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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

JEFF D., et al,	)	
	)	Case No. 4:80-CV-04091-BLW
Plaintiffs,	)	
	)	
v.	)	DEFENDANTS' ANNUAL PROGRESS
	)	REPORT
OTTER, et al,	)	
	)	
Defendants.	)	
	)	

COMES NOW the Defendants, by and through their attorney, Brent King, Deputy Attorney General, hereby submits the following Annual Implementation Progress Report for the Court's review pursuant to the parties' Settlement Agreement (Document 741), paragraphs 67 and 68. Pursuant to the terms of the Settlement Agreement, the Plaintiffs were provided opportunity for input in the drafting of this report, and the parties have reached a consensus on the final contents.

DATED this 31st day of March, 2017.

OFFICE OF THE ATTORNEY GENERAL

/s/ Brent King
BRENT KING
Deputy Attorney General

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 31st day of March, 2017, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which sent a Notice of Electronic Filing and a copy of this document to the following persons:

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/s/ Brent King
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EXHIBIT A

Annual Implementation Progress Report

March 31, 2017

Submitted under the
Settlement Agreement in
Jeff D. v C.L. "Butch" Otter

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Youth Empowerment Services
Annual Implementation Progress Report

I. Executive Summary

Purpose

The Settlement Agreement requires the parties to submit an annual report to the Court and Plaintiff's counsel as to progress made operationalizing the Implementation Plan beginning six (6) months after Court approval of the Implementation Plan. This first Annual Report serves to provide the District Court with information on accomplishments, potential or actual barriers, and next steps in achieving the Outcomes of the Settlement Agreement and the Objectives of the Implementation Plan in *the Jeff D. v C.L. "Butch" Otter*, No. 4:80-CV-04091-BLW class action lawsuit. The Report addresses the implementation efforts from May 2016 to February 2017.

Background

In August 1980, children who had or could be diagnosed with a serious emotional disturbance (SED), commenced a lawsuit against the Governor and officials of the State of Idaho. The Complaint alleged that mental health programs and services, including community based treatment and educational services, were not being adequately provided children with SED. Over the next thirty years, the parties entered into several Consent Decrees in attempts to resolve the lawsuit. In 2013, under the direction of the District Court, representatives of Parties 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. In 2015, the Parties agreed to and the Court approved the Jeff D. class action Settlement Agreement. Dkts. 741 and 746. A copy of the Settlement Agreement can be found at:
http://youthempowermentservices.idaho.gov/Portals/105/Documents/JeffDOfficial%20Agreement.pdf

In accordance with the Settlement Agreement, the parties have created and the Court has approved an implementation plan describing how the children's mental system would be transformed in order to achieve the purposes of Consent Decrees and resolve the lawsuit. See Dkt. 752-1 and Dkt. 755. The Youth Empowerment Services Project (YES Project) was created to operationalize the Idaho Implementation Plan. In furtherance of the Settlement Agreement, the goal of the YES Project is to improve coordination among Idaho's child-serving agencies, namely, the Division of Behavioral Health (DBH), the Division of Family and Community Services (FACS), the Division of Medicaid (Medicaid), the Idaho Department of Juvenile Corrections, (IDJC), and the Idaho State Department of Education (SDE), so that youth with SED receive appropriate treatment to meet their individual needs. The YES Project will also focus on the infrastructure needed to improve the services and supports provided to children and families. Infrastructure refers to items such as development of a Practice Manual, a training plan, implementation of electronic

records to track and measure outcomes, workforce development, grievance and due process procedures, funding resources, access to comprehensive services, quality management, and accountability. Finally, the Settlement Agreement recognizes that Medicaid funding will be utilized whenever possible to access federal matching funds in order to maximize the variety of services with minimal impact to Idaho taxpayers.

Summary of Progress

Much of the work done during the May 2016 to February 2017 reporting period focused on development of a detailed project plan, required by the Settlement Agreement, and a timeline for how the Defendants will operationalize the Implementation Plan and meet the Outcomes of the Settlement Agreement. In developing the project plan, Defendants have been working together with stakeholders including parents, youth and family advocates, private providers, and others. Stakeholder workgroups have been formed to assist in planning and implementation activities. Stakeholder interest and involvement is high with good participation and involvement in the majority of the workgroups, councils, and subcommittees. Expert consultants are being utilized to help develop a common understanding of the upcoming changes and how to improve the system of care. This foundational work and collaboration between agencies and stakeholders has been critical to future efforts.

The Interagency Governance Team (IGT) has been formed to oversee the implementation efforts. This seventeen (17) member team includes parents, youth, advocates, providers and agencies and is chaired by one of the parent members. A cross-system Quality Management, Improvement, and Accountability (QMIA) Council has also been formed and has chartered a Data and Reports subcommittee. The first quarterly Quality Management, Improvement and Accountability Report has been published with the second one being finalized shortly.

During this initial reporting timeframe, the Department of Health and Welfare has focused on the initial changes that are necessary to implement the system of care. The Department has obtained financing for an automated system to track data from the Child and Adolescent Needs and Strengths (CANS) tool to measure individual outcomes and assist in quality management activities to improve the system. Additional staff are being requested from the Idaho Legislature to provide resources needed to carry out the activities of the Implementation Plan and project plan. The Idaho Division of Medicaid is presently working with its federal partner, the Centers for Medicare and Medicaid Services (CMS), to establish the financing authority that will enable the State to offer the array of services identified in the Settlement Agreement. The Division of Medicaid is also seeking to increase the Medicaid eligibility of children with SED and family income not exceeding 300% of the Federal poverty Guidelines through a 1915(i) state plan amendment. Concurrent to that effort is a statutory change currently before the Idaho Legislature to allow that eligibility change. The target date for implementing the state plan amendment and new eligibility criteria is January 1, 2018.

This initial phase has helped lay the foundation and planning efforts for completing the Implementation Plan and achieving the Outcomes of the Settlement Agreement. While the continued implementation will be challenging, Defendants, Plaintiffs, and stakeholders are committed to continued collaboration in this ongoing effort.

Youth Empowerment Services
Annual Implementation Progress Report

II. Introduction

History:
In August 1980, children who had or could be diagnosed with a serious emotional disturbance (SED), commenced a lawsuit against the Governor of Idaho, the Superintendent of Public Instruction (representing the State Department of Education, SDE), the Director of the Idaho Department of Health and Welfare (IDHW), and the Administrator of State Hospital South. 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. 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.

Settlement Agreement Timelines:

Jeff D. Class Action Lawsuit: 1980

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Formal Mediation: September 2013 - December 2014

↓

Settlement Agreement Complete: June 2015

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Idaho Implementation Plan Complete: May 2016

↓

Full Implementation of Transformed Children's Mental Health System of Care: May 2020

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Sustainable Children's Mental Health System of Care Complete: May 2023

In accordance with the Agreement, the Parties are required to provide an annual report to the District Court and Plaintiffs' counsel on the progress of the Implementation Plan beginning six (6) months after the District Court approves the Implementation Plan or as otherwise agreed by the Parties. The purpose of this Report is to account for accomplishments made from May 2016 to February 2017 and identify potential or actual barriers that need attention, including a summary of proposed or actual remedial efforts made to address the barriers. This Report serves to provide the District Court with the information pertaining to the progress being made to achieve compliance with the Agreement.

Key Quality Management Themes for Idaho:

-It is critical for all partners in the child serving system to have both a shared vision and values.

-Idaho must establish systems that are based on family empowerment and partnership.

-It is essential to the success of the YES Project for all of Idaho's child serving systems to have shared accountability.

Dr. Nate Israel
Chapin Hall

Throughout the Agreement, though not specified as a required outcome, are two primary overarching themes: System of Care (SOC), and Youth and Family Voice.

System of Care (SOC)

A System of Care (SOC) is defined as: "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.

In order to fulfill the Agreement and Implementation Plan , Idaho will create a new system of care. Idaho has taken some initial steps toward laying a foundation for development and implementation of a system of care that relies on the guiding principles established by the Substance Abuse and Mental Health Services Administration (SAMHSA) (http://gucchd.georgetownedu/products/ToolkitSOC.html). Two main accomplishments toward this have been the formation of a cross-agency workgroup with all the Defendant Departments and the establishment of the Parent Network. The Defendant agencies are working together to examine specific cases of youth with cross-agency involvement so that gaps and redundancies can be identified for greater efficiencies and effectiveness of systemic processes. Parents are represented or are being recruited for Project workgroups as actively participating members and/or co-facilitators. Parent input and feedback is significantly shaping the design of the future system of care.

Youth and Family Voice/Empowerment

In developing Idaho's new system of care, Idaho has sought input from youth and family voices. The Project initiated an effort to inform parents and provide support for them so that parent and family voice can be represented in all levels of the work. Parent volunteers have been working to organize themselves to create a unified voice for influencing the development and operations of the new system of care. They call themselves the "Parent Network" and self-identify as champions of the changes ahead. Parents frequently know the most important information about their children and too often have not had a voice at the table when decisions about mental health treatment are made. Parents also are active users of the system of care, as they must navigate it while overseeing the well-being of their child. The Parent Network is comprised of parents and caregivers from across Idaho who have a stake in how the new system of care operates. Their purpose will be fully defined by the membership once it is fully operating. The general intent is that the Parent Network will be an information source for parents so that parents can more fully participate in the decision-making processes and a source of support for parents so that they can be successful in their roles. By working with these parents, the State has gained significant awareness of parent issues with implications for policy, training, service provision, and measurement of outcomes.

Family or Parent

The term family or parent for purposes of this report "is intended to mean birth-parents, adoptive parents, guardians, extended family, family of choice, members of the family's support system, and current care givers." This definition, consistent with the Agreement, is found in the Agreement in Appendix A, footnote 1.

