Third Annual Youth Empowerment Services Implementation Progress Report

December 19, 2019

Submitted under the
Settlement Agreement in
Jeff D. et al. vs C.L. "Butch" Otter et. Al.

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Youth Empowerment Services
Third Annual Implementation Progress Report

I. Introduction

On June 12, 2015, the State of Idaho finalized a Settlement Agreement with plaintiffs regarding the *Jeff D. et al. vs. C.L. "Butch" Otter et al.*, Case No. 4:80-CV-04091-BLW class action lawsuit[1]. In the Settlement Agreement (Agreement) the State of Idaho (state) committed to developing a community-based mental health system of care that is sustainable, accessible, comprehensive, and coordinated for children and youth with serious emotional disturbance (SED). The objective of the Agreement was to develop and successfully implement a service array that meets the needs of children, youth, and families. The state worked with youth and other stakeholders to help brand the effort and chose the name "Youth Empowerment Services" (YES) for the new system of care.

The Agreement required the defendants — the State of Idaho, including the Idaho Department of Health and Welfare (DHW) Divisions of Behavioral Health, Medicaid, and Family and Community Services (FACS); the State Department of Education (SDE); and the Idaho Department of Juvenile Corrections (IDJC) — to develop an implementation plan and provide an annual progress report to the court and plaintiff's counsel on the progress the state has made operationalizing the implementation plan. The defendants (YES Partners) submitted the Idaho Implementation Plan[2] to the court on April 29, 2016, which was subsequently approved. The Implementation Plan was organized around seven objectives and the proposed strategies to accomplish the commitments of the Agreement.

This report, details the ways the YES partners are working together to implement YES, meet the requirements in the Settlement Agreement, and transform the mental health services for children and youth into a comprehensive integrated system of care. The report is organized into three main sections. Section I is a summary of highlights and provides a brief overview of the state's progress in developing and implementing YES over the past year. Section II is a description of specific accomplishments made from July 2018 through August 2019 and sets forth the plan for the remaining work. Section III identifies implementation challenges and plans for addressing those areas of concern. Section IV is a glossary of key terms.

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[1] A full description of the history of the Jeff D. class action lawsuit is contained in Appendix A of this progress report.

[2] . Click here to access the full Idaho Implementation Plan. Additionally, some Strategies were reported on in last year's Annual Implementation Progress Report. That report can be accessed here.

***If you are reviewing this report via printed copy, please visit the YES website to access the digital version/ for quick links to referenced documents provided within the report: www.yes.idaho.gov**

II. Summary of Highlights

Idaho's YES system partners are committed to developing statewide capacity to provide services and supports that meet the needs of children, youth and families in scope, intensity, and duration. The parties have initiated an on-going communication process in conformance with Paragraph 70 of the Settlement Agreement. The goal is to determine where the parties agree the defendants are on track to meet the outcomes, and for the defendants to focus and prioritize efforts in those areas where there is dispute as to whether outcomes will be met. Through a teamwork approach, the YES partners are hopeful in achieving substantial compliance with the Agreement by June 2020.

Achievements

Idaho has made significant advances over the past year. Some of these achievements are summarized below.

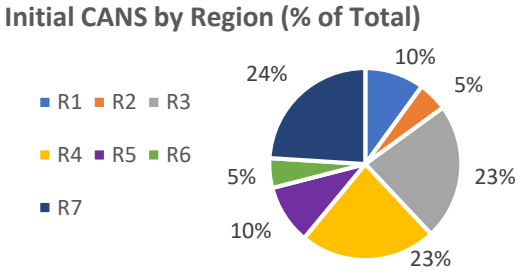
1. Increased the number of children and youth who have Medicaid benefits

As of December 2019, there are 1,973 members in the Medicaid YES Program. This program provides Medicaid benefits to children and youth with SED whose household income is under 300% of the federal poverty limit. Of these members, 581 are children who would not otherwise qualify for Medicaid benefits because their household income is too high for other programs.

2. Child and Adolescent Needs and Strengths (CANS) used statewide to assess for mental health needs

As of July 2019, the CANS is the approved functional assessment for children statewide with mental health needs in Idaho. The Division of Behavioral Health (DBH) used the CANS throughout the review period. Medicaid network providers began using the CANS mid-year. Optum Idaho (Medicaid's managed care contractor) contracted with Praed to provide in-person and online training in each region of the state to help network providers transition to using this assessment tool.

All assessments are recorded in the ICANS platform, which allows the YES partners to monitor outcomes and identify quality improvement and training opportunities. Data indicates that CANS assessments are occurring in every region of the state. In April, May, and June 2019, there were 2,955 youth who received an initial CANS. The following pie chart shows the distribution across regions.



3. Initiated the implementation of Wraparound services

DBH initiated the implementation of a high-fidelity Wraparound Program and is providing Wraparound in all seven regions in the state.

Region	IDHW, DBH, Region 1	IDHW, DBH, Region 2	IDHW, DBH, Region 3	IDHW, DBH, Region 4	IDHW, DBH, Region 5	IDHW, DBH, Region 6	IDHW, DBH, Region 7	**Total**
Number receiving services	**15**	**15**	**9**	**26**	**32**	**14**	**31**	**142**

Based on the projected rollout of Wraproud, the goal was to provide services to 150 children and families by Dec 31, 2019. DBH is on track to achieve that target. While the Wraparound Program is still evolving with the support of the Portland State University (PSU) System of Care Institute, DBH is completing the training for staff that will allow an increase in the capacity of Wraparound over the next four months. Additionally, DBH is focused on establishing a coaching model to support the development of the practice in Idaho.

4. Increased Family and Stakeholder engagement

Families and community stakeholders have played a crucial role in the development of the YES system of care. Two new committees were implemented that serve as conduits for bringing their voices to the awareness of those with decision making authority:

1. The QMIA Family Advisory Subcommittee (QFAS).
2. The IGT's Clinical and Training subcommittee (ICAT).

The families and community stakeholders worked with the state partners by providing feedback on proposed services, training, policies, processes, and communication materials. Through open communication about how these changes will affect providers, parents, and members the state was able to identify and address potential risks and issues when operationalizing the services and processes.

5. Enhanced service array

Through service development work with the YES stakeholder groups, Optum Idaho was able to improve the practice standards and operational processes for current children's mental health services. In addition, Optum Idaho developed new services and programs to increase treatment options in the Idaho Behavioral Health Plan (IBHP) for children with SED.

Continuing Work

Idaho has more to do in the coming year including the work summarized below.

1. Availability of services

The availability and delivery of publicly funded children's mental health services continues to be a challenge. The availability of mental health providers in Idaho (there is a statewide designated healthcare provider shortage for mental health), difficulties in both recruiting new qualified providers and in retaining providers, the growth of the state population, and access in both rural and frontier areas of the state are factors that impact the availability of services. Optum Idaho has reported that providers in the urban areas of Idaho have been much more likely to be early adopters as they serve larger populations, are more likely to be agencies rather than sole practitioners, and have more resources available to expend on new service implementations.

To address availability to care, YES partners are researching best practices to increase the effectiveness of services, enhancing coaching and training, implementing new strategies for increasing the number of healthcare providers (for example, DBH and Medicaid are working to develop plans for enhancing the number and training for Youth Peer Specialists and Family Support Partners), and increasing the focus on development and expansion of the use of telehealth.

2. Continue to develop a centralized complaints process

Based on agreement from the YES Partners, DBH published the current DBH CMH Complaint Line as the YES Complaint Line, however each partner agency has its own individual process for addressing and responding to complaints as required in federal regulations or state IDAPA rules. This lack of system integration has contributed to families feeling that they do not know where or how to file a complaint. Although a considerable amount of work is being done to address individual family concerns, the state has not arrived at a plan for a centralized and integrated complaints system.

The QMIA Council has been tasked with providing a plan for a long-term solution to establishing a centralized complaints process and anticipates providing this plan to the IGT by the end of 2019.

3. Finalize Quality Review (QR) plan

The QMIA Council is working on drafting a plan for the Quality Review process required in the Agreement. It is expected that there will be three components to the QR that will be included in the plan:

1. A survey or focus groups with families and/or youth who have received YES services.
2. A detailed review of client records.
3. A review of the outcomes of services that will be measured by changes in the CANS tool.

YES partners will work with the Plaintiffs to develop the plan for conducting QR in January of 2020.

4. Finalize YES Sucess Measures

Continue to develop methods to report out on success measures that the parties have agreed demonstrate state compliance with the Implementation Plan in time to use it before June 2020.

III. Progress Toward Implementation of YES

This part of the YES Annual Implementation Progress Report is organized into seven sections, which correspond with the Idaho Implementation Plan objectives:

- Objective 1: Services & Supports
- Objective 2: Principles of Care and Practice Model
- Objective 3: Access Model
- Objective 4: Workforce Training and Development
- Objective 5: Due Process
- Objective 6: Governance and Interagency Collaboration
- Objective 7: Quality Management, Improvement, and Accountability

Each of the sections contain information about the accomplishments, challenges, and next steps toward completing the work for implementing the YES system of care. The *Accomplishments* narratives provide a summary of the activities performed during the previous year. The *Challenge* sections describe issues or barriers that have impacted progress, and the *Next Step*s sections include plans to resolve challenges and/or facilitate continued progress toward full implementation.

