Date / Time of Meeting	March 1, 2019 10:00 AM – 12:00 PM Dial in: 866-906-9888 Access code: 7258371 Conference Room: 3A, 450 W State St, Boise
Meeting Purpose	Interagency Governance Team
Host	Treena Clark, Division of Behavioral Health

Voting Members	Att'd		Voting Members	Att'd		Participant	Att'd
Cameron Gilliland – FACS			Matt Wimmer – Medicaid			Cindy Day – DBH	X
Jason Stone – IDJC			Pat Martelle – St. Luke's			David Welsh – Medicaid	
Jennifer Griffis – Parent	X		Ross Edmunds – DBH	X		Holly Riker – DBH	X
Kim Hokanson – Parent	X		Sabrina Griffis - Youth	X		Lynn Thull - Consultant	
Lael Hansen – County Juvenile Justice	X		Vanessa Morgan – Parent	X		Rhonda House – DBH	X
Lynn Thompson – CMH						Tiffany Kinzler – Medicaid	
Matt McCarter – State Dept. of Ed	x		**Proxy Voting Members**	**Att'd**		Treena Clark – DBH	X
Doug Loertscher - Provider	X		Candace Falsetti – DBH	**X**		Valorie Leirmann – DBH	
			George Gutierrez – Medicaid	X		Venecia Andersen – Medicaid	X
			Michelle Weir - FACS				

AGENDA

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	**10:00 a.m.**	**5 min**	Welcome and Roll Call Approve minutes from last meeting	Jennifer Griffis		Notes were approved and will be posted to the website.
2	**10:05 a.m.**	**5 min**	Review Follow Up Items	Treena Clark	Updates included below.	Updates included below.
3	**10:10 a.m.**	**15 min**	Practice Manual Update (Standing Agenda Item)	Cindy Day Elizabeth Perkins	The process for ongoing review is being developed. The tracking tool currently being used internally will also be adapted to track the updates on the Practice Manual. The video that has been made is in review by stakeholders currently.	

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					The next version of the Practice Manual is scheduled for 7.1.19, with a draft due out in May for review.	
4	**10:25 a.m.**	**10 min**	QMIA Update (Standing Agenda Item): QMIA Council Report	Candace Falsetti	The QMIA Council met on February 22nd and had a very robust meeting covering multiple topics. The first issue that the QSIS subcommittee is reviewing is the ability of parents to put forth complaints and issues. The Rights and Resolution report has been completed and will be published next week. Feedback has been received regarding ways in which this report can be strengthened, and work will continue to do so. The QMIA Council did review the request from IGT regarding factors influencing family engagement and agreed that the majority of these issues were Medicaid specific. Medicaid has taken this request and will report back to the council at the end of March. The QMIA Council is also working to revise the original QMIA plan to bring it more in line with the work being done now. There is a requirement in the settlement agreement for a quality review process. A contract has been established with BSU to complete a survey with families and begin the quality review process, all specific to DBH records as a pilot program. If this proves to be an effective method, this process will be extended and brought to the IGT and IWG for approval. A family advisory subcommittee will be implemented under the QMIA Council, to formalize some of the input that comes in from families.	
5	**10:35 a.m.**	**10 min**	Centralized Complaints Process Update	Candace Falsetti	A short-term solution had previously been implemented, but a longer-term solution is still needed. The QMIA Council will function as the primary group focused on developing this plan going forward. One of the ideas is to improve the options available on the website that would allow for much easier submission of family stories/complaints/thoughts, et al. Additionally, a	

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					single line devoted to YES issues has been discussed. Elements of the overall plan are being constructed and once a more definite plan has been formalized, it will be presented to the IGT for review.	
6	**10:45 a.m.**	**35 min**	Improving Effectiveness of IGT Meetings	Jennifer Griffis	Discussion Points: -Membership -Leadership -Current and Future Purpose (Within Scope of Charter) Carol Dixon has resigned from the IGT, and had been serving as vice-chair. With the current leadership structure of the IGT, the bylaws require that the leadership be a member of the partner community (parent, provider, advocate, etc.). While the intent of this restriction was perhaps a good one, this ultimately seems to potentially be impacting the sustainability of the leadership of this group by creating a very shallow leadership pool. One of the challenges expressed is that a leader from outside of the agencies must pull information together, whereas a leader from within the agency may be able to better recognize issues and/or information that may need to be brought into the group. There also seems to be some overlap between the IGT and the IWG, and that makes it difficult to establish the separate work and goals of the IGT. Further, there also seem to be some overlap/need for definition between the IGT and the QMIA. One suggestion was to have the chair and co-chair roles be filled by a state agency and an outside partner respectively. It would be essential to clarify the specific role (two co-chairs, chair/vice chair, etc.). The IGT is only required by the settlement agreement to meet quarterly. The concern would	The suggestion was made to hold this topic over until the next meeting when a full vote can be done. The order of attack was suggested to be to determine what needs to be done, who needs to attend, and then determine leadership. Mindy will send out the bylaws, the charter, and the operational guidelines for the IGT membership to review and create suggestions for the purpose/objectives for the group for the next year. The expectation will be that everyone come to the meeting with these suggestion to the next meeting. Priorities for discussion –

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					be that the IGT may become less effective if meetings were less frequent. Currently, the Implementation Workgroup (IWG) seems to be functioning more effectively, and may be the better vehicle for conversation. There will be a time when the IWG transitions out of action, and at that point in time the IGT would need to be more active, and the transition would need to be very intentional. Ultimately, the IGT will need to get to a point where they have established goals and benchmarks that they are working towards and a plan could be constructed. A stronger structure where each of the elements of the agreement were being reviewed may be a way in which the IGT could function in a manner differently than the IWG and the QMIA Council. IGT seems to serve a problem-solving type of role, not necessarily of a quality review but implementation nature. It will be very important to be very, very intentional regarding the work that the IGT would focus upon, and not just be a place for updates and discussion. Jennifer's term as chair will end in May. Jennifer's recommendation would be to have two co-chairs, one from an agency and one from an outside partner. Clarification was requested on what the role of the overall IGT as well as the leadership structure. Ultimately, the leadership structure should be shifted to reflect where the IGT is headed next in its role. The settlement agreement does state that the IGT is required to have a chair and a vice-chair. The suggestion was to have the role of chair rotate	objectives, then leadership.

