

<b>Date/Time of Meeting</b>	Wednesday, June 11, 2025, 9:00am - 4:00pm MT Dial: 415-527-5035 Access code: 2823 053 4481 Meeting password: pxRygmX842 (79794629 when dialing from a phone or video system) Webex: <a href="https://idhw.webex.com/idhw/j.php?MTID=m51cffe7d5641a6016bc0066bdcbf1fa1">https://idhw.webex.com/idhw/j.php?MTID=m51cffe7d5641a6016bc0066bdcbf1fa1</a> In-person Location: PTC, 450 W State Street, Boise, ID 83702, 3 <sup>rd</sup> Floor, Conference Room 3A
<b>Meeting Purpose</b>	Interagency Governance Team (IGT)
<b>Host</b>	Brittany Shipley: Chair, Ross Edmunds: Co-Chair, Vice-Chair: Patrick Gardner, & Co-Vice-Chair: Juliet Charron
<b>Reference Materials</b>	<a href="#">IGT Guiding Principles</a>

Voting Members	Att'd	Voting Members	Att'd	Voting Members	Att'd
Ross Edmunds - DBH	x	Cody Ward - Ada County Juvenile Justice		Ivy Smith - Youth Leader	x
Brittany Shipley - Parent Leader	x	Val Johnson - DBH CMH Representative	x	Laura Scuri - Provider	x
Juliet Charron - Medicaid & DBH		Marquette Hendrickx - Tribal Representative	x	Sara Bennett - Parent Leader	
Patrick Gardner - Child Advocate	x	Brenda Willson - Family Advocacy Agency (FYIdaho)	x	Jane Hart - Parent Leader	
Howard Belodoff - Child Advocate	x	Allison Highley - Family Advocacy Agency (IPUL)	x	Kim Hokanson - Parent Leader	x
Adam Panitch - IBHP Bureau		Jean Fisher - Child, Youth, & Family Services		TBD - IDJC	
Shannon Dunstan - IDE	x				

## MEETING NOTES

#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
1	<b>5 mins</b> (All times are aspirational & subject to change.)	Welcome, Roll Call, & Approve Minutes	IGT Voting Members	<b>VOTE:</b> Approve IGT Meeting Notes from March 12, 2025, which were sent to the IGT voting membership prior to this meeting.	Motion to approve meeting notes from March 12, 2025: Ross Edmunds Motion seconded: Ashley Porter as a proxy for Adam Panitch Motion was carried.
2	<b>10 mins</b>	Vote on New & Renewed IGT Voting Membership	IGT Voting Members	<b>VOTE:</b> Nominated IGT Voting Members. <b>VOTE:</b> Nominated IGT Executive Committee Members.	Motion to approve voting members: Patrick Gardner (details below in discussion) Motion seconded: Kim Hokanson Motion was carried. Motion to approve IGT Executive Committee members: Laura Scuri Motion seconded: Val Johnson Motion was carried.

*Members who were up for renewal were contacted and confirmed by Megan Schuelke.  
Ashley Dowell needs to wait to confirm the new representative for IDJC. This will be confirmed and voted on during the next IGT Meeting.*