Objective 1: Provide Services and Supports to Class Members consistent with the Agreement

> *"The agencies will progressively make available to Class Members and their families the medically necessary services and supports as described in the Agreement to match the Class Members' strengths and needs in a timely manner."*
>
> **Expected Results of Accomplishing Objective 1**: A service array and a service delivery system, as defined in the Agreement, have been developed and implemented such that Jeff D. services and supports are provided in a timely manner to eligible youth in the appropriate scope, intensity, and duration necessary to achieve their intended purposes.

Accomplishments

The YES partners worked collaboratively to identify, operationally define, and implement the services that needed to be modified or added to the array of Children's Mental Health Services in Idaho.

An estimate of Class Members was completed in 2016, 2017, and 2019. The 2019 YES Class Size Estimates (CSET) Report concludes there are potentially 35,000-40,000 children with SED in Idaho and of those, an estimated 12,000-22,000 will seek treatment either through Medicaid or private insurance. Class Members do not have to qualify for the YES program to access services if they are already Medicaid eligible, so all Medicaid eligible children are considered potential Class Members for the purpose of tracking the utilization of services. The utilization of mental

health services by children has increased each year of the YES Project, despite a reduction in the number of Medicaid eligible children.

The CSET reports are available on the YES website. The CSET estimate serves as a benchmark and are utilized by the QMIA Council when evaluating the number of youth served annually. As noted in the chart below more than 15,000 children and youth with SED accessed services via the Medicaid network in 2018, which is between 70% and 128 % of the estimated number of children and youth who will likely access YES.

Idaho Behavioral Health Plan Members SED Estimation (2018[3]) Utilization Data)			
Total Estimated SED Members	Members with 9-16 claims	Members with 17-32 claims	Members with more than 32 claims
15,392	4,787	5,231	5,819

A crosswalk of existing children's mental health services and those listed in the Agreement (See Appendix B) was developed to identify gaps in the service array. Medicaid and their managed care contractor, Optum Idaho, worked with YES stakeholder groups, other state agencies, and CMS to implement services that needed to be modified or added to the Medicaid State Plan. This required obtaining authority and funding to offer the services and supports from federal and state government, developing service requirements, reimbursement methodology, training, and guidance for the provider network.

Medicaid initiated the implementation of 11 new services and programs to the Idaho Behavioral Health Plan this year to provide an enhanced continuum of care for children with SED. Developing these services to meet all Jeff D requirements and YES stakeholder expectations while operating within the constraints of state agencies authority and budgets was a significant challenge for the team. This challenge was addressed through open communication with stakeholders, which resulted in extensive feedback and recommended improvements to the operational aspects of the services.

A Workforce Capacity and Gaps Analysis Report provided by Boise State University (BSU), was used to assess the capacity of Idaho's Medicaid youth mental health workforce and the gap between the current capacity and the capacity needed to deliver services and supports to youth with SED through the YES system of care. The Gaps Analysis Report identified 16 recommendations for YES partners to consider in order to improve youth access to community-based services, advance Idaho's capacity of current Medicaid providers, and increase the supply and retention of providers to deliver services under the YES system transformation.

[3] Utilization data for 2019 will be made available approximately June 2020 to allow for the fullness of claims reporting.

The workgroup and Medicaid/Optum Idaho have created goals that forward 12 of the 16 recommendations. DBH is overseeing three recommendations and Medicaid/Optum Idaho are overseeing nine. (See Appendix CD link, WF Capacity Gaps Analysis 2018 Recommendations).

In addition to the BSU report, the Quality Management Improvement and Accountability (QMIA) Plan includes a plan for using additional measures that will be used to assess network capacity specific to services with provider-scarcity challenges (e.g., residential care, treatment foster care, therapeutic foster care, therapeutic after-school and summer programs, etc.).

In addition to the services Medicaid is funding, DBH implemented Wraparound services. As of October 2019, DBH is serving 142 families with Wraparound. While this number is only 10% of the expected need of 1350 across the state as assessed by BSU (read the full report for more information) the number of individuals served has been increasing consistently while we work to develop expertise and capacity to provide high fidelity services.

Gender	IDHW, DBH, Region 1	IDHW, DBH, Region 2	IDHW, DBH, Region 3	IDHW, DBH, Region 4	IDHW, DBH, Region 5	IDHW, DBH, Region 6	IDHW, DBH, Region 7	**Total**
Female	6	4	1	9	13	5	10	**48**
Male	9	11	8	17	18	9	21	**93**
Total	**15**	**15**	**9**	**26**	**32**	**14**[4]	**31**	**142**

In July 2019, DBH began a pilot project of the statewide Wraparound Coaching Model. This model is based on skill acquisition for coordinators, coaches, and supervisors, and it ensures the quality of the Wraparound program. When coordinated with the PSU coaching plan, the coaching model provides a framework for sustainability of the system as it is scaled up across the entire system.

DBH initiated the use of the fidelity measures and quality monitoring and will utilize the Wraparound Fidelity Index, EZ form (WFI-EZ) and the Team Observation Measure (TOM 2.0). The use of these fidelity measures for a High-fidelity Wraparound program supports the principles of Wraparound and provides outcome measures regarding family and youth voice and choice in their Wraparound experience. It identifies youth who are experiencing improvements in the key elements of Wraparound: strengths based, team based, family driven and youth guided, outcomes based, and uses natural supports. DBH implemented the use of the WFI-EZ statewide in August 2019 and the TOM 2.0 following by March 31, 2020.

Challenges

- Medicaid was able to fund and initiate the implementation of most of the services in the settlement agreement by July 2019, but it will take time for provider agencies to train staff and incorporate the new services into their scope of practice. The state will continue to

[4] Region 5 is serving one youth that is transgender

work with provider agencies to improve and expand the service array over the rest of the implementation period.

- The YES partners do not share an electronic health record system and do not identify data variables in the same way, which continues to be a challenge. Data from each agency indicative of Class Membership status could not be consolidated or unduplicated to inform the CSET report.
- Delays in the final communication about new services after discussing draft requirements and approaches with providers in multiple stakeholder groups has resulted in the perception of a system that continually changes requirements. This perception has caused some agencies to disengage and/or decide not to immediately implement the new services.
- The programs comprised of multiple services and other components, such as therapeutic after school and summer programs will require engagement with community stakeholders (such as the Children's Subcommittees of the Regional Behavioral Health Boards) because they will be different in each community and many of the components of the program are not Medicaid reimbursable.

Next Steps

- As the system evolves and develops, evaluating access gaps and reimbursement methodologies will continue through the QMIA workgroups. Network capacity reports, utilization data, and surveys to assist in informing the next steps that need to be taken to increase access will be used. Reimbursement methodologies will be adjusted when needed to support quality outcomes and provider development. In addition, work continues for provider recruitment and to increase the use of telehealth, especially for rural areas.
- DBH will continue to work with Praed to analyze the CANS information related to the algorithms that were developed in 2017. This analysis will include an in-depth perspective of the strengths and needs profiles to help the YES partners plan for services to meet the population's needs.
- Through review of the operational descriptions of services, quality assurance activities, and feedback from the YES stakeholder groups the YES partners will resolve any differences between the operational services and settlement agreement descriptions by the end of the implementation period.
- YES partners will continue to work with families, providers, and vendors to monitor and receive feedback on services that have been launched through workgroups, focus groups, surveys, and other quality improvement efforts in order to improve care and increase access to services.
- YES partners will continue to use the Class Membership estimate as a baseline comparison for access to care, along with service utilization, and outcomes information to evaluate system progress in meeting the needs of Idaho youth with SED. This information will be reported to the QMIA Council and IGT through the QMIA Quarterly report.

Objective 2: Principles of Care and Practice Model

"The agencies adopt, implement and, once implemented, consistently provide services statewide in accord with the Principles of Care and the Practice Model, as amended over time."

Expected Results of Accomplishing Objective 2: Agencies and providers in the system of care serving Class Members deliver services/supports consistent with the Principles of Care and the Practice Model. Substantial fidelity to the Principles of Care and the Practice Model is sustained and documented over time. Amendments to the Principles of Care and the Practice Model over time are made in accord with the Agreement to improve client engagement, program efficiency, service effectiveness, quality of care, collaboration, and accountability.

Accomplishments

The YES Principles of Care and Practice Model in practice document was published to the YES website in May 2018. This document was the result of a collaborative effort by the Division of Behavioral Health, the Division of Medicaid, the Department of Juvenile Corrections, the State Department of Education, YES parent consultants and a consultant from the Praed Foundation. It expands on the foundational definitions provided in the Settlement Agreement and identifies how the concepts can be applied to services and supports within the YES system of care. The document has been incorporated by reference into all new contracts established by the Division of Behavioral Health regional offices and the operationalized concepts are included in the YES Practice Manual.

Medicaid has updated the Idaho Behavioral Health Plan and Independent Assessment Provider contracts to include application and monitoring of the YES Practice Model and Principles of Care as requirements when providing services to Medicaid eligible children. Optum Idaho has provided education and training to the provider network on building the Principles of Care and Practice Model into treatment standards. Services have been developed and updated to integrate YES standards into everyday practice through updating service requirements within the provider manual, level of care guidelines, audit tools, and provider trainings. Medicaid and Optum Idaho also have added key indicators and processes to measure providers compliance to the Principles of Care and Practice Model into quality monitoring and audit tools.

