

Date/Time of Meeting	Friday, August 8, 2025, 10:00am - 12:00pm MT Dial: 415-527-5035 Access code: 2826 783 2248 Meeting password: GJksfcXY852 (45573299 when dialing from a phone or video system) Webex: https://idhw.webex.com/idhw/j.php?MTID=ma19904101e287f2d3ea7da16942d35bd 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: Juliet Charron
Reference Materials	IGT Guiding Principles

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

MEETING Minutes

#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
1	5 mins (All times are aspirational & subject to change.)	Welcome, Roll Call, & Approve Minutes	IGT Voting Members	Attendees: VOTE: Approve IGT Meeting Notes from June 11, 2025, which were sent to the IGT voting membership prior to this meeting. • Updates on IGT membership.	Motion to approve minutes of June 11, 2025 by Ross Edmunds to include the edit described below. Motion seconded by Ashley Dowell. Motion was carried.



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Brittany Shipley opened the meeting and welcomed everyone.

Ashley Dowell asked if she was officially a voting member. Ross Edmunds shared that she was not at the last meeting, but she was voted in at that meeting and is now a voting member. Ashley shared that there was one edit that needed to be changed in the minutes. (Top of page 9 should read "kids that have been relatively stable the past year")

2	10 mins	Update on ICAT Reporting & Recommendation Structure	Laura Scuri		
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Laura Scuri shared that there was a meeting last week. The membership is looking very good. We are looking at priorities for recommendations for IGT. There should be some recommendations forthcoming.

Val Johnson mentioned that there is now administrative support for the Interagency Clinical and Training (ICAT) meeting as well as adding other Division of Behavioral Health (DBH) staff who can assist. She would like ICAT to work with the Children's Mental Health to provide feedback on their recommendations.

Laura Scuri mentioned that there is some hesitation to open the group up to DBH assistance, at least at the start. She wants to ensure that there is open communication within the group.

Patrick Gardner mentioned that we don't want the Department controlling what the group produces. The idea is to get the experts to share their ideas.

Val Johnson shared that her team is not wanting to control the conversations.

Laura Scuri shared that the members of this team are very experienced and genuinely want to use this forum.

Ross Edmunds shared that we don't want to limit ideas but there are decisions that will eventually need to be made as to whether something can be accomplished, or a recommendation can move forward but we don't want to stifle the creative process.

Laura Scuri shared that the group understands that these are only recommendations, and they don't necessarily believe that they will be implemented. They are hoping that the IGT will take the recommendations and perhaps give the ICAT suggestions on what needs to happen next. The next meeting will be prioritizing their recommendations.

Brittany Shipley mentioned that she anticipates the ICAT membership to understand what might work or not work because of their experience in the field.

Laura Scuri mentioned that the membership is a very diverse group of people with varying experience within the system. Ross Edmunds appreciates the energy and enthusiasm.

Brittany Shipley shared that there was a discussion during the Executive Meeting, and it was decided to record the meetings for the use of someone who was not able to attend. She encouraged everyone to still make a concerted effort to attend the meetings.



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Megan Schuelke mentioned that members can reach out for the recording if they are not able to attend.

Patrick Gardner mentioned that you don't have to be a member. He also mentioned that recording the meeting will also assist with accuracy of the minutes.

Brittany mentioned that the meeting minutes will not be posted but will be available upon request.

There was discussion regarding the rules regarding recording meetings.

Alan Foutz mentioned that members of the public who share private information do not need to be redacted. People need to know ahead of time that the meeting is being recorded.

Ross Edmunds mentioned that Megan Schuelke will post on the meeting agenda that the meeting is being recorded, and the Chairperson will announce the recording at the beginning of the meeting.

Ashley Dowell mentioned that in an open public meeting you cannot choose what is recorded and what is not recorded.

Brittany Shipley mentioned that there will be some investigation to ensure we are following the correct guidelines.

Brenda Willson wondered if it would be a good idea to look at the rules and stop recording.

-The meeting is not being recorded further -

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3	10 mins	Youth Listening Sessions Brief Overview	Brenda Willson	

Brenda Willson shared a <u>visual representation</u> of the youth listening session process. The purpose of the initiative is to engage youth in providing feedback on the needs, gaps, highlights and challenges within Idaho's mental health systems while gathering youth perceptions of the YES system of Care. They reached over 100 youth through these sessions. All the HUBS were reached. They targeted youth 12 - 17. There was also a 10-question survey that was filled out by participants. Confidentiality was maintained by only asking the youth their age and no other identifying information. The youth who participated were excited to be included in this survey. Information, resource guides and tip sheets will be created based on some of the feedback. Kids shared that they really wanted to feel more connection with their family. They also shared that they don't want the providers to assume that they know what they need. They want someone to listen to them. Brenda was very grateful for all the help and participation they have had during this endeavor. There will be a report that will be published in September. If you have questions please email <u>info@fyidaho.org</u>.