Youth Created YES and Logo

The Project team worked with three (3) youth groups to develop branding for the Project and the new System of Care, the intention being to have youth who would be using the System of Care to help name it and shape its graphic image. The youth chose the Idaho Mountain Bluebird as the symbol and chose the name, Youth Empowerment Services (YES). In their words, the bluebird represents things such as "hope, beauty, peace, freedom." The youth also view the word empowerment as strong and very different in

association than the term mental illness. Using youth to brand the program will help make the system more youth-friendly and accessible.

System Changes

Several changes will be needed to carry out the intent of the Agreement. The following items require legislative action or approval. The results of legislative action in 2017 will be reported in the next Progress Report since the Idaho Legislature is still in session.

- In 2016, the Department of Health and Welfare requested and received a budget appropriation for fiscal year 2017 for the development of an automated system for the Child and Adolescent Needs and Strengths (CANS) tool. CANS is a critical component for determining class membership, service eligibility, treatment planning, outcomes, and quality management.
- The Children's Mental Health program in the Department of Health and Welfare proposed a rule change in the 2017 legislative session that will allow the use of the CANS tool in determining class membership.
- The Children's Mental Health program in the Department of Health and Welfare requested additional staff to assist with implementation in the 2017 legislative session. A total of eighteen (18) staff were requested. Two (2) of the positions will be used for Quality Management, Improvement, and Accountability (QMIA); two (2) positions will be for data analytics; four (4) positions for implementation of CANS; three (3) positions will provide program support and oversight; and seven (7) positions would provide Intensive Care Coordination (ICC) to class members with high mental health needs.
- The Medicaid Division of the Department of Health and Welfare proposed a statutory change in the 2017 legislative session to allow Medicaid eligibility for children with a serious emotional disturbance (SED) with family income not exceeding 300% of the Federal Poverty Guidelines. This change will allow more children and youth to become Medicaid eligible and access needed services through Medicaid. This would strengthen the role of Medicaid as the primary payor of services. This statutory change has been approved by the Idaho Legislature and is awaiting the Governor's signature.

The Division of Medicaid is presently engaged in work with its federal partner, the Centers for Medicare and Medicaid Services (CMS), to establish the financing authority that will enable the State to offer the full array of services identified in the Settlement Agreement. The Division of Medicaid is also seeking federal approval to allow Medicaid eligibility for children with SED and family income ranging from 185% to not exceeding 300% of the Federal Poverty Guidelines to become Medicaid eligible through a 1915(i) state plan amendment. Currently, any child may qualify for Medicaid when family income does not exceed 185% of the Federal Poverty Guidelines. The target date for implementing the state plan amendment and new eligibility criteria is January 1, 2018.

Medicaid paid outpatient behavioral health services, which include mental health services, are provided through the Idaho Behavioral Health Plan (IBHP). The IBHP has

utilized a managed care approach since 2013. The current contractor is United Behavioral Health (dba OPTUM Idaho). Changes in the delivery of services and supports may necessitate modifications to the current IBHP contract and are noted in the Report.

The Department of Health and Welfare contracted with the Praed Foundation for consultation and training to assist in the implementation. Dr. John Lyons is providing consultation and training regarding the CANS tool for Idaho. The Praed Foundation maintains the copyright and Dr. Lyons is the recognized expert in the use of the CANS. Dr. Nate Israel is also with the Praed Foundation and provides consultation in the use of CANS and for Quality Management, Improvement, and Accountability. Both Dr. Lyons and Dr. Israel were highly recommended as subject matter experts by the Plaintiffs' counsel during the mediation and implementation planning process. Both work with other states, regions, and private agencies to implement CANS and develop collaborative performance management systems that are useful to families, front-line staff, supervisors, and administrators.

III. Overview of the Structure of the Annual Implementation Progress Report:

In this initial Report, progress toward implementation focuses on achievement of the Outcome requirements from the Settlement Agreement. The Outcome requirements from the Agreement are noted in italics, underlined, and include the paragraph number and page number from the Agreement. As noted in the Agreement, the "Outcomes will be the sole objective measures that, when accomplished, will indicate that Defendants are in substantial compliance with the requirements for completing implementation of this Agreement." (Agreement paragraph 69, page 19) The entire Agreement can be found at: http://youthempowermentservices.idaho.gov/Portals/105/Documents/JeffDOfficial%20Agreement.pdf

The Annual Implementation Progress Report is organized into the following sections corresponding with the Outcomes section of the Agreement (Section VI Outcomes, pages 19-23 of the Agreement):

1. Services Outcomes
2. Principles of Care and Practice Model Outcomes
3. Access Outcomes
4. Workforce Training and Development Outcomes
5. Due Process Outcomes
6. Governance and Interagency Collaboration Outcomes
7. Quality Management, Improvement, and Accountability Outcomes
8. Implementation Plan Outcomes

The first seven sections also align with the sections of the Implementation Plan. Progress regarding the individual Objectives of the Implementation Plan will be found in section 8. The Implementation Plan Objectives provide more detail and steps to be undertaken to

achieve the Outcomes. The Implementation Plan Objectives are numbered in accord with the numbering of the Outcomes of the Agreement. Both Outcomes and Objectives are discussed in numerical order to view progress over time.

Each section of the Report under "IV. Progress in Meeting Obligations" contains information about the implementation progress, accomplishments, challenges, and next steps. The section on Progress and Accomplishments provides a summary of activities taken to achieve the Outcome or Objective. The Challenges section describes barriers or challenges that have impacted implementation of that specific Outcome or Objective. The sections on Next Steps elucidate plans for remedial efforts to address implementation challenges and describe next steps. Only Outcomes and Objectives in which the Defendants conducted activities during this report period or in which the due date fell within this report period will be addressed. Outcomes and Objectives that are expected to occur in the future will be addressed in subsequent Progress Reports.

IV. Progress in Meeting Obligations

Overview

To achieve the commitments and outcomes required in the Agreement, the Parties worked together to establish an implementation plan that outlined specific activities and target dates for completion. The Idaho Implementation Plan was organized around the first seven (7) Commitment sections of the Agreement which are titled in the Implementation Plan as Objectives. The Parties submitted the initial Idaho Implementation Plan to the Court, which was approved in May 2016. The Implementation Plan can be found at :http://youthempowermentservices.idaho.gov. The Youth Empowerment Services Project (YES Project) was initiated to operationalize the Idaho Implementation Plan. Some terminology used in this Report are defined in the Glossary.

1 Services Outcomes

Class Members shall be provided the services set forth in the Agreement "that are necessary to meet their individualized mental health strengths and needs as recommended by a practitioner of the healing arts" (Section V Commitments, paragraph 18, page 9 of the Agreement). Parties agree to use their resources efficiently by accessing Medicaid funds whenever possible in delivering services and supports to Class Members. The work of the Project during this reporting period has focused on the first two Services Outcomes, projecting the estimated need and reviewing the current capacity to meet that need.

1.1 Establish and annually update the range of expected Class Members service utilization (paragraph 71.a, page 20).

1.1.a Progress and accomplishments

The Department of Health and Welfare contracted with Boise State University School of Social Work (BSU) in 2015 for the initial estimate of Class Member service utilization. The

University updated the estimate several months later using actual utilization data from the Defendant agencies. The estimates were finished in January and April 2016. Medicaid, in conjunction with OPTUM Idaho, the Medicaid behavioral health managed care entity, did a subsequent estimate in July 2016. A condensed version of this estimate is found in the QMIA Quarterly Report December 2016. These initial estimates indicate there may be approximately 21,000 Class Members. This number includes Members who may access services through their private insurance and not the publicly funded system.

1.1.b Challenges

The three Defendant agencies do not share an electronic health record system and do not identify data variables in the same way. The data from each agency indicative of class membership status could not be consolidated or unduplicated.

1.1.c Next Steps

Continue to work with BSU on refining the methodology for estimating the expected range of Class Members. The refined methodology will need to consider ways to consistently apply Class Membership estimates across agencies to avoid duplicated counts.

1.2 Develop statewide capacity to timely provide services and supports in appropriate scope, intensity and duration for Class Members for whom it is medically necessary (paragraph 71.b, page 20).

1.2.a Progress and accomplishments

A major effort to develop statewide capacity to provide services and supports focuses on increasing the use of Medicaid paid services and supports. Medicaid has developed a timeline for making new services *payable* in the claim payment system. The services have been grouped as described below. Medicaid gathered input and recommendations from the following stakeholders in an attempt to meet the expectations of Class Members and the settlement agreement.

- Clinical Advisory team
- Plaintiffs' Attorneys
- Parents and families
- Advocacy groups
- IBHP contract vendor
- Division of Behavioral Health

The first set of services are currently available in Idaho to Medicaid eligible children and adolescents who meet medical necessity requirements:

- Comprehensive Diagnostic Assessment
- Neuropsychological Testing
- Psychological Testing
- Transportation of Participant (or Participant and Family)

- Family Support Services
- Medication Management
- Psychotherapy (Individual, Family, and Group)
- Inpatient Hospital Services

These services are slated to be YES compliant by January 1, 2018. To be YES compliant, the current services must be offered consistent with the Principles of Care, and the Practice Model. The Respite (Planned) implementation is dependent upon CMS approval of the 1915 (i) state plan amendment.

The complete list and definition of services and supports are described in the Appendix C of the Agreement.

The second set of services is primarily targeted at adding intensive community based services. It is important to provide appropriate community based services at the right intensity to help prevent escalation into an out of home placement for children with SED and to appropriately transition children being discharged back to the community.

Case Management and Psychiatric Residential Treatment are currently available and will require modifications to become YES compliant. Psychiatric Residential Treatment is accessed through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program and utilizes facilities that meet the need of the member, however these facilities are not currently located within the state of Idaho. The following services are anticipated to be *payable* in the IBHP contract vendor's claim payment system as of October 1, 2018.

