DRAFT Meeting Minutes

Spring Quarterly Council Meeting

Thursday, April 28, 2022
9:15 am – 3:45 pm Mountain Time - Zoom video teleconference
(Actual scheduled meeting time 4.5 hours)

Council Members Present
Sylvia Arnold (3 hours)  Mike MacGuffie  Adrienne Seamans
Ian Bott  Marilu Moreno  Karren Streagle (3 hours)
Janice Carson  Natali Pellens
Michael Case  Emily Petersen  La Donna Tuinstra
Jenna Garrett (3.8 hours)  Danielle Reff – DR  Stephanie Walters
Deedra Hunt  Michael Sandvig (35 minutes)  Nicholas Wyatt
Jennifer Johnson  Carly Saxe  Edgar Zuniga

Members Absent
Amy Cunningham

Members Absent After Lunch
Sylvia Arnold
Michael Sandvig
Karren Streagle

Staff Present
Marieke Edwards  Miguel Juarez
Trisha Hammond  Richelle Tierney
Christine Pisani  Jill Smith

Guests/Presenters:
Andy Snook, DD Council Deputy Attorney General
Stephanie Perry, Project Manager, DHW
Diane Stephens, DHW
Blake Brumfield, Program Manager, DD Crisis Prevention and Court Services
Magnum Forkner, DD Council Financial Analyst
Kathryn Durrant, DisAbility Rights Idaho
Holly Molino (Jillian), Developmental Disability Service Provider
Minutes:

Welcome, Introductions, Ground Rules, and Perfection of Agenda
Emily Petersen, Council Chair, called the meeting to order at: 9:19 AM.

Guests were welcomed.

One of the applicants for Chair could not be available at 3:30pm and requested we combine the Election with the Announcement at 11am.

ACTION: Amended Agenda

- DR Reff moved to accept this proposed amended agenda.
- Jennifer Johnson seconded.
- Motion passed.

Marieke Edwards will provide guest guidelines in the chat to guests as they arrive. DR Reff reviewed the meeting ground rules.

Guest: Andy Snook

In the past, the Council was assigned a Deputy Attorney General (DAG) that also represented the Department of Health and Welfare. Due to potential conflicts of interest, the Council requested legal representation directly from the Attorney General’s Office. Andy Snook has been assigned as our main point of contact for legal representation. Andy introduced himself to the Council.

Teambuilding

How are we alike? Council Members, staff and visitors worked in groups to find three things in common. Council Members shared their experiences with the whole membership.

Consent Agenda

- Draft Meeting Minutes: January 27-28, 2022
- Draft Meeting Minutes: February 18, 2022
- Executive Director Report Provided in Pre-Recorded Video
- Chair Report
- Vice-Chair Report

ACTION: Consent Agenda
DR Reff moved to approve the items in the Consent Agenda as presented.
Ian Bott seconded.
Motion passed.

Chair Election

DR Reff, Jennifer Johnson, and Natali Pellens applied for Council Chair and provided speeches to the Council to support their nomination.

Financial Report

Trisha Hammond presented the financial report through March 2022 and reviewed expenses from this past quarter.

ACTION: Financial Report

Jennifer Johnson moved to approve the financial report as presented.
Nicholas Wyatt seconded.
Motion passed.

Closed Executive Session: Personnel Discussion

ACTION: Closed Session

Ian Bott motioned to move to have a closed executive session to discuss a personnel issue.
Mike MacGuffie seconded.
Motion passed.

ACTION: Open Session

Jennifer Johnson motioned to move back to an Open Public Meeting.
Nicholas Wyatt seconded.
Motion passed.

ACTION: Personnel Discussion

Natali Pellens moved to give the Executive Director an exemplary rating.
Sylvia Arnold seconded.
Motion passed.
Presentation: Crisis System Improvement Project

Blake Brumfield, Stephanie Perry and Diane Stephens from the Department of Health and Welfare presented on the crisis improvement plan to better support adults with intellectual/developmental disabilities who also have a co-occurring mental health diagnosis that exceed the abilities of current community-based services to support. The power point presentation is attached.

Presentation: 2022 Legislative Report

Richelle Tierney, ICDD Policy Analyst, provided a summary of 2022 Council legislative activities. The 2022 Legislative Report will be on the ICDD website and shared on the ICDD Facebook page. All Council Members will receive a print copy as well.

Council Member Appreciation

La Donna Tuinstra is ending her Council member term as she did not reapply for a second term. La Donna was recognized for her contributions and members and staff wished her well and stay in touch.