An eLearning module for the Principles of Care and Practice Model was created from the operationalized content in the fall and winter of 2018. The eLearning module includes a voice-over introduction to the YES system of care and in-depth information about all the Principles of Care and Practice Model components. It also includes short quizzes throughout the material and a test at the end. The Principles of Care and Practice Model course is available on the Learning Hub for employees within the Department of Health and Welfare and to other stakeholders for use on their own learning management system. The Principles of Care and Practice Model eLearning module is available to the public as well through the YES website training page. Taking the training through the website will not produce a training certificate, so partners that want to track training completion are encouraged to use a learning management system. The Child and Family Team model is woven into all trainings and materials created for the Principles of Care and Practice Model.

In November of 2018, the Division of Behavioral Health contracted with Boise State University to conduct a Quality Service Review (QSR). This initial QSR was employed in a pilot-capacity, and only included clients served by DBH. After the QSR is complete, the results will be presented to all defendant agencies and a decision will be made about a system-wide quality review process. The QSR is comprised of two components: 1) Record reviews and 2) Survey of families' experiences in care. The family survey captured elements that will allow BSU to assess three YES Principles of Care: family-centered, strengths-based, and individualized care. The family survey was launched in April and responses were collected through May.

Challenges

- Implementing the YES system of care changes the way providers interact with and include the youth, family, and other treatment providers in the assessment process and development of a holistic treatment plan. This culture change requires providers to invest time to train employees, change their business policies, practice standards, assessment and planning tools while continuing to provide treatment to their clients. In addition, it has required collaborative planning for system transformation and change management through increased training and monitoring.
- BSU researched surveys tools and methodologies to develop a draft survey that was shared with DBH, DBH consultants, and families to refine and modify the tool.
- DBH has historically struggled with survey response rates. To address this issue and test a possible solution, BSU distributed both a short and long version to test the impact of survey length on response rate. Overall, the response rate was 13%, however, for the long survey, the response rate was much lower (7%).

Next Steps

- YES partners are working to develop a methodology for evaluating the implementation of the Principles of Care and Practice Model that supports statewide adherence and sustainability consistent with the purposes of the Agreement and the goal of improving stakeholder engagement, program efficiency, service effectiveness, quality of care, collaboration, and accountability**.** This methodology will include, but not be limited to, the following:
  - QMIA Council system monitoring
  - An external quality review process
  - Updated IBHP provider audits
  - IBHP medical record reviews and member surveys

Objective 3: Access Model

"The agencies establish and operate statewide an access system or protocols for Class Members and their families that identify, assess, and link them to the services/supports they need and are entitled to under the Agreement. The work of this Objective will be accomplished through the Services/Supports Work, chaired by the IDHW. The of operating and access

process, as described in the following Strategies and Tasks will be described in the Practice Manual.

Expected Results of Accomplishing Objective 3: Agencies have developed, adopted, and are consistently using the specified models, protocols, and tools necessary to identify, assess, and serve Class Members and their families. Agencies are communicating this process and are providing informative materials statewide to the community, stakeholders, and families. Class members, their families, and community stakeholders are informed about who is eligible for services under the Agreement, what services are available, and how to access services.

Accomplishments

Access to YES services is guided by the YES Principles of Care and Practice Model. Children and youth are identified for YES services based on meeting the criteria for SED and functional impairment. Families may self-refer their child to be assessed for YES services or may be referred to have an assessment for YES services by their school counselor, doctor, probation officer, or other concerned individual. All requests for assessments are approved, and a screening is not required prior to a full assessment. All YES partners use a standardized assessment (such as the CANS) to identify mental health needs.

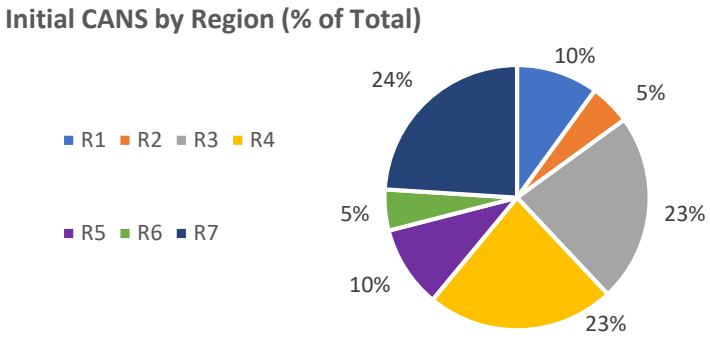
Identification and Referral

As part of the YES Access Model, which was developed through this project, IDHW's independent assessment provider performs mental health assessments using the CANS functional assessment tool to identify children and youth with SED. After the independent assessment provider determines the child or youth has SED, the child can qualify for Medicaid if their household income is under 300% of the federal poverty limit. If the child or youth with SED does not qualify for Medicaid, they can contact the Division of Behavioral Health for access to YES services. If the child or youth does not have SED, but does have mental health needs, they will be referred to other community resources to meet their needs.

Screening and Assessment

The CANS has been implemented as the required assessment instrument for children's mental health services for DBH and Medicaid providers. Staff of FACS, IDJC, and schools were trained on and utilize information from the CANS as well as other screening or assessment tools as required by their programs. The YES Access Model also includes a variety of methods that may be used to identify unmet mental health needs. Although an additional screening other than the CANS assessment is not required, a checklist created by the State Department of Education for parents to use and a screener for professionals, such as doctors or probation officers, have been developed and published. Children and youth may self-refer and all requests for an assessment are honored.

In April, May, and June 2019 there were 2,955 youth who received an initial CANS assessment. The following pie chart shows the distribution across regions.



YES partners and Optum Idaho include information about the YES Access Model, Practice Model, and Principles of Care in all trainings, communications, provider manuals and member handbooks. This information is also documented in the YES Practice Manual and explained in a flyer that has been shared with all agency partners, providers, and contractors. The YES Practice Manual and the flyer are both available on the YES website.

The 'Access to Medicaid Mental Health Services and the Medicaid YES Program's diagram can be found in Appendix C.

Medicaid Access Model

During the development of the YES system of Care, Medicaid made the following changes to the Idaho Behavioral Health Plan Access Model:

- Implemented the YES Program through a 1915(i) State Plan Option to increase access and offer support services not traditionally covered by Medicaid.
- Updated all behavioral health services for children to YES compliant definitions and to include application of the Practice Model and Principles of Care.
- Designated CANS as the required functional assessment tool for children.
- Removed the prior-authorization requirements for standard services.
- Extended the authorization timeline for skills-building from 90 days to 180 days.
- Implemented reimbursement to encourage providers to participate in the Child and Family Teams (CFT).
- Implemented person-centered service planning through the CFT, facilitated by a Targeted Care Coordinator who helps the child and family lead the team.
- Added Crisis and Transition Planning as required activities of the CFT.
- Updated the Member Handbook and Provider Manual to include information about the YES Practice Model, Principles of Care and services.

A flyer that describes Medicaid's Access Model was developed to help families understand how to access services. The flyer is attached in Appendix D.

Division of Behavioral Health (DBH) Access

Families seeking mental health services can contact DHW, DBH regional clinics. If the family and child have Medicaid, they will be referred to the Medicaid network and asked to call the Optum Idaho member line. If the family does not have Medicaid, they will be referred to Liberty Healthcare. If the family requests that DBH Children's Mental Health (CMH) complete an assessment, CMH staff will schedule an appointment and conduct the assessment, including the CANS, to help determine the child and family's eligibility for services. Based on results of the assessment, CMH staff will work with the family and child to provide services, refer them to the community, or, if they become Medicaid eligible, refer them to the Medicaid network to provide services.

For families who are not eligible for Medicaid, with either over 300% income or other insurance, a sliding fee scale is used to determine their share of costs. Service will be provided.

Division of Family and Community Services (FACS) Access

Family and Community Services may interact with children in need of metal health services in two ways. During a Safety Assessment with a family where the children in the home are found to be safe and remain with their parents, the assigned social worker will refer the family to their local Children's Mental Health DBH regional clinics. If the family and child have Medicaid they may also be referred to Optum Idaho Member line.

Children who are placed in the custody of the State of Idaho for foster care may also access mental health services. The majority of children in foster care qualify for Medicaid. The assigned case manager will make referrals for community mental health services based on the needs of the child as determined through a CANS and/or assessment with the family and current care provider. This assessment process may include the use of individual contracts for a psychiatric evaluation. As needed the case manager will access the Optum Idaho Member line for assistance in identifying services. In addition, if a youth requires treatment level care, an application is completed through Medicaid to determine if the placement can be funded through EPSDT. This application is reviewed by Liberty Healthcare who will also complete a CANS if not already available to determine if the youth qualifies for placement in a PRTF to meet their mental health needs. Through this application process a staffing may be held with YES partners including Medicaid, Division of Behavioral Health and FACS to determine other services that may be available in the community that will meet the youth's mental health needs outside of a treatment facility.

