

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)

Ian Bott

Janice Carson

Michael Case

Jenna Garrett (3.8 hours)

Deedra Hunt

Jennifer Johnson

Mike MacGuffie

Marilu Moreno

Natali Pellens

Emily Petersen

Danielle Reff – DR

Michael Sandvig (35 minutes)

Carly Saxe

Adrienne Seamans

Karren Streagle (3 hours)

La Donna Tuinstra

Stephanie Walters

Nicholas Wyatt

Edgar Zuniga

Members Absent

Amy Cunningham

Members Absent After Lunch

Sylvia Arnold

Michael Sandvig

Karren Streagle

Staff Present

Marieke Edwards

Trisha Hammond

Christine Pisani

Miguel Juarez

Richelle Tierney

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

- a. Draft Meeting Minutes: January 27-28, 2022
- b. Draft Meeting Minutes: February 18, 2022
- c. Executive Director Report Provided in Pre-Recorded Video
- d. Chair Report
- e. 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)

Ian Bott (4 hours)

Janice Carson (.5 hours)

Michael Case (2 hours)

Jenna Garrett

Deedra Hunt (1.4 hours)

Jennifer Johnson

Michael MacGuffie

Marilu Moreno (3.8 hours)

Natali Pellens

Emily Petersen

Danielle Reff – DR

Michael Sandvig (18 minutes)

Carly Saxe

Adrienne Seamans

Karren Streagle (1.7 hours)

La Donna Tuinstra

Stephanie Walters

Nicholas Wyatt

Edgar Zuniga

Members Absent

Amy Cunningham

Staff Present

Marieke Edwards

Trisha Hammond

Christine Pisani

Miguel Juarez

Richelle Tierney

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 policy makers 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



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:

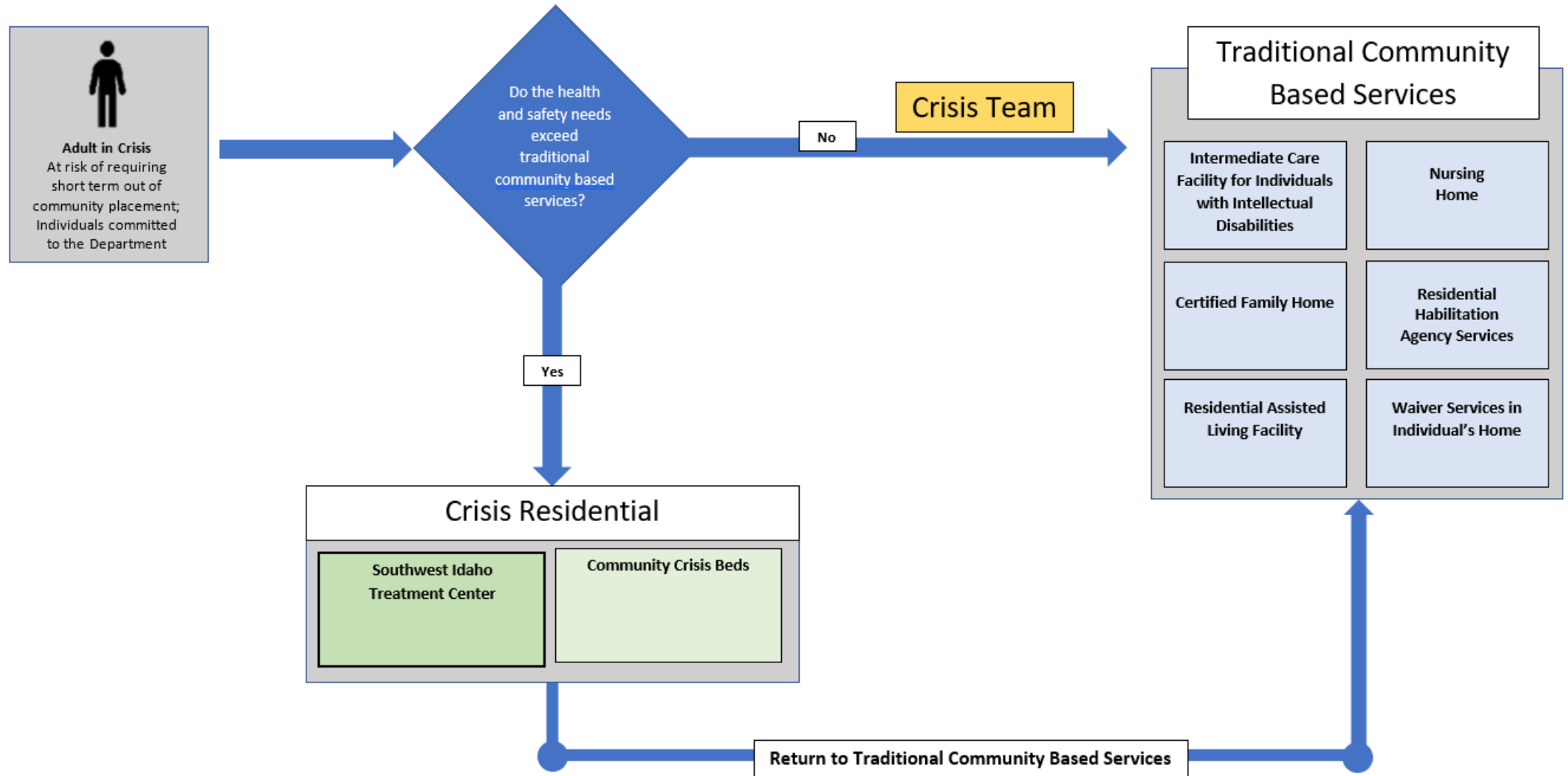
- Strengthen community providers so that they can provide better care to people with complex needs
- Provide people with complex needs a specialized team to help
- Figure out how people's care systems can better work together
- Improve our existing community crisis beds
- Develop new campus settings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

