Workforce Development and Training Plan Annual Update

Submitted by
The Workforce Development and Training Plan Workgroup
November 2018

IDAHO DEPARTMENT OF HEALTH & WELFARE
BEHAVIORAL HEALTH

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Introduction

The Workforce Development and Training (WFDT) Plan was originally completed and distributed in March 2017 as a requirement of the Jeff D. Settlement Agreement and Objective 4 of the Implementation Plan. It is intended to be a living document that will be updated annually.

This report, the first annual update of the workforce development plan, details the ways in which the State of Idaho, in collaboration with agency partners, Idaho Department of Health and Welfare (IDHW), State Department of Education (SDE) and Idaho Department of Juvenile Corrections (IDJC), have been working together to meet the goals and objectives outlined in the Workforce Development Plan.

The Jeff D. lawsuit began in 1980 when children were co-mingled with adults at State Hospital South (SHS). There was a lack of appropriate treatment and education services at SHS appropriate for children, as well as a lack of community-based mental health services across Idaho. After many hearings over 35 years, the Court encouraged a mediation process to identify solutions. Mediation occurred from September 2013 through December 2014.

A Settlement Agreement filed in 2015 was the result of collaboration, mediation and more than a year of negotiations among key community stakeholders representing parents, advocates and private providers, representatives from the Idaho Department of Health and Welfare (IDHW), the Idaho Department of Juvenile Corrections (IDJC), the Idaho State Department of Education (SDE) and attorneys representing Class Members.

The Settlement Agreement is a high-level description of what the state has agreed to do to improve services and treatment for the lawsuit to be dismissed. The Agreement laid the foundation for the Idaho Implementation Plan, which is the roadmap for Idaho's transition to the new children's mental health system of care. A cross-system partnership among stakeholders was required to build both the Settlement Agreement and the Implementation Plan. This partnership and the work involved has culminated with the development of the Youth Empowerment Services (YES) system, a transformed system of care for children's mental health.

The Idaho Implementation Plan was approved by the District Court in May 2016. The YES system will follow the framework of the Plan to accomplish its goals by 2020. The participation of stakeholders in workgroups and committees has been and will continue to be a key component of the system. YES is authorized by IDHW in response to the Settlement Agreement, which requires the state to develop a mental health system of care for children with serious emotional disturbance (SED). The new system will be implemented and sustained in a manner that follows the Principles of Care established within the Agreement.

The outcomes expected from the workforce development and training requirements as stated in the Settlement Agreement require the Defendants to:

1. Develop and implement a workforce development plan that (paragraph 39):
    i. Develops and strengthens the workforce (identifying gaps)
    ii. Operationalizes the Principles of Care and Practice Model
    iii. Establishes a strategy to develop sustainable regional and statewide education, training, coaching, mentoring and technical assistance to public and private providers who serve Class Members

2. Develop and adopt a Practice Manual that guides and facilitates access to services (paragraph 40):
    i. Based on the Principles of Care, the Practice Model and the Access Model
    ii. That instructs and guides agency staff, providers and other system and community stakeholders

3. Direct and train agency staff, providers, and other system and community stakeholders to follow the Practice Manual, the Principles of Care and the Practice Model when delivering services (paragraph 41)

4. Educate and train agency staff, providers and other relevant system and community stakeholders how to: (paragraph 42)
    i. Identify and refer potential Class Members for screening and assessment using the Access Model
    ii. Implement and use the CANS tool for screening, assessment, care planning and evaluation of outcomes
    iii. Provide services and supports consistent with the Practice Manual and the Practice Model

In addition, the WFDT Workgroup's responsibilities are included in the Idaho Implementation Plan, (Objective 4: Sustainable Workforce and Community Stakeholder Development). The Workgroup is to lead the effort of pulling together agencies and stakeholders to participate in creating the infrastructure necessary to provide education, training, coaching, supervision, technical assistance and mentoring to providers and community stakeholders that will enable them to consistently and sustainably provide quality care in accordance with the Practice Manual.

Defining Workforce

As identified in the Jeff D. Settlement Agreement and noted in the initial WFDT Plan, the workforce is defined as agency staff, providers, other system and community stakeholders, as well as parents/caregivers and youth. These populations are the targets for workforce development, education and training. These groups include employees of IDHW's Division of Behavioral Health (DBH) and Division of Family and Community Services (FACS), along with IDJC and SDE, parents/caregivers of children with SED, and youth with SED who are participants in these agencies. Providers under the Medicaid Idaho Behavioral Health Plan and other agencies providing services to children are a focus of the WFDT Plan. Moving further out, additional child-serving agencies will be targeted for specific outreach, training and education.

Defining Workforce Development

Workforce development refers to these primary objectives:

- Identify gaps in workforce capacity to meet the needs of Class Members
- Meet workforce capacity needs to enable children and families access to necessary services and supports
- Provide training, education, coaching and supervision to the workforce
- Develop sustainability of the workforce to deliver services and supports

WFDT Workgroup

The WFDT Workgroup serves in a research, development and design capacity to DBH for the development of the WFDT Plan. The Workgroup is composed of children's system of care stakeholders (See Membership List on p. 2 of this document) who have specific knowledge of Idaho's healthcare workforce environment as well as state and community representatives.