- Treatment Planning
- Case Management
- Case Consultation
- Crisis Response
- Intensive Care Coordination (ICC)
- Intensive Home and Community Based Services
- Skill-Building
- Psychoeducation
- Day Treatment Services
- Psychiatric Residential Treatment

The third set of services to be implemented continues to focus on intensive community based services that fully integrate the connection points in the system of care including the development of intensive cooperative services between multiple state agencies. To ensure well developed and integrated services the following are anticipated to be *payable* in the IBHP contractor's claims payment system by October 1, 2019.

- Youth Support Services
- Integrated Substance Use Disorder Services
- Therapeutic After School and Summer Programs

- Crisis Intervention Services
- Crisis Respite Services
- Behavioral Therapeutic Aides
- Treatment Foster Care
- Transportation of Family Members without the Participant

All Medicaid eligible Class Members can request and receive additional services under 1905(a) of the Social Security Act if they are medically necessary and designed to correct or ameliorate health conditions under the EPSDT program. Services authorized under EPSDT are not dependent upon the schedule above. The process to access EPSDT services is documented and available to the public on the Medicaid website and provided in the Medicaid member handbook.

In addition to developing capacity, an analysis of current capacity and needed capacity will be conducted periodically. The Data and Reports Committee established a planned methodology for assessing the statewide capacity to timely provide services and supports in appropriate scope, intensity, and duration to Class Members for whom it is medically necessary. The initial report titled "Youth Empowerment Services (YES) System Capacity Analysis Report" was published January 30, 2017 and can be found at the YES Website http://youthempowermentservices.idaho.gov/

1.2.b Challenges

Implementation of and access to services by Class Members is highly dependent upon a number of changes that must be made, including:

- Modifying the existing Medicaid Managed Care vendor contracts for the delivery of the services and supports, and
- Changes to the Medicaid State Plan and approval of the 1915 (i) state plan amendment by (CMS).

The coordination and implementation of these changes, along with training and development of a skilled network of children's and youth mental health of providers, is necessary to achieve the best outcomes for the Class Members. Much research, thought, collaboration, and effort is being applied to the development of the Medicaid services to meet the requirements of the Agreement.

Additional challenges include:

- Development and implementation of the CANS electronic system by January 1, 2018,
- Contracting with the 1915 (i) required Independent Assessor,
- Development of the Principles of Care, Practice Model, and Practice Manual, and
- Workforce development to deliver the services and supports.

1.2.c Next Steps

The additional challenges noted above highlight the connectedness of the Outcomes with each other. Defendants will continue to work on the other Outcomes that support and are necessary for the rollout of the services and supports such as CANS implementation, workforce development, Principles of Care, and the Practice Manual. Current progress toward achieving those Outcomes can be found elsewhere in this Report.

The next steps specific to this Outcome for the next year to year include:

- Medicaid will develop and submit a 1915 (i) state plan amendment to CMS targeting June 30, 2017.
- Medicaid will continue analyzing necessary contract changes to the Managed Care contract.
- Medicaid will finalize the development of the requirements for a contract for an independent assessor.
- The Defendants will continue to refine the methodology to study, analyze, and report on the capacity to provide services and supports.

2 Principles of Care and Practice Model

Idaho's child serving systems will adopt and implement a Practice Model based on the Agreement for delivering publicly-funded mental health services and supports to Class Members. The Practice Model will provide the framework for providing services and supports to Class Members under this Agreement. The Practice Model will describe the expected child, youth, and family experience of care within Idaho's children's mental health system over the course of intake, assessment, treatment, and transition.

YES Principles of Care

- *Family Centered*
- *Family and Youth Voice and Choice*
- *Strengths Based*
- *Individualized Care*
- *Team Based*
- *Community Based Service Array*
- *Collaboration*
- *Unconditional*
- *Culturally Competent*

2.1 Develop, adopt, and deliver Services and Supports to Class Members with fidelity to the Practice Model statewide and consistent with Principles of Care and the Agreement (paragraph 72.a, page 20).

2.1.a. Progress and accomplishments

The Clinical Advisory Workgroup developed a template to review services and supports. Included in the template are Practice Model applications and Principles of Care applications. The template provides a format for providing guidance on how to apply the Practice Model and Principles of Care to each service. The Clinical Advisory Workgroup is going through each service and support and using the template to describe how the Practice Model and Principles of Care are to be incorporated in the delivery of each service and support.

2.1.b. Challenges
The development of the actual template and how to use it was a challenge. The Workgroup struggled with the purpose of the template since it addressed more than just Principles of Care and the Practice Model. The variety of services and supports makes applying the Practice Model and Principles of Care to each service and support in a consistent fashion difficult.

2.1.c Next Steps
The Clinical Advisory Workgroup will continue to work through the template format for the services and supports. The template information for each service and support will be forwarded to the Practice Manual Workgroup for consideration in the development of the manual. This template will assist in the manual development as it provides information on the applicability of the Practice Model and Principles of Care for each service and support.

3. Access Model

In order to meet the obligations of the Agreement, Idaho will adopt an Access Model that describes how Class Members access the full array of services and supports under this Agreement. The Access Model will provide an overarching protocol for how Class Members are identified, and how they move into, through, and out of Idaho's youth and children's mental health system of care. An initial draft of the Access Model is being developed for presentation in April 2017 to the IWG and IGT.

The Child and Adolescent Needs and Strengths (CANS) tool is a critical component of the Access Model. CANS helps identify Class Members, identifies needs and strengths for planning purposes, provides a measure for assessing individual and aggregate outcomes, and will be an essential component of the Quality Management, Improvement, and Accountability Outcomes. Much of the work under the Access Model Outcome will occur in the future and be reported in subsequent Court Reports.

3.1 Implement and use the CANS tool statewide (paragraph 73.b, page 20).

3.1.a. Progress and accomplishments
A CANS workgroup of stakeholders and agency staff was established in June 2015. This workgroup reviewed and developed a CANS tool for Idaho Children's Mental Health.

An algorithm for the identification of Class Members has been developed in consultation with Dr. Lyons and Dr. Israel. Two additional algorithms are in development. One will assist in the identification of youth needing Intensive Care Coordination (ICC) and the other for less intensive care coordination but still providing a formal child and family team approach. Dr. Israel and Dr. Lyons will continue to consult on the development and verification of the algorithms.

The target date for roll out of the CANS tool statewide is scheduled to begin January 1, 2018. There will be an automated system for the documentation of CANS. The Department of Health and Welfare, Children's Mental Health program received an appropriation from the legislature for $1.3 million for the development of an automated CANS system. The Department is working with its current electronic health record contractor to develop the automated CANS system. An amendment to the current contract is under development. The Praed Foundation will provide consultation on the automated system development.

3.1.b. Challenges

Developing an automated system for documenting CANS by January 1, 2018, faces several challenges. These include:

- Development of an automated system for various needs such as treatment planning, outcome measures, eligibility determination, and ICC level of care.
- Development of an automated system for various stakeholders such as private providers, different agencies, quality management, and youth and families.
- Potential for delays in the time line because of unforeseen circumstances.
- Costs being higher than initially projected.

Ongoing challenges once the automated system is implemented include:

- Changes needed or requested based upon experience using the system.
- Ongoing maintenance costs and costs for changes.

3.1.c Next Steps

The Department of Health and Welfare will continue in the development of a CANS automated system by:

- Continuing to consult with Praed Foundation on the requirements for the automated system;
- Finalizing the technical requirements for the automated system; and
- Finalizing a contract amendment for the development of the automated system.

4. Workforce Training and Development

The workforce that will provide the services and supports under the Agreement must be developed, strengthened, and trained to provide the services and supports consistent with the Principles of Care and Practice Model. A workforce development plan will be developed to address gaps in workforce capacity. The plan shall include strategies to develop sustainable regional and statewide education, training, coaching, mentoring, and technical assistance to public and private providers who serve Class Members pursuant to the Agreement. A training and education plan will be developed for providers and stakeholders consistent with the Agreement requirements. Additionally, a practice manual will be developed to guide and facilitate access to services consistent with the Principles of Care, Practice Model, and Access Model.

4.1.a. Develop and implement a workforce development plan (paragraph 74.a, page 21)

4.1.a Progress and accomplishments
The Workforce Development and Training Plan Workgroup was established in November 2015. The Workgroup has various stakeholder and child serving system representatives. Initial work focused on orienting work group members to the Agreement and Objective 4 of the Implementation Plan. It was important to develop a mutual understanding and framework of the scope of workforce development as it related to the Agreement. Over the course of the first five months of planning, the workgroup conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis reviewing the current system, identifying stakeholders, and developing some initial recommendations regarding training content and training methods. To date, the workgroup has developed an initial concept for a stakeholder outreach and an initial draft Workforce Development and Training Plan. This initial plan is expected to be finalized by May 1, 2017.The Workforce Development Workgroup will continue to meet through 2017 and 2018 to monitor and modify as necessary the Workforce Development and Training Plan to achieve the goals and objectives identified in that Plan.

4.1.b. Challenges
The initial workforce capacity, gaps, and needs analysis was conducted by the Workgroup and was not a comprehensive analysis.

Funding and resources are not yet identified to execute a statewide training plan.

4.1.c. Next steps
The Workforce Development and Training Plan Workgroup finalized its input on the initial Workforce Development and Training Plan on February 28, 2017. The Workforce Development and Training Plan will then be edited into a final draft in March 2017 and sent out to stakeholders for comment and review. The finalized Workforce Development and Training Plan is expected to be published by May 1, 2017 and will be posted on the YES website.

The Department of Health and Welfare will contract for a workforce capacity analysis in 2017 to conduct a more thorough review and analysis of workforce capacity.
The Department of Health and Welfare's Medicaid and Children's Mental Health programs will identify methods or strategies, including funding, for delivering statewide training.

4.2. Develop and adopt a Practice Manual, as described in paragraph 40 of the Agreement (paragraph 74.b, page 21).

4.2.a Progress and accomplishments
A Practice Manual Workgroup has been chartered with the specific task of developing a practice manual as described in the Agreement. The stakeholders for the workgroup

membership are currently being recruited and an initial meeting is scheduled for March 2017. Some of the activities the Workgroup will be to define the scope of the practice manual, intended audiences for the manual, how the manual will be written, and content of the manual. This necessitates coordination with other workgroups such as the Workforce Development Workgroup, the Clinical Advisory Workgroup, and CANS Workgroup.