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<p>Sara Bennett and Jane Hart have not communicated their interest. Therefore, it was proposed that their nominations are not voted on today. Brittany Shipley mentioned that she would like input from the voting membership to find out how they want to proceed. Patrick Gardner asked what the plan was for the members who did not respond. Brittany Shipley would like to give those members a little longer to reply. Patrick Gardner mentioned that because those members haven't responded, they would not be able to be voted on and would not continue to be voting members. Brittany Shipley agreed. We should be able to vote on those who have indicated their interest in continuing. Brittany Shipley mentioned that the IGT Executive Committee members are voted on separately. Patrick Gardner motioned to approve the IDJC voting member when appointed as well as the others who have indicated their willingness to serve at IGT voting members. This motion was seconded by Kim Hokanson, so the motion was carried.</p> <p>Sam Moore asked that we make the application form easier to read for ADA compliance going forward.</p> <p>Brittany Shipley explained who will be voted on for the IGT Executive Committee. As a reminder, the IGT Executive Committee is made up of state representatives as well as non-state representatives. Ross Edmunds and Juliet Charron are Department representatives, so they are not voted into their roles. Rather, they submit letters of intent. Brittany Shipley was nominated as the IGT Chair and Patrick Gardner was nominated as the IGT Vice-Chair. Laura Scuri motioned to approve these IGT Executive Committee member nominations. Val Johnson seconded this motion, so the motion was carried.</p>																					
3	15 mins	Vote on IGT Meeting Cadence	IGT Voting Members	VOTE: IGT Meeting cadence.	<p>Motion to increase IGT meetings so that they occur every other month for a minimum of two hours with the agenda determining the length of the meeting. Motioned by Patrick Gardner. Motion seconded by Ivy Smith. Motion was carried.</p> <p>The following IGT voting members voted on the updated IGT Meeting cadence:</p> <table><tr><th>Member name</th><th>Vote</th></tr><tr><td>Ross Edmunds</td><td>No</td></tr><tr><td>Brittany Shipley</td><td>Yes</td></tr><tr><td>Juliet Charron</td><td>No - Ross Edmunds as proxy</td></tr><tr><td>Patrick Gardner</td><td>Yes</td></tr><tr><td>Howard Belodoff</td><td>Yes</td></tr><tr><td>Adam Panitch</td><td>No - Ashley Porter as proxy</td></tr><tr><td>Shannon Dunstan</td><td>Yes</td></tr></table>	Member name	Vote	Ross Edmunds	No	Brittany Shipley	Yes	Juliet Charron	No - Ross Edmunds as proxy	Patrick Gardner	Yes	Howard Belodoff	Yes	Adam Panitch	No - Ashley Porter as proxy	Shannon Dunstan	Yes
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					Cody Ward	N/A
					Val Johnson	No
					Marquette Hendrickx	Yes
					Brenda Willson	Yes
					Allison Highley	Yes
					Jean Fisher	No - Andie Blackwood as proxy
					Ivy Smith	Yes
					Laura Scuri	Yes
					Sara Bennett	N/A
					Jane Hart	N/A
					Kim Hokanson	Yes
					IDJC (TBD)	N/A
					Total Yes	10
					Total No	5
					Based off the above votes, the motion was carried. The next IGT Meeting will occur in August 2025 for a minimum of 2 hours. Further discussion noted below.	
<p><i>Brittany Shipley mentioned that this will be a discussion regarding how the current cadence has been working with quarterly meetings. Patrick Gardner mentioned that we need to add additional meetings, such as every other month for two hours. We are falling further behind on overseeing the implementation during this transition. The IGT’s role is to evaluate the progress and make recommendations to the state on how implementation can improve. The meeting cadence is part of the reason for the inability to accomplish this. Either the IGT needs to meet more often to be able to make recommendations or there needs to be work completed by the IGT in between meetings.</i></p> <p><b>WebEx Chat:</b> <i>from Allison, Idaho Parents Unlimited to everyone: 9:33 AM</i> <i>I second Patrick's comment about meeting every other month for 2 hours.</i></p> <p><i>Sam Moore added her support for more frequent meetings. Patrick Gardner shared that another option would be a steering committee that could direct the agendas and other activities, which would add more voices than just the IGT Executive Committee. This way work could continue between meetings. Brittany Shipley mentioned that there is a sub-group that Megan Schuelke has been working on starting to do just the things that Patrick Gardner is mentioning. Megan Schuelke mentioned that the IGT Strategic Plan is scheduled to be updated, and this sub-group is planning to address the above issue.</i></p>						