FACS is currently developing an implementation plan for the Family First Act, which includes the use of Qualified Residential Treatment Program (QRTP). Through a stakeholder workgroup that includes representatives from IDJC, Medicaid, FACS, and DBH the plan will include an assessment by a Qualified Individual who is independent from FACS. The workgroup has recommended that Idaho follow a similar model with the use of a contracted CANS assessment to assure that youth in Idaho receive one mental health assessment to determine an individualized treatment plan. Idaho will implement Family First in October 2021 through CMH or a contracted community provider.

Department of Juvenile Corrections (IDJC) Access

IDJC and others have continued outreach to the Idaho Association of Counties Juvenile Justice Administrators, county detention centers, the Idaho Supreme Court, and defense attorneys among others. This outreach has included providing educational material on the foundations of YES, how children, youth and families can access the YES system, how IDJC can utilize the CANS and ICANS system, the potential application of the CANS Screener for county detention, and how YES can be integrated into the current juvenile justice court rooms. Our overall goal for judicial outreach is to build the judicial systems' confidence in the new children's mental health system of care. IDJC plans to continually educate on how the system we are currently building can successfully be integrated into their current practices and ensure that family and youth are using the enhanced access to care and receiving appropriate services.

Regional IDJC staff have been certified in the CANS tool to include juvenile service coordinators, clinical staff, or a combination of the above. Juvenile Corrections has access to the ICANS system at each regional state institution. Conceptually the community-based CANS will be available to IDJC staff to use once the youth is committed to the state's custody. This process continues to be refined. After YES members are identified, the CANS will be administered as needed during the juvenile's reintegration to assist with discharge planning and service eligibility. The CANS tool will be administered to appropriate youth prior to returning to the community; this will facilitate connecting them to services, allow for continuity of care, and prevent gaps in services.

IDJC has provided information and training to the clinical teams related to the Principles of Care. Further, IDJC has added language to external individual contracts that support the Principles of Care, included being strengths-based, family-centered, collaborative, and outcome-based.

State Department of Education (SDE) Access

The Individuals with Disabilities Education Act (IDEA) includes emotional disturbance in the definition of a disability. Children ages 3-21 who are evaluated as having an emotional disturbance and who, because of the disability, need special education and related services are eligible for services under the IDEA. A referral for a special education evaluation for a child suspected of having a disability may be made by anyone involved in the child's education, including the parent.

SDE created a Youth Mental Checklist for Families and a Mental Health Checklist for Youth to help youth and families identify mental health needs. On August 24, 2018, a packet of information was mailed to all superintendents in Idaho, the packet included copies of the two checklists informational posters, a copy of a PowerPoint and video for staff, and links to all the above information.

Information on the checklists has been presented to the Special Education Directors Advisory Council, The Special Education Advisory Panel, at Idaho Special Education Directors webinar. Both checklists can be found on the YES website.

- Youth Mental Checklist for Families
- Mental Health Checklist for Youth

Monitoring and Reporting

The QMIA Quarterly report currently leverages CANS data to report on access points by indicating where a youth received their initial CANS:

- The independent assessment provider
- DBH
- An Optum Idaho Network community provider.

The quarterly report also includes information about the number of youth who screened out of YES, as well as the profiles of youth who screened in.

The QMIA Quarterly report has included data on the person-centered service planning process since July of 2018. This information includes regional breakdowns of incoming referrals, completions, and average or median time to complete. Internally, quality management is conducted through a data dashboard which is updated on a monthly basis. This dashboard allows DBH Quality Assurance staff to monitor the comprehensive referral, development and approval process which includes 11 unique status variables spanning from *first reviewed* to *approval*.

Communication and Outreach

A statewide communication plan was developed and implemented by January 1, 2017. In 2018-2019, the communications strategy continued to address the communication needs of the direct impact stakeholders as well as information and referral groups. The strategy was updated to expand communications and outreach with the addition of a representative from Family and Community Services to the YES Communications Workgroup, those individuals working in other child-serving programs in DHW are kept up to date on YES developments and their communication needs are shared with the Communications Workgroup. The YES team expanded outreach in the education and juvenile justice fields as well as in community and county groups and taskforces who are working to improve the lives of youth and families in their regions.

Several new initiatives in YES communications resulted from lessons learned around the difficulty of keeping stakeholders informed about changes. A YES overview slide deck was developed and shared with communication partners to provide standardized messaging in the content and visual style of the YES brand.

The YES website is an example of soliciting and using parent stakeholder feedback to improve our communications with all stakeholders. Since the launch of the YES website in 2017, it has undergone a series of updates to improve the user experience, based on input from site visitors. In March 2018, in collaboration with the communications parent partner, an updated plan was developed, approved by partner stakeholders in the Communications Workgroup, and implemented.

New materials for a variety of stakeholders (parents, youth, providers, educators, and others) were created and made available on the YES website.

In response to site visitor feedback, Phase III YES website enhancement plan is now in development.

Challenges

- Although the Access Model has been inaugurated as described in the practice manual, stakeholder understanding of the YES Access Model continues to be a challenge. DBH is working with YES partners to develop a flow document describing the Access Model for all populations who will access publicly funded children's mental health services.
- The access model through Medicaid is confusing for some stakeholders because of the decision to include most of the services in the IBHP so they are available to all Medicaid eligible members instead of limiting them to members who qualify through the Medicaid YES Program. The Medicaid YES Program was developed so Medicaid can offer additional support benefits to a targeted population with higher income limits. It has a different access model due to the federal requirements for this type of program and the team is still working on solutions to simplify processes between the YES Program and other Medicaid programs. One potential solution would be to standardize the case management processes and enhance the role of these providers to include system navigation across state systems and programs.
- DBH continues to develop a working process that will ensure YES class members over 300% FPL have access to YES services. DBH has faced challenges with the current billing system that include: establishing published rates and codes, billing for contracted services, billing third party insurance and monitoring for a 5% annual cap.
- Monitoring referrals to YES has been difficult as the YES system does not currently have a mechanism to capture comprehensive referral data. Information about where families and youth learned about YES, or if a certain stakeholder group made the initial referral would enhance our ability to monitor access.

Next Steps

- Work is currently underway to develop a new billing infrastructure with the functionalities for cost assessment, provider invoicing, and payment and monthly billing of client fees. The goal is to have the system operational by the end of February, 2020.
- Monitor the Access Model and seek feedback through analysis of data regarding the use of the YES Screener and Checklist as well as the CANS.
- Evaluate the Medicaid access model and identify options to improve navigation and coordination between systems and programs.
- Create the YES Access Model flow document.

Objective 4: Sustainable Workforce and Community Stakeholder Development

'The agencies participate in workforce development and stakeholder education to create the infrastructure necessary to provide education, training, coaching, supervision, technical assistance and mentoring to providers and community stakeholders. This development enables the workforce and stakeholders to consistently and sustainably provide quality care in

accord with the Practice Manual as described in the Agreement. The work of this objective is led by the Workforce Development Workgroup."

Expected Results of Accomplishing Objective 4: The workforce meets the needs of Class Members and their families for services/supports under the Agreement. The workforce has adequate training and support to identify, engage, and link Class Members to services; to use the CANS tool in screening, assessment, and clinical practice; and to deliver the full array of services/supports that are medically necessary, consistent with the PoC and PM, and the individualized strengths and needs of eligible youth. The agencies have developed, adopted, and are consistently using a Practice Manual to guide clinical and programmatic activities statewide. A sustainable infrastructure is in place for ongoing education, training, and technical assistance for providers who serve Class Members pursuant to the terms and conditions of the Agreement. Stakeholders understand their various roles in the SoC.

Accomplishments

The Workforce Development Workgroup was established in November 2015. Progress and accomplishments are detailed in the previously published Annual Implementation Progress Report, which can be found here. The Workforce Development and Training Plan was completed and finalized May 1, 2017, and posted on the YES website. Please click here to access this document (Appendix E) .

The WFD Plan is being revised using 12 of the 16 recommendations in the Gaps Analysis and Provider Survey reports completed by BSU. Medicaid/Optum Idaho are overseeing nine recommendations and DBH is working to complete three recommendations.

The Youth Communication and Training Plan was developed and made available on May 1, 2018. The plan involves working with the Idaho Federation of Families for Children's Mental Health's Youth M.O.V.E to identify training topics and assist in content development and delivery through the FYIS contract, which has not been established (See #3 below).

The YES Family Engagement Plan was developed in collaboration with the Parent Network and was available on October 4, 2018. The plan outlines identified training delivery in collaboration with the Idaho Federation of Families for Children's Mental Health and is arranged into two series:

- Getting Started with Yes
- How to Participate in YES.

All Series 1 trainings were successfully delivered as of December 13, 2018.

Both the youth and family training plans involve support through the FYIS contract. The RFP for this contract went out for a third time in spring 2018, and no proposals were submitted to DHW. Therefore, creative strategies need to be developed to meet the needs of this population.

YES trainings are included in the YES Training Plan, dated February 13, 2018. Information from that plan was incorporated into the Workforce Development and Training Plan and made

available to stakeholders via the YES website in November 2018. All trainings available to the public are updated monthly in the YES Calendar of Events and the YES OPS SharePoint calendar. Additionally, a quarterly training report is provided to YES leadership, including IGT members, and made available to DHW staff on the YES OPS SharePoint Training Library. This report offers a training schedule with DBH hosted trainings, upcoming YES training activities with descriptions and links to registration, and a training development and delivery graphic.