4.2.b. Challenges
Defining the scope, purpose, content, and audience for the manual is critical in the manual development for the workgroup.

Coordination is required with other workgroups such as Workforce Development and Training, the Clinical Advisory Workgroup, and CANS Workgroup.

Determining how the manual will be written determines resources needed, either staff or contractor.

4.2.c. Next steps
Convene the Practice Manual Workgroup in March 2017. The Practice Manual Workgroup will review the charter and Agreement to develop a common understanding of the scope, purpose, content, and audience for the manual.

The Department of Health and Welfare has drafted an initial scope of work for a contract with a university to assist in the development and actual writing of the manual.

5. Due Process

Idaho's child and youth mental health serving systems plan to develop and adopt a centralized and impartial process to address and track complaints. The new process may run concurrent to the formal appeal process. The complaint process is intended to address Class Members' and caregivers' concerns at the lowest or most appropriate organizational level possible related to their dissatisfaction with a process or a provider. The process will include documentation of the complaint, a specific time frame to act upon the complaint, and documentation of the outcome.

The Agreement uses the term "complaint process." The Due Process Workgroup has determined that a more appropriate term would be "grievance process." The term grievance is used in the federal rules which are the foundation for Due Process in the Agreement. The terms "complaint" and "grievance" are interchangeable for the purposes of this Report.

The children's mental health system of care will develop and operate constitutionally and federally-compliant fair hearing systems; 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.

5.1. Develop, adopt, and consistently use a complaint process as part of the Practice Model approach (paragraph 75.a, page 21).

5.1.a Progress and accomplishments
Idaho's child and youth serving mental health systems have begun the development of a collaborative centralized cross system process to address and track complaints, grievances and appeals. Initial research indicates that there are current systems in place for each agency. The new system will include methods for tracking, addressing, and reporting complaints, grievances, and appeals.

The work is being done through a Due Process Workgroup. This Workgroup has reviewed Idaho's state rules and Statutes as well as the federal rules (CFR 42, Section 438). The multiagency workgroup has begun assessing needed changes to Idaho's Statutes, Administrative Rules, and current grievance and appeals systems in order to create the system as required by the Agreement and assure that rules are compliant with 42 CFR, 438.

The goal is for the grievance and due process systems to be operational October 1, 2018.

5.1.b. Challenges
Assuring families are aware of and can access a responsive Grievance and Fair Hearing Appeals system that affords them adequate notice, a meaningfully opportunity to be heard and have their concerns addressed.

Rule changes that will be needed in accordance with timelines associated with Legislative sessions.

Possible need for MOUs to allow cross complaints processes.

Contract changes that will likely be needed to implement the new processes.

5.1.c. Next steps
Development and enhancement of information materials and a Notice of Action targeted for the YES system of care with the input of youth, family, and stakeholders.

The Due Process Workgroup will take into consideration parent comments and input as it develops informational materials and ways to improve the process. Issues associated with current processes were identified by families participating in the Parent Network and are noted in the text box below:

Parent concerns regarding Due Process

The following questions were recently asked by a parent representative to parents participating in the Parent Network: Responses to the questions indicated that out of the 16 parents in our parent network, none of them knew that due process existed within the CMH system. Several of them had used due process in the education system or in Medicaid, so they knew about due process, but they had never received the information (at least not in a way that connected with them) from CMH.

The following are quotes from several of the parents:

"We didn't know Due Process existed nor we had any choice if a service was denied. Honestly, we didn't know different services existed, we accepted what was offered (or at times demanded) but have never been offered choices or options."

"I have threatened due process with the school but never needed to go there. The biggest issue is finding a knowledgeable lawyer who can represent you, as everyone knows the district and the state show up with their lawyers. Didn't even know due process was available in any other realm."

*"Our experience (with CMH) was similar to what L** and S** described...we just accepted services in the beginning even though it wasn't what we wanted because we were told that was all we could get. But as we became more knowledgeable about our rights and what the law actually said our requests were seen as a threat by those on our treatment team. Neither of those situations are very helpful when it comes to working as a team."*

"If I were able to go back and ask parents I have worked with over the years if there knew there was an Due Process option with CMH I'm pretty sure most would say they did not know it existed." She also said that many parents she's worked with have gone through due process with education or Medicaid, but not CMH.

6. Governance and Interagency Collaboration Outcomes

Parties to the Agreement are committed to establishing and using a collaborative interagency governance structure to coordinate and oversee implementation of this Agreement. This is necessary because multiple agencies must collaborate and engage parents and youth in order to develop a system of care that can deliver the quality care envisioned by the Agreement.

6.1 Establish and use an Interagency Governance Team (paragraph 76.a, page 22).
6.2 Adopt and use operational guidelines for the Interagency Governance Team (paragraph 76.b, page 22).
These two Outcomes are being combined since they are connected and the Progress and accomplishments, Challenges, and Next Steps are similar.

6.1.a. and 6.1.a. Progress and accomplishments
The Idaho Behavioral Health Cooperative has appointed members to the Interagency Governance Team (IGT). The IGT currently consists of seventeen (17) members including three parents, two former class members, one family advocacy representative, one youth

advocacy representative and two providers. The IGT has elected a chair and vice-chair and has established a regular meeting schedule for the first Friday of every month. An initial charter has been developed and the IGT drafted and adopted by-laws in January 2017. The charter and by-laws serve as the operational guidelines for the IGT. The IGT has held four in-person meetings and one half day orientation with Dr. Nate Israel. The chair and co-chair set the agenda for meetings. Approved minutes of the meetings will be posted on the YES website.

The IGT is currently addressing the need for increased parent and family voice throughout the project and has convened a Family Engagement subcommittee to identify issues and offer recommendations for increasing family engagement in the YES project.

6.1.b. and 6.2.b. Challenges
The scope of oversight and decision-making authority of IGT isn't clear to membership.

There appears to be some confusion as to the purpose of the mandatory subcommittees as outlined in Appendix D of the Agreement. The Agreement does not provide a purpose or scope for the subcommittees which are Family Engagement, Clinical, and Training. The work of the YES project in the Clinical Advisory and Workforce Development workgroups are currently trying to address the topics of family engagement, training, and clinical practice.

Members appear to struggle with how to apply recommendations and principles across the system and not just to children's mental health services. For example, members support family engagement but may have a difficult time seeing how that applies in other programs or situations.

6.1.c and 6.2.c. Next steps
Clarify oversight and decision-making authority of the IGT through:

- Continued education and discussion with IGT members on the YES project, Agreement, Implementation Plan, and IGT Charter.
- Provide consultation and education to members through an independent consultant. This consultation will also address applying recommendation and principles across the system.
- Revisit by-laws to determine if changes are needed to clarify oversight and decision making authority after the above consultation and education occurs.

Establish a formal process for IGT recommendations and feedback on implementation of the system of care to key decision makers.

IGT will develop a formal chartering process that provides clear guidance and purposes for establishing subcommittees.

IGT will consider if there is a purpose, role, and immediate need for the identified subcommittees given the YES project workgroups that are addressing the same topics as the subcommittees.

6.3 Include a current or former Class Member representative, a parent or family member of a current or former Class Member representative, and a children's mental health consumer or family advocacy organization representative as part of the Interagency Governance Team (paragraph 76.c, page 22).

6.3.a. Progress and accomplishments
The Idaho Behavioral Health Cooperative has appointed members to the IGT. The IGT currently consists of seventeen members including three parents, two former class members, one family advocacy representative, one youth advocacy representative and two providers.

6.3.b. Challenges
None noted at this time.

6.3.c. Next steps
Continue to recruit identified members as needed.

7. Quality Management Improvement and Accountability (QMIA)

The Idaho children's mental health serving systems have adopted and implemented a Quality Management Improvement and Accountability (QMIA) Plan. The goal of the QMIA Plan is 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. This QMIA system is to be fully operational by October 1, 2018. The 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 plan to jointly develop a Quality Review (QR) process to be used to objectively assess and improve clinical practice and program effectiveness.

> ***Transformational Collaborative Outcomes Management (TCOM),***
>
> a set of collaborative processes and information which 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.
>
> *-Lyons and Israel, 2016*

Idaho's YES Project Team is working closely with a consultant on QMIA through the Praed Foundation, Dr. Nathanial Israel. Dr. Israel was highly recommended as a subject matter expert by the plaintiffs during the mediation and implementation planning process. Dr. Israel works with states, regions, and private agencies to develop

collaborative performance management systems that are useful to families, front-line staff, supervisors, and administrators. Dr. Israel is helping to evolve Transformational Collaborative Outcomes Management (TCOM) strategies which will lead to improved outcomes for children, youth and families. The strategies include bringing together appropriate stakeholders and identifying useful measures of key processes and outcomes, working with partners to provide ongoing multi-level feedback for decision support, and using feedback at every level for practice change and improved effectiveness.

7.1 Develop and implement a QMIA Plan (paragraph 77.a, page 22).

7.1.a Progress and accomplishments
The initial QMIA Plan was developed by the QMIA Workgroup and approved by the Interagency Workgroup (IWG) on May 31, 2016. Implementation of the QMIA Plan began immediately upon approval of the plan.

