1 <sup>st</sup> . The current IBHP with Optum is for outpatient Medicaid services only. The new IBHP includes inpatient, outpatient, Medicaid, and non-Medicaid services. There has been a great deal of planning to make this happen. This all started in 2001 so it has been being planned for a long time. David Tovar mentioned that there is a lot of work still to be done. Patrick mentioned that the IGT members need to be aware that the contract was signed on June 16, 2023, and the Implementation Assurance Plan has a number of deadlines that are key to the go-live date. A number of provisions in the settlement agreement need to be included in the contract with the IBHP. The state will be negotiating with the new contractor to ensure that these provisions are being addressed. The IGT needs to have more information regarding these items and how they are being incorporated. We need to know how consumers are going to be transitioned into the new services. Patrick hopes that in the next several meetings these things will be addressed. It might be appropriate to be informed regarding the lawsuits. David Tovar mentioned that it is an important point to consider patient care transition. He will bring this to his team to address and inform the membership in the future. Brittany Shipley agrees.	
6	40 mins	Crisis Services Presentation	Ross Edmunds	Ross reminded the members the focus of the various sprints so far: • Out of Home Placement • Intensive Care Coordination (ICC) • Intensive Home and Community Based Services (IHCBS) • Crisis Services	



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#	Length	Topic	Topic Owner	Discussion           The Sprint Team identified the following priorities for Crisis:           YES Crisis System Collaboration           Access to Crisis Services           Safety Planning Throughout the Continuum of Care           Communication Around Crisis Services           Data Collection, Best Practices, and Standards of Care           Crisis Services Workforce Development           Ross wants to share the work that has been done so far to keep the IGT members informed.           Prioritize the portability and confidentiality of the CANS (1K1C)           Expand case consultation benefit as interprofessional consultation codes would aid in workforce expansion and coordination during crisis           Develop strategic communications and community engagement plan to increase awareness around 988 & the crisis system           Implement fidelity review model for mobile crisis providers; increase coaching/mentoring process; development/improvement of ongoing technical assistance (CoE)           Finalize State-specific standards for Youth Behavioral Health Crisis Centers (YBHCCs)           Explore ways to increase mobile crisis units in all regions (at least 1)           Continue to implement and build upon Telehealth pods, Assessment Centers, and YBHCCs initiatives           Utilization of Crisis Assessment Tool (CAT)           Safety Planning           Free training for providers around effective and collaborative safety planning           Peer Support/Youth Support Services	Decisions
				We are working on mobile response, youth crisis centers etc. Kim asked if mobile crisis include responses for children.	



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				Ross said that is part of the IBHP contract with the new contractor.	
				Kim asked if crisis services, and case management will be able to be	
				billed at the same time.	
				Ross replied that he would need to look that up.	
				Kim mentioned that tuition reimbursement and loan forgiveness only	
				apply to professionals. Bachelor's level providers are referenced as	
				care professional and aren't able to access the loan forgiveness, etc.	
				Ross mentioned that there is a need for many different fields in the	
				workforce and all those professions would need to be considered.	
				Brian Blalock mentioned that there may be legislative or rule	
				changes. He would like to see if the IGT members could have access	
				to those considerations included in the implementation plan.	
				Ross mentioned that there may be a need for legislation or rule	
				changes. He is not prepared today to share that information.	
				Patrick asked if there is a timeline for that to be available.	
				Ross cannot give a timeline for sharing the implementation plan.	
				Patrick asked how the IGT would give feedback on the	
				recommendations.	
				Ross mentioned that there are a lot of recommendations that are	
				currently being worked on and the IGT members are being informed	
				regarding what work is happening and the work that still needs to be	
				done. There is a plan on how to include many of these	
				recommendations with the IBHP. There is a lot of work to be done	
				but there are many things that we are currently working on such as	
				Youth Crisis Centers. There is no plan that takes the sprint work from	
				beginning to end, there are individual plans.	
				Patrick asked if there is a Jeff D. implementation plan. Ross mentioned that there is the IAP and the original implementation	
				plan.	
				Patrick mentioned that there are other plans such as the	
				implementation work plan that need to be considered.	
				Ross mentioned that those plans are included as part of the	
				implementation plan.	
				Brittany asked if mobile crisis will be available at different times of	
				day, not just 8:00 - 5:00 Monday through Friday.	
				Ross mentioned that mobile response will be available 24/7.	
				Brittany asked about the assessment centers would be able to assess	
				clients from all areas or only for consumers from the area of the	
				assessment center.	
				Monty explained that there are 8 total assessment centers, and they	
				cover only the county they are located in. We are looking at ways to	
				include areas outside those assessment center locations.	
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		Patrick asked what steps are being taken to address that gap.	
		Monty explained that the hope is to assess consumers earlier to avoid	
		the consumers needing to go to an assessment center. The higher-	
		level services could be avoided for many of the consumers if issues	
		were caught earlier.	
		Ross agrees that it is important to address the gaps and increase the	
		availability of services. There is a lack of providers across the state.	
		Medicaid submitted a large budget request and Optum is working on	
		increasing the reimbursement rate.	
		Brian mentioned that the assessment centers should show data that	
		indicates that the utilization of Intensive Care Coordination would	
		increase which would be an indicator to look for. He wondered what	
		the implementation data points might be that they will be looking for.	
		Monty mentioned that he could connect Brian to some other people	
		who could answer some of his questions.	
		Ross agrees that the early intervention services would be very useful.	
		Brittany mentioned that she works closely with the Twin Falls	
		Assessment Center, and she recognizes and appreciates that they	
		work very closely with the school districts to help identify a child's	
		needs early-on and contacts the assessment centers to ensure the	
		child's needs are met such as needing and IEP, etc.	
		Brittany mentioned that, regarding the 988 hotline, sometimes	
		people are routed by area codes for cell phones and that might not	
		work well with crisis response since they may be routed to the wrong	
		area.	
		Candace responded that they are working on this, but it is not an Idaho issue, it is a national issue. They are aware of this.	
		Brittany recommends Safety planning to be considered.	
		Ashley wondered if Brittany is referring to the Crisis Prevention Line.	
		Brittany confirmed that it is the crisis line for Children's services.	
		Howard mentioned that the 911 line does not have the same issue	
		that 988 is having as far as routing phone calls to the wrong area.	
		This might be something to consider.	
		Ross mentioned that he is not sure how he could affect that change	
		but that he could look into it.	
		Patrick mentioned that the IGT needs to be able to be effective in	
		working together with the State agencies in meeting the	
		requirements of the settlement agreement. He recommends that the	
		Executive team consider how to have the conversations to be able to	
		meet their obligation.	
		Brittany agrees and would like to add that to the agenda at our next	
		Executive meeting.	