Emily Petersen is ending her term as the Chair of the Council. However, she reapplied for her third term for Council membership. Emily’s dedication, passion, and leadership as Chair over the last two years has been appreciated.

Member Recruitment Update & Membership Orientation

The Ad-Hoc Membership Committee consists of DR Reff, Nicholas Wyatt, and Jennifer Johnson. The committee is supported by staff: Christine Pisani and Trisha Hammond. The Committee interviewed four parents for the family member representative, two individuals for the non-profit position, and one advocate in mid-March. The Committee submitted all applications to the Governor’s Office. Council staff has requested confirmation of membership by June 1, 2022. The Governor’s office has stated that they have all the information they need.
Friday, April 29, 2022
9:15 am-3:15 pm Mountain Time - Zoom video teleconference
(Actual scheduled meeting time 4.25 hours)

Council Members Present
Sylvia Arnold (3.4 hours)  Jennifer Johnson  Carly Saxe
Ian Bott (4 hours)  Michael MacGuffie  Adrienne Seamans
Janice Carson (.5 hours)  Marilu Moreno (3.8 hours)  Karren Streagle (1.7 hours)
Michael Case (2 hours)  Natali Pellens  La Donna Tuinstra
Jenna Garrett  Emily Petersen  Stephanie Walters
Deedra Hunt (1.4 hours)  Danielle Reff – DR  Nicholas Wyatt
                       Michael Sandvig (18 minutes)  Edgar Zuniga

Members Absent
Amy Cunningham

Staff Present
Marieke Edwards  Miguel Juarez
Trisha Hammond  Richelle Tierney
Christine Pisani  Jill Smith

Presenters:
Andy Snook, DD Council Deputy Attorney General
Roger Sherman, Executive Director, Idaho Children’s Trust Fund

Guests
Kathryn Durrant, DisAbility Rights Idaho
Minutes:

Welcome, Ground Rules, and Perfection of Agenda

Emily Petersen, Council Chair, began the meeting at 9:16 am.

Guests were welcomed, guest guidelines were reviewed, and DR Reff read the meeting ground rules.

Announcement of New Chair

Andy Snook, the Council’s Deputy Attorney General, updated the Council regarding open public meeting voting processes. He shared the process the Council should use to meet the requirements of a transparent voting process. Moving forward all officer election votes will be made verbally by each member in Council Meetings. The Council Members running for Council Chair are: DR Reff (DR), Natali Pellens (Natali), and Jennifer Johnson (Jen.)

ACTION: Chair Votes

- Sylvia Arnold voted for DR
- Ian Bott voted for Natali
- Janice Carson voted for Natali
- Michael Case voted for Natali
- Jenna Garrett voted for DR
- Deedra Hunt voted for Jen
- Jennifer Johnson voted for Jen
- Mike MacGuffie voted for DR
- Marilu Moreno voted for Natali
- Natali Pellens voted for Natali
- Danielle Reff “DR” voted for DR
- Michael Sandvig voted for DR
- Carly Saxe voted for Natali
- Adrienne Seamans voted for Natali
- Karren Streagle voted for DR
- La Donna Tuinstra voted for DR
- Stephanie Walters voted for DR
- Nick Wyatt voted for Jen
- Edgar Zuniga was not present
Amy Cunningham was not present
Emily Petersen, Council Chair only votes in the event of a tie

Christine Pisani, Executive Director, announced DR Reff would be serving as the Council’s newly elected Chair.

**Presentation: Adverse Childhood Experiences & Trauma Informed Care**
Roger Sherman, Executive Director of the Children’s Trust Fund presented information to members about the adverse childhood experiences (ACES). The presentation is attached.

**Presentation: Quarterly Progress Report**
Marieke Edwards, Research Analyst, facilitated updates from all staff about their work this past quarter.

**Announcement: NACDD Conference**
Council Members are encouraged to submit application to be considered for sponsorship to attend the annual NACDD conference being held July 18-22 in Washington DC. Contact Council staff for assistance with the application due Friday, May 6, 2022. Council Members who attend the conference are expected to provide a brief report on their activities at the July 28-29, 2022, Council meeting.

**Update: Plan for July 28-29 Council Meeting**
The July Council meeting will be held in person with no virtual option. New member orientation will take place on July 27 and all Council Members are invited to attend. Input on activities during this meeting was requested from Council Members including:

- Opportunities for a Council photo – this is the first opportunity to do this in person
- Interest in a tour of the Southwest Idaho Treatment Center (SWITC) campus – may have to do in small groups versus as a whole council
- Interest in a tour of the Idaho Anne Frank Human Rights Memorial – possible site for photo as well

**Announcement: Vice Chair Election Opportunity**
Nomination for Vice-Chair applications will be accepted up until July 27, 2022. Applications should be submitted to Trisha Hammond. Council Members may nominate others; however, please talk to the person first and get their permission for nominating them.