The purpose of the WFDT Workgroup is twofold: 1) to develop and strengthen the workforce to deliver Services and Supports as listed in Appendix C of the Settlement Agreement, and 2) to operationalize the Principles of Care and Practice Model system-wide. This work will be operationalized through the development and implementation of two deliverables: The Workforce Development and Training Plan and the Practice Manual.

Workgroup's Role and Responsibilities

The role of the WFDT Workgroup is to participate in the YES project by collaborating with DBH and Medicaid staff, providers, community stakeholders, SDE, IDJC, and family and youth to develop an initial WFDT Plan and deliver updated versions of the Plan throughout the implementation of the YES project. The WDFT Workgroup will report to the Interagency Governance Team (IGT) and to the Quality Management, Improvement and Accountability (QMIA) Council on a quarterly basis to report on the progress in meeting goals, objectives, tasks and timelines. The initial WFDT Plan can be found on the YES website at 2017 YES Workforce Development and Training Plan and all subsequent Plans will be uploaded there as well.

WFDT Plan Process

The Workforce Development and Training Plan Workgroup was established in November 2015 to meet the requirements set forth in Objective 4 of the Settlement Agreement. The Workgroup has representation from the defendant Agencies as well as other child-serving stakeholders. The Workgroup initially focused on establishing a vision statement and five (5) working goals that articulate objectives for developing and training the workforce (See Table 1).

The Workgroup has continued to meet on a regular basis through 2017 and 2018 to assess the Plan goals, objectives and target dates, and will provide updated versions of the Plan annually. This update focuses on the accomplishments of the work identified in the Plan and the direction for ongoing activities to reach the goals of the Settlement Agreement, as well as those of the Implementation Progress Report.

Workforce Development and Training (WFDT) Plan

The WFDT Plan can be viewed in Table 1, which all five goals, their objectives and the tasks needed to accomplish each objective. The check marks (✓) indicate which objectives have been completed. An explanation of each objective is discussed in the Accomplishments, Highlights & Next Steps section of this update.

Table 1: WFDT Plan		
Goal 1: Enhance, develop, and strengthen a workforce that is guided by the System of Care philosophy and the Principles of Care		
Objectives		Tasks
1 ✓	Assess the current workforce capacity to deliver Services and Supports to Class Members.	- Completion of the Boise State University (BSU) contract - Identify survey workgroup members - Development of provider survey
2 ✓	Identify the current gaps (access, capacity and competencies) in workforce to deliver Services and Supports.	- Complete survey - Test survey - Administer survey
3	Develop priority areas for addressing gaps (access, capacity and competencies) to deliver Services and Supports.	- Review of BSU Capacity Report - Develop workforce priorities
Goal 2: Engage Idaho's communities to effectively meet the behavioral health needs of their most vulnerable children by creating sustainable education, training, and outreach		
Objectives		Tasks
1 ✓	Engage stakeholders across youth and child serving systems in the continuous development of a WFDT Plan.	- Convene WFDT Workgroup through 2020 - Identify core workgroup activities
2 ✓	Complete the initial version of the Practice Manual that will include the Access Model, the Practice Model and Principles of Care.	- Idaho State University (ISU) contract - Convene Practice Manual workgroup - Complete initial PM
3 ✓	Develop training and stakeholder priorities.	- Completion of BSU WFDT report - Work with IFFCMH and Parent Network
4 ✓	Complete an annual WFDT Plan Update.	- Complete draft and final by August 2018
5 ✓	Develop initial curriculum that will be used to provide core training to providers, stakeholders and families.	-Foundations Trainings for stakeholders completed, implemented and posted on the YES website
6 ✓	Develop a tiered provider, stakeholder and family training plan.	-Partial training plan is complete and updated monthly
7 ✓	Explore the various ways that technology is being used to provide access to education and training.	-GoToMeeting, WebEx, YouTube Channels and YES website have been utilized to expand training opportunities
8 ✓	Create a Roll-Out and Training Schedule.	-Complete through December 2018 and updated bi-monthly
Goal 3: Provide support and information to help families engage with the system, participate in meetings, and direct the care of their children as a respected and critical part of the treatment team		

Objectives		Tasks
1 ✓	Engage the Parent Network and other parent partners to participate in developing a plan for outreach and training.	- Set up meeting with Parent Network chairs - Talk to IGT parent sub-committee - Identify various methods for information gathering -Develop and administer Parent Training Survey
2	Create a youth and family focused engagement, information and education plan.	- Outline a training plan for 2018 - Family/parent plan completed. Need to develop youth plan
Goal 4: Strengthen the workforce by implementing systematic recruitment and retention strategies at the state and local levels		
Objectives		Tasks
1 ✓	Identify Idaho's professional shortage areas as they relate to Idaho's population, demographics and service location needs.	- Completion of the BSU report - Review and prioritize recommendations
2 ✓	Evaluate local, state and national programs currently being used in Idaho for recruitment and retention related to professional shortages.	- Completion of the BSU report -Incorporate into the provider survey
3	Identify continuous workforce priorities.	- Completion of the BSU report - Annual update completed
Goal 5: Evaluate the impact of the Workforce Development and Training Plan by using the principles and strategies of TCOM and provide consistency with the YES QMIA Plan		
Objectives		Tasks
1 ✓	Implement the enhanced QMIA infrastructure identified in the QMIA Plan.	- QMIA reviews WFDT Plan
2 ✓	Establish key outcome indicators that will be tracked to assess the quality of care delivered.	- QMIA identifies data elements and report requirements
3	Begin to develop quarterly QMIA reports that address the impact of the WFDT Plan on child, youth and family outcomes, including all key decision points (i.e. screening, engagement, appropriateness, effectiveness and linkages).	- QMIA began data reporting - Continue reports from QMIA