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<p>Ross Edmunds mentioned that the state's position is to not change the cadence away from quarterly meetings but is in favor of changing the length of the meetings if needed based on the agendas. The Jeff D. Settlement Agreement says that we must meet quarterly. DHW provides administrative and project coordinator support for these meetings. There are a lot of YES related meetings that need to be considered. All the work needs to be taken into consideration. The Department is suggesting that we also look at the project Val Johnson and her team are working on to enable more work to be accomplished outside of the scheduled IGT meetings. These groups would come back and report on the work that they are accomplishing. Val Johnson mentioned that there are a lot of groups working on this. We would like to increase the cadence of those groups, which would carry on the work. Ross Edmunds mentioned that there are a lot of meetings Magellan is holding as well that did not exist before. Sam Moore mentioned that it is disappointing to hear that we are looking at the required number of meetings as sufficient when it is apparent that there is a need for more frequent meetings. Ross Edmunds clarified that we are not trying to deliver services at a minimum requirement. He was referring to the IGT Meeting cadence only.</p> <p>Allison Highley mentioned that she has looked at the Quality Management Improvement and Accountability (QMIA) reports. The list of barriers has not changed over the years, which shows that we need to meet more often. Val Johnson mentioned that the new plan her team has come up with will assist greatly and includes administrative support for the subcommittee meetings. Patrick Gardner mentioned that the cadence of the IGT as a quarterly meeting is a misrepresentation of what the Jeff D. Settlement Agreement states. He believes the plan set forth by Val Johnson and her team is a move in the right direction and is a change in the position of the Department. Kim Hokanson mentioned that as a parent representative for many years, she recognizes that we really haven't moved much to the completion of implementation. She supports changing the cadence to make movement towards implementation. She is excited regarding the plan to increase subcommittee meetings. Patrick Gardner also mentioned that if there are decisions being made in the meetings with the YES chairpersons that Val Johnson mentioned, class counsel needs to be included in those meetings. Val Johnson mentioned that right now her team is just getting stakeholder input. Patrick Gardner mentioned that class counsel also needs to provide input, not just stakeholders, and they should be included in these meetings. Howard Belodoff shared that, as it relates to the work that Val Johnson and her team are doing, it would be helpful to have a list of the workgroups and subcommittees, including the current and proposed structure.</p> <p>Ross Edmunds shared that if the IGT meeting cadence changes, the administrative support and project coordinator support would continue for those meetings but not all DHW leadership and related state members may be able to attend. He would need to get further feedback from Juliet Charron. There are other state DHW divisions that would also need to consider if they could attend. In regard to availability and attendance, Howard Belodoff suggested that we record the meetings so that others can listen to the meetings if needed. Ross Edmunds mentioned that it would be possible if the IGT members would like that. Shannon Dunstan suggested that the meeting recordings be distributed to only the IGT members. Ross Edmunds believes that it must be made available to the public as the IGT meetings are open to the public. Brittany Shipley mentioned that this could be a further discussion, such as with the new IGT Strategic Planning sub-group.</p> <p>Ross Edmunds suggested that we redo the full motion with a member-by-member vote. See the above notes with the member-by-member vote. The motion was made to increase the IGT meetings so that they occur every other month for a minimum of two hours with the agenda determining the length of the meeting. Based on the member-by-member vote, the motion was carried.</p>					
4	1 hour	Magellan Network Adequacy Report & Next Steps	Magellan		