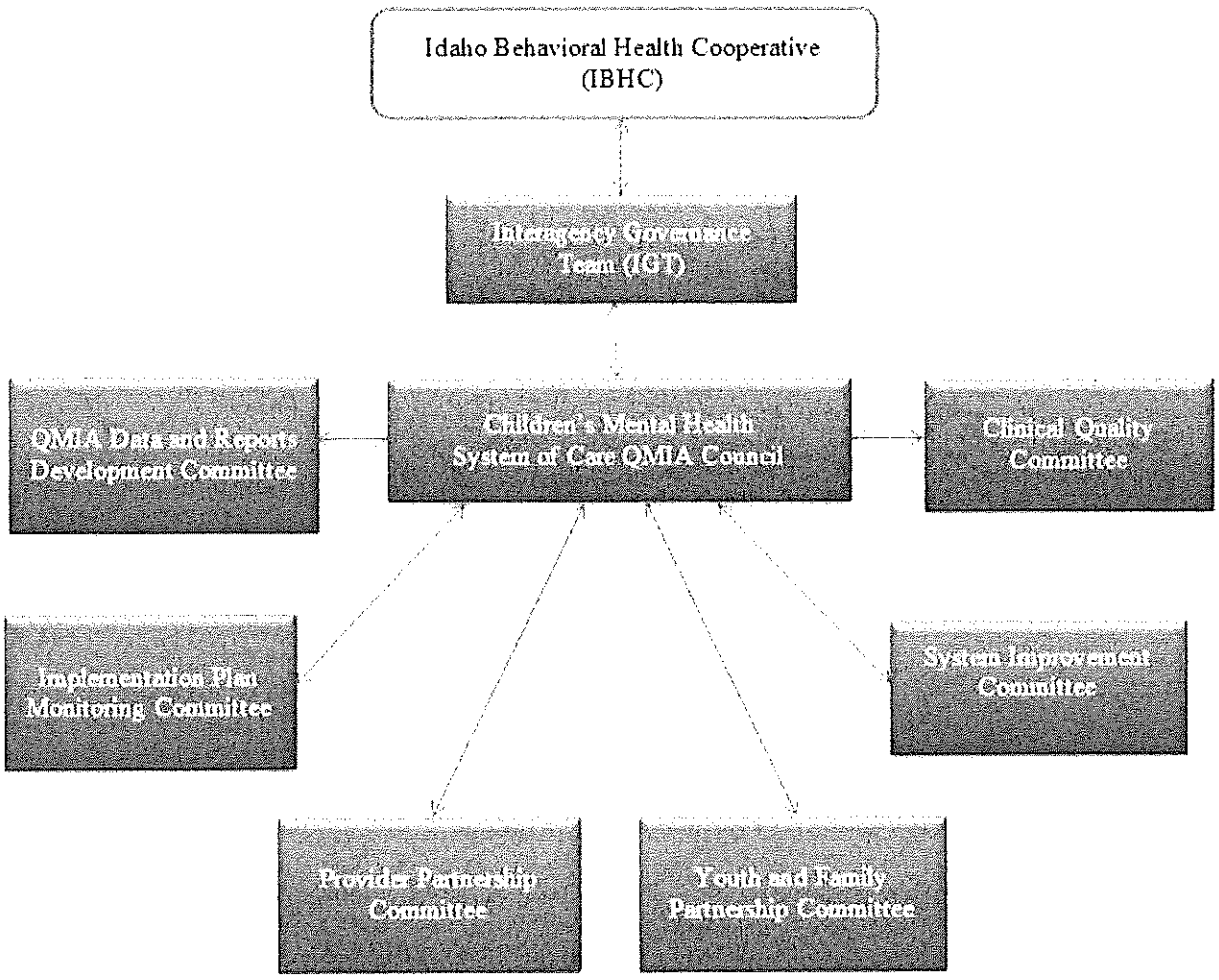
The QMIA Plan included the development of a cross-system QMIA Infrastructure (See diagram below). This enhanced quality infrastructure with the cross-system quality committees will implement the QMIA plan.

7.1.b Challenges
There is no parent representative on the QMIA Council.

Cross agency sharing of client specific information because of agency confidentiality requirements. This inhibits the ability to analyze client specific situations, outcomes, and information needed for individual problem-solving and system improvement.

7.1.c Next Steps
Continue to work with the Idaho Federation of Families and the Parent Network to recruit parent representative for QMIA Council.

Research and develop cross agency Memorandum of Understanding for information sharing.



8. Implementation Plan

An Implementation Plan was collaboratively developed with the Implementation Workgroup (IWG) to provide details and tasks on how Defendants will accomplish the Commitments and Outcomes of the Settlement Agreement. The table that follows item 8.3.c details progress on Implementation Plan Objectives that support the completion of the Outcomes previously discussed in numbers 1-7. Although the Objectives may appear duplicative of the Outcomes, they are being reported as separate items to show progress towards timely execution of the Implementation Plan.

8.1 Develop an Implementation Plan for this Agreement (paragraph 78.a, page 22).

8.1.a. Progress and accomplishments
The Implementation Plan was developed with the IWG between July 2015 and April 2016.

8.1.b. Challenges
The Implementation Plan took a little longer than the expected nine months, but the parties agreed to extend the time to complete the Plan. The Plan was filed on May 2, 2016, which was slightly passed the April 2016 deadline.

8.1.c. Next Steps
No further steps envisioned for this Outcome.

8.2 Receive District Court approval of its Implementation Plan (paragraph 78.b, page 22).

8.2.a. Progress and accomplishments
Idaho received District Court approval for the Implementation Plan on May 17, 2016.

8.2.b. Challenges
None noted.

8.2.c. Next steps
No further steps envisioned for this Outcome.

8.3 Timely execute the Implementation Plan as approved or amended by the District Court (paragraph 78.c, page 23).

8.3.a. Progress and accomplishments
To assess the completion of the activities noted in the Implementation Plan the Parties agreed to establish an implementation work group (IWG) comprised of Plaintiffs' counsel, Parties' counsel, and children's and youth mental health stakeholders with knowledge relevant to system beneficiaries, services and processes. The IWG is intended to help facilitate successful implementation planning as prescribed by this Agreement. The IWG may meet in person or by conference call as necessary and has convened monthly since June.

Following is a table that demonstrates the progress on the Idaho Implementation Plan through a breakdown of Objectives and Target Dates for this reporting period. The entire Court approved Implementation Plan can be found at:
http://youthempowermentservices.idaho.gov/

8.3.b. Challenges
The challenges regarding each Implementation Plan Objective are listed under each Objective.

8.3.c. Next steps
The Next steps regarding each Implementation Plan Objective are listed under each Objective. Additionally, the Defendants will continue to work on each Objective of the Implementation Plan and report on progress in subsequent Progress Reports.

Implementation Plan Target Dates and Status

Target Date	Objective	Status
Sept 30, 2016	**Objective 1.I.** Draft the YES Project Plan • *Progress and Accomplishments*: Plan drafted with feedback from Implementation Workgroup (IWG) and posted on YES Website. • *Challenges*: The timelines and deliverables identified in the YES Project Plan were developed based upon the information and understanding of the project in 2016. The complexity of the project may impact timelines and deliverables as they relate to the YES Project Plan. • *Next Steps*: Provide monthly status reports on the progress and barriers to the IWG and update the project plan with additional details when needed.	Completed
Oct 30, 2016	**Objective 1.A.** Operationally define Services and Supports that shall be provided to the Class per the Agreement. **Objective 1.B.** Determine what services/supports are presently available, from what agency or agencies. **Objective 1.C.** Determine which existing services/supports need to be modified. **Objective 1.D.** Determine which new services/supports need to be added. • *Progress and accomplishments*: A Services and Supports Workgroup incorporating various stakeholders such as parents, providers, and agency staff was established in December 2015. The workgroup addressed these items, utilizing a matrix format for each item. The workgroup reviewed the services and supports as defined in the Agreement, researched what was currently being provided, researched how other states or programs were providing the services and supports, discussed how to improve or address concerns with the services and supports, and made recommendations on how to improve the services and supports. A clinical advisory workgroup made up of parents and mental health professionals from the public and private sector then reviewed these same services and supports. The clinical advisory workgroup's focus was on the clinical aspects of providing the services and supports and what additional services may be needed. • *Challenges*: The variety of stakeholders involved in the process meant there were	In-Progress

	various perspectives on how services and supports should be provided. The need to fit the services and supports description into the language that meets the CMS requirements for funding. • *Next steps*: Medicaid to continue to work with CMS on services and supports. Final definitions will be forwarded to the Practice Manual workgroup for incorporation into the manual.	
Oct 30, 2016	**Objective 1.G.** Establish an initial estimated range of the number of Class Members that will utilize services/supports under the Agreement for each year of the implementation period. • *Progress and accomplishments*: The Department of Health and Welfare began discussions with Boise State University School of Social Work in August 2015 for them to do the initial estimate of Class Member service utilization. A contract was finalized in December 2015 with Boise State University. The initial estimate was completed by the University in January 2016 and updated in April 2016 using actual utilization data from the Defendant agencies. Medicaid in conjunction with OPTUM Idaho, the Medicaid behavioral health managed care entity, did a subsequent estimate in July 2016. A condensed version of this estimate is found in the QMIA Quarterly Report December 2016. These initial estimates indicate there may be 21,000 Class Members. This number does include Members who may access services through their private insurance and not the publicly funded system. • *Challenges*: The three Defendant agencies do not share an electronic health record system and do not identify data variables in the same way. The data from each agency indicative of class membership status could not be consolidated or unduplicated • *Next steps*: Continue to work with BSU on refining the methodology for estimating the expected range of Class Members.	Completed and On-going
Jan 30, 2017	**Objective 1.H.** Assess system capacity • *Progress and accomplishments*: The Data and Reports Committee established a planned methodology for assessing the statewide capacity to provide services and supports in appropriate scope, intensity and duration to Class Members for whom it is medically necessary. The initial report titled "Youth Empowerment Services (YES) System Capacity Analysis Report" was published January 30, 2017. Report is found at YES website http://youthempowermentservices.idaho.gov/ • *Challenges*: This was the initial analysis. Further refinement of the methodology	Completed