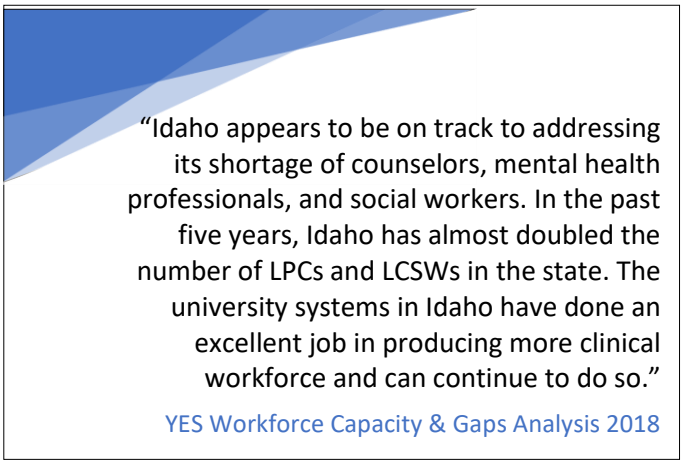
Accomplishments, Highlights & Next Steps

The WFDT Workgroup is pleased to report that several goals and objectives have been accomplished. This section discusses the accomplishments toward meeting the goals, highlights of each, and the next steps for reaching the goals and its objectives of the Plan.

Goal 1: Enhance, develop, and strengthen a workforce that is guided by the System of Care philosophy and the Principles of Care.

Objectives:

1. Boise State University (BSU) was contracted to assess the current workforce capacity to deliver services and supports to children and their families. Two reports (*YES Estimated Class Size 2018* and *YES Workforce Capacity and Gaps Analysis 2018*) have been completed and are posted on the YES website. The reports provide an assessment of the youth-focused Medicaid mental health workforce capacity, and the survey included all organizations and proprietorships that delivered Medicaid mental health services. The Division of Medicaid through Optum provided BSU with the contact information of providers in their network which was needed to administer the survey. More information about the survey can be found on the YES website under YES Workforce Capacity and Gaps Analysis 2018.



2. Recommendations for remedying gaps in the workforce (from the YES Workforce Capacity and Gaps Analysis 2018 report) include:
   a. Expand some services to evening and weekend hours (financial incentives could be explored to make this happen)
   b. Target resources for crisis services so that police and hospitals are not being utilized (also use technology when possible)
   c. Work with providers and prescribers to expand access to medication management
   d. Watch for conflict-free case management whereby case management agencies are separate from the service delivery agencies used by an individual
   e. Support providers in developing services statewide
   f. Confirm and clarify billing practices for Wraparound services
   g. Educate providers on billing codes that are available for telehealth (also on clinical documentation)
   h. Review reimbursement parameters for telehealth to expand the number of clinical professionals who can bill for telehealth services
   i. Support small behavioral health businesses in securing development training and funding to increase their ability to meet the needs of Idaho's children
   j. Call upon the Workforce Development Council (Department of Labor) to advise the Governor on investing in Idaho's workforce (Health care and social services are the top major industrial sector in Idaho and the highest in demand)
   k. Grow the field by educating and placing more Hispanic and Latino, and Indian and Native people, as well as more men.
   l. Utilize financial incentives to recruit and retain employees, and also by using more current methods of recruiting (e.g. technology and social media)
   m. Monitor U.S. Visa waiver program changes

3. One of the next steps is to develop priority areas for addressing gaps (access, capacity and competencies) to deliver Services and Supports. This will be completed when the final report from BSU is received, which should be in the fall of 2018.

In addition to the noted objectives in the Plan, a few more objectives have been added and are included as Next Steps:

4. Develop an initial plan to address access and capacity gaps. This will be achieved by adhering to and planning for BSU's recommendations.

5. Identify the core competencies needed for working with children and families and develop standards around them. The WFDT Workgroup has begun this work by researching necessary core competencies regarding Leadership and Change, Families, and Providers. A draft crosswalk of comparing the Principles of Care and the Practice Model with the core competencies was developed. This work will continue as part of the follow-up to the BSU recommendations.

6. Develop the infrastructure among partnering agencies to increase leadership competencies within the new System of Care. This is a task of the Interagency Governance Team that will be ongoing.

Goal 2: Engage Idaho's communities to effectively meet the behavioral health needs of their most vulnerable children by creating sustainable education, training and outreach.

Objectives:

1. To engage stakeholders from across the child-serving systems in the WFDT Workgroup continues to meet regularly to work on the Plan, and an ongoing schedule has been established for these meetings through 2020.