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				<p>David Welsh presented the following presentation from Magellan - <a href="#">Annual Network Development and Maintenance Plan</a>:  David Welsh shared that Magellan is implementing inpatient and outpatient treatment as well as building service delivery, which will be built on every year. This is in the contractual agreement that is reviewed every year. The previous services were provided by several agencies, Division of Behavioral Health, Optum, Telligen and BPA. Those services currently are being provided by the Idaho Behavioral Health Plan (IBHP). There was a significant amount of work that need to happen. The IBHP implementation started in July 2023 with a Go-Live date of July 2024. This report shows the annual network adequacy. The initial network development focused on no disruption in care for members during transition, engaging all providers, timely payment to providers, provider trainings, and implementing new services. This is giving us fresh data to review and improve upon. This allows us the ability to assess the gaps and needs. There are several areas of opportunity. Magellan uses data analytics and Geo-Accessibility tools to measure member access to providers by distance and travel time. There is a report on how long a person must wait for an appointment based on how urgent the appointment is (non-urgent, urgent, critical). Critical appointments should get an appointment within 6 hours. Urgent appointments should occur within 48 hours and non-urgent within 10 business days. These numbers can be broken down by area. Telehealth is utilized to improve access, enhance flexibility, and patient convenience. It delivers secure, high-quality care. About 33% of all members utilizing behavioral health services are currently delivered via telehealth. Magellan is working to define and communicate terminology and ensure everyone understands what the terms refer to; in particular, care-coordination and intensive care coordination.</p> <p>Patrick Gardner shared that he does not approve of the definitions provided. Clarifying these roles is fundamental. Intensive Care Coordination (ICC) requires a formal Child and Family Team (CFT). There are issues that need to be addressed regarding the service as an administrative service. David Welsh shared that the Wraparound Intensive services have nine providers currently. There are still a few regions that do not have a wraparound provider. The goal is to have providers statewide by 2025. Ross Edmunds asked if there will be collaboration between Wraparound service providers. Laura Scuri shared that it takes six weeks to get staff trained to do Wraparound services. She would like to have flyers that can be given to members. David Welsh mentioned that they do have flyers. Patrick Gardner mentioned that it is important to have the support services needed that might be required during the Wraparound process such as care management or care coordination. Increasing the intensive home and community-based services must go hand in hand with increasing Wraparound or you are not doing justice to the Wraparound model. Kim Hokanson asked that we get numbers on the capacity of the providers. She mentioned that telehealth works great for maintenance but not when a kid is in crisis they will not cooperate with using telehealth services. David Welsh shared that there have been some challenges getting providers trained but we are working hard to get providers up to speed and able to provide this service. Patrick Gardner mentioned that it would be important to have something, such as a roadmap, that show how they will build to that capacity. It would also be helpful to have data that shows how many different children unduplicated are accessing these services. David Welsh will be looking into that. Ashley Porter mentioned that the number of unduplicated kids served is 1,200 with Intensive Care Coordination (ICC). Patrick Gardner mentioned that the ICC that is being provided is not full ICC services. ICC requires a CFT to be considered ICC. Growth of this service is slow and will take years until all the children who need this service are able to receive it. Patrick Gardner would like to see more details in what Magellan is working toward instead of generalities. We need the intermediate service array. Ashley Porter mentioned that some of the issues with billing for ICC's is that providers are not always aware of what is required to bill for ICC. More education for providers is needed. Sam Moore asked if it would be possible to create a hypothetical situation and walk through what the Wraparound process looks like. Ross Edmunds mentioned that this is what they are working on during mediation which will lead us to be able to answer that question. The Access Pathways Map would describe how a person accesses a service. Patrick Gardner mentioned that the Practice Manual is what will be needed to help providers to understand how these services are accessed. This will be something the IGT may want to think about in their oversight role.</p>	