Patrick Gardner wondered if this work is part of the YES advocacy contract.

Val Johnson mentioned that this work was completed as part of the contract but also to help inform the IGT on a youth voice.

Adam Panitch is looking forward to reading the written report.

Marquette Hendrix asked which HUBS were visited.

Brenda Willson mentioned that all HUBS were visited but not all counties.

Marquette Hendrix wondered if there were any tribal participants.

Brenda Willson mentioned that there have been participants from many ethnic communities.

Webex Chat:

from Brittany Shipley to everyone: 10:54 AM

A question I have is regarding what the intention is for the data? How will this be used and how can this help to inform youth needs?



#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions				
	from Brittany Shipley to everyone: 10:57 AM								
	Can it be	identified as to what spec	ific cities were visited in the three	hubs?					
	from Kim to everyone: 10:57 AM So there were 3 listening sessions or multiple in each hub? from Brittany Shipley to everyone: 10:58 AM I am wondering if there was a variety of listening sessions offered in rural, urban and frontier communities from Aide Sam Moore to everyone: 11:05 AM Listening session questions: Of the demographics assessed how many actually had interactions with YES system vs just having youth assessed as they are at site location?								
4	30 mins	Access to Care Discussion	Brittany Shipley & Kim Hokanson	 Lack of services and supports leading to incarceration in IDJC/detention to include numbers of youth with SED/DD in detention and IDJC. Ownership of services for youth in detention facilities. Youth ability to utilize YES centralized complaint process while in detention/IDJC to express concerns about care in the community leading to incarceration. Increase in youth receiving charges in schools. 					
Lack	of Services	and Supports Leading to In	carceration:						

Brittany Shipley shared that there are programs/agencies that don't necessarily work together or gather data and share it. The worry is that there are gaps in the services because of the fragmentation of the programs/agencies, for example: IDJC, SED, DHW etc. It is difficult to get adequate care for some youth. It depends on the area and how well these agencies are connected. How do we help youth to get the assistance they need at the lowest level of care possible and avoid involving more agencies because we have met their needs early. How do we get staff at these agencies trained to know the entire system, so we are focused more on prevention.

Kim Hokanson shared that when law enforcement is involved many times officers are not properly trained in de-escalation techniques to prevent the youth from escalating and further getting more charges. There needs to be training on how to handle children with SED who are escalated and how to properly de-escalate them.

Brittany Shipley shared that this might be something that a small workgroup could assist with this. It would require members from different agencies that could work to navigate how to alleviate many of these situations.



Length Topic Topic Owner/Topic Requestor Discussion Decisions

Sam Moore shared that she has experienced similar situations as a youth, and she is passionate about this. She would love to participate in this workgroup if it comes to fruition.

Val Johnson mentioned that her team would be willing to bring this group together.

Patrick Gardner shared that he is aware of children who are detained and on suicide watch but do not have access to mental health care while incarcerated. He shared that these services are occasionally provided depending on the county they are from. Children need access to these services regardless of which county they are incarcerated in. There are also cases in which children are denied access to the State Hospital when services are desperately needed. A lack of providers is not an adequate excuse for not providing services. "Talking" about these issues does not solve the problem of not delivering services to children who need them. He would like to see something more than just discussing the issue. Developmentally disabled children are also a group of kids that need access to the care.

Ross Edmunds mentioned that it is agreed that kids in detention need access to mental health services beyond assessment and referral. He understands Patrick's frustrations. We are working with Juvenile Corrections to resolve these issues. He mentioned that Val Johnson was trying to respond the Brittany's request to meet and work to resolve the issue.

Joy Jansen mentioned that within her county there is a significant increase in the number of kids entering juvenile corrections and sees the need for mental health treatment. She doesn't understand why it is so difficult to get kids into the State Hospital. She appreciates anyone looking at this issue. The detention facilities and the providers need help understanding how the system works and why it is so difficult to get these kids help. One thing that would be helpful is to understand why a child is not qualifying for hospital treatment.

Ross Edmunds shared that inpatient hospitals do have certain rules that they have to follow. He understands her frustration. He shared that there is no youth crisis center in the northern region of the state. He will reach out to Magellan who will contact Kootenai County to discuss this.

Patrick Gardner wondered about the capacity of the system to provide the care that children need.