Crisis System Improvement Project

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Current System of Care

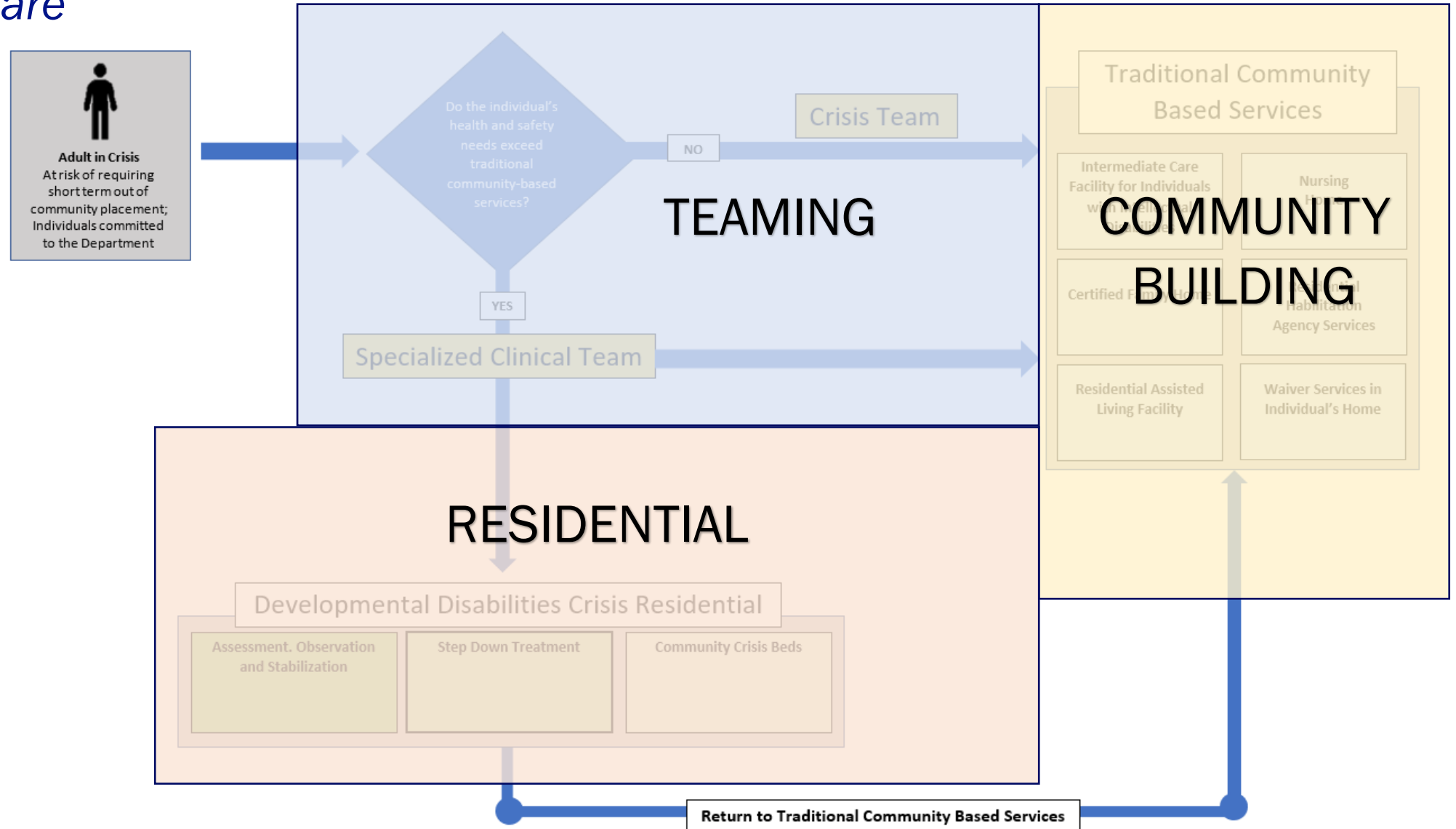


Crisis System Improvement Project

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New System of Care





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.





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.





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



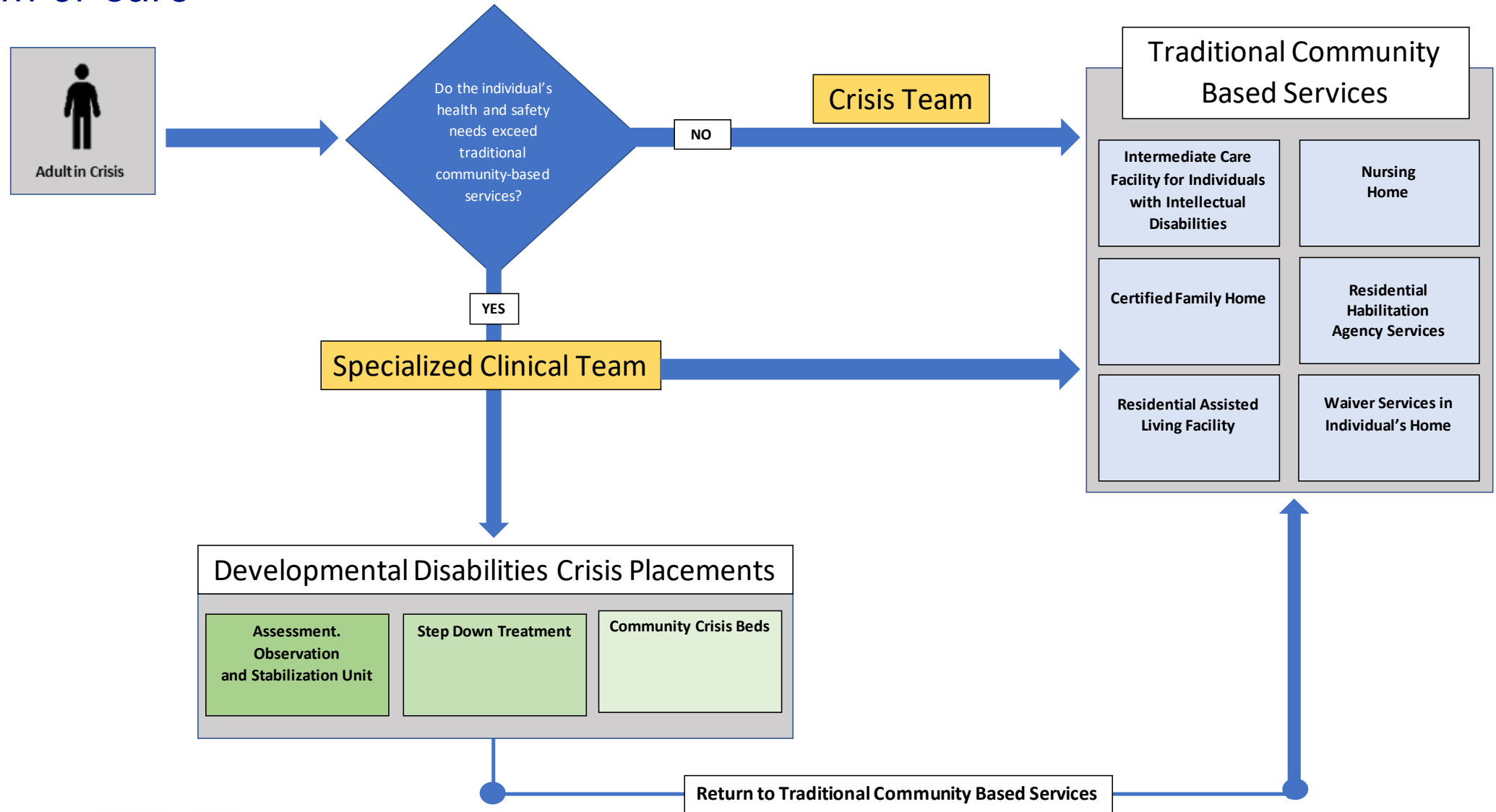
thank you

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





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

Do you know the three improvement areas we are focusing on ?



What is START?