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		<p>David Welsh walked through the Network Inventory Overview on slide 12. Magellan is talking to providers to explain to them how they can use Wraparound. The data shows that there are fewer individual providers serving children. To find out how many individual providers are serving children we could look at the National Provider Identification (NPI) numbers. Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) services is another opportunity for growth in the network. Patrick Gardner asked why the substance use disorder (SUD) services for youth is so small. Ross Edmunds mentioned that the state of Idaho funds services through the Department of Juvenile Corrections for non-Medicaid services. David Welsh mentioned that many providers have expanded services to meet the needs of the YES initiative and the Jeff D. Settlement Agreement. 988 is being supported and Mobile Crisis partners are Community Bridges (CBI) and Benchmark. It is in a 2-year phased rollout to provide services 24/7, 365. Magellan will use data to guide service expansion.</p> <p>Patrick Gardner asked why the QMIA-Q report doesn't reflect what is being reported by Magellan. Laura Scuri mentioned that to provide crisis services you must be trained in Crisis Prevention Intervention (CPI). Many providers cannot afford the cost of the training and are providing crisis services free of charge. David Welsh mentioned that during the transition Optum had an agreement with the company that provides that training so that Optum was able to provide the training free of charge. Magellan tried to engage the company in the same way, and they were not interested. The training can cost about \$10,000 per person for the train the trainer. Magellan is working on a solution and brainstorming with the Department of Health and Welfare. It will be rolled out as soon as possible so providers can bill for those services. The solution we are looking at would have no cost. Brittany Shipley mentioned that the current crisis system is not working well. When a person tries to contact the crisis line they will say they are going to come but they don't, or they tell you to call 911 or they don't deescalate on the phone, and they don't do a warm handoff. It doesn't work in all areas. David Welsh shared that they are about to start doing crisis services 24/7. They recognize that there are challenges. Patrick Gardner mentioned the low number of kids reflected in the data. When providers are giving free services it may not show in the data. It shows a false picture of what is happening. It gives the impression that there are no crisis services. David Welsh would like to see the data that Patrick Gardner is referring to so it can be reviewed. Patrick Gardner requested that there be new data given regarding crisis services to the IGT for review.</p> <p><u>Presentation continued after the lunch break</u></p> <p>David Welsh shared that the new service development includes Early Serious Mental Illness (ESMI), Parenting with Love and Limits (PLL), and Wraparound Intensive Services (WInS). Magellan is working to enhance these services. Residential services were not included in this because it is being developed and is being provided by the Department currently. The tribes are being worked with on how to best provide services to them. They are reaching out to Indian Health Care Providers (IHCPs) and are they are working on a tribal handbook. Some mobile crisis is also provided. Magellan is also watching the quality of care through investigations, looking at the treatment records, complaints, fair hearings and appeals. Many times, there is just a need for provider education on what they can bill for. Howard Belodoff asked how Magellan handles complaints regarding their providers. David Welsh agrees that there have been challenges in the past, but Magellan is dedicated to providing excellence in the services. If there are issues that cannot be resolved, the provider would be terminated. Andie Blackwood shared that each program in the Department has different ways to respond to facility issues. There is work that needs to happen to coordinate efforts in this way. David Welsh shared that clinical engagement is happening with training, reimbursement, and collaboration. Some training that is currently happening is on the YES principles and CANS training. The plan is to have quarterly site visits to foster network health. Members discussed how the changes happening with funding on the federal level will affect the work going on currently. All agencies as well as the Department are keeping an eye on these. Magellan has quarterly provider forums on high-needs services. They are working to reduce the admin</p>			