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					between an agency member and a stakeholder partner. The settlement agreement does state requirements for membership and who must be represented on the IGT. Recruitment needs to be a focus, and work will need to be done within advocacy groups, provider groups, regional offices, etc., to recruit families. Having meaningful and impactful agendas will also help drive recruitment and engagement. Having advocates and providers engaged help keep parents engaged as well, and provide support for parents; this will be essential to the ongoing membership sustainment of the IGT. The question becomes where to start to put the pieces together – leadership, meeting agendas, membership. The suggestion was made to hold this topic over until the next meeting when a full vote can be done. The order of attack was suggested to be to determine what needs to be done, who needs to attend, and then determine leadership. Vanessa shared two examples of on the ground YES progress examples. One is that there had to be two six-hour meetings to get things started, as well as another multiple hour intake meeting to get started for respite. This resulted in a lot of time spent in assessments and discussion prior to obtaining services. Further conversations will be had regarding the requirement that the CANS be updated every 90 days and the use of the Liberty CDA to ensure that these elements are functioning the way in which they were intended. Vanessa also shared that there was a very successful EPSDT approval and placement that	

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					occurred through the system quickly and went very, very well. The message was stressed that if parents are having any type of concern or questions they really should call in and talk to the agencies about it. It is so important for these things to be documented, tracked, and handled. Conversations cannot happen unless those calls are made.	
7	**11:20 a.m.**	**5 min**	Membership List Review for Website Posting	Rhonda House	The membership list was removed from the charter and put into an independent document. Rhonda proposed to hold onto this document as adjustments are made to the IGT going forward. Contact information will not be shared on this document to protect the privacy of the members.	The names of youth members will be partially redacted to first initial last name to protect privacy. This document will be held until the next meeting for further vote/discussion.
8	**11:25 a.m.**	**5 min**	IGT Requests – Factor Influencing Family Engagement in Residential Treatment – Update (Standing Agenda Item)	Jennifer Griffis	This request has been given to the QMIA Council and on to Medicaid for further review and response. Medicaid will respond to QMIA by the end of March.	
9	**11:30 a.m.**	**5 min**	Cost Sharing Update (Standing Agenda Item)	George Gutierrez	Work is being done on the compliance analysis (meeting the federal requirements) and is nearly complete. Notices to the public are still being developed. These will be shared with the IGT as soon as possible.	
10	**11:35 a.m.**	**10 min**	Family Engagement Subcommittee Update (Standing Agenda Item)	Jennifer Griffis	Carol Dixon has stepped down from her role on this subcommittee. Candace will step in to this role for the next couple of months as next steps are determined. Holly provided an update on youth voice.	

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					Parents have already registered for the upcoming TCOM conference. If additional parents are interested, please let Jennifer Griffis know. Sustaining parent involvement in committees and workgroups is one of the topics that this subcommittee workgroup is looking to tackle and provide insight as the system moves forward.	
11	**11:45 a.m.**	**10 min**	Clinical and Training Subcommittee Update (Standing Agenda Item)	Kim Hokanson/ Rhonda House	The meeting this morning had a shortened agenda and topics were postponed until April. The subcommittee did discuss Principles of Care and Practice Module training. The e-learning module is complete and available. DBH, Medicaid, and the families are working together to create a one pager to help with training. The TCOM conference was promoted. Medicaid also provided a brief update regarding youth support.	
12	**11:55 a.m.**	**5 min**	Review Future Agenda Topics and Action Items	Jen Griffis Treena Clark	A significant portion of the next meeting will be dedicated to the discussion of purpose. Optum will be able to come do a presentation on TeleHealth at the next meeting. (10 – 15 minutes) Patterns of complaints/issues that have come in would be beneficial to be discussed as well as things that are going well.	The body of the IGT will review and provide feedback/suggestions regarding IGT objectives
13	**12:00 p.m.**	**--**	Dismissal	Jen Griffis	George Gutierrez shared that Dr. Lyons presented at the last tribal meeting and shared about how cultural sensitivity was included in the creation of the CANS, and this led to the tribes working directly with Dr. Lyons to have further discussions about this specifically.	

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

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Cindy Day will reach out to Susan Peck from SDE for more information on the Federal Programs Conference.	1/11/19	Cindy Day	2/1/19	Cindy has received no response from Susan.	**Complete**
Treena Clark will research further where the subcommittee notes should be housed for consistency.	1/11/19	Treena Clark	2/1/19	Notes will be housed with Mindy going forward.	**Complete**
George Gutierrez will seek out a tribal representative to participate in the IGT.	11/2/18	George Gutierrez	12/7/18	3.1.19 – No response from this group at this point. Inquiry will continue 12/7/18 - George put out an invitation and will follow up with the tribal representatives as soon as possible.	**In progress.**