**ACTION: Proposal for Council Member Leadership Development**

Christine Pisani, Executive Director, presented a proposal for an in-person leadership development opportunity for Council Members Thursday, September 22 and Friday, September 23 in Boise. The purpose of this meeting is to assist members with the development of their personal stories. Time will be spent learning how the power of their personal story can be used to educate policymakers about proposed public policy.

- Nicholas Wyatt motioned to move forward with a leadership development event for Council Members.
- Mike MacGuffie seconded.
- Motion passed.

**Member Reports**

Membership reports were provided by Carly Saxe, La Donna Tuinstra, Edgar Zuniga, Emily Pellens, and Adrienne Seamans.

**ACTION: Adjourn Meeting**

- La Donna Tuinstra moved to adjourn the meeting.
- Edgar Zuniga seconded.
- Motion passed. Meeting adjourned at 2:52 pm.
Developmental Disabilities
Crisis System
Improvement Project

Developing a new care model to better support adults with an intellectual/developmental disability (I/DD) and complex needs that exceed existing community-based services
Crisis System Improvement Project

**Idaho Department of Health and Welfare (IDHW) Goal**

Improve the crisis system of care for adults with developmental disabilities who have complex needs that exceed traditional, community based services

IDHW Divisions Involved: Family and Community Services, Behavioral Health, Medicaid and Licensing & Certification
New Care System Objectives

This new system is based on the following mission:

• Strengthen the health, safety and independence of Idahoans
• Support adults in their communities whenever possible
• Ensure people receive appropriate treatment wherever they live

Some improvements to crisis services we want to make in the new system are:

• Strengthen community providers so that they can provide better care to people with complex needs
• Provide people with complex needs a specialized team to help
• Figure out how people’s care systems can better work together
• Improve our existing community crisis beds
• Develop new campus settings (move away from an (ICF/IID) licensure)
Crisis System Improvement Project

Current System of Care

Do the health and safety needs exceed traditional community-based services?

- Yes: Crisis Residential
  - Southwest Idaho Treatment Center
  - Community Crisis Beds

- No: Crisis Team

Traditional Community Based Services
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Nursing Home
- Certified Family Home
- Residential Habilitation Agency Services
- Residential Assisted Living Facility
- Waiver Services in Individual’s Home

Return to Traditional Community Based Services
Crisis System Improvement Project

New System of Care

TEAMING

Residential

Developmental Disabilities Crisis Residential
- Assessment, Observation and Stabilization
- Step Down Treatment
- Community Crisis Beds

Return to Traditional Community Based Services

Traditional Community Based Services
- Intermediate Care Facility for Individuals with Intellectual Disability
- Nursing
- Certified Specialized Behavioral Health Agency Services
- Residential Assisted Living Facility
- Waiver Services in Individual’s Home
Community Capacity Building

• Our existing Crisis Teams will receive additional training on how to better help people with mental health needs.

• The department will help strengthen community providers so that they can provide better care to individuals with complex needs.

• Medicaid will have support levels for individuals with a health or safety need in their new supports budget model.
Proposed Crisis System of Care Changes

Specialized Teaming

- New Specialized Teams will receive advanced training on how to better help people with mental health needs.
- The teams will receive national certification in best practices.
- The teams will work with people who have needs that community providers can’t help them with.
- The teams will be available to people no matter where they live. Their goal will be to have the person remain in their community setting whenever possible.
- A person’s team will be based on the person’s unique needs.
Proposed Crisis System of Care Changes

Residential Settings

• We will improve Community Crisis Beds by adding the ability to offer short term respite stays

• The SWITC campus will have two new settings
  1. A comfortable and safe treatment center for someone who is experiencing acute needs
  2. Townhomes where people will live until they are ready to transition back to traditional services

• Services in campus settings will be short term and will focus on a safe transition to the community

With the Council’s support, SB 1257 **PASSED.** This bill eliminated the term “intermediate care facility” from the description of SWITC. This allows for our eventual move to a new licensure for campus settings.
Proposed Crisis System of Care Changes

New System of Care

1. Adult in Crisis
2. Do the individual’s health and safety needs exceed traditional community-based services?
   - YES: Specialized Clinical Team
   - NO: Crisis Team

Specialized Clinical Team

Developmental Disabilities Crisis Placements
- Assessment, Observation and Stabilization Unit
- Step Down Treatment
- Community Crisis Beds

Crisis Team

Traditional Community Based Services
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Certified Family Home
- Residential Habilitation Agency Services
- Residential Assisted Living Facility
- Waiver Services in Individual’s Home

Return to Traditional Community Based Services
Check In

Do you understand the goals and mission of the Crisis System Improvement Project?

