

Date/Time of Meeting	Wednesday, December 10, 2025, 10:00am - 12:00pm MT Dial: 415-527-5035 Meeting number (access code): 2820 322 0676 Meeting password: Tb7Mmi5QHM8 (82766457 when dialing from a phone or video system) Webex: https://idhw.webex.com/idhw/j.php?MTID=m33e313b9d994aaf19fe300eb0a03ea5d 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: Adam Panitch
Reference Materials	IGT Guiding Principles

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

MEETING NOTES

#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
1	5 mins <i>(All times are aspirational & subject to change.)</i>	Welcome, Roll Call, & Approve Minutes	IGT Voting Members	<p>Attendees: <i>Alexis Luper, Douglas Klingler</i></p> <p>VOTE: Approve IGT Meeting Notes from October 8, 2025, which were sent to the IGT voting membership prior to this meeting. <i>Questions will be attached to the future meeting minutes.</i></p> <p>Update regarding future transition from Webex to Teams. <i>Meeting invites will be transitioned to Teams instead of Webex at a future date. Watch for new meeting invites when that happens.</i></p>	<p><i>Motion to approve meeting notes from October 8, 2025: Ashley Dowell Motion seconded: Brenda Willson.</i></p> <p><i>Minutes have been approved.</i></p>
2	5 mins	Update on DHW IBHP Bureau Chief Position	DHW	<i>Ashley Porter is now the Bureau Chief for the Idaho Behavioral Health Plan (IBHP) and will be the IBHP representative on the IGT membership.</i>	

3	15 mins	Update on FAM Subcommittee - QRT Sub-group	Kim Hokanson & Brittany Shipley	<p>IGT Meeting notes from August 14, 2024: The FAM members felt that they have a unique insight into families who have had lived experience. They are proposing that the FAM subcommittee would create a sub-group that could provide insight. Kim Hokanson mentioned that they don’t really want a formal recommendation but would like to help with the QRT process. She would like a group that would be informal. Ross Edmunds mentioned it would be a solution focused group. The recommendations from this group would be shared with those who could improve the system/process. Brittany Shipley mentioned that this would help the members still be able to share their stories and assist with improving the system/process.</p> <p><i>Discussion:</i> <i>There is a video on YouTube that was created to help families understand what may happen in the system during a crisis. This is a compilation of family stories.</i></p> <p><i>Quick Reaction Team (QRT) is now the Intensive Clinical Team (ICT). There is a Google form that was created that helped families share their stories. The idea was to gain information or informal data on how the system works currently to help improve the system. There isn’t currently a plan on how to use the stories they receive. They would like this to go out to as many people as possible.</i></p> <p><i>There was a suggestion that the report from this information should be included in the Quality Plan. The concept should be included in the Quality Plan and how it might relate to other parts of the plan.</i></p> <p><i>There was discussion on how an IGT subgroup is made.</i></p> <ul style="list-style-type: none"> • <i>There is a process that should be followed.</i> • <i>There should be a deadline for when a report should be completed and some accountability.</i> • <i>This QRT group was created in the FAM subcommittee.</i> • <i>The process should have come from FAM to IGT in which the plans would be spelled out and approved.</i> • <i>Initially the group was created because there wasn’t enough time in the FAM group to cover the QRT items. It is believed that the concept was brought before the IGT.</i> 	<p>ACTION: Brittany will provide the QRT/ICT form and video to the IGT.</p> <p>ACTION: Val Johnson will follow-up with the IGT Executive Committee and QRT leads for future work order needs.</p> <p>ACTION: Additional conversations will take place with the IGT Executive Committee regarding updating IGT operations for future workgroup creation.</p>
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4	5 mins	Update on ICAT Reporting & Recommendation Structure	Laura Scuri	<p><i>The ICAT Subcommittee has been developing priorities and recommendations.</i></p> <p><i>“Recommendation from ICAT to IGT (email sent to Sally and Brittany 12/11/25)</i></p> <p>In an effort to provide clarity for families and support consistent expectations for treatment, ICAT recommends the following action items:</p> <ol style="list-style-type: none"> 1. Development of a standardized educational document To address ongoing concerns regarding inconsistent service delivery and variable access across regions, ICAT recommends that the State and MCO collaboratively develop an educational document that outlines: <ul style="list-style-type: none"> • The behavioral-health services available in each area • How families can request or access those services • What outcomes can reasonably be expected from those services <p>ICAT further recommends that the State/MCO require all provider agencies to review this document with families and obtain signatures to verify receipt of information. The intent is to improve access, transparency, and equity throughout the state.</p> <ol style="list-style-type: none"> 2. Provider training ICAT recommends that the MCO provide a basic training to providers regarding: <ul style="list-style-type: none"> • The content of the educational document • The range of services available in their geographic area 	<p>ACTION: Megan will investigate how the process of submitting a recommendation to IGT is supposed to work.</p> <p>ACTION: Brittany will ensure this ICAT Subcommittee recommendation is in writing and provided to the IGT.</p>