Optum Idaho continued their workforce development efforts throughout 2018 by offering multiple provider training opportunities. These training events were offered via in-person courses across the state and live webinars. Recordings of the trainings were then posted to Optum's online learning platform. Feedback from the trainings was positive, and questions were documented and added to the YES FAQ posted on the Optum website.

A YES Training Sustainability Plan has been developed and is currently being implemented. A formal YES training team to support ongoing training needs has not been developed due to a lack of resources. However, we are currently leveraging the Interagency Clinical and Training (ICAT) subcommittee to work collaboratively, with Optum and other agencies, toward meeting the goals of the Training Sustainability Plan.

The first complete version of the practice manual was published in February of 2019. The manual is available as a PDF, which may be viewed online or printed, and as an e-book.

To view the most current version of the practice manual, click on one of the following links:

- English E-book
- English PDF
- Spanish E-book
- Spanish PDF

Drafts of the chapters were reviewed by subject matter experts and parent consultants. In addition, usability tests were developed for each chapter and completed by parents and clinicians. Chapters were updated based on feedback from the subject matter experts, parents, and usability results. A completed draft of the entire manual was reviewed by the Implementation Workgroup, Defendants Workgroup and Interagency Governance Team. Their feedback was incorporated into the final published draft.

In addition, in order to implement and train to the YES Practice Manual, Medicaid engaged the behavioral health managed care entity in content development and directed them to use the final content for development of communication materials, provider trainings, the Provider Manual, and Member Handbook.

After the initial publication, a training plan was developed for the practice manual. An overview video was created to help people become familiar with the manual and navigate through the manual. This video was usability tested by clinicians, teachers and parents, and their feedback was included in the final published video, which is available on the YES website.

A maintenance plan for the practice manual was put in place after the manual was published. The plan specifies when the manual will be published, how changes will be indicated in updated versions and who will review updates. It also specifies how annual reviews of the manual will be handled and who will be responsible for performing those reviews.

The second version of the practice manual was published in August 2019. This update includes new services and supports, information on Medicaid premiums (cost sharing), and additional information on Transitions. Changes to the manual are in purple text and a change history appears at the front of the document. The planned December update should complete the manual. It will include an updated Wraparound section as well as information on flex funds and coverage for the over 300 percent population.

The practice manual is a living document that is updated annually and when there are changes to the system of care. Practice manual readers can contact YES through the yes.idaho.gov website or at 1-855-643-7233 with questions, concerns, or problems with the document. A case is entered based on the readers' comments and is forwarded to the appropriate content owner. The content owner responds to the comments and closes the case after the comments have been addressed.

Challenges

- The Optum Idaho network has begun implementation of the YES services and supports, however all services are not available statewide. . Although the services are reimbursable through Medicaid, not all providers have decided to incorporate them into their scope of practice. Medicaid and Optum Idaho are working with the provider network to remove barriers and encourage providers to add these services.
- Some providers who are not part of the Optum Network are looking for access to the training and education being developed for YES. Training specific to Medicaid services and supports is not currently available to private providers, and private insurance does not cover many of these services. The WFD workgroup will continue to work on methods to make training available to providers who are not part of the Optum network.
- Writing a single guidance document with multiple authors, systems, and for multiple audiences is a continuing challenge.
- Decision making process and authority over the Practice Manual were often unclear or changed based on content topic. The team established clear roles, responsibilities, and authority for development and approval of each version of the document.
- Practice Manual Content is dependent on system development and project decisions, as these are delayed or changed, manual content timelines are necessarily pushed back.

Next Steps

- Measure the implementation of the Workforce Development plan over time for adherence with the Agreement and to identify opportunities to improve performance and outcomes of the plan. Design and implement remedial measures including incentives and sanctions, as needed, so that providers maintain substantial adherence with the Principles of Care and Practice Model over time.

- Medicaid and Optum Idaho will continue to monitor service use and access to identify gaps and will conduct outreach and recruiting activities to build the provider network and make services available statewide.
- The YES partners will continue to review, update, and publish the Practice Manual each year and when there are system changes to ensure current information is available.
- Use the Workforce Development Gaps Analysis to delineate responsibilities as noted in BSU's Gap Analysis recommendations. Develop a project plan with timelines for the identified recommendations.

Objective 5: Due Process

"The agencies will develop and operate constitutionally and federally compliant fair hearing systems and will create and operate a centralized complaint routing and tracking system. In addition, the agencies will implement a process for reviewing compliance to applicable regulations, rules, and policies regarding due process requirements, and periodically report on the metrics of operating this system. The work of this objective is led by DHW in consultation with the Idaho Deputies Attorney General. This objective does not apply to services provided to Class Members on an involuntary basis, such as services provided to Class Members in the custody of the state or those services required by a Court Order. See Agreement paragraph 3 and Appendix B, third introductory paragraph. This entire process will be included in the Practice Manual and will be coordinated with the Quality Management, Improvement, and Accountability (QMIA) goals, plans, or results listed in objective 7 to avoid a duplication of efforts with this objective."

Expected Results of Accomplishing Objective 5: Due process mechanisms exist and afford Class Members' and their families' due process of law in exercising their rights under the Agreement and federal and state laws and regulations. Class Members' and their families' concerns or complaints relating to informing, access, service appropriateness, service effectiveness, quality, and accountability are timely and fairly heard and resolved. Due process procedural mechanisms and associated outcomes will be documented and tracked for compliance and continuous quality improvement.

Accomplishments

The YES Due Process Workgroup, which includes representation of the parties and stakeholders, including families, has continued to meet throughout the year to address the requirements for providing due process associated with YES.

In 2018, the Due Process Workgroup determined that all system partners providing voluntary services (e.g., Medicaid, DBH, and SDE), do have processes in place that meet specific state and federal requirements for due process. The Due Process Workgroup is continuing to evaluate the systems that are in place for alignment with the requirements in the Agreement.

A Memorandum of Understanding (MOU) was signed by YES system partners to allow collaboration regarding complaints across all child-serving systems. A consolidated report has been developed and has been published quarterly on the YES website since January 2019. Click here to view the latest report.

The Due Process Workgroup continued reviewing the written notices of action[5] that are currently in use by DBH, Optum Idaho, and Medicaid. The Optum Idaho notice was found to be closely aligned with the requirements in the Agreement. The DBH and Medicaid (EPSDT) notices are still being improved and enhanced and both are now using a form for appeals that is easier to read and more family friendly. The Due Process Workgroup is currently reviewing notices sent by Liberty, MTM, and Telligent.

The QMIA Data and Reports Subcommittee began reporting on partner agency complaints and appeals in July of 2018 within the QMIA Quarterly report. Initial information included in this report was supplied by Medicaid and the DBH, however, by October of 2018 all YES agency partners' complaints were included. In addition, a dedicated quarterly YES Rights and Resolutions report was published in January of 2019, which included information about complaints and appeals received in October through December. The purpose of this report is to monitor youth and family concerns or complaints relating to informing, access, service appropriateness, service effectiveness, and quality.

The second Rights and Resolutions report was published in June of 2019 and included information about Medicaid appeals and outcomes for the reporting period of January through March. DBH has not had any appeals to report thus far but does plan to include this information in future reports. The Rights and Resolutions reports can be viewed on the YES website.

Challenges

- Many notices, including DBH, Medicaid, EPSDT, Liberty, MTM, and Telligen have been reviewed and suggestions for improvements have been provided. However, the work on revising the notices has been progressing slowly. The Due Process workgroup has developed a checklist for reviewing notices and is now following up on the second round for some of the notices to check on the improvements made.
- There are various federal and state rules that each YES partner must follow, which has made it difficult to streamline processes. While DBH did change the language in the Idaho Administrative Code (IDAPA) rules to more closely align with Medicaid practices, federal regulations governing both the SDE and Medicaid do not align. Discussions within DHW continue to look for methods to streamline the processes whenever possible.
- Although the existing written notices of action comply with rule criteria, it was determined that these notices did not include enough information for families to understand the reason for the decision and how to appeal.
- Information included in the YES rights and Resolution Report will be from DBH, Medicaid, IDJC and FACS. However not all children's mental health system complaints can be included in the report as school districts are not required to report complaints or appeals to SDE.

[5] The State continues to utilize the term "notices of action" although the Code of Federal Regulations for Managed Care has moved towards using the term "adverse benefit determination" as some of the notices are not under managed care and are not related to a determination of benefits.

Next Steps

- The QMIA Council has agreed to develop plans for the YES Centralized Complaint process.
- The Due Process Workgroup will complete a follow-up review of written notices using criteria from the Settlement Agreement paragraph 45 items A-I.
- The Due Process Workgroup will review contracts and identify any that require modification to establish the complaint and due process protocols.
- Data and Reports Subcommittee continues to report on all YES-related complaints on a quarterly basis and identify themes and trends in the data, opportunities for improvement, and will enhance the Rights and Resolutions report with more information about complaint resolution.

Objective 6: Governance and Interagency Collaboration

"Establish governance and interagency collaboration within the authority of the Idaho Behavioral Health Cooperative (IBHC) to collaboratively coordinate and oversee the implementation of the Agreement."