2. An initial Practice Manual Workgroup convened in March 2017and met regularly one or two times a month through November 2017. Members of the workgroup encompassed stakeholders from parents to our state partners and providers, as well as consultants to the YES Project. The Workgroup worked with Idaho State University to assist in developing of a draft Practice Manual. Although some tasks were completed, such as, a workgroup charter, developing a crosswalk of what other states have done in creating a Practice Manual, establishing a content review process and a workflow, creating a template for subject matter experts to submit content, developing scenarios to be included in the manual, and strategizing to meet the needs of all target audiences. There were a number of challenges that occurred. One such challenge was the feasibility of developing a Practice Manual before the full array of services was established and implemented. Another concern was that responsibilities for the various stakeholders and partners had not been clarified at the onset, which in turn, made it difficult to discern ownership of tasks. Instead, an *Introduction to Youth Empowerment Services* was published and can be found here. This document is considered the initial version of the Practice Manual.

   A technical writer was hired in March 2018, and the scope and a strategy for developing a finished practice manual were drafted. In May 2018, a new Practice Manual Workgroup was established with stakeholders from DBH, the Division of Medicaid, SDE,

parents and providers. A development schedule has been established (see Table 2) and the projected date for a published Practice Manual is November 2018.

Table 2: Practice Manual Workgroup Development Schedule	
Date	Task
August 31, 2018	• Identification, screening, engagement draft • Assessment, eligibility and CANS draft
September 10, 2018	• Complaints and appeals review • Supports and services draft
September 14, 2018	• Care planning draft • Transitions draft • Introductions draft
September 21, 2018	• Identification, screening, engagement review • Assessment, eligibility and CANS review
September 28, 2018	• Supports and services review • Care planning review • Introduction review • Compile manual sections into final draft, including glossary
October 5, 2018	• Transitions review • Maintenance Plan
October 12, 2018	• Final document review and usability testing
October 19, 2018	• Final document revisions
November 2, 2018	• Final PIO review and publication

3. Training and stakeholder priorities have been established and are being implemented. As the project unfolds, training and priorities continue to evolve. Numerous trainings for various target audiences have occurred and are noted in Table 3. For a list and schedule of upcoming trainings, as well as recorded training webinars, please visit the YES website Training page and the YES Calendar of Events page.

Table 3: YES Trainings	
Type of Training	Audience
Foundations of YES (included an Overview of YES, A Parent's Perspective, System of Care, Principles of Care, Practice Model, CANS, Child and Family Team (CFT), Access Model, Person-Centered Planning, Practice Manual, and Wraparound)	Optum Network, Parents/Family Members, Providers, DBH Staff, Independent Assessors and Community Stakeholders
In-depth Access Model and Person-Centered Planning trainings	DBH Clinicians

Type of Training	Audience
Child and Adolescent Needs and Strengths (CANS) assessment tool	All Stakeholders
CANS Certification	Clinical providers and interested stakeholders
CANS in Supervision	Clinical Supervisors
ICANS Technical Training	DBH staff, Independent Assessors, and other users
TCOM (Transformational Collaborative Outcomes Management) systems philosophy	All Stakeholders
Wraparound Coordinator Training and Wraparound Implementation Training	Medicaid, DBH and Developmental Disabilities (DD) Clinicians
YES (A Parent's Perspective, Overview of Settlement Agreement, DHW Policies/Procedures, Access Model, ICANS, Cultural Diversity, Motivational Interviewing, and CANS Certification)	Independent Assessors and their staff
CANS Train the Trainer	Independent Assessors
CANS Clinical Training and Respite Training	Providers
CANS, TCOM, Supervision, Treatment Planning, and CANS Certification	Optum Providers
Comprehensive Diagnostic Assessment, Skills Building, Case Consultation, Psychotherapies, Medication Management, Psychological testing, and Neuropsychological testing	Optum Providers
Children with SED and DD	DD Case Managers
Growing Up and Staying Safe, How to Access Medicaid YES Services, SED and the Juvenile Justice System, SED and Child Protective Services, and Children's Mental Health Services	Webinars for Families and Providers

Trainings were conducted in-person and/or via live webinars. CANS, Foundations and Person-Centered Planning Trainings have been recorded and can be found on the YES website, along with informational items, such as, the YES brochure, a booklet about the Overview of YES and PowerPoint slides. FAQs for a variety of training topics are in development and will be posted with online materials.

Evaluations from the DBH trainings were analyzed and the overall feedback was very positive in that the targeted audiences felt the information was important and relevant. Many participants wanted less philosophy and more operational (how-to) information, especially regarding the Person-Centered Planning training. Participants also believed they would benefit from more

practice vignettes. As for the CANS Training, participants wanted a more interactive learning experience, as well as guidance in implementing CANS with children and families of multiple cultures. These concerns are being addressed for upcoming trainings.

Other trainings that are being discussed include:

- Wraparound Coordinator Training
- A variety of YES Trainings for Juvenile Court judges and other staff
- Provider trainings throughout the state on the CANS, CANS Treatment Planning, CANS Supervision, CANS Trainer, CANS Data Reports and TCOM for Administrators
- Trainings on Principles of Care and the Practice Model in Action for DBH clinical staff and providers
- Webinars on Getting Started with YES for families
- Optum's YES Navigation Series (part 1) for providers

Another type of training that has been implemented is coaching calls for DBH clinicians regarding Wraparound and Person-Centered Planning implementation and support. These calls will continue on an ongoing-basis and more will be added as needed.

4. This document is the second Annual WFDT Plan Update per Objective 4 expectations.

Additional objectives have been added to the Plan:

5. An initial curriculum, called YES Foundations, has been developed and used to provide core training to providers, stakeholders and families. See Table 3 for content of the Foundations training and the YES website Training page for the archived videos of each portion of the training.