Do you know the three improvement areas we are focusing on?
Center for START Services

What is START?

• A model of community based crisis intervention for people with intellectual disabilities and mental health needs
  ➢ Clinical Team Services
  ➢ Cross System Planning
  ➢ National Training
  ➢ Community Linkage (advisory meetings with community stakeholders and coordination agreements with providers)

• Strengths based practice that shifts attention from “what is wrong” to “what is strong”

• Wellness based approach: Promotion of health and happiness, not simply the absence of illness

• All START programs share a common mission, values, principles and practices and are certified by the center
In 2021, 85% of Crisis Calls answered by START programs resulted in the person remaining in their community setting. An additional 9% returned home following a brief emergency department visit.

71% of START users have a reduction in mental health symptoms as measured by the Aberrant Behavior Checklist (ABC).

For START service users, there is a steep drop off in crisis event frequency after the initial three months of enrollment. Few contacts happen after one year.
Center for START Services

How We Plan on Using the Center for START Services

• Provide training to Department staff on how to better help people with mental health needs
  - Currently, the Department has a contract with START for year-long professional training initiative
  - National Online Training Series – pre-recorded trainings and live Q&A Sessions
  - National Training Institute – annual training event featuring keynotes, panel discussions and breakout sessions

• Obtain National Certification for Future Specialized Teams
  - We will seek funding in the near future to support us in obtaining a START program certification
Hear How the START Professional Training is Making a Difference

Diane Stephens discusses the Mental Health Aspects of IDD Course
More information on START

Visit: [https://centerforstartservices.org/](https://centerforstartservices.org/)

Watch: “[Now We Have Hope: The Strength of the START Community](https://centerforstartservices.org/)’
Our Mission: Strengthening Families and Communities to Prevent Child Abuse in Idaho
Coming to the Door
Here’s a Picture:

There is a woman holding a baby, and five children, in a living room. The woman is seated on a ripped couch. She is feeding the baby a bottle with one hand and talking on a cell phone with the other.

Three older children are seated at a small table, eating pizza and baby carrots. One toddler is standing in a play pen, crying. Another toddler is curled up on a chair, under a blanket, asleep.

There is a tall bookshelf in one corner. The lower shelves hold glass vases, some family pictures in frames, and assorted glass nick-knacks. The upper shelves hold toys and children’s books.

There is space heater on the floor and the TV is on. Looking through a cracked window you can see a swing set in a fenced back yard; one of the swings is broken.

Make a List:
The Story of a Brain

And what might happen next...
Unique Among Organs
A BRAIN IS AN INCREDIBLE THING

- It is completely unique and different from any other organ in your body.
- It’s a work-in-progress.

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<tbody>
<tr>
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<td>Age 1</td>
<td>70%</td>
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<td>Age 3</td>
<td>80%</td>
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<tr>
<td>Age 5</td>
<td>90%</td>
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The environment shapes the brain.

The brain grows in response to its environment. Stress is especially hard on a developing brain.
Evidence

3 Year Old Children

Normal
Extreme Neglect

Prefrontal Cortex and Hippocampus

Normal

Typical neuron with many connections

Chronic stress

Neuron damaged by toxic stress – fewer connections
The cortex grows best when we are **not** feeling like we need to run, hide, fight, or eat.

**Human:** thin layer of jello-called the cortex.

**Cat:** fight, flight food. Instincts that keep us safe during those short bursts of stress.

**Lizard:** breathing, blinking, digesting, heart beating.
Flipping your lid....and other hand models of the brain

Explaining the Brain to Children and Adolescents:
https://vimeo.com/109042767

https://www.youtube.com/watch?v=An47Ib2bb54
What is the single most important thing the brain requires to be able to learn?

A feeling of safety.

Survival is the brain’s most important priority, and safety is the most important expression of that priority.
Trauma, the body, and behavior
What, Why, and How...
The brain was designed millions of years ago to solve stressful problems that last for a very short time.

Like this. The saber-toothed tiger either ate you or you ran away from it, but the whole event was over in a few minutes.
When we live in fear the cortex suffers.