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<p><i>burden and streamline the process. Magellan is working to improve accessibility of intensive community-based services and to help providers understand what services are available. Magellan is looking at expanding new services and increase psychiatric bed availability. They are working on expanding the crisis services as well. Patrick Gardner shared that there is no mention of CFT's and ICC's using a practice model. This should be a priority. David Welsh agreed with Patrick Gardner that this is a priority.</i></p> <p><i>Brittany Shipley shared concerns regarding the Magellan Member Portal site, specifically when a child has Medicaid there will be an eligibility letter that a family will receive with the Magellan number on it, or they can call to get the number. The Medicaid number does not automatically generate a Magellan ID. There is only a handful of people who don't have Medicaid but are being served by Magellan and they will have to call for a Magellan number. Brittany Shipley mentioned that this is not understood clearly by the members, and it is very confusing for families. There is a <a href="#">step-by-step guide</a> on the member portal that families can refer to. David Welsh and Brittany Shipley agreed that this will be followed-up off-line next week.</i></p> <p><b>WebEx Chat:</b>  <i>from Brittany Shipley to everyone: 11:33 AM</i>  <i>I do want to note that CM is not still readily available in all areas of the state, particularly rural or frontier locations.</i></p>					
5	45 mins	IBHP Update (Standing agenda item)	Magellan		
Refer to the above Magellan Annual Network Development and Maintenance Plan (ANDMP) presentation.					
6	1.5 hours	Implementation Update (Standing agenda item)	Plaintiffs' Counsel & Defendants		
<p><i>Plaintiff's Council shared the following documents:</i>  <a href="#">(QMIA DATA document)</a>  <i>The data shows a successful transition from Optum to Magellan. There is data that shows areas that need to improve such as skills training, SUD services, Child and Family Interdisciplinary Team (CFT), crisis services, day treatment. We really need data beyond quarterly data so we can determine the system capacity.</i>  <a href="#">(IAP Compliance list document)</a></p> <ul style="list-style-type: none"> <li><i>• Very few items have been completed.</i></li> <li><i>• Much of those items are related to the crosswalk which is being worked on with the mediation.</i></li> <li><i>• One of the issues is the Due Process Protocol.</i></li> <li><i>• Patrick Gardner urges others to look at the report in its entirety.</i></li> <li><i>• Identifying and reporting on systemic service gaps has been going well.</i></li> <li><i>• Having a CANS that can be easily accessed is still an issue.</i></li> <li><i>• The Quality Review was completed and done well. Now there is not a process with which to move forward.</i></li> </ul> <p><a href="#">(Implementation Challenges document)</a>  <i>The IBHP contract includes language with the Authoritative Documents which is a positive. The hope is that the Access Maps and Crosswalk are completed through the mediation process. This is a list of issues that were not included in the IAP matrix. There was a jump in institutional</i></p>					

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<p>care, and it can be anticipated that this may happen again this year. A substantial number of children lost their Medicaid coverage and will need to have access to care. Patrick Gardner mentioned that he believes Magellan has done well with the transition with help from DHW.</p> <p>Ross Edmunds shared the IAP Update Presentation (<a href="#">PowerPoint</a>): Due to time constraints the PowerPoint is provided for review. Howard Belodoff mentioned that it would be helpful to have consistent in addressing how we are moving forward and not just mention that work is being done.</p>					
7	30 mins	Legislative Session Recap	DHW & IDJC		
<p><u>DBH and Medicaid Legislative Update from Ross Edmunds:</u> Funding is working and is available to help kids and families. The legislature will fund the Center of Excellence (CoE) for only one more year which will mean some shifting for DBH. We will ask that the essential functions continue without continuing the CoE. The essential services will include many of the children's programs. The amount of funding that was available for the coming year appears to be sufficient to provide all the services. We will be addressing the questions around the use of the CANS through a report to the legislature. The legislature would like a report showing any alternatives to using the current company that provides the 988 services.</p> <p>Medicaid - HB 345 could possibly move Medicaid into a comprehensive managed care contract. This would most likely happen in several years. The legislature is looking at putting work requirements into the eligibility for Medicaid. Increases in the co-pay for recipients of Medicaid. There is an ongoing Medicaid legislative committee that will be meeting and overseeing and direct the managed care approach. Updates will continue with the IGT.</p> <p>DBH has had all of their rules moved into statute which eliminated the sliding fee scale. There was a question regarding how this affects families that already have a sliding fee scale before the transition. Ross Edmunds mentioned that this will be worked on an individual basis. Families will be expected to pay for some of their child's services, but they will not lose access to those services.</p> <p><u>Child, Youth, and Family Services (CYFS) Legislative Update from Andie Blackwood:</u></p> <ul style="list-style-type: none"> <li>The budget was increased by 20% which will be used to increase positions and help families directly.</li> </ul> <p>Kim Hokanson asked if a child was adopted, and the family had difficulties what kind of services would be available. Andie Blackwood mentioned that they have prevention services that a family can access. There is an assessment that is used to help identify what kind of services would be helpful. Sam Moore asked if there are more comprehensive screening for foster families. Andie Blackwood mentioned that there is a home study and background check, but it is difficult to know if someone will become a poor choice if there isn't documentation showing past issues.</p> <p><u>IDJC Legislative Update from Director Ashley Dowell:</u></p> <ul style="list-style-type: none"> <li>IDJC requested funding for children needing residential treatment and they were granted that funding.</li> <li>There was a request for help to fund the assessment centers which was granted.</li> </ul> <p>There was a question regarding what percentage of youth that are served at IDJC are considered having a Serious Emotional Disturbance (SED).</p>					