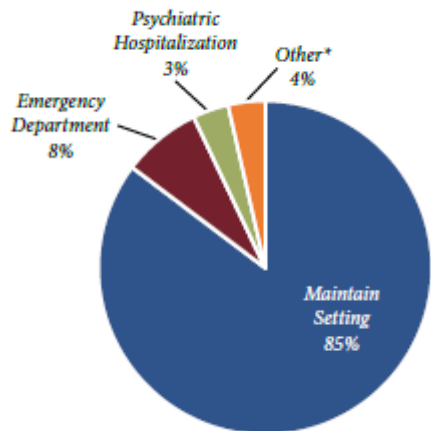
- A model of community based crisis intervention for people with intellectual disabilities and mental health needs
 - Clinical Team Services
 - Cross System Planning
 - National Training
 - Community Linkage (advisory meetings with community stakeholders and coordination agreements with providers)
-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





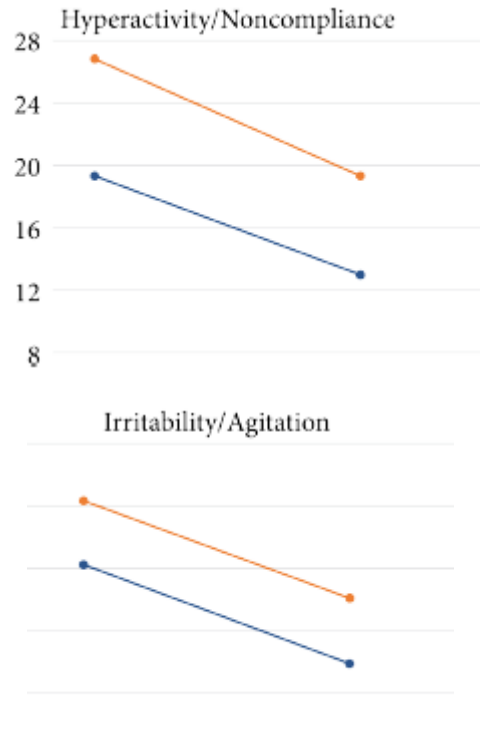
In 2021, 85% of Crisis Calls answered by START programs resulted in the person remaining in their community setting. An additional 9% returned home following a brief emergency department visit

DISTRIBUTION OF CRISIS CONTACTS IN 2021



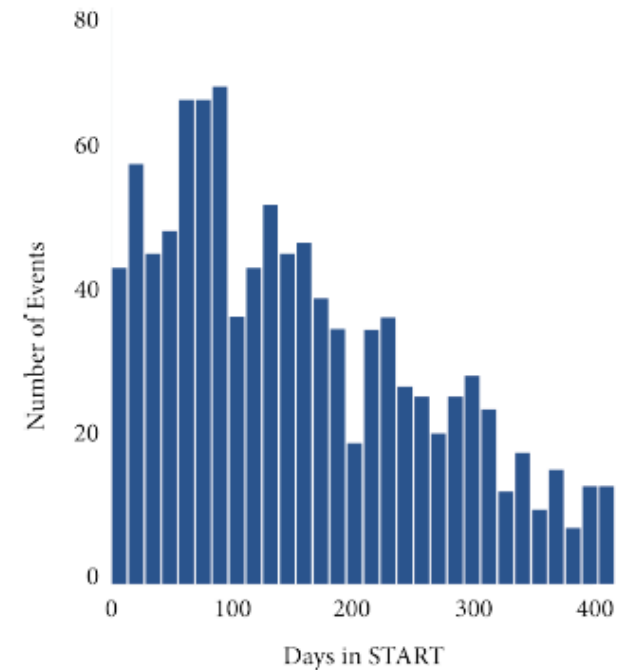
*Medical admission, crisis stabilization unit, detention

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.

FREQUENCY OF CRISIS EVENTS





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

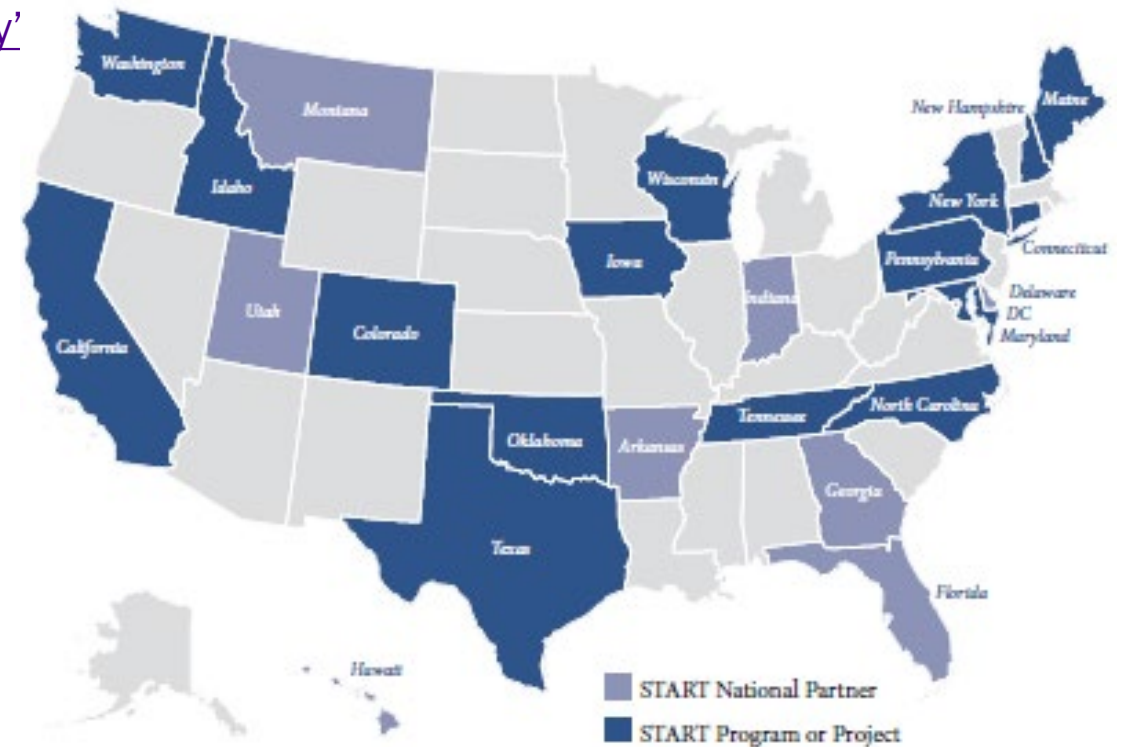




More information on START

Visit: <https://centerforstartservices.org/>

Watch: [“Now We Have Hope: The Strength of the START Community”](#)



**Our Mission: Strengthening Families and
Communities to Prevent Child Abuse in Idaho**



Coming to the Door



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.

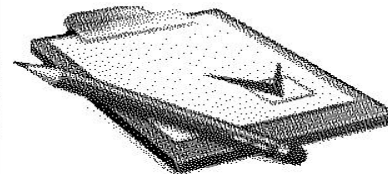
There is a tall book shelf in one corner.

The lower shelves hold glass vases, some family pictures in frames, and assorted glass nick-knacks.