				<p>This training should be brief, accessible, and focused on practical application.</p> <p>3. Compliance through retrospective audit Compliance can be demonstrated through retrospective audits, with no additional burden placed on providers beyond:</p> <ul style="list-style-type: none"> • Use of the educational document • Completion of the basic training <p>Including these elements in the audit tools will support consistent application. ICAT believes that this recommendation addresses several systemic challenges related to access, expectations, and service consistency.”</p> <p><i>Discussion:</i></p> <p><i>There needs to be a way to monitor that all families are being treated equally, regardless of the services that an individual provider is able to provide. The provider needs to be aware of the services that are available elsewhere and give this information to the family.</i></p>	
5	15 mins	QMIA-Q Report Presentation	Candace Falsetti	<p><i>Candace is not available for the QMIA presentation. Ross will pass on any well wishes for her. The work continues even while Candace is not available. Brad Baker will take on most of Candace’s work. Brad will be added to the necessary meetings.</i></p>	
6	20 mins	Update on House Bill 345 (Transition to Comprehensive Managed Care) Request for Information (RFI)		<p>The department is seeking input from members, providers, managed care organizations, and pharmacy benefit managers. Tell us what you want to see in a comprehensive managed care plan. The Public Request for Information Regarding Idaho Medicaid Managed Care opens on November 15 and closes on December 31. To expand participation, DHW is also hosting statewide listening sessions in every region between November 2025 and May 2026, with interpreters available upon request. Upcoming sessions include Rexburg (December 15) Caldwell (January 6) Virtual-only session (February 3) Gooding (March 10) Boise Westgate (April 7) Coeur d’Alene (May 26) Lewiston (May 28)</p> <p>More information and the RFI survey link are available at www.healthandwelfare.idaho.gov/managedcare.</p> <p><i>This bill directs Health and Welfare to move toward Comprehensive Managed Care. There is a link above in which</i></p>	

				<p><i>people can get information.</i></p> <p><i>The listening sessions go through May and a Request for Proposal (RFP) will be sent out in the fall. The intent is to have one Contract with three contractors.</i></p>	
7	15 mins	Discuss School Districts Ability to Open Clinics on School Grounds Utilizing District Staff	Shannon Dunstan & Joy Jansen	<p>Rural school districts continue to lose providers who bill Medicaid, particularly with the 4% cut for community providers. This is a possible solution to the behavioral health shortage.</p> <p><i>Non-IEP School and Medicaid Billing Partnership</i> <i>Purpose: Explore justification and capacity for adding schools as eligible provider for Medicaid services with an emphasis on mental health services.</i></p> <p>Some schools have been able to close the gap for those students without an IEP or without an IEP indicating mental health services by co-locating with community mental health services at the school. This has been successful in increasing access for students, reducing no-shows, improving mental health indicators and reducing absenteeism (Healthy Minds Partnership, 2018). However, as fewer community providers accept Medicaid, this model has become more challenging to implement given the scarcity of clinicians within the community. This means fewer students able to access the care they need, resulting in the increased risk of negative outcomes, poorer academic outcomes and increased behavioral concerns at school.</p> <p>CMS expanded capacity and flexibility for schools to serve as eligible providers under state Medicaid plans in 2014. States such as Arkansas, Utah, Arizona, Nevada and Louisiana have updated their state plans to allow schools to bill for services (Healthy Students, Promising Futures, 2025). When states have confirmed schools as eligible providers, student outcomes are demonstrably improved. This includes access to care, health outcomes and absenteeism (McKinsey, 2025). For Idaho, a focus on mental health could look like the school hiring clinical therapists who bill for services OR splitting positions into district funded (school counseling) roles and those that bill for clinical services, a particularly promising strategy for smaller, rural districts with limited budgets and hiring pools.</p> <p>Opportunity and Support: In 2023, CMS issued guidance streamlining the process for states to update their plans to allow schools to bill for non-IEP services. States are required to submit a response to CMS describing their adherence to these guidelines and/or plans to implement by July 2026. This is accomplished as a state plan amendment (SPA) or as an administrative amendment and is a non-legislative action. States also can use this communication with CMS to detail</p>	<p>ACTION: The ICAT Subcommittee will investigate this issue as a next step.</p>

				<p>their plans to study implementation potential. Idaho not only has this opportunity to address the needs of students but has already identified a school champion in Nampa School District who has been working for over two years to explore internal capacity.</p> <p>Potential Benefits: This is an opportunity to explore supports to benefit both students and schools.</p> <p>Next Steps: Approach Idaho Medicaid with request for option to bill OR pilot with several school districts before updating provider eligibility to include schools.</p> <p><i>Discussion:</i> <i>Changing the Medicaid Plan would need to go through the legislature. It would be beneficial to get the support of the IGT to be able to show support to get this accomplished.</i> <i>The need is to expand mental health services for non-Medicaid students as well as Medicaid students. School counselors could provide the services in the school which eliminates the need for families to travel outside of school hours.</i></p>	
8	15 mins	IBHP Update (Standing agenda item)	Magellan	Carry over.	
9	10 mins	Implementation Update		Carry over.	
10	5 mins	Update on IGT Action Items	IGT Members	Carry over.	
11	5 mins	New Business Items	IGT Members	None discussed.	
12	5 mins	Public Comments	IGT Members	None discussed.	
13	--	Dismissal	IGT Members	Meeting was adjourned at 12:11pm as it was over the time allotted.	

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

#	Follow-up Items	Opened	Owner	Status
21	Access to Care Discussion Updates Admission Criteria Clarifications: Schedule a meeting with Kootenai Health, DHW, and additional stakeholders to discuss admission criteria.	8/8/25	Val Johnson	9/29/25, In Progress. Working to coordinate schedules so all members can attend the meeting.

20	Access to Care Discussion Updates IGT - SED/DD JJ Meeting Update: Schedule meetings to discuss lack of services and supports leading to incarceration in IDJC/detention to include numbers of youth with SED/DD in detention and IDJC.	8/8/25	Val Johnson	9/29/25, In Progress. First meeting occurred on Friday, August 29. Second meeting is in the process of being scheduled.
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.