If the infant is marinated in safety - an emotionally stable home - the system will cook up beautifully.

If not, normal stress-coping processes fail.

The child is transformed into a state of high alert or a state of complete collapse.
The body’s alarm system

- Traumatic Event
- Stress Hormones
- The Body’s Alarm System
- Traumatic Stress
In the Optimal Zone – Window Of Resilience

Activation / Ready for Action
Heart rate increases, muscles tone. Still in the Optimal Zone, able to think about the situation, make decisions and respond.

De-Activation / Settling Down
Heart rate slows, muscles relax. Still in the Optimal Zone, able to feel calm, think clearly, and relax.

This above diagram of the Window of Resilience was made by Nora Sabahat Takieddine and adapted from different diagrams available. The concept of Optimal Zone of Regulation was first introduced by Dr. Dan Siegel. It has since been presented and used by various psychotherapists including, but not limited to, Dr. Peter Levine & Dr. Pat Ogden.
Outside the Window Of Resilience

Hyper-Arousal = Stuck on On
Anxiety, anger, hyperactivity, panic, restlessness, digestive problem, emotional flooding, chronic pain, sleeplessness, hostility/rage, inability to relax

Hypo-Arousal = Stuck on Off
Depression, chronic fatigue, low blood pressure, poor digestions, exhaustion, numbness, pain, dissociation, disconnection

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Adverse Childhood Experiences or ACEs can lead to toxic stress

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<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
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<tr>
<td>Physical</td>
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<td>Mental Illness</td>
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<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Mother Treated Violently</td>
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<td>Sexual</td>
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<td>Incarcerated Relative</td>
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<td>Substance Abuse</td>
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<td>Divorce</td>
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65.1% of Idaho adults have experienced at least one Adverse Childhood Event (ACE), and nearly one in four (23.1%) have experienced four or more ACEs.
As children,

- 1 in 8 Idahoans were sexually abused
- 1 in 6 were physically abused
- 1 in 6 witnessed IPV between their parents
- 1 in 4 lived with an alcoholic
- 1 in 3 experienced emotional abuse
ACES are not destiny

- Protective Factors can mitigate the effects of Adverse Childhood Experiences.
- We can capitalize on our unique relationships to promote the Protective Factors in families and individuals.
What Do Protective Factors Protect Us From?

[Being Overwhelmed by Toxic Stress]

Taking a Deep Dive into What We Can Do to Prevent and Mitigate the Impact of ACEs
Balloons!
How to remember the 5 PROTECTIVE FACTORS that make your family strong.

1. Use your Thumb to remember Social & Emotional Competence of Children because a “thumbs up” is one of the first ways we learn to communicate our emotions.
2. Your Pinky Finger signifies Concrete Support in Times of Need because it is the smallest finger and reminds us that we all need help sometimes.
3. Your Ring Finger stands for Parental Resilience because your first commitment must be to yourself in order to be strong for others.
4. Your Middle Finger can help you remember Social Connections because it should never stand alone! We all need a positive social network.
5. Your Index Finger represents Knowledge of Parenting and Child Development because you are your child’s first teacher!
Strengthening Families Protective Factors

- Parental/Personal Resilience
- Social Connections
- Knowledge of Parenting & Child/Human Development
- Concrete support in times of need
- Social, Emotional and/or Behavioral, Intellectual and Moral Competence

Flexibility and inner strength
Healthy and safe relationships
Great parenting is part natural and part learned; accurate information about biopsychosocial and cognitive development
Ask for and receive help
Talk about and manage feelings
What does resilience mean to you?

What does it look like in the people or families you know?

How do we help each other become resilient?

How does resilience help reduce stress?
(Healthy) Social Connections
Safe Connections

• What do healthy connections look like in the people or families you know?
• How do we help each other develop healthy and safe relationships?
• How do these relationships help reduce stress?
Knowledge of Parenting and Child Development

What impact do you think it has on parenting?
What does it look like in the people or families you know?
How do we help each other obtain this knowledge?
How does having this knowledge help reduce stress?
Concrete Support in Times of Need

I can ask for [...] and receive help

Just In Time Support
Social – Emotional Competence

- What is social and emotional competence?
- What does it look like in your students?
- How do we get it and help others get it?
- How does this competency help reduce stress?
The Power of Positive Experiences

1. Ability to talk with family about feelings
2. Felt experience that family is supportive in difficult times
3. Enjoyment in participation in community traditions
4. Feeling of belonging in high school
5. Feeling of being supported by friends
6. Having at least two non-parent adults who genuinely care
7. Feeling safe and protected by an adult at home

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