	and analysis is needed for a more detailed assessment. • *Next steps*: Continue to refine the methodology to study, analyze, and report on this outcome.	
Dec 30, 2016	**Objective 2.B. 1.** Develop and implement an action plan for identifying, recruiting, educating, and supporting stakeholder involvement and engagement in system improvement and planning efforts. • *Progress and accomplishments*: A stakeholder action plan is still under development. The Workforce Development Workgroup identified over 100 stakeholders. A lead staff person was identified and has been working on the action plan since October 2016. A project management process for stakeholder engagement was used to analyze stakeholder involvement and engagement. Based upon that analysis, an initial draft Stakeholder Action Plan is currently being developed. The action plan will identify the necessary stakeholders, their role within the system, engagement approaches, and finally engagement strategies. The draft action plan will be presented to the Implementation Workgroup and the IGT for further feedback and refinement. • *Challenges*: There are a large number of potential stakeholders that were identified that have an interest in the developing system of care. Staff resources are needed to continue to the develop the plan in a timely manner. • *Next steps*: Continue to work on the draft action plan. Present draft plan to IWG and IGT for feedback. If the legislature approves the request for additional staff, one of the new staff hired by the Children's Mental Health program will be assigned to assist in the action plan development.	In-Progress
Jan 01, 2017	**Objective 3.F.** Develop and begin implementing a statewide Communication plan that includes outreach and education of the community, stakeholders, and families. • *Progress and accomplishments*: A communication plan was finalized and is published on the YES website. This initial communication plan is part one of a two-part communication plan. Part two, currently under development, will be a more detailed plan. A Communication Workgroup made up of various stakeholders was chartered and began meeting in January 2017. The focus of the workgroup activities at this point is on the development of part two of the communication plan and providing relevant communication materials and messages on the YES website.	Completed and On-Going

	• *Challenges*: There is a high demand for information at this point such as presentations, web site updates, and media inquiries which impacts planning and development of other materials. Staff currently assigned to this project have limited time to devote to this effort. • *Next steps*: The workgroup will continue to meet to develop part two of the communication plan and enhancements to the website. If the legislature approves the request for additional staff, one of the new staff hired by the Children's Mental Health program will be assigned full time to lead the communication effort.	
June 30, 2016	**Objective 4. Part I.A.** Establish a Workforce Development Workgroup (WDW) • *Progress and accomplishments*: The WDW was established in November 2015. The Workgroup has representation from the Agencies as well as other child serving stakeholders. Over the course of the first 5 months of planning the workgroup conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis reviewing the current system, identifying stakeholders and developing some initial recommendations regarding training content and training methods. To date, the workgroup has established a vision statement for the Workforce Development Plan and five (5) working goals. • *Challenges*: None noted at this time. • *Next steps*: Finalize the initial Workforce Development and Training Plan by May 1, 2017. Post the Workforce Development and Training Plan on the YES website.	Completed and On-going
June 30, 2016	**Objective 4. Part I.A.5.** Establish a review and approval process for sections of the Practice Manual. • *Progress and accomplishments*: An initial review and approval process was developed in June 2016 which includes an internal review process, stakeholder review and input stage, QMIA council review and editing stage, review by IGT, and final publication. A Practice Manual Workgroup has been chartered and stakeholder members are being recruited. The first meeting is scheduled for March 2017. One of the activities the Workgroup will undertake is reconsideration of the initial review and approval process to determine if changes are needed. • *Challenges*: Unknown at this time since the workgroup is just forming and will review the initial review and approval process.	Completed and On-going

	• *Next steps*: The Practice Manual Workgroup will begin meeting in March. They will review the approval process for the Practice Manual and provide input on any necessary changes to the process.	
July 30, 2016	**Objective 4. Part II.B** Define Practice Manual update process. Begin development of Practice Manual to operationalize the Principles of Care and Practice Model, consistent with the requirements of the Agreement, to guide and facilitate access to and delivery of services. • *Progress and accomplishments*: A Practice Manual Workgroup has been chartered and stakeholder members are being recruited. The first meeting is scheduled for March 2017. Some of the activities the Workgroup will be to define the scope of the practice manual, intended audiences for the manual, how the manual will be written, and content of the manual. This necessitates coordination with other workgroups and activities such as the Workforce Development Workgroup, the Clinical Advisory workgroup, and CANS implementation. The update process will correlate to the Medicaid scheduled rollout of services. • *Challenges*: The Practice Manual development is contingent upon several other activities such as the scheduled rollout of Medicaid services, the Workforce Development and Training plan, and CANS implementation. • *Next steps*: Convene the Practice Manual Workgroup and begin development of the manual. Coordinate with the Clinical Advisory workgroup, Workforce Development Workgroup, and CANS Workgroup by including members from those groups on the Practice Manual Workgroup.	On-going
Feb 28, 2017	**Objective 4. Part I.B.** The Workforce Development Plan (WDP) shall describe the expected nature, scope, capacity, and structure of the workforce that is needed, now and in the future, for a mental healthcare workforce that is capable of consistently meeting the requirements of the Agreement over time. • *Progress and accomplishments*: The Workforce Development and Training Plan Workgroup was established in November 2015. The Workgroup has various stakeholder and child serving system representatives. Initial work focused on orienting work group members to the Agreement and Objective 4 of the Implementation Plan. It was important to develop a mutual understanding and framework of the scope of workforce development as it related to the Agreement. Over the course of the	In-Progress

	first five months of planning, the workgroup conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis reviewing the current system, identifying stakeholders, and developing initial recommendations regarding training content and training methods. To date, the workgroup has established a vision statement for the Workforce Development Plan and seven working goals. An initial concept for a stakeholder outreach and training plan has been developed. • *Challenges*: The initial workforce capacity, gaps, and needs analysis was conducted by the Workgroup and was not a comprehensive analysis. Funding and resources are not yet identified to execute a statewide training plan. • *Next steps*: The Workforce Development and Training Plan Workgroup will finalize input on the initial Workforce Development and Training Plan by February 28, 2017. The Workforce Development and Training Plan will then be edited into a final draft in March and sent out to stakeholders for comment and review. The finalized Workforce Development and Training Plan is expected to be published by May 1, 2017.	
May 30, 2016	**Objective 6.A** IDHW authorizes the CMHR Project team and CMHR Project sponsorship to provide structure and framework for initiating, planning, executing, controlling, and closing the Project work needed to achieve the Agreement outcomes and exit criteria. • *Progress and accomplishments*: The Department of Health and Welfare has established the work under the implementation plan as a formal project. The Administrators for Medicaid and Behavioral Health are the project sponsors. Project management staff and contractors have been hired as part of the project management team. Additional staff resources are being sought from the legislature through a budget request this year. • *Challenges*: Having the staff and financial resources necessary to carry out the project activities. • *Next steps*: Hire staff if the budget request is approved by the legislature. Continue to conduct project activities as outlined in the project plan.	On-going
July 30, 2016	**Objective 6.B.** Establish and implement the Interagency Governance Team (IGT) • *Progress and accomplishments*:	Completed and On-going

	The IGT was established by the Idaho Behavioral Health Cooperative in July 2016. The IGT holds monthly meetings and has adopted by-laws. • *Challenges*: IGT members understanding of its authority. Clearly defining purpose of the subcommittees it may charter. • *Next steps*: Review with members and provide consultation as needed regarding the IGT charter scope, authority, and decision making ability. Develop formal chartering process for subcommittees.	
Sept 30, 2016	**Objective 6.A.2.** Complete Project planning activities including the development of a Project Plan which includes an implementation strategy, milestones, tasks, timelines, governance, stakeholder engagement, communication and training plan, plan for transition to operations and project closeout. • *Progress and Accomplishments*: The Project Plan was completed by September 30, 2016 and includes the items listed above. Numerous inter-agency/stakeholder workgroups are and will be established to continue planning activities, implementation, provide for stakeholder engagement, communication, and feedback for project plan improvement and modification as necessary. The Project Plan is posted on the YES website http://youthempowermentservices.idaho.gov/ • *Challenges*: This Objective was completed within the time frame. However, the challenges will be in the implementation of the Project activities. There are competing priorities within all agency partner organizations, ongoing operational, State and Federal demands on agency staff. Complexities of an inter-agency system of care and time needed to understand the scope of work, establish a framework, determine resource needs, roles and responsibilities within agencies as part of the work of building and sustaining a system of care. • *Next Steps*: Complete identification of inter-dependencies and critical path for updates to the project plan. Updates will be drafted in Feb 2017 and delivered for review and stakeholder feedback in March 2017. Staffing requests to legislature for approval in 2017.	Completed
March 31, 2016	**Objective 7.A.** Develop and implement a QMIA plan establishing the elements of a performance monitoring and clinical improvement system for Idaho's child-serving System of Care. The QMIA plan will describe a plan of action for developing a collaborative, cross-system, practice, performance monitoring, and clinical improvement system that is capable of achieving the criteria described in the	Completed and On-going

June 30, 2016	Agreement, paragraph 53. **Objective 7.A.2.** Complete development of the QMIA plan. **Objective 7.A.3.** Begin implementation of the QMIA plan no later than the end of the month following approval of the Idaho Implementation Plan by the District Court. • *Progress and accomplishments*: The QMIA plan was developed and completed on March 31, 2016. A copy of the plan is posted on the YES website http://youthempowermentservices.idaho.gov/ The QMIA council has been established as the entity overseeing the implementation of the QMIA plan. Dr. Nate Israel has been consulting with the QMIA council on the development of a collaborative, cross system performance monitoring and clinical improvement system using a Transformational Collaborative Outcomes Management (TCOM) approach. The QMIA council has established a Data and Reports subcommittee to assist in data and report gathering, analysis, and drafting of QMIA reports. • *Challenges*: Much of the work in monitoring and improving is dependent upon CANS data. Implementation of CANS is still a year away. • *Next steps*: The QMIA council will continue to meet and utilize existing data and reports. CANS implementation will continue to focus on development of the automated CANS system over the next ten months. Continue consultation with Dr. Israel in the implementation of the QMIA plan.	
June 1, 2016	**Objective 7.B.** Adapt and enhance existing quality assurance infrastructure and activities relating to Idaho's children's System of Care. • *Progress and accomplishments*: The QMIA council reviewed each agency's quality assurance initiatives. Dr. Israel assisted in an assessment of current systems with partners and consulted on the use of current data and reports for the QMIA council. • *Challenges*: Combining or using data and reports from different agencies into a comprehensive cross system report. • *Next steps*: Continue to work with Dr. Israel in the development of meaningful QMIA reports and processes.	On-going
June 1, 2016	**Objective 7.C.** The QMIA will begin to monitor, assess, report, and adjust system performance using performance metrics.	On-going