6. Plans for providing trainings for providers, stakeholders and family members have been developed and implemented. Some of these have been mentioned in Goal 1, and ongoing trainings can be found on the YES website Training page as well as the YES Calendar of Events page. Trainings for youth are in development. (See Goal 3 for more information regarding youth.) A variety of trainings continue to be implemented as more services are rolled out and the need arises.

7. Technology is being used to provide access to education and training (e.g. GoToMeeting, WebEx, YouTube Channels, the YES website and the Department's internal learning management system, the Learning Hub.)

Next steps:

- Although some initial steps have been completed to provide outreach to employees of the Juvenile Justice system (e.g. "YES Basics" to Idaho Juvenile Justice Association, and to Idaho Defense Attorneys and Prosecuting Attorneys), a panel discussion for Juvenile Court Judges is scheduled. Based on feedback from these events, training and education opportunities will be developed to reach law enforcement, school resource officers, and Juvenile Probation staff. The intention is to archive these recorded trainings on the YES website for viewing at any time.
- Create additional infrastructure to provide ongoing education, training, coaching and mentoring to providers and stakeholders.
- Identify effective leadership curricula and programs to develop new training resources to address existing gaps in leadership.

- Increase support for formal leadership development for current and emerging leaders in all segments of the workforce**.**

Goal 3: Provide support and information to help families engage with the system, participate in meetings, and direct the care of their children as a respected and critical part of the treatment team.

Objectives:

1. The Parent Network (PN) and other parent partners have been engaged in the YES system of care since October 2016. The PN, although initially convened by the Department, is a separate group of parents from all regions of the state with the vision of "promoting a children's mental health care system in Idaho where parents are viewed as valuable experts on their children, and treated as full and supported partners while having access to appropriate community based mental health care services and supports." Their mission is to educate families about the YES system of care, gather input and feedback from families, provide parent voice to the state during YES implementation, monitor access to services across the state, and attend and coordinate training opportunities for PN members that will increase their knowledge of best practices in children's mental health care and provide ways to assist families in supporting each other. The Department provides support to the Parent Network's annual workshop and has recently released a Request for Proposal (RFP) to obtain proposals for a contractor who will provide family and youth education, involvement opportunities, support, advocacy, training and outreach to families of children with SED statewide. (This contract will be called the *Family and Youth Involvement and Support* contract or FYIS). The contractor will build a program to support and sustain family and youth involvement at all levels of the YES program. PN parents and others continue to participate in outreach and training plans.

2. To create a family focused engagement, information and education plan, a Parent Survey was developed and was available for a month to parents across the state to inform DBH of the methods in which they prefer to be trained. The survey was made available online, through our partners and via email, social media, websites, and newsletters. Paper copies were offered, as well. For the complete report, see the Parent Survey Analysis online. An analysis of the 65 survey respondents revealed that respondents were overwhelmingly from the Treasure Valley, with 58.5% of respondents from Ada and Canyon Counties alone. This suggests the results could be biased and may not accurately represent the opinions of the whole state. Email (29.2%) and social media (26.2%) were the most common ways respondents reported hearing about the survey. A little over a half of respondents (50.8%) were not aware of Idaho's new children's mental health system of care known as Youth Empowerment Services (YES) and several expressed that though they were aware of it, they would like to know more. The majority (84.6%) of respondents had not attended a YES Foundations Training in which an overview of the system was presented. The most common choice for the way respondents would like to learn or receive training about YES was through face-to-face interactions: a one-on-one discussion with an appropriate member of their child's treatment team (53.9%), and in-person training with a question-and-answer section (49.2%). Overwhelmingly, respondents were interested in what services are available for their child now (89.2%), and what new services look like (81.5%). Respondents also expressed interest in learning more about what they can expect from the YES system and services, becoming eligible for YES, and the assessment process.

Most respondents (86.2%) expressed their likelihood to participate in trainings and education if they were offered as one-on-one discussion with an appropriate team member of their child's treatment team. However, all training modalities were reasonably popular, with over 50% of respondents saying they would be likely or highly likely to participate in webinars, in-person training, and panel discussions. Respondents were likely to report needing evening options (55.4%) and/or child care (52.3%) to participate in educational opportunities and trainings. The most effective way of receiving information about education and training was via email (81.5%). More than half of respondents also reported that direct mail is an effective option (53.9%). Most respondents (67.7%) reported that they would be interested in pursuing a Parent Support leadership role if given the appropriate training; however, just 34.1% of the respondents expressed interest in leadership training in a previous question.

Another pathway for parents to gain information about YES, learn how to become engaged with the system, and learn how to direct the care of their children as a treatment team member has been through the collaboration DBH has with the Idaho Federation of Families for Children's Mental Health (IFFCMH). IFFCMH has held and continues to hold monthly webinars for parents, such as *Insurance: Which One, What Services, Questions You Need to Ask*; *Being a Parent of a Kid with SED*; *What to Expect with Coordination of Care*; and *Principles of Care*. A complete list of past and future webinars can be found here: YES website Training page.

For youth training with a youth focus, the Boise chapter of Youth M.O.V.E. (Youth Motivating Others Through Voices of Experience) that is affiliated with the Idaho Federation of Families for Children's Mental Health (IFFCMH) has been engaged since July 2017 to assist with developing YES trainings for youth ages 14 up to 18. Regular meetings with Youth M.O.V.E. members have been held and their ideas for youth trainings were solicited.