Expected Results of Accomplishing Objective 6: Governance is in place that provides leadership, problem-solving, information sharing, cooperation among agencies, transparent decision-making, and accountability for meeting the Agreement outcomes.

Accomplishments

DHW authorized a project team comprised of staff in the divisions of Behavioral Health, Medicaid, Family and Community Services, and Self Reliance to perform the work needed to achieve the Settlement Agreement outcomes and exit criteria. In addition, inter-dependencies, critical path items, and updates to the project plan will continue throughout 2019.

The Interagency Governance Team (IGT) has met monthly throughout the past year. The IGT held several extended meetings designed to promote education and improve understanding of the Youth Empowerment Services (YES) project, the Settlement Agreement, Implementation Plan, and IGT Charter.

The initial IGT membership appointments expired in October 2017. The Idaho Behavioral Health Cooperative (IBHC) reappointed members of the IGT, including three parents, one former Class Member, two family/youth advocacy representatives, and two providers. The Family Engagement subcommittee is working to recruit youth and young adults to both the subcommittee and to the IGT. This recruitment strategy began by introducing youth to the YES Foundations training content to provide them with an initial basis of understanding.

The IGT has 17 members. Members representing various departments have identified proxies to provide representation when appointed members are unable to attend. DBH and Medicaid have designated staff to provide technical assistance for the IGT.

Additional progress of the Interagency Governance Team includes the following:

- Adopted a revised charter.

- Adopted IGT Request Form for the IGT to submit official requests for information and receive a response back from the YES Project Team.
- Appointed a new chair and co-chair.
- Adopted Family Engagement subcommittee statement of purpose.
- Approved operational Guidelines in March of 2018.
- Established the Clinical and Training Subcommittee in April of 2018.

The Interagency Clinical and Training (ICAT) Subcommittee continues to operate as one group due to the team's decision that clinical discussions inform training objectives. Currently, the ICAT has representation from regions 1,2,3,4 and 7, including representatives from DBH, Medicaid, IDJC, Optum Idaho, providers, and family members. Some of the issues the ICAT Subcommittee tackled in 2018-2019 include working on service definitions, provider qualification requirements, practice standards, training plans and content, service implementation timelines, and operational processes.

Challenges

- The scope of oversight and decision-making authority was a challenge for the IGT over the past year, as members had differing perceptions on its role and purpose. IGT will continue to work on clarifying role and priorities during the coming months with support from YES partners.
- The IGT membership initially struggled with the purpose of the mandatory Clinical and Training subcommittees. Due to the ambiguity, members of the IGT were reluctant to volunteer to lead these subcommittees. A decision was made to combine the subcommittees initially, but two distinct statements of purpose were created. In April 2018, the subcommittee convened and identified leadership. Recently, there has been some discussion around splitting the subcommittee again due to the clinical conversation taking up a large portion of the discussions. Members have requested more efforts be made to give attention to trainings around services.
- The Interagency Governance Team meeting times often conflict with schedules of parents and former Class Members. This resulted in the departure of a former Class Member and has made recruitment a challenge. One youth representative has been at most meetings, but the IGT will continue seeking methods for increasing youth voice.

Next Steps

- Continue to work with the IGT Training and Clinical subcommittee (ICAT) on improvements to services, practice standards, access, and quality assurance activities as this group has representatives from the Medicaid provider community, hospitals, state agencies, and parents with lived experience. This cross functional team is extremely helpful in identifying challenges with operations of the system.
- Continue to identify meaningful data, reports, and other information that the IGT needs to conduct its work by sharing YES reports and solicit feedback from IGT membership.

- Through the Family Engagement Subcommittee, develop a recruitment strategy to enhance stakeholder membership representation for the IGT and for all YES workgroups.

Objective 7: Quality Management, Improvement, and Accountability (QMIA)

"The agencies will develop and implement a QMIA plan to establish and maintain a collaborative QMIA system that includes monitoring, measuring, assessing, and reporting on Class Member outcomes, system performance, and progress on implementation and completion of this Agreement. The collaborative QMIA system will increase system-wide capabilities for quality improvement at the clinical, program and system levels associated with increasing effectiveness of services and improving access to services. The parties jointly develop a Quality Review (QR) process to be used to objectively assess and improve clinical practice and program effectiveness system wide."

Expected Results of Accomplishing Objective 7: The agencies sustainably operate a QMIA System that monitors, measures, assesses, and reports on Class Member outcomes, system performance and implementation of the Agreement, and improves quality at the clinical, program and system levels over time. The agencies routinely measure, analyze, and publicly report on regional and statewide QMIA indicators and data. The agencies have conducted and publicly reported the results of at least one Quality Review. Over time, cost-effectiveness is increased and access to care is improved.

Accomplishments

The QMIA Plan was developed and approved by March 31, 2016. The establishment of the collaborative Quality Management Improvement and Accountability (QMIA) infrastructure in the QMIA Plan has been implemented.

The QMIA Council, which includes representatives from each of the YES partners has met consistently over the past three years. The structure of the QMIA has had to evolve to reflect changes in other aspects of the YES system and therefore only three of the original five subcommittees have been implemented. The subcommittees that are currently operational include Data and Reports, Family Advisory Subcommittee (QFAS), and the System Improvement Subcommittee (Q-SIS)

The QMIA Quarterly report, has been published on a quarterly basis as required since December 2016. Input from stakeholders is solicited to improve the content and usefulness of the report. The QMIA quarterly reports are available on the YES website.

The QMIA Quarterly report has included information about the number and characteristics of youth assessed for YES since July of 2018. Demographic information within this report includes region, age, gender, race, and ethnicity. The report has evolved to include detailed level of care information, most frequently endorsed needs and strengths based on the CANS, as well as presenting concerns based on diagnoses. Most recently, the QMIA Data and Reports Subcommittee has introduced CANS measures to monitor if youth are safe, at home, in school, and involved with or at risk for involvement with the juvenile justice system.

Consultants from Praed have been assisting with the implementation of the Transformational Collaborative Outcomes Management (TCOM) approach. DHW and SDE partnered with the

Praed Foundation to host the first Northwest Regional TCOM Conference held in Boise in May 2019. The theme for the conference was **Setting the Stage: Creating a Shared Vision to Support Transformation**. The conference brought together individuals in varying roles, across multiple systems to share their stories, learn from others' experiences, and collaborate on how to best meet the needs of children and families we serve. This two-day conference was attended by 140 clinicians, supervisors, administrators, administrative staff, and family members. The session topics included system perspective, treatment planning, Wraparound, data and reporting, and family perspectives.

During this two-day conference, attendees had the opportunity to:

- Network with providers, state/county/program agency staff, family members, and other community stakeholders from Idaho and surrounding states.
- Learn about Idaho's TCOM implementation as well as other program implementations struggles and successes.
- Gain and enhance knowledge about TCOM philosophy, strategies, and tactics.
- Walk away with innovative ideas and practical applications to empower individuals to embrace their role in transformation.

TCOM is a continuous quality improvement approach based on the concept that complex system are best approached by focusing on a common goal or a shared vision. In the YES system, the shared vision is to improve the lives of children, youth and families.

Challenges

- The staffing and stakeholder resources to respond to quality are also the same resources involved with all the other YES development processes. This has caused the council to reconsider the original QMIA structure, which included five or six subcommittees. The new structure has three subcommittees: Family Advisory, System Improvement, and Data and Reports.
- The work being done to involve youth has experienced several setbacks. The Boise chapter of Youth M.O.V.E. decided they did not want to be involved in YES development for the last few months on the SFY as they had other priorities they were focused on. It also has been a challenge for youth to participate (with some notable exceptions) in most the YES meetings.
- Hiring data analysis and report staff has become substantially more challenging in the last few months. Solutions for report development such as the use of contractors is under consideration.
- The YES partners are continuing to experience challenges of collecting and reporting data across system that is consistent and will demonstrate that the state has substantially met the requirements in the Agreement.

Next Steps

- Continue training on TCOM quality management techniques to further develop subject matter experts in each of YES system partners.

- Develop methodology with Medicaid and Optum to monitor, assess, and report system performance using performance metrics and ensure access to meaningful data.
- Continue working on further ideas to develop youth voice for input through development of the Family and Youth (FYIS) contract.
- Develop a proposal for Quality Review (QR) working with the Plaintiffs.

IV. Glossary

Algorithm

A set of instructions for a process that leads to a predictable result; a set of rules to be followed in calculations or other problem-solving operations; business flow diagrams.

Class Members

Idaho residents with serious emotional disturbance (SED) who are eligible under the Settlement Agreement for services and supports provided or arranged by the defendants and:

a. Are under the age of eighteen (18).
b. Have a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosable mental health condition or would have a diagnosable mental health condition if evaluated by a practitioner of the healing arts operating within the scope of his/her practice as defined by Idaho state law.[6]
c. Have a substantial functional impairment that is measured by and documented using a standardized instrument conducted or supervised by a qualified clinician or would have been measured and documented had an assessment been conducted.

Child and Adolescent Needs and Strengths (CANS)

A multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

Child and Family Team (CFT)

A teaming process that brings together the family and individuals that the Class Member and family believe can help them develop and implement a care plan that will assist them in realizing their treatment goals. The CFT may be small or large.