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<i>Ashley Dowell mentioned that there are roughly 170 kids at any time in custody which has been relatively stable the past year. She doesn't have the exact number with her on how many of those are SED. However, she is happy to distribute the IDJC Performance Report to the IGT members that includes helpful data.</i>					
8	45 mins	ICAT Subcommittee Update on Trends	Laura Scuri & Maja Ledgerwood		
<i>Laura Scuri reported that ICAT has been working hard to have a diverse membership. They are working to be a project-based subcommittee. They asked Magellan to come to the meeting and give them an idea of the trainings they are wanting to do so ICAT can give their clinical input. ICAT would like more direction from IGT on what they can work on to help complete the IGT mission. Val Johnson mentioned that her team would like to work with ICAT to facilitate the work. Laura Scuri is hesitant to move forward without IGT's recommendation directly. The are experts on clinical services and training for those services. ICAT can bring recommendations to IGT on what is needed. Patrick Gardner mentioned that there have already been many recommendations in the quality reports as well as recommendations from the consultants. It would be helpful to hear what ICAT thinks of those recommendations. Patrick Gardner can provide those recommendations to ICAT. Laura Scuri mentioned that they would love to look at those recommendations.</i>					
9	15 mins	Youth Listening Sessions Brief Overview	Brenda Willson		
Carry over.					
10	20 mins	Access to Care Discussion	Brittany Shipley & Kim Hokanson	<ul style="list-style-type: none"> <li>Lack of services and supports leading to incarceration in IDJC/detention to include numbers of youth with SED/DD in detention and IDJC.</li> <li>Ownership of services for youth in detention facilities.</li> <li>Youth ability to utilize YES centralized complaint process while in detention/IDJC to express concerns about care in the community leading to incarceration.</li> <li>Increase in youth receiving charges in schools.</li> </ul>	
Carry over.					
11	5 mins	IGT Project Coordinator Update	Megan Schuelke	<ul style="list-style-type: none"> <li>Update on IGT Strategic Planning sub-group.</li> </ul>	

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<i>There will be an IGT Strategic Planning sub-group meeting soon and they will write a new three-year IGT Strategic Plan. Send Megan Schuelke an email if you are interested in being part of it. Patrick Gardner mentioned that a three-year strategic plan might be reconsidered due to mediation and the assumption that the lawsuit may be complete before the three-year mark. Megan Schuelke noted this feedback for further discussion by the IGT Strategic Planning sub-group.</i>					
12	5 mins	New Business Items	IGT Members		
<ul style="list-style-type: none"> <li><i>Suggestion of recording IGT meetings.</i></li> <li><i>Parking lot questions that were posed but unanswered.</i></li> </ul>					
13	5 mins	Public Comments	IGT Members		
<i>Sam Moore mentioned that she was not able to put comments in the WebEx meeting chat. She believes she is the only person affected and tried all she could think of to alleviate the issue. Val Johnson asked Sam Moore to let her know if it happens again or in another meeting.</i>					
14	--	Dismissal	IGT Members		

The IGT will track action items and their status from the meetings here:

#	Follow-up Items	Opened	Owner	Status
19	Have an offline conversation regarding the potential formation of an ICC/Wraparound subcommittee. Share this decision with the IGT members.	12/11/24	IGT Executive Committee	12/11/24, New.
1	Get together later to discuss the CANS and the exemption from the CANS assessments for tribal members.	10/11/23	Karol Dixon & Juliet Charron	9/20/24, In Progress. Ashley Porter gathering updates.