Youth Training Summary

A. Two types of youth training are desired:

1. Training for youth 'Ambassadors' or 'Champions', like Youth M.O.V.E. (Youth involved in advocacy, interested in contributing to YES work):
   - Youth M.O.V.E. members would like to be able to attend the YES Foundations training. They were very interested in the PowerPoint slides but feel they would not be as engaged if they were viewing it via a webinar.
   - Suggestions for in-person training with youth:
     - Build-in time for several breaks, as well as time for youth to interrupt training as much as necessary when clarification is needed or when they have questions. This will help shape future trainings as we understand what content needs clarified and what delivery methods work best.
     - Weekends are the best time for trainings.
     - Transportation and breaks are needed.
     - Provide food and snacks.
     - Offer things on the tables that youth can 'play with' to keep their hands busy, such as silly putty while they are listening.
   - This training should be provided as an orientation for youth who want to become involved in project development, and it should be available to other youths who are looking to learn about YES.

2. Education/training for youth who are newly diagnosed, browsing the YES website before talking to anyone about their concerns, or just looking for information:
    - Ten-minute videos that are topic-specific; one topic per video. Youth want to be able to access exactly what they want, when they want.
    - Examples of the style of video that would engage youth: 'Game theory' style or Psych2go format
    - The youth do not believe that they would respond better to a peer or young adult presenter over an adult presenter, unless the person presenting was an expert. They appreciate a presenter who can be mature and professional, and can weave practical application and jokes throughout the presentation. A youth co-presenter may be helpful; however, they cautioned that if they sense the adult overpowering or not respecting the youth co-presenter's voice, they would lose interest.

B. Other potential YES/mental health related topics youth would like to see covered in a training:

1. What do I need to know if I am feeling like I may have a mental health concern?
    - Walking through a complete scenario of a youth deciding to talk to someone, accessing the system, and what a MH assessment could look like for them
    - How to participate in treatment planning
    - How to participate in meetings
    - Science, background on mental illnesses, educational videos on common diagnoses
    - Self-help and self-care
    - Who will know if I receive counseling/other mental health services?
    - What if I don't like my service/provider?
    - Life after diagnosis: hope, successful people who have diagnoses, etc.

2. What I wish I had known and thoughts I had before and after I was diagnosed:
    - How common is a mental health issue?
    - I am not a demon and/or bad person.
    - There is hope.
    - Why am I being punished by my family, friends, and caregivers?
    - Why is everyone minimizing my symptoms?
    - Why do I have to act okay?
    - What are "normal" behaviors, thoughts, and feelings?
    - How can I handle the emotions I have?
    - Why don't my parents believe me?

3. The best way to communicate with youth about upcoming trainings and new educational materials is through social media.

Next steps for engaging and supporting families in the system of care include:

- Awarding the new FYIS contract and monitoring it
- Focus on youth trainings
- Create opportunities for family members and youth to engage in leadership training followed by assuming leadership roles
- Continue working with parent and family advocate partners to develop and implement communications and trainings for parents and youth in all child-serving systems

Goal 4: Strengthen the workforce by implementing systematic recruitment and retention strategies at the state and local levels

Objectives:

1. The BSU report, *Idaho Youth Empowerment Services (YES) Workforce Capacity and Gaps Analysis*, identifies Idaho's professional shortage areas as they relate to Idaho's population, demographics and service location needs. The method used in the research was a survey administered to Idaho's Medicaid mental health providers, the analysis used "well-established weighting class adjustment methods to compensate for survey nonresponse and to generate population estimates of the total number of youth mental health service providers of various types in Idaho…, the total number of youth who received select evidence-based practices (EBPs) in the State, and other workforce and service system characteristics." (p.3). The report represents a point-in-time workforce capacity and gaps analysis, as well as estimates, and therefore, recognizes that other providers outside of the Medicaid system also deliver mental health services to youth even though they were not included in the survey for access reasons.

   The overall findings of the "analysis indicate that an estimated 3,603 mental health professionals currently deliver mental health services to 27,411 Idaho youth and their families in Idaho's Medicaid-funded mental health system." (p.19).
   - Currently, an estimated 3,603 mental health professionals deliver services to 27,411 Idaho youth and their families in Idaho's Medicaid-funded mental health system.
   - The workforce is projected to require an increase of approximately 16% to 30% of mental health professionals to provide services and supports to all youth with SED.
   - There are "significant gaps in workforce training and preparedness related to [EBPs] and the new community-based YES service array… as well as maldistribution of mental health providers for youth across Idaho's geographic areas." (p.19).
   - All Idaho counties fall within the Health Professional Shortage Areas for mental health professionals (31 of Idaho's 44 counties are above the national median on unmet need for mental health professionals). (p.19).