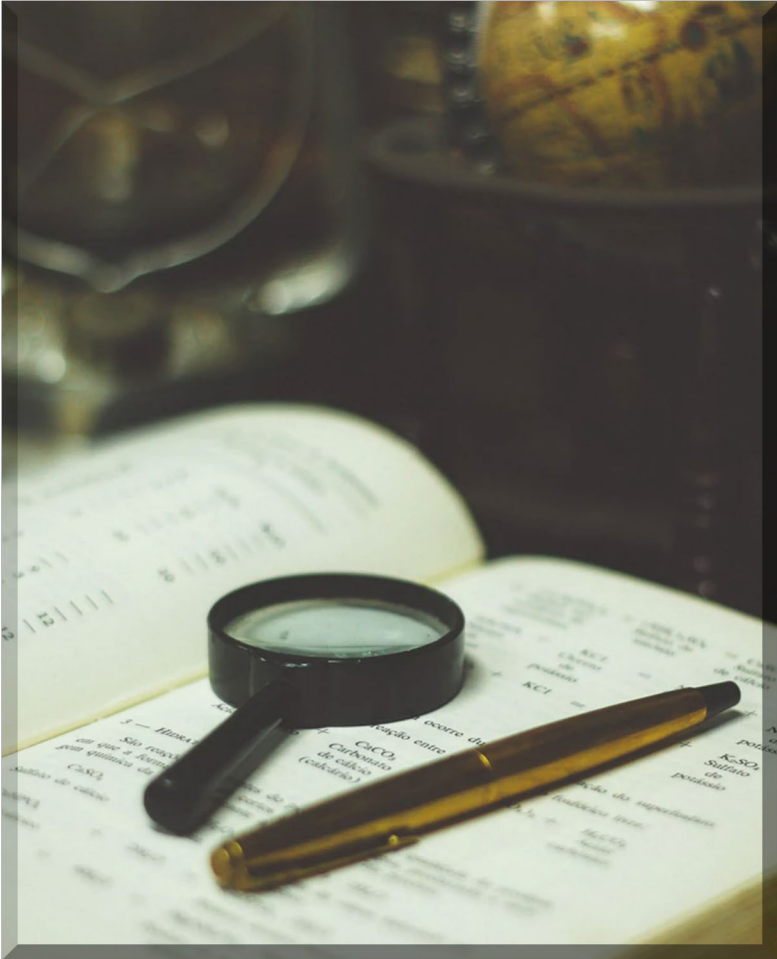
The upper shelves hold toys and children's books.

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.



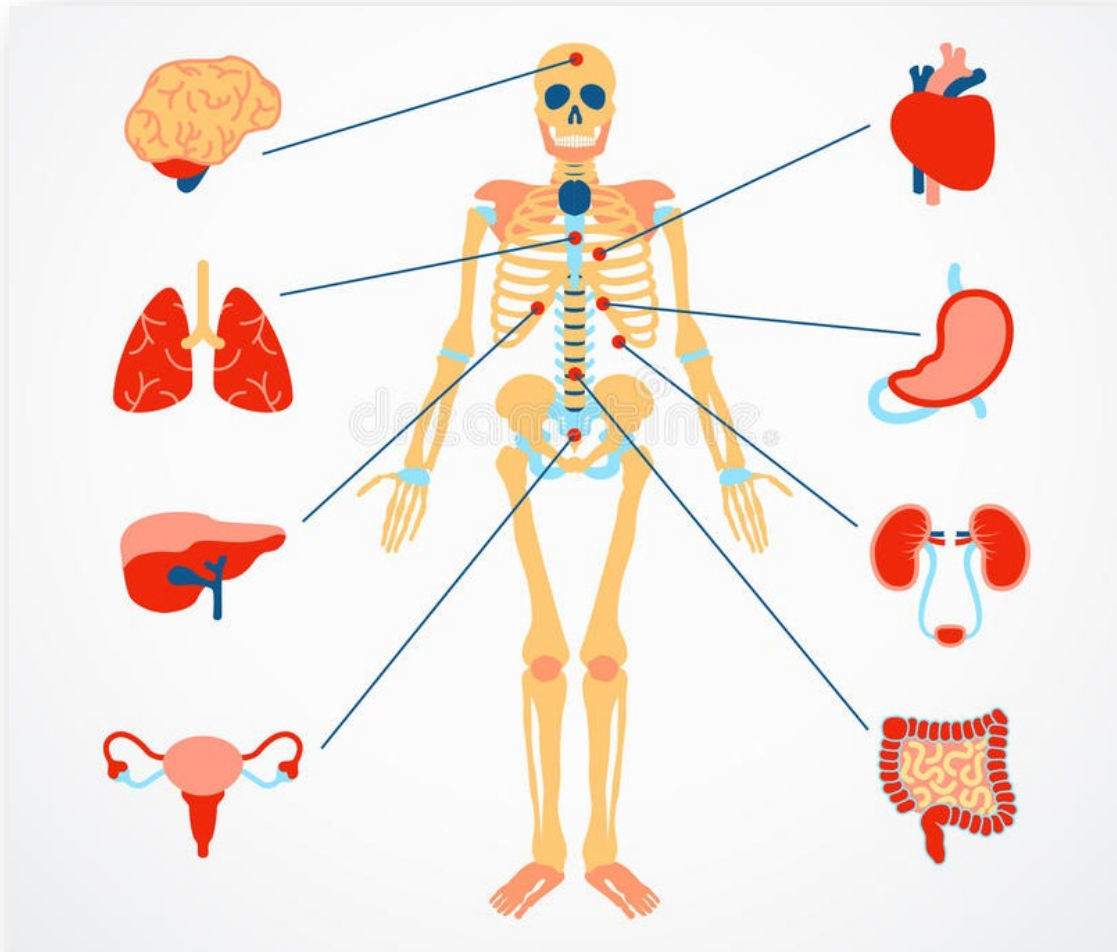
Make a List:



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.