Sasha O'Connell mentioned that Medicaid is working on access to care such as Psychiatric Residential Facilities (PRTF's). She will share some documents that the IGT may be interested in regarding the work they are doing.

Webex Chat:

from Kim to everyone: 11:27 AM

I agree Joy. Hearing that my daughter is not suicidal enough to qualify for acute hospitalization was jaw dropping for me.

from Brittany Shipley to everyone: 11:28 AM

Joy, I appreciate you sharing your experiences in North Idaho, as this is almost identical to what we see in my area, where we don't have a social worker at the local ER between the hours of 6pm and 9 am, during peak crisis hours, and the closest acute psychiatric facility is 3 hours away, isolating families and leaving them in the ER for up to a week at a time and that's only if a family is willing to fight for the entire week.

from Brittany Shipley to everyone: 11:31 AM

I think it has been reemphasized how critical some of these gaps and needs are, for a further and longer in depth conversation to identify how we proceed forward in addressing these gaps.



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#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions				
	,	tany Shipley to everyone: ho does not have a YCC	11:32 AM						
	Ross-one in while d longer ap occurs he Magellan	escalated, is sedated, and pear to meet criteria, cre	by the time a SW comes back on st ating a false pretense of the circur ral parts of the state. from Mallory ort as well Ross.	of the gap is not having SW's on staff at all times. If a aff the next morning after the child has been sedate instances by the time the child is assessed for acute to Kotze- Magellan to everyone: 11:42 AM	d they then no				
			d contact from Magellan to attend.						
	Yes, I've l	esa Shackelford - Magellan owered my hand, but I wa problem solve these issue.	nt to share that you are welcome t	to reach out to me directly shackelfordt@magellanhe	alth.com and I				
		esa Shackelford - Magellan director of care coordinat							
Brer				nversation with the County to help understanding. aho, not just in the northern area, especially for duc	ılly diagnosed				
Ashl prov Briti	ey Dowell su vide context	and get additional clarific	ation.	be better if we just follow-up at the next meeting of vas to capture the questions that could be discussed					
	from Marquette Hendrickx to everyone: 11:48 AM Our providers have the same issue with Kootenai Health. Our BH Director said they've worked directly with Leonell and she's been very helpful in finding solutions, so she may be a good contact/resource at KBH. Unfortunately knowing admission criteria hasn't helped our providers, but it's still good info to have.								
	from Kim to everyone: 11:48 AM Val, I was definitely a bit overwhelmed with the large conversation, so I am hoping to get a better understanding for next steps. can you either put that in here or email me on those next steps and take aways from this?								
5	Legislative Session								



#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
				 Requested: Detailed update regarding House Bill 345. 	

Sasha O'Connell discussed HB 345:

There are new FTE's (positions) that have been opened. There have been many staffing changes. The Developmental Disabilities (DD) program was moved into the adult program which has helped.

The move toward comprehensive managed care is what HB 345 it is generally about. We have been asked to move forward by next summer. We plan to have three managed care organizations across the state. We will change to a managed care organization that can handle ALL services, not just Behavioral Health. This move will happen by January 2029. It would start with DD services and move to other services.

Stakeholder feedback will be gathered. A Request for Information (RFI) will also be put out which will inform the Request for Proposal (RFP) and a consultant will be identified.

There were other changes as well including hospital designation and more.

Ross Edmunds mentioned that Juliet Charron will be moving to the Director of Health and Welfare and Sasha O'Connell will be attending these meetings more.

6	15 mins	IBHP Update (Standing agenda item)	Magellan						
	17	1.1		 		41 4 41			• • •

Mallory Kotze shared that they are doing some testing with Magellan members to ensure that the portal will work as expected. This will give everyone access to the portal regardless of whether they have Medicaid or not.

There is an update from Magellan that will be shared after it is reviewed.

7	20 mins	Implementation Update (Standing agenda item)	Plaintiffs' Counsel & Defendants	•	Mediation update	
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This item will be moved to the next meeting.

Patrick Gardner mentioned that there is discussion in mediation right now on the access maps and crosswalks that is critical right now.

8	5 mins	Update	Megan Schuelke	Update on IGT Strategic Planning sub-group.

40	F	Dublic Commons	ICT Marchana	
9	5 mins	New Business Items	IGT Members	

10 **5 mins** Public Comments IGT Members
No public comments were requested but none were heard.

NO public comments were requested but none were neara.						
11		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	10/11/23	Karol Dixon &	9/20/24, In Progress. Ashley Porter gathering
	CANS assessments for tribal members.		Juliet Charron	updates.