   Specific findings around mental health workforce capacity found that all levels of staff were not distributed proportionate to the needs of youth in the geographic areas of the state:
   - Specialty prescribers (psychiatrists and advanced nurse practitioners) for youth in Idaho are not distributed proportionate to youth need. Region 5 had a very low number of prescribers relative to the number of youth, whereas Regions 6 and 7 had a disproportionately high number of prescribers relative to youth need. (p.7)
   - Mental health clinicians (master's-level) "for youth are not distributed proportionate to youth need in Idaho... Regions 3, 4 and 6 had a higher-than-expected number of clinicians relative to youth need, whereas Regions 1 and 2 had slightly fewer than expected clinicians and Region 5 had the largest deficit clinicians relative to youth need." (p.9)
   - Bachelor's-level staff were not distributed proportionately. CBRS staff are concentrated in the eastern regions of the state (Regions 6 and 7), whereas case management staff were disproportionately represented in Regions 3, 4, 6 and 7.
   - The analysis combined Certified Peer Support Specialists (CPSSs) and Certified Family Support Partners (CFSPs) and shows that the "northern and eastern

areas of the state had higher than expected counts of peer support staff while Region 5 had an especially low count of peer support staff." (p.11). In Idaho, CPSSs do not work with people under the age of 18 and therefore it is not clear if these results hold true for CFSPs who work with families of children living with SED.

- The ten EBPs studied in the analysis include:
  - Cognitive Behavioral Therapy (CBT),
  - Trauma Focused CBT,
  - Home and Community-Based Services,
  - Person-Centered Planning,
  - Parenting with Love and Limits,
  - Eye Movement Desensitization and Reprocessing (EMDR),
  - Multisystemic Therapy (MST),
  - Parent-Child Interaction Therapy (PCIT),
  - Incredible Years, and
  - Triple P (Positive Parenting Program).
- Providers of these practices were not distributed across the State proportionate to youth need and the numbers were quite low. (p.12). Regions 1 and 2 had the highest concentrations of providers trained in the 10 EBPs with Region 5 holding the lowest number of providers. Regarding Wraparound services, Regions 1 and 2 had the highest youth-to-provider ratio indicating a need to develop Wraparound training and services in this area.
- The YES transformation will require significant re-training of the existing workforce and task shifting to meet the requirements of the Settlement Agreement. Use of the Practice Manual and the CANS will assist with these activities.
- The workforce gaps will be larger if the entire population of Idaho youth with mental disorders is included in estimating the need for services.

2. The same BSU report, ***Idaho Youth Empowerment Services (YES) Workforce Capacity and Gaps Analysis***, evaluated local, state and national programs for recruitment and retention activities related to professional shortages. Recommendations were made and include:
   - Provide training with a sustainable, value-added approach built around credentialing.
   - Partner with institutions of higher education to develop curriculum materials and certificate programs that meet the needs for YES.
   - Provide training in practice management and billing to providers.
   - Create services that are reimbursable.
   - Provide frequent low-cost trainings for evidence-based practices that are offered locally to providers statewide prioritizing low-penetration areas.
   - Reduce the geographic maldistribution of providers for youth by supporting training sites in underserved areas such as Region 5, sponsoring internships for master's level clinical students, reimbursing providers in underserved areas for supervising and training graduate students, providing paid internships to graduate students in rural and underserved areas, providing targeted financial aid to mental health professionals in underserved areas (e.g. loan repayment programs, tax incentives, tuition and stipend programs linked to years of service), and providing distance education programs.
   - Leverage federal workforce development funds to increase the workforce.

- Create an Idaho behavioral health workforce incentive program (e.g. loan repayment, tax credits, tuition and stipend programs) to professionals who deliver YES services in targeted areas of the State for a specified period of time.
- Incentivize clinical training sites in targeted areas to train graduate student interns and trainees in YES service delivery models.
- Increase the non-profit behavioral health workforce by obtaining federal grants and contracts that directly deliver community-based services to youth.
- Expand the workforce by increasing funds to CFSP training and supervision, and by exploring service integration with schools, juvenile justice, etc.
- Regularly confirm the competitiveness of reimbursement rates for services to increase retention of staff, and include the for-profit provider business sector.
- 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.
- Implement a robust, standardized workforce data-collection process that provides timely and useful data that is available for planning.
- Develop sustainable methods of assessing youth need/demand for mental health professionals.
- Develop an estimate of projected changes in the supply and demand for YES services to further aid in workforce planning.
- Partner with other Idaho agencies, such as the Idaho Department of Labor to inform workforce development.

3. The WFDT Workgroup has begun identifying priorities from the BSU report that will enhance and strengthen the workforce and aid in recruitment and retention of the workforce. This work will continue and be reported on in the 2019 Annual Update.

Next Steps in strengthening the workforce:

1. Plan strategies per the BSU findings within all YES workgroups and committees to improve recruitment, retention and trainings.
2. Utilize core competency research findings to employ strategies for training, recruitment and retention.

Goal 5: Evaluate the impact of the Workforce Development and Training Plan by using the principles and strategies of TCOM and provide consistency with the YES QMIA Plan

Objectives:

1. The Quality Management Improvement and Accountability (QMIA) structure has been identified and is in place. Quarterly and annual reports are delivered for the project and posted on the YES Reports and Updates page. QMIA provides quality assurance to the WFDT Workgroup by evaluating the WFDT Plan over time for adherence to the Jeff D. Settlement Agreement and to adjust the Plan for system improvement.

2. Key outcome indicators have been established and will be tracked to assess the quality of care delivered. The impact of the WFDT Plan has been evaluated using the principles and strategies of TCOM and guided under the QMIA Plan. The WFDT Plan is also monitored by the QMIA Council on the progress of meeting the goals, objectives, tasks and timelines.