Birth	30%
Age 1	70%
Age 3	80%
Age 5	90%

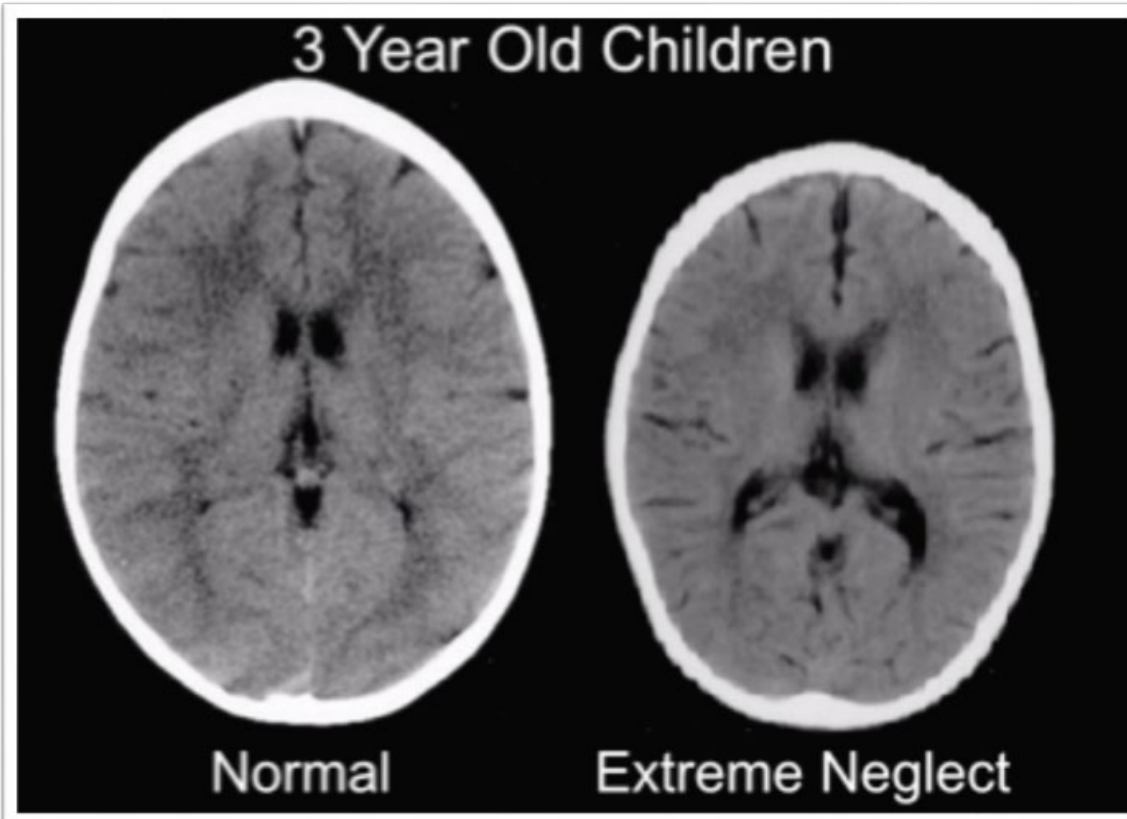




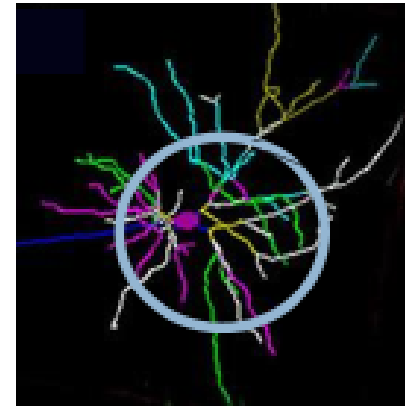
The environment shapes the brain.

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

Evidence



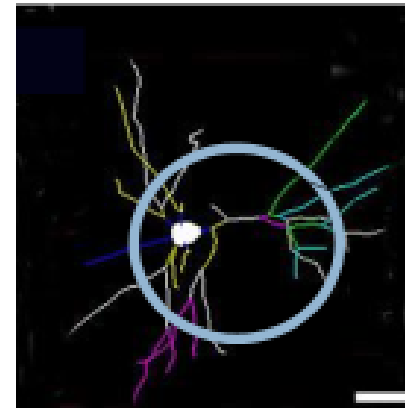
Normal



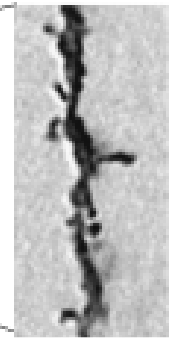
Typical -
neuron with many
connections



Chronic
stress



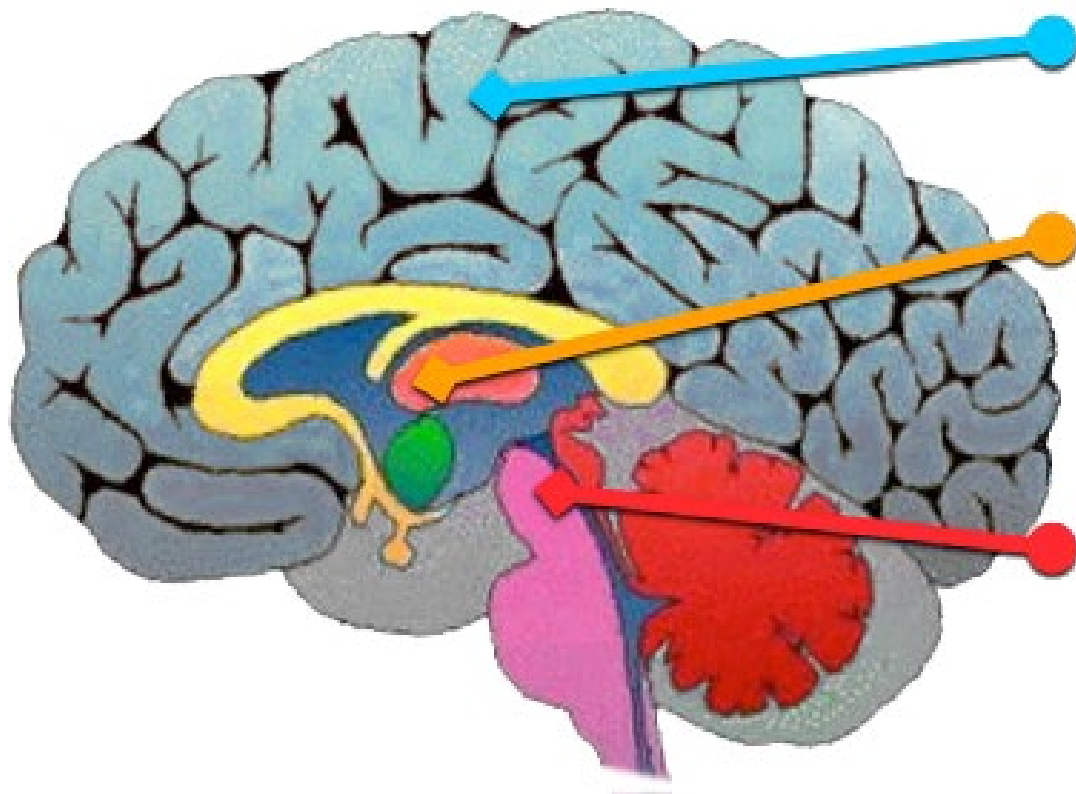
Neuron damaged by toxic
stress - fewer connections



Prefrontal Cortex and
Hippocampus



John Medina, Brain Rules



Neocortex:

Rational or Thinking Brain



Human: thin layer of jello-called the cortex.

Limbic Brain:

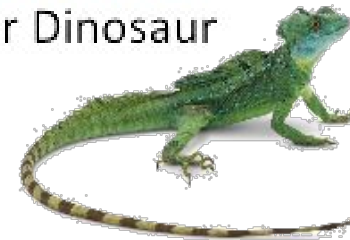
Emotional or Feeling Brain



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

Reptilian Brain:

Instinctual or Dinosaur Brain

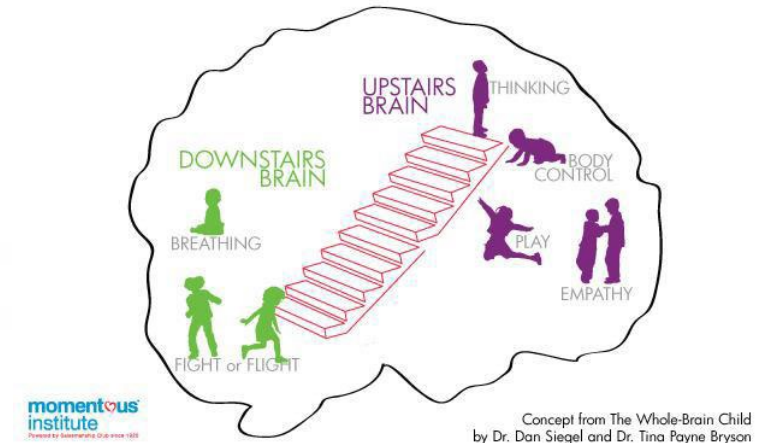


Lizard: breathing, blinking, digesting, heart beating.