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7	20 mins	Implementation Update	Ross & Patrick	Ross shared that the major areas are the IBHP implementation which is taking a lot of resource time right now. The go-live date is nearing, March 1st. There will be a version of the crosswalk that we will use when working with the IBHP because that creates the Authoritative Document. The services and supports crosswalk are being worked on and especially the crosswalk that adheres to the settlement agreement. It occasionally doesn't follow the settlement agreement, but it still looks like it when the services are delivered. The Access Pathways maps are being worked on. Candace shared that there were nine maps shared with the IWG and received their recommendations. There were some areas that were missing (gaps), such as screenings, access to all into outpatient services, case management and intensive care coordination connection. Dr. Israel is working on looking at how we could fill those gaps in order to be compliant with the settlement agreement. We are currently considering how to fill those gaps as well as policies. The main priority is to ensure that the gaps identified are addressed. Ross mentioned that we need to consider what the measures are for compliance. There are some face-to-face meetings planned in the next couple of days that will help with those considerations. What are the measures of compliance and how do we know if we are in compliance? Those are issues that we need to work on. Patrick mentioned that we are at a point in implementation in which there is a possibility that there may be some progress with the implementation of the new contract and IBHP. It is good to see the scope of the work for the IBHP to be expanded. It will be a tough climb. If you look at the data from the QMIA and Optum it is clear that Idaho's system of care has shrunk in the last two years. Quality providers are lacking. Intensity of care is less. There needs to be a turnaround in the decline in access to care. This up-coming year will be challenging and needs to be planned well. The hope is that we will be able to work	
8	2.5 mins	New Business Items	IGT Members	<ol> <li>Patrick mentioned that we ought to have information regarding the lawsuits that are pending. He suggested a summary or memo from the DAGs or class council that gives the IGT some insight into what is going on.</li> </ol>	



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				<ol> <li>Patrick would also like to see if Magellan can participate with the IGT. What steps do we need to take to get them included?</li> <li>Patrick would like to have some clarification on Megan's role with the IGT so that we understand how her position could be utilized.</li> <li>Brittany mentioned that Val and Megan will present in the next meeting in October.</li> <li>Brittany also mentioned adding Magellan to the IGT which could be discussed at the Executive meeting.</li> <li>Brittany agreed that all these things need to be considered.</li> </ol>	
9	2.5 mins	Public Comments	IGT Members	No public comments were brought forward.	
10	5 mins	Review Future Agenda Topics	IGT Executive Committee	<ul> <li>Future IGT Meeting Agenda Items:</li> <li>Feedback Suggestions for YES Sprint Recommendations - IGT Executive Committee</li> </ul>	
11		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