Commitments

As described in the Settlement Agreement, the commitments are the items or actions that the state will pursue to achieve the intended results of the Settlement Agreement.

Community Based Services

Refers to a continuum of services, from support to intense levels, that operate in targeted population's community. These services are reflective of the community and meet the community's needs for services. Community based service include hospitals and residential settings. Communities are defined on a continuum from neighborhoods to the whole state.

Continuum of care

The array of services and supports as defined in the Settlement Agreement and spanning all levels and intensity of care.

[6] A substance use disorder, or development disorder alone, does not constitute an eligible diagnosis, although one (1) or more of these conditions may coexist with an eligible mental health diagnosis.

Idaho Behavioral Health Plan (IBHP)

Idaho Medicaid's managed care behavioral health plan, which is a carved-out program from the overall fee-for-service medical assistance program. Read more about the IBHP on the DHW website.

Intensive Care Coordination (ICC)

A case management service that provides a consistent single point of management, coordination and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that the services are coordinated and delivered consistent with the Principles of Care and Practice Model.

Interagency Governance Team (IGT)

A collaborative team, including stakeholders, who coordinate and oversee the implementation of the Settlement Agreement.

Parties

The parties in the Jeff D. class action lawsuit: Plaintiffs' counsel, Idaho Department of Health & Welfare, Idaho Department of Juvenile Corrections and State Department of Education.

Partners

YES System Partners to the Jeff D. class action lawsuit: Idaho Department of Health & Welfare, Idaho Department of Juvenile Corrections, and State Department of Education.

Person-Centered Planning

A process, directed by the family or the individual with long-term care needs, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual. The family or individual directs the Person-Centered Planning process. The process includes participants freely chosen by the family or individual who can serve as important contributors. The family or participants in the Person-Centered Planning process enable and assist the individual to identify and access a personalized mix of paid and non-paid services and supports that will assist him/her achieve personally defined outcomes in the most inclusive community setting. The individual identifies planning goals to achieve these personal outcomes in collaboration with those that the individual has identified, including medical and professional staff. The identified personally defined outcomes and the training supports, therapies, treatments, and or other services the individual is to receive to achieve those outcomes becomes part of the plan of care.

Potential Class Member

Any Idaho resident with unmet mental health needs who has not yet reached their 18th birthday and who Department of Health and Welfare has not yet determined to be a Class Member.

QMIA Council

A quality management, improvement and accountability entity within the YES system structure that is a cross-agency collaborative made up of executive level staff and children's mental health stakeholders with responsibilities specific to meeting the terms of the Settlement Agreement.

Serious emotional disturbance (SED) (Idaho Code, 16-2403 (13))

An emotional or behavioral disorder, or a neuropsychiatric condition which results in a serious disability, and which requires sustained treatment interventions, and causes the child's functioning to be impaired in thought, perception, affect or behavior. A disorder shall be considered to "result in a serious disability" if it causes substantial impairment of functioning in family, school or community. A substance abuse disorder does not, by itself, constitute serious emotional disturbance, although it may coexist with serious emotional disturbance.

Settlement Agreement or Agreement

The legal document that provides the terms of the comprehensive agreement reached by the parties and plaintiffs in the Jeff D. class action lawsuit. The Settlement Agreement includes the requirements necessary to be fulfilled by the State of Idaho for the lawsuit to be dismissed.

Stakeholders

Individuals and organizations that affect or are affected by the changes in the Settlement Agreement. This includes, but is not limited to, youth with SED, their parents, advocates, providers of youth and children's mental health services, higher education organizations, and defendant agencies.

Status

Refers to the progress towards completion or implementation of an objective from the implementation plan. An objective may have more than one status.

System of Care (SOC)

"A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" *Stroul, Blau & Friedman, 2010*.

Transformational Collaborative Outcomes Management (TCOM)

A set of collaborative processes and information that consistently point people to the shared vision of helping children and families achieve their health and wellness goals, making it is easier to create and manage effective and equitable systems.

Workgroup

A group of representative stakeholders chartered to perform tasks to accomplish objectives in the implementation plan. Unless otherwise noted, workgroups include, at a minimum, parents, advocates, providers, and defendant agency staff.

Wraparound

Wraparound is a collaborative, team based, principles driven, planning process. Through the Wraparound process teams create one individualized plan of care to meet the needs and improve the lives of multisystem involved youth and their families.

Appendix A

History of the Jeff D. Class Action Lawsuit

In August 1980, children who had or could be diagnosed with serious emotional disturbance (SED), commenced a lawsuit against the Governor of Idaho, the Director of the Idaho Department of Health and Welfare (IDHW), the Administrator of State Hospital South, and the Superintendent of Public Instruction (representing the State Department of Education, SDE). The Director of the Idaho Department of Juvenile Corrections (IDJC) was joined as a Defendant in 2000 after the IDJC became an independent state agency. The Complaint alleged that adequate mental health programs and services, including community-based treatment and educational services, were not being provided in violation of the Class Members' rights under the United States Constitution, the Idaho Constitution, and several federal and state statutes. The lawsuit sought to address two primary issues: 1) the intermixing of adults and juveniles in facilities at State Hospital South and 2) the lack of community-based mental health treatment services and programs provided to children and youth with SED.

In 2013, under the direction of the Court, representatives of Parties in the lawsuit and stakeholders began negotiations on a Settlement Agreement that would achieve substantial compliance and fulfill the purposes of the Consent Decrees that had been agreed to and approved by the Court over the past 32 years. The Parties negotiated, and the Court approved the Jeff D. class action lawsuit Settlement Agreement (Agreement) in 2015. The Agreement required the creation of an implementation plan (now known as the Idaho Implementation Plan) within nine (9) months after approval, a four (4) year implementation period, and a three (3) year sustainability period of successful operations to be completed before a final order will be issued dismissing the lawsuit and ending court monitoring by the issuance of a permanent injunction. The detailed procedural history of the Jeff D. case and additional detail about requirements and timelines that must be met is documented in the Settlement Agreement, which can be found at: http://youthempowermentservices.idaho.gov.

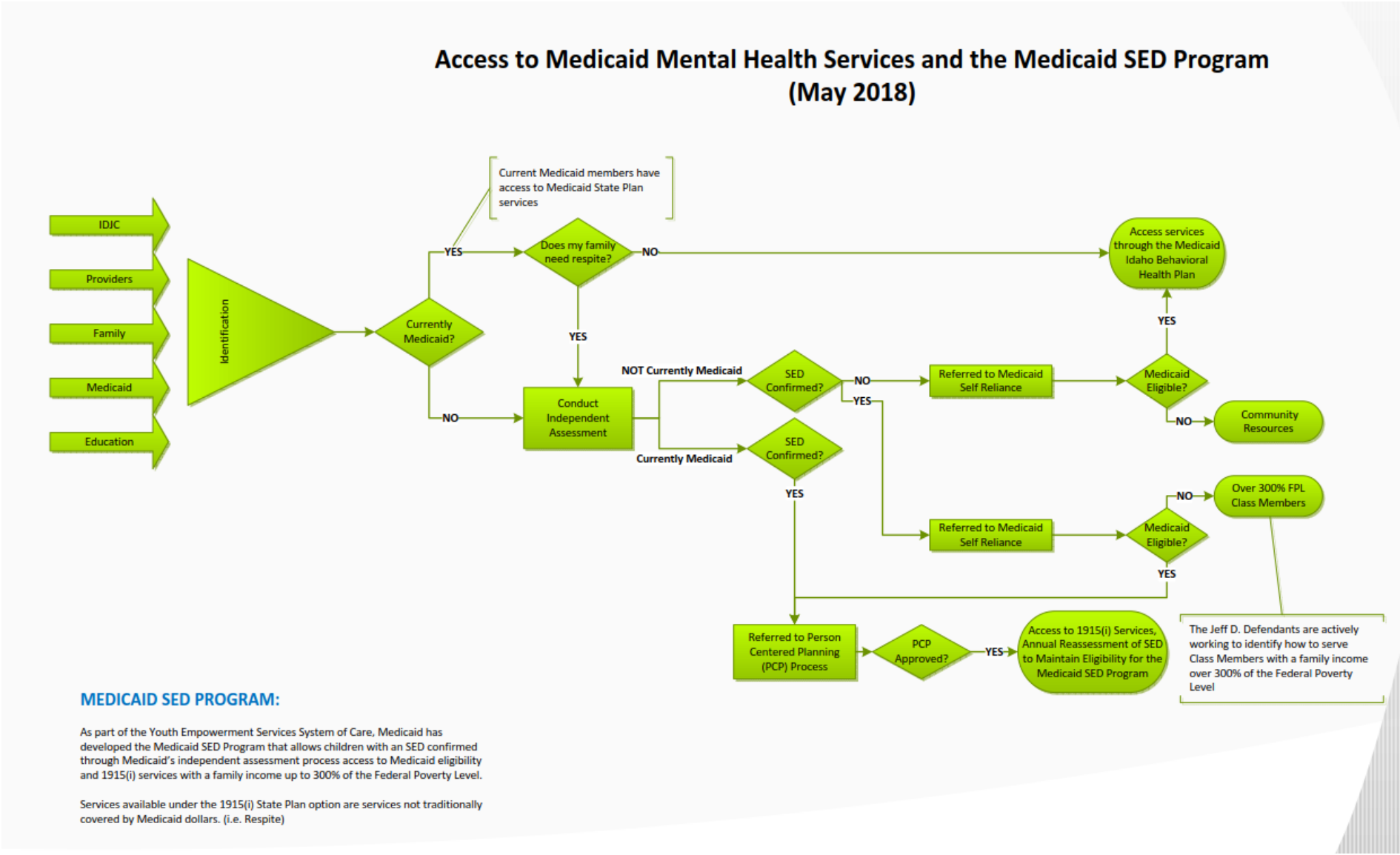
As part of constructing the Implementation Plan, the issue of officially naming the project for inclusion in the legal document was considered. In May 2015, the project was recognized as "Children's Mental Health Reform Project" and accepted by the District Court. Later in the summer of 2015, the Youth Empowerment Services (YES) logo and byline were included on Project documents.