The cortex grows best when we are not feeling like we need to run, hide, fight, or eat.



Flipping your lid...and other hand models of the brain



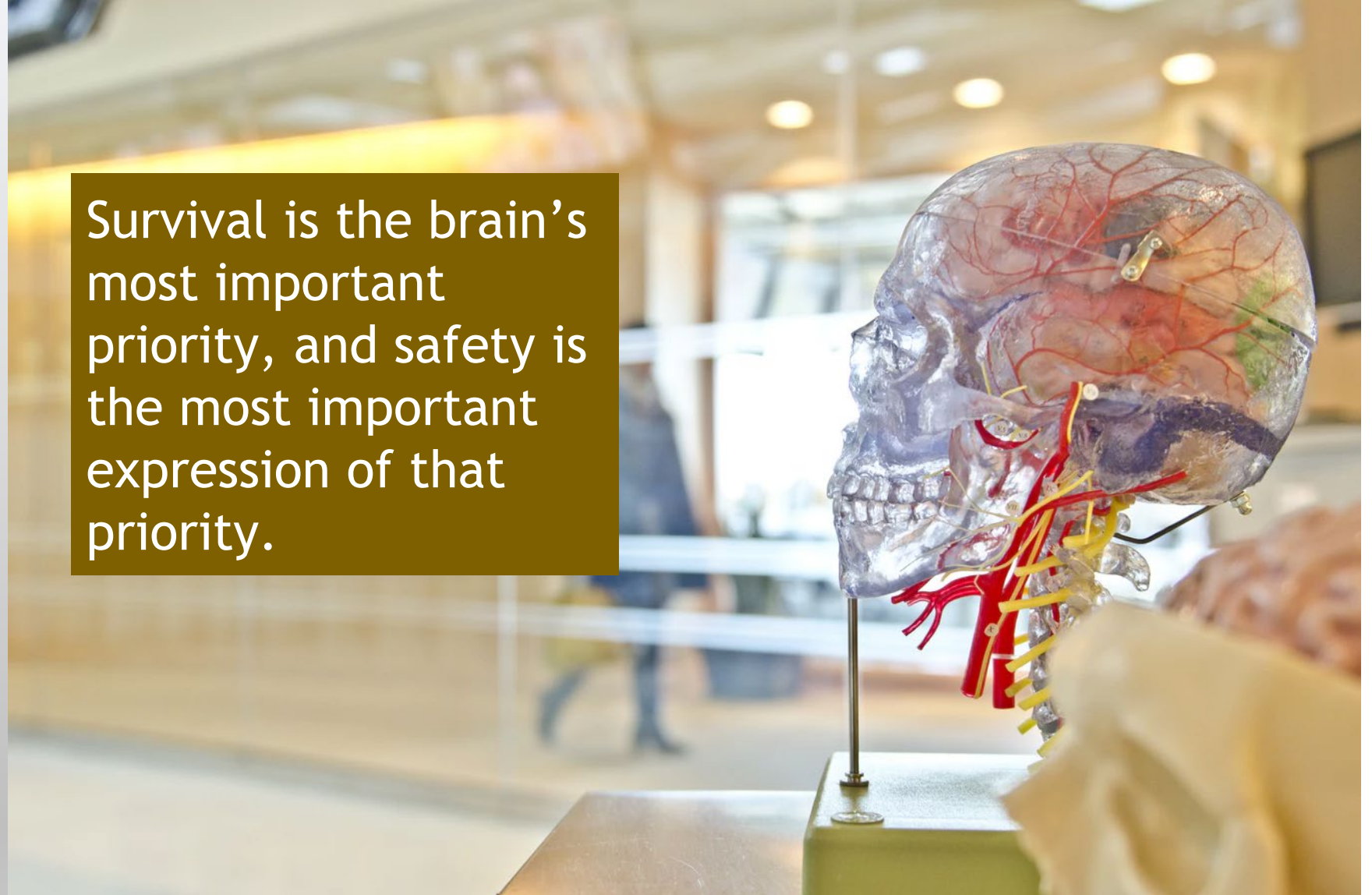
Explaining the Brain to Children and Adolescents:
<https://vimeo.com/109042767>

<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.



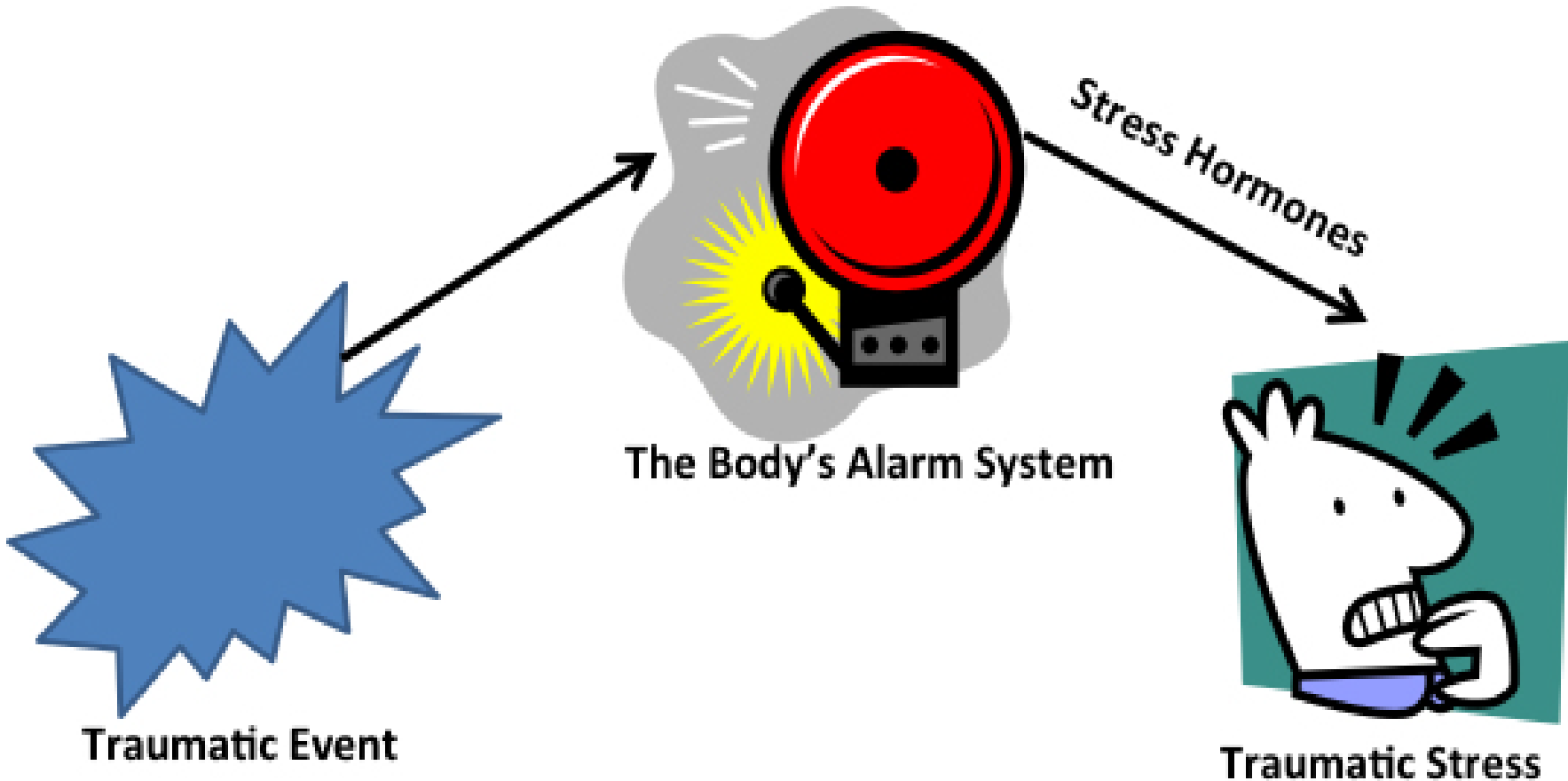
When we live in fear the cortex suffers.