	• *Progress and accomplishments*: The QMIA workgroup which developed the QMIA plan also identified key indicators for monitoring, assessing, and reporting system performance and be used by decision makers to improve performance. The QMIA workgroup was disbanded once the QMIA council was formed. The QMIA council established the Data and Reports Subcommittee. This cross-agency committee provided the data for the first QMIA Quarterly Report in December 2016. The report can be accessed on the YES website http://youthempowermentservices.idaho.gov/ • *Challenges*: As stated in other Objective 7 items, the need for CANS data will be critical as the system moves forward. • *Next steps*: Continue to utilize existing data in conjunction with Dr. Israel's consultation and publish quarterly reports.	
June 1, 2016	**Objective 7.D.** Develop a Continuous Quality Improvement culture within the Children's System of Care. • *Progress and accomplishments*: "Culture" changes within systems do require time and focused attention on the change. To assist in this change, the Children's Mental Health program contracted with Dr. Nate Israel for consultation regarding quality improvement and more specifically TCOM. Dr. Israel met with stakeholders and agency partners and provided information to lay the foundation for TCOM within a system of care. He also provided consultation to the QMIA council and the Interagency Governance Team. The QMIA council published its first QMIA Quarterly Report, established a Data and Reports subcommittee, and developed a program improvement plan (PIP) in response to parental concerns regarding timely discharges from psychiatric hospitals. • *Challenges*: Ongoing education and information on TCOM. • *Next steps*: Continue consultation with Dr. Israel to provide information on TCOM to agency staff and stakeholders.	On-going
June 1, 2016	**Objective 7.E.** Begin to provide accountability by monitoring Idaho's progress toward completion of Outcomes and Exit Criteria required by the Agreement • *Progress and accomplishments*: One of the four primary components of the QMIA plan in is "Accountability". Accountability refers to the progress being made towards achievement of the Outcomes and Exit Criteria. The QMIA	On-going

	quarterly reports will focus on access to services, effectiveness of services, engagement in services, and satisfaction with services, the primary outcomes of the improved system of care as envisioned by the Agreement. Additionally, the YES Project Monthly Status Reports are provided to the IWG and IGT. The YES website contains a monthly stakeholder-friendly update on the progress of the Implementation Plan. This annual progress report to the District Court and subsequent progress reports will also provide monitoring of the progress towards completion of the Outcomes and Exit Criteria. The annual progress reports will be published on the YES website. • *Challenges*: Much of the accountability and monitoring the achievement of the Outcomes and Exit Criteria will be based on data from the CANS tool which has not yet been implemented. • *Next steps*: Continue to provide QMIA Quarterly reports based upon existing data and YES Project Monthly Status Reports on implementation efforts.	
Aug 30, 2016	**Objective 7.B.1.a.** Establish the QMIA Council, an interagency committee responsible for reviewing management and monitoring reports at the program data and system level and for making recommendations for system performance to the IGT. • *Progress and accomplishments*: The council has been meeting monthly since its formation in August 2016. The council published its first quarterly QMIA report in December 2016 using current data from agency partners. A program improvement plan (PIP) was developed in response to parental concerns regarding timely discharges from psychiatric hospitals and was presented to the IGT on February 3, 2016. The PIP did include "Proposed Actions" which are recommendations to address the issue identified in the PIP. • *Challenges*: The parent member for the council has not yet been filled. • *Next steps*: The council will continue to meet and publish the quarterly QMIA report. Continue efforts in conjunction with the Parent Network and the Idaho Federation of Families to recruit a parent representative for the council.	Completed and On-going
Sept 1, 2016	**Objective 7.B.1.b.** Establish QA subcommittees and advisory groups based on needs identified by the QMIA Council to address specific aspects of quality improvement within the child serving SoC and guided by the QMIA plan.	Completed and On-going

	• *Progress and accomplishments*: The need for data and reports is critical to the work of the QMIA. The council has established the Data and Reports subcommittee to gather data and reports, analyze the information, and then create draft documents for the council's consideration. The QMIA council is still in its early development as is the system of care. Additional subcommittees/advisory groups are identified in the QMIA charter. These subcommittees will convene at a later date as the system develops and as needs are identified. • *Challenges*: The system of care is in the early stages of development. • *Next steps*: Convene subcommittees and advisory groups in response to identified needs as the system develops.	

V. Glossary

Class Members: Are Idaho residents with a Serious Emotional Disturbance who are eligible under the Agreement for services and supports provided or arranged by 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; [1] and
c. Have a substantial functional impairment that is measured by and documented through the use of 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.

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

Community Based Services: Refers to a continuum of services, from support to intense levels, that operate in targeted population's community that is reflective of the

[1] 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.

community and meets the community's needs for services; includes hospitals and residential settings. Communities are defined on a continuum from neighborhoods to the whole state.

Completed: Refers to an Objective from the Implementation Plan that has been finished.

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

In-Progress: Refers to an Objective from the Implementation Plan that is still being developed.

Interagency Governance Team IGT: A collaborative interagency governance team, including stakeholders, responsible to coordinate and oversee implementation of the Agreement

On-going: Refers to an Objective from the Implementation Plan that has been developed and is continuing to be implemented.

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

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

QMIA Council: A quality management, improvement and accountability entity within the Jeff D. governance 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 Agreement.

Serious emotional disturbance (SED) (Idaho Code, 16-2403 (13)): Means 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 a serious emotional disturbance, although it may coexist with serious emotional disturbance.

Settlement Agreement or Agreement: The legal document that spells out the terms of the comprehensive agreement reached by the Parties and plaintiffs in the Jeff D. class action lawsuit. The Agreement includes the requirements necessary to be fulfilled by the State of Idaho in order 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 which 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." *Lyons and Israel, 2016*

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.

VI. Project Plan Timeline

Pages forty-one to forty-four are a graphic illustration of the project plan timeline as of March 2017. Each page shows a year of work with a brief description of activities and key milestones with dates. The top line on each page shows the development of the CANS automated system. The middle line shows the development of the services and supports including the rollout of Medicaid services. The bottom line shows the infrastructure items such as development of the practice manual, training, and reports.

This timeline will change over the course of the project due to a variety of factors. These factors include but are not limited to:

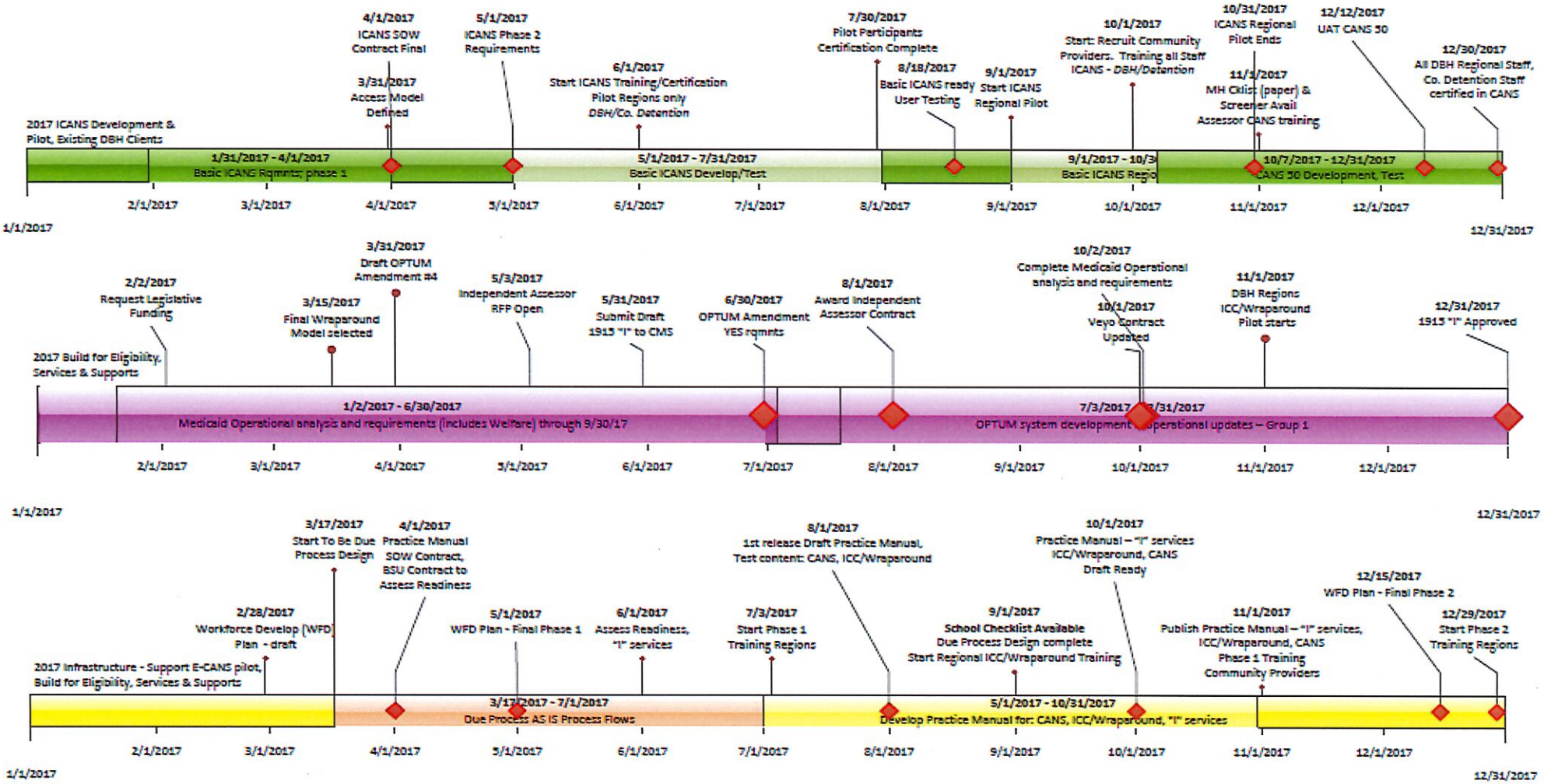
- insufficient resources such as staff, budget, providers, or contractors to carry out task,
- the time to complete a task may take longer than currently projected,
- the time it takes to complete necessary rule or statute changes, or
- lack of data or the information necessary to accurately complete a task.