Key Quality Performance Management Indicators have been organized into the following categories:

a) Process: Interactions between children, youth and families and providers, this includes diagnosis, treatment, and the quality of care delivered.

b) Child, Youth and Family Outcomes: The effects of mental health care on children, youth and families.

c) System Impact: The context in which care is delivered.

Each of the key Quality Performance Management Indicators have been used to identify specific workforce development and training outcomes as outlined in Goal 5 of the WFDT Plan. Identification of these outcome measures will continue throughout the three phases of the WFDT Plan.

The WFDT Workgroup reviews the plan during their meetings to assure that the plan is followed and is adequate to meet the needs of the developing system of care. The Plan will be formally evaluated every two years, beginning July 2018.

Challenges in evaluating the Plan:

- Identifying the appropriate resources to evaluate the plan as the plan covers a variety of systems and stakeholders statewide.
- Using data and outcomes about the results and impact of the Plan.

Next Steps in evaluating the impact of the WFDT Plan:

1. Develop quarterly QMIA reports that address the impact of the WFDT Plan on child, youth and family outcomes, including all key decision points (i.e. screening, engagement, appropriateness, effectiveness and linkages).
2. Create a plan for evaluation of the WFDT Plan which includes timelines, resources, and a protocol.
3. Work with Praed and Portland State University to develop protocols and utilize the TCOM Model in the evaluation process.

Snapshot of Action Plan

Table 4 shows a snapshot of the actions needed to continue the work of the WFDT Workgroup and the WFDT Plan for the next 12 to 18 months.

Table 4: WFDT Action Plan	
Goal 1: Enhance, develop, and strengthen a workforce that is guided by the System of Care philosophy and the Principles of Care.	
Task	Responsible Parties
• Develop priority areas for addressing gaps (access and capacity) in the delivery of Services and Supports.	-BSU recommendations will be reviewed and prioritized by the WFDT Workgroup and QMIA
• Identify the Core Competencies needed for working with children and families who will be working within the new System of Care and develop a	-WFDT Workgroup and QMIA

plan for writing and implementing standards.	
• Identify core leadership competencies needed to lead in the System of Care.	-WFDT Workgroup and QMIA
• Develop the infrastructure among partnering agencies to increase leadership competencies within the new System of Care	-WFDT Workgroup Lead to consult with IGT
Goal 2: Engage Idaho's communities to effectively meet the behavioral health needs of their most vulnerable children by creating sustainable education, training and outreach.	
Task	Responsible Parties
• Outreach to Juvenile Justice system for education and training opportunities.	-DBH's Operations Unit will lead outreach efforts and work with Training Specialist and other stakeholders to develop trainings
• Identify effective leadership curricula and programs to develop new training resources to address existing gaps in leadership.	-WFDT Workgroup and QMIA -IGT
• Increase support for formal leadership development for current and emerging leaders in all segments of the workforce**.**	-IGT
• Create additional infrastructure to provide ongoing education, training, coaching and mentoring to providers and stakeholders.	-IGT
Goal 3: Provide support and information to help families engage with the system, participate in meetings, and direct the care of their children as a respected and critical part of the treatment team.	
Task	Responsible Parties
• Awarding the new FYIS contract and monitoring it	-DBH's Policy Unit will monitor the contract
• Focus on youth trainings	-FYIS Contract Monitor and Training Specialist
• Create opportunities for family members and youth to engage in leadership training followed by assuming leadership roles	-FYIS Contract Monitor and Training Specialist
• Continue working with parent and family advocate partners to develop and implement communications and trainings for parents and youth in all child-serving systems	-FYIS Contract Monitor and Training Specialist
Goal 4: Strengthen the workforce by implementing systematic recruitment and retention strategies at the state and local levels	

Task	Responsible Parties
• Per the BSU findings, plan strategies within all YES workgroups and committees to improve recruitment, retention and trainings.	-WFDT Workgroup and QMIA
• Utilize core competency research findings to employ strategies for training, recruitment and retention.	-WFDT Workgroup and QMIA
Goal 5: Evaluate the impact of the Workforce Development and Training Plan by using the principles and strategies of TCOM and provide consistency with the YES QMIA Plan	
Task	Responsible Parties
• Begin to develop quarterly QMIA reports that address the impact of the WFDT Plan on child, youth and family outcomes, including all key decision points (i.e. screening, engagement, appropriateness, effectiveness and linkages).	-QMIA
• Create a plan for evaluation of the WFDT Plan which includes timelines, resources, and a protocol.	-QMIA
• Work with Praed and Portland State University to develop protocols and utilize the TCOM Model in the evaluation process.	-QMIA

Links to Resources

- **Idaho Parent Network:** http://idahoparentnetwork.org/
- **Optum Idaho's YES Trainings:** https://www.optumidaho.com/content/ops-optidaho/idaho/en/providers/trainings.html
- **Parent YES Training Survey Analysis 2018:** https://youthempowermentservices.idaho.gov/Portals/105/Documents/ParentYESTrainingSurveyAnalysis.pdf
- **Youth Empowerment Services (YES) Website:** https://youthempowermentservices.idaho.gov/
- **YES Training Page:** https://youthempowermentservices.idaho.gov/Youth/ResourcesandTraining/YESTraining/tabid/4256/Default.aspx