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

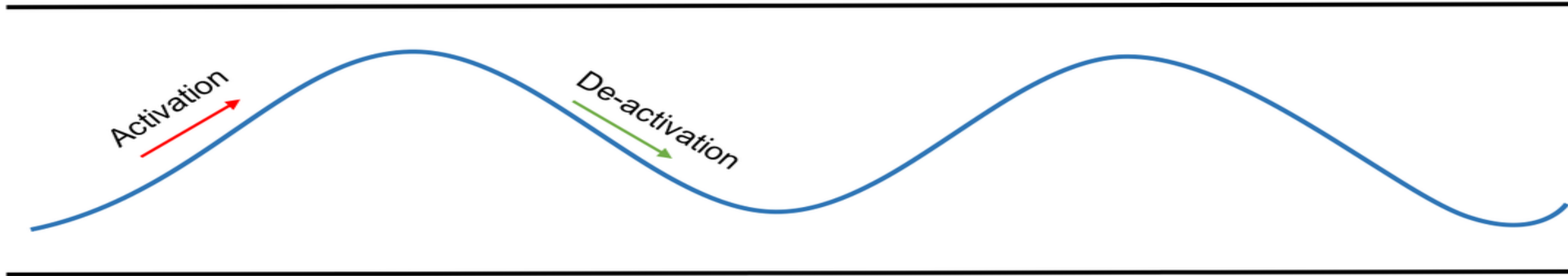
If not, normal stress-coping processes fail.

The child is transformed into a state of high alert or a state of complete collapse.

The body's alarm system



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

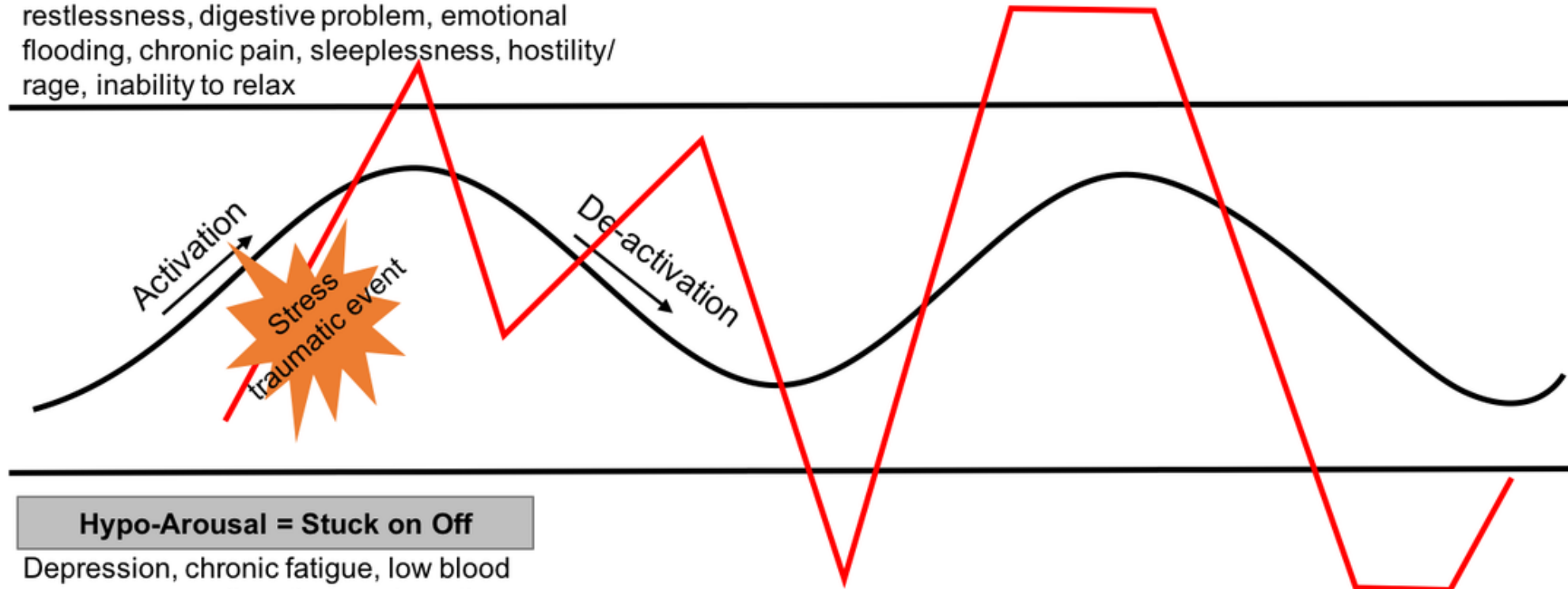
Heart rate slows, muscles relax. Still in the Optimal Zone, able to feel calm, think clearly, and relax.

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

The above diagram of the Window of Resilience was made by Nora Sabahat Takieddine and adapted from different diagrams available. The concept of Optimal Window 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.