Appendix B

Appendix B Services	State Funded Services or Programs
Assessment and Treatment Planning 1. Initial Assessment 2. Evaluation & Testing 3. Treatment Planning a. Class Member and family team formation b. Treatment plan development, implementation, and modification c. Crisis planning d. Transition planning	**Assessment and Treatment Planning** 1. Diagnostic Assessment (Medicaid) 2. Psychological Testing (Medicaid) 3. Neuropsychological Testing (Medicaid) 4. Treatment Planning (Medicaid) 5. CFT Interdisciplinary Team Collaboration (Medicaid)
Case Management and Intensive Care Coordination 1. Case Management 2. Intensive Care Coordination	**Case Management and Intensive Care Coordination** 1. Case Management (Medicaid) 1/2. Targeted Care Coordination (Medicaid) 2. Wraparound (DBH)
Treatment Services 1. Medication Management 2. Psychotherapy 3. Skills Building 4. Behavioral/Therapeutic Aide Services (including mentoring) 5. Day Treatment 6. Intensive Home and Community-Based Services 7. Therapeutic after-school and summer programs 8. Integrated substance use disorder (SUD) services	**Treatment Services** 1. Medication Management (Medicaid) 2. Psychotherapy (Medicaid) 3. Skills Building/CBRS (Medicaid) 4. Behavioral Modification and Consultation (Medicaid) 5. Day Treatment (Medicaid) 6. Intensive Home and Community Based Program (Medicaid) 7. Therapeutic after-school and summer programs (partial Medicaid) 8. Integrated (SUD) outpatient services (Medicaid)
Residential-Based Treatment Services 1. Treatment Foster Care 2. Residential Care	**Residential- Based Treatment Services** 1. Treatment Foster Care (FACS – CW & DBH) 2. Psychiatric Residential Treatment (Medicaid)

Appendix B Services	State Funded Services or Programs
Support Services 1. Respite 2. Transportation 3. Psychoeducation & Training 4. Family Support 5. Youth Support 6. Case Consultation 7. Flexible Funds	**Support Services** 1. Respite (Medicaid) 2. Transportation (Medicaid) 3. Family Psychoeducation (Medicaid) 4. Family Support (Medicaid) 5. Youth Support (Medicaid) 6. None – included activity in other services 7. Flexible Funds (DBH)
Crisis Services 1. Crisis Respite 2. Crisis Response Services 3. Crisis Intervention Services 4. Inpatient	**Crisis Services** 1. Respite (Medicaid) 2. Crisis Response (Medicaid) 3. Crisis Intervention (Medicaid) 4. Inpatient (Medicaid)

Appendix C


Access to Medicaid Mental Health Services and the Medicaid SED Program
(May 2018)
IDJC
Providers
Family
Medicaid
Education
Identification
Current Medicaid members have access to Medicaid State Plan services
Currently Medicaid?
YES
NO
Does my family need respite?
YES
NO
Access services through the Medicaid Idaho Behavioral Health Plan
Conduct Independent Assessment
NOT Currently Medicaid
Currently Medicaid
SED Confirmed?
NO
YES
Referred to Medicaid Self Reliance
Medicaid Eligible?
YES
NO
Community Resources
SED Confirmed?
YES
Referred to Medicaid Self Reliance
Medicaid Eligible?
NO
YES
Over 300% FPL Class Members
Referred to Person Centered Planning (PCP) Process
PCP Approved?
YES
Access to 1915(i) Services, Annual Reassessment of SED to Maintain Eligibility for the Medicaid SED Program
The Jeff D. Defendants are actively working to identify how to serve Class Members with a family income over 300% of the Federal Poverty Level
MEDICAID SED PROGRAM:
As part of the Youth Empowerment Services System of Care, Medicaid has developed the Medicaid SED Program that allows children with an SED confirmed through Medicaid's independent assessment process access to Medicaid eligibility and 1915(i) services with a family income up to 300% of the Federal Poverty Level.
Services available under the 1915(i) State Plan option are services not traditionally covered by Medicaid dollars. (i.e. Respite)

Appendix D

Youth Empowerment Services

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF MEDICAID

Access to Medicaid Mental Health Services

The diagram at the bottom of the page illustrates the process for children to receive Medicaid mental health services.

1 Schedule an assessment.

- If your child is Medicaid eligible and you do not want to access respite services, contact the Optum Idaho member line at 1-855-202-0973 for access to Medicaid mental health services that are already available to your child.
- If your child is not already Medicaid eligible, or is eligible and wants to access respite services, contact Liberty Healthcare at 1-877-305-3469 to schedule an assessment.

2 Complete the assessment.

Liberty Healthcare will come to your home to complete an assessment and confirm that your child has serious emotional disturbance (SED). Liberty will contact you within one business day with the results and next steps.

3 If not already enrolled, apply for Medicaid.

Submit an application for Medicaid online at https://idalink.idaho.gov (or by calling Self-Reliance at 1-877-456-1233) if your child is not already enrolled. Families whose income exceeds traditional eligibility limits should ignore the preliminary eligibility decision displayed online, because a manual review is required to verify SED status and to apply a higher income limit. You will receive a Medicaid eligibility determination letter within five business days of completing your application. If your child is not determined to be Medicaid eligible but has SED, contact the Division of Behavioral Health by phone at 1-855-643-7233 or by email to yes@dhw.idaho.gov for next steps.

4 Engage with providers.

Once your child is Medicaid eligible, contact the Optum Idaho member line at 1-855-202-0973 to find a provider of mental health services in your area.

5 Develop a person-centered plan.

After your child has been determined to be Medicaid eligible and Liberty has confirmed an SED, a plan facilitator from the Division of Behavioral Health or the Division of Family and Community Services will contact you to start development of the person-centered plan. The first step in this process is for you and your child to select a team of providers and other people who can assist you in developing a person-centered plan that will match your child's identified needs with available services and supports.

Appendix E

WF Capacity Gaps Analysis 2018 Recommendations	
Recommendations	**Responsible Party**
Developing Idaho's Current Mental Health Services Workforce for Youth	
1. Support the Idaho mental health provider network in developing competencies to deliver YES services by providing training within a sustainable, value-added approach built around credentialing.	Optum
2. Make YES training efforts sustainable by partnering with institutions of higher education to develop curriculum materials and certificate programs that meet the State's needs.	DBH
3. Support providers in delivering new YES services by providing training in practice management and billing and by ensuring that all aspects of YES services are reimbursable.	Optum
4. Provide frequent, low-cost training to providers in EBPs across the State with an emphasis on areas of low penetration.	TBD
5. Reduce the geographic maldistribution of mental health service providers for youth.	TBD
Developing Idaho's Current Mental Health Services Workforce for Youth Increasing the Supply of Mental Health Professionals to Deliver YES Services and Supports	
1. Leverage federal workforce development funds to increase the supply of mental health providers for youth in Idaho.	TBD
2. Create an Idaho State behavioral workforce incentive program that provides stipends, loan repayment, and/ or tax credits to professionals who deliver YES services in targeted areas of the State for a specified period.	TBD
3. Incentivize clinical training sites in targeted areas to train graduate student interns and trainees in YES service delivery models.	DBH
4. Increase the non-profit behavioral health workforce by obtaining federal grants and contracts that directly deliver community-based services to youth.	TBD

5.	Expand the mental health workforce for youth by increasing funds for family peer support training and supervision and by exploring service integration with schools and other service systems (e.g., juvenile justice).	Optum
6.	Confirm the competitiveness of reimbursement rates for services so that mental health providers for youth can earn competitive salaries relative to other professions.	Optum
7.	Work with licensing boards to allow telehealth for clinical supervision in remote areas and craft similar guidelines for supervision of YES services at all levels.	Optum

WF Capacity Gaps Analysis 2018 Recommendations	
Recommendations	**Responsible Party**
Enhancing Future YES Workforce Development Efforts	
1. Implement a robust, standardized workforce data-collection process that ensures timely, useful data is available for planning.	Optum
2. Develop sustainable methods of assessing youth need/ demand for mental health professionals that serve youth	Optum
3. Develop an estimate of projected changes in the supply and demand for YES services to further aid workforce planning.	Optum
4. Partner with other Idaho State agencies, such as the Idaho Bureau of Labor to inform workforce development.	DBH