Updates to the project timeline will be shared with the IWG and submitted to the District Court in the Annual Implementation Progress Report.

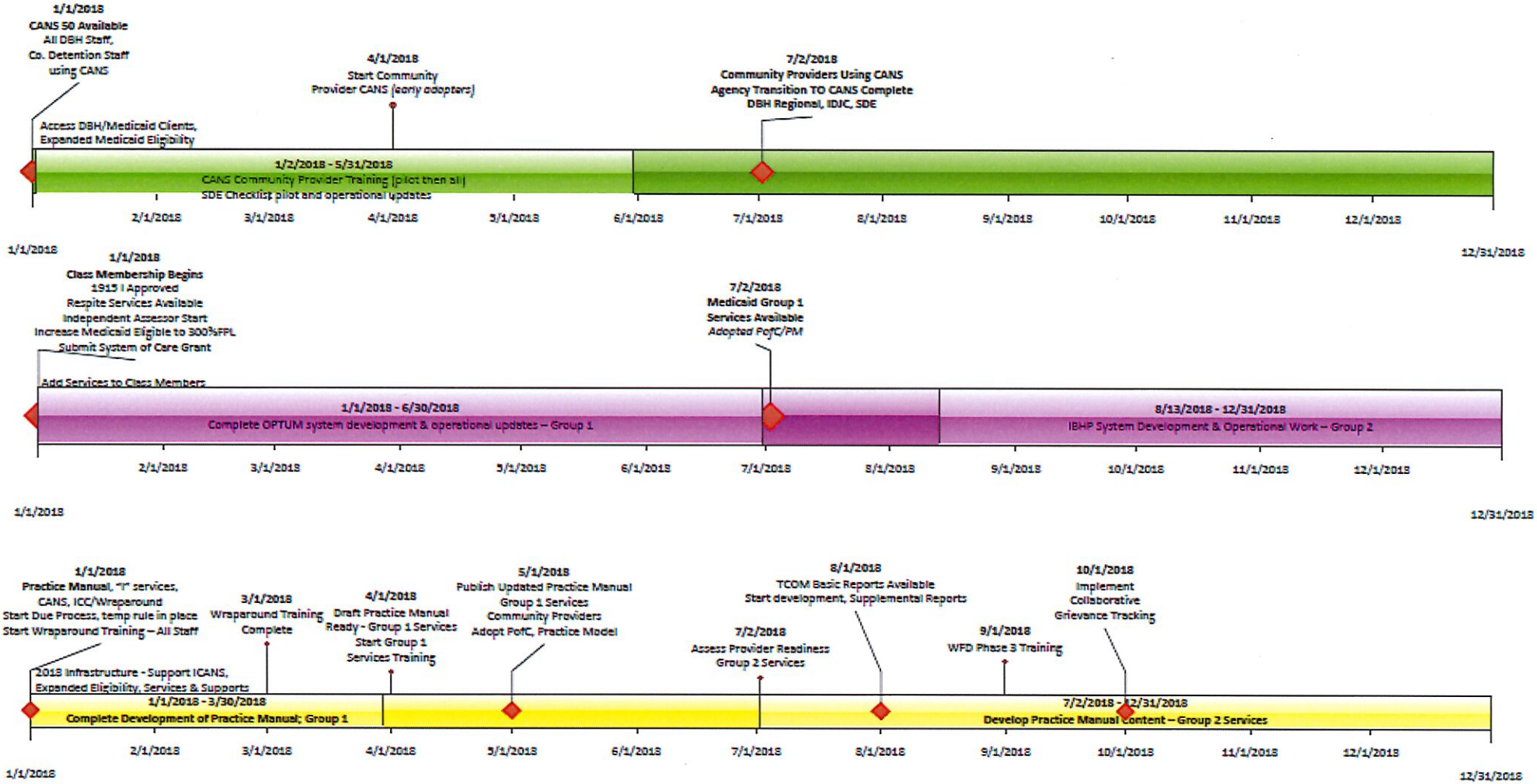
Guide to terms used in the Project Plan Timeline:

- **I-CANS**: The automated system to document and report CANS information.
- **I-CANS SOW**: The Scope of Work in the contract that defines the work of the contractor for the development of the CANS automated system.
- **CANS 50**: Another term for the Idaho children's mental health CANS.
- **DBH**: The Department of Health and Welfare's Division of Behavioral Health, Children's Mental Health program which serves families and children typically not eligible for Medicaid or under court order.
- **IBHP**: Idaho Behavioral Health Plan which provides a managed care approach to the delivery of Medicaid paid behavioral health services.
- **I services**: Relates to services and supports provided under the Medicaid 1915 (i) state plan amendment.
- **FPL**: Federal Poverty Level or previously referred to as the Federal Poverty Guidelines used in determining financial eligibility for Medicaid.
- **UAT**: (User Acceptance Testing) Refers to the users of a tool or information system testing it to determine if it functions the way it was designed.
- **SOW**: The Scope of Work in the contract that defines the work of the contractor.

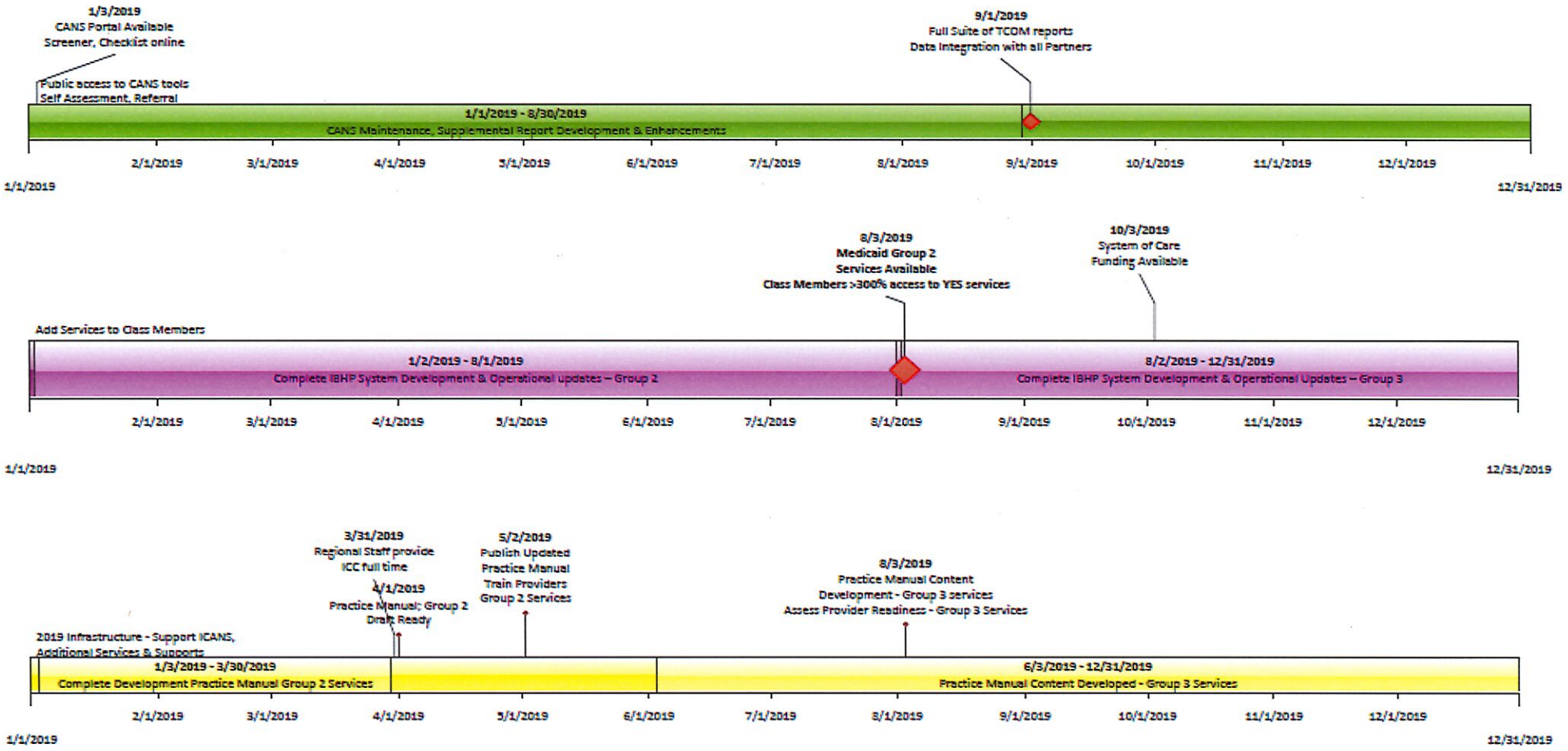
2017 Youth Empowerment Services (YES) Implementation; Updated 3/22/17



2018 Youth Empowerment Services (YES) Implementation; Updated 3/22/17



2019 Youth Empowerment Services (YES) Implementation; Updated 3/22/17



2020 Youth Empowerment Services (YES) Implementation; Updated 3/22/17