Adverse Childhood Experiences or ACEs can lead to toxic stress

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated
Relative



Mother Treated
Violently



Substance Abuse

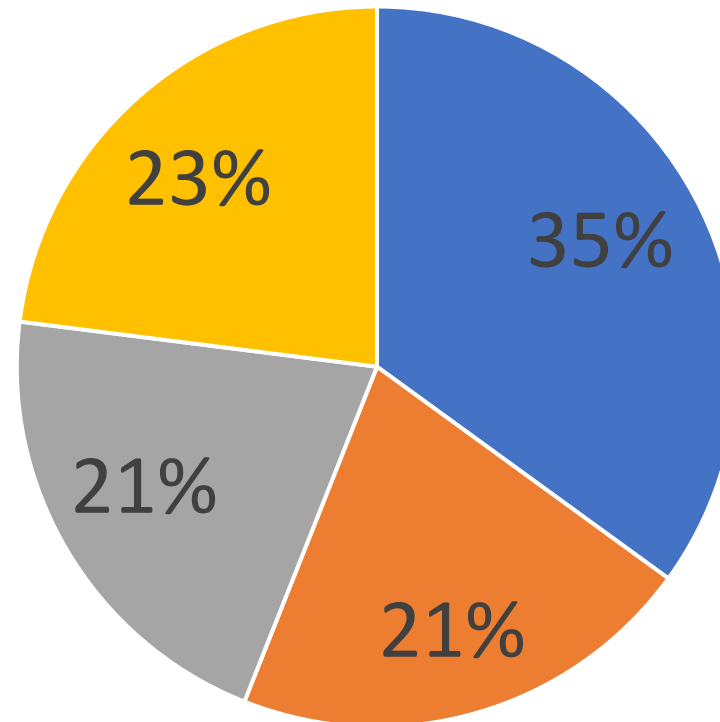


Divorce

ACE Data from 2018 BRFSS

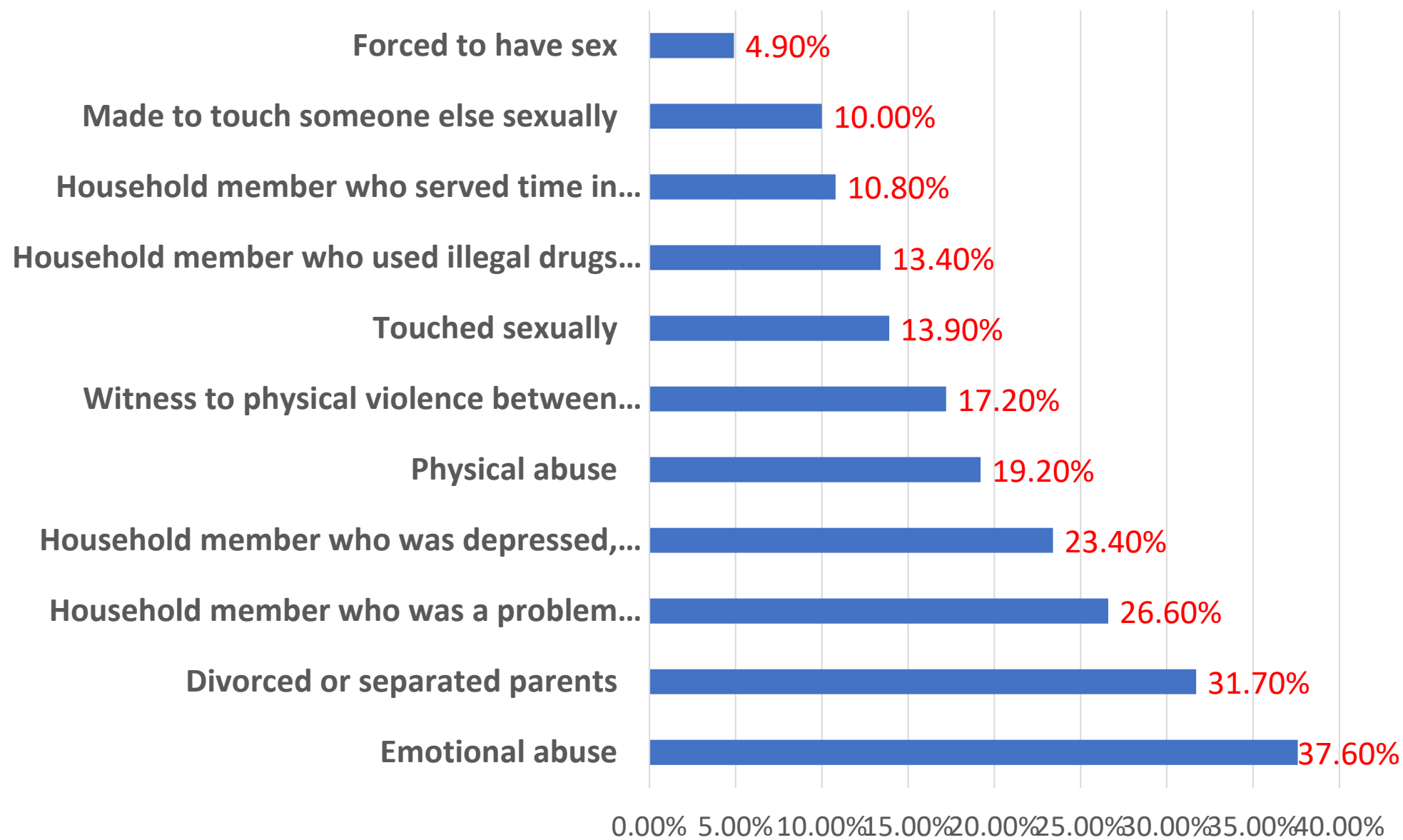
Idaho ACEs

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.



■ 0 ACEs ■ 1 ACE ■ 2-3 ACEs ■ 4 or more ACEs

Chart Title



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

When children are young, the family environment is very important. That's why Strengthening Families emphasizes parents' protective factors as a pathway to children's well-being.



YOUTH THRIVE PROTECTIVE & PROMOTIVE FACTORS

- Youth Resilience
- Social Connections
- Knowledge of Adolescent Development
- Concrete Support in Times of Need
- Cognitive and Social-Emotional Competence in Youth



As children grow, their own sense of self and experiences in family, peer, school and community contexts are very important. Youth Thrive emphasizes protective and promotive factors as a pathway to well-being during adolescence and in the transition to adulthood.

STRENGTHENING FAMILIES PROTECTIVE FACTORS

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence of Children



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!

Protective Factors

Five Protective Factors keep us strong.
You have them all.

How to remember the 5 PROTECTIVE FACTORS that make your family strong.

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.

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.

Your Index Finger represents **Knowledge of Parenting and Child Development** because you are your child's **1st** teacher!

Your Ring Finger stands for **Parental Resilience** because your first commitment must be to yourself in order to be strong for others.

Your Middle Finger can help you remember **Social Connections** because it should never stand alone! We all need a positive social network.

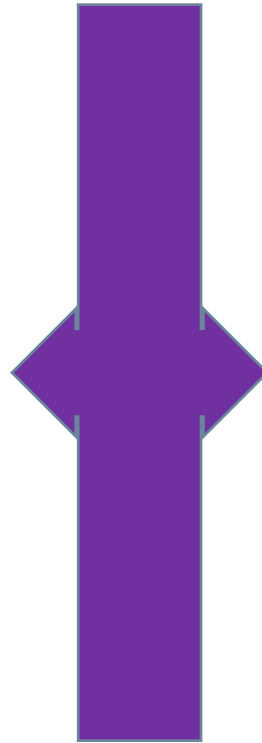
strengthening families

GREAT START COLLABORATIVE
Charlevoix, Emmet
Northern-Antrim Counties



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



Resilience

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

IDENTIFYING POSITIVE CHILDHOOD EXPERIENCES that shape mental health in adults

① Ability to talk with family about feelings



④ Feeling of belonging in high school.



⑤ Feeling of being supported by friends



② Felt Experience that family is supportive in difficult times



③ enjoyment in participation in community traditions



⑥ having at least two non-parent adults who genuinely care.



⑦ feeling safe and protected by an adult at home

