IDAHO DEPARTMENT OF HEALTH & WELFARE

Youth Empowerment Services: Children's Mental Health Reform Project

Project Plan

Youth Empowerment Services

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Sponsors and Leadership

Role	Name
Executive Sponsor	Ross Edmunds, Division of Behavioral Health (DBH)
Division Sponsors	Ross Edmunds, DBH Matt Wimmer, Division of Medicaid
Business Sponsor	Jamie Teeter, DBH

Legislative Involvement *The project will require the Executive Sponsor to work closely with legislators keeping them informed of the changes that may require updates to IDAPA or Statute and funding needs. Legislators from the following areas will be included:*
Idaho House of Representatives: Health & Welfare Committee
Idaho Senate: Health & Welfare Committee
Joint Finance Appropriations Committee
Idaho Health Care Task Force
Idaho Behavioral Health Cooperative, Behavioral Health Subcommittee

Project Leadership	
Lead Project Manager	Pat Martelle, DBH
Project Manager	Klaus Hermann, DBH

Jeff D. Class Action Lawsuit Overview

In August 1980, the Jeff D. Class Members, children who had or could be diagnosed with a serious emotional disturbance (SED), commenced a lawsuit against the state of Idaho, including 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 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.

In 2013, under the direction of the Court, representatives of parties and stakeholders negotiated 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 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 was 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. The full text of the Settlement Agreement and the Idaho Implementation Plan can be found at yes.idaho.gov.

Project Overview

The Youth Empowerment Services: Children's Mental Health Reform Project (YES: CMHR Project) was initiated to operationalize the Idaho Implementation Plan. By focusing on the development of a new system of care for children and youth with SED the state expects primarily to build a transformational process across specific child-serving entities that will eventually result in better outcomes for the families that access it. Through this achievement the state intends to substantially satisfy the terms of the Settlement Agreement. Some terminology used in this plan is defined in the Glossary.

Project Mission

To develop and implement a sustainable, accessible, comprehensive, and coordinated behavioral health service delivery system with functional interfaces across multiple child-serving agencies for publicly-funded community-based mental health services to children and youth with serious emotional disturbance resulting in fulfillment of exit and sustainability criteria as defined in the Settlement Agreement.

Strategic Alignment

This project aligns with the following elements and goals from the IDHW's 2017-2021 Strategic Plan:

Vision

Provide leadership for development and implementation of a sustainable, integrated health and human services system

Mission

To promote and protect the health and safety of Idahoans

Goal #1 - Improve the health status of Idahoans.

- Objective #1: Transform Idaho's health care delivery system to improve Idaho's health and increase value.

Goals of Project

The goals of this project are to develop, implement, and sustain a family-driven, coordinated, and comprehensive children's mental health service delivery system that:

a. Identifies and screens children/youth with unmet mental health needs and links them to appropriate care according to a consistent statewide procedure, regardless of entry point or referral source;
b. Provides individualized services to children/youth with SED consistent with the Principles of Care
c. Communicates with children/youth and their families about the nature and purposes of services and how to access them;
d. Delivers a continuum of care that emphasizes high quality community-based services and supports in sufficient intensity and scope in the least restrictive environment appropriate to meet children/youths' individual needs;
e. Coordinates delivery of mental health services among departments and agencies serving children/youth with SED in order to reduce fragmentation of services for this population;
f. Measures and communicates treatment outcomes and system performance in order to improve quality care and increase accountability to children/youth, their families, and stakeholders;

g. Supports engagement and involvement of children/youth and their families throughout the system of care, including treatment planning as well as system improvement and planning efforts;

h. Develops the workforce and infrastructure necessary to meet the need for availability and access to services and supports and provide for education, training, and ongoing coaching of providers, children/youth with SED, their families, and other stakeholders as applied to the system of care and its implementation;

i. Builds on existing strengths of the children's mental health system and uses state resources efficiently;

j. Fully accessing Medicaid and other federal funds and maximizing opportunities for children/youth serving agencies to participate in braided funding of common services;

k. Maintains a collaborative governance structure that includes partner agencies, youth with SED, their families, and other stakeholders;

l. Affords due process to children/youth; and

m. Leads to improved outcomes for children/youth and their families in order to keep children/youth safe, in their own homes, and in school; to minimize hospitalizations and out-of-home placements; to reduce potential risks to their families; to avoid delinquency and commitment to the juvenile justice system in order to receive mental health services; to correct or ameliorate mental illness, reduce mental disability, and to restore functioning.

Key Success Factors

a. Develop and maintain a plan with measurable and achievable project activities or deliverables;

b. Participation and partnership with youth, families and other key stakeholders;

c. Implementation of a transformative and coordinated system of care that is characterized by:

- culturally and linguistically competent agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve;
- facilitation to access and use of appropriate services and supports and elimination of disparities in care;
- individualized treatment in the home or community;
- youth-focused;
- family- centered; and
- strengths and needs based with cross-system coordination.

d. Effective and efficient use and leveraging of resources necessary for successful implementation and sustainability;

e. Communication objectives (as per the Communication Plan) are achieved at all stages of the project;

f. Achievement of the goals, objectives and requirements of the Jeff D. Settlement Agreement and Idaho Implementation Plan as approved by the Court.

Scope

Scope refers to defining what work is required in the Project and subsequently managing the work effort so that it does not go beyond what is specifically required.

In Scope:

- Fully implementing the Jeff D. Settlement Agreement and Idaho Implementation Plan consistent with their terms, conditions and timelines such that the state fully satisfies the exit and sustainability criteria.
- Class membership: Idaho residents with a Serious Emotional Disturbance (SED) who are eligible under the Settlement Agreement for services and supports provided or arranged by the state and:
    - are under the age of eighteen (18);
    - 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; and
    - 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.
- Any child or youth with unmet mental health needs is eligible for screening and assessment services that include a referral process.
- Medicaid funding to support access to services for class members including:
    - Modifications to 1915i Waiver to increase Medicaid eligibility for delivery of Medicaid services to class members up to 300% FPL.
    - IDHW administrative and state legislative process for obtaining enhanced funding for eligibility and implementation and reimbursement of services in Appendix C of the Settlement Agreement.
    - Psychiatric Residential Treatment (PRT) to be added to State Plan.
    - Independent Assessor contract and processes for determining class membership of non-Medicaid eligible children.
- Medicaid and managed care contractor (MCO) for Idaho Behavioral Health Plan (IBHP)-- modifications to existing contract and/or development of new contract as needed to support system of care for children/youth and their families including:
    - Requirements for access to services, reporting and quality assurance monitoring;
    - Revisions to service definitions;
    - Provider types and specialties;
    - Allowable procedure codes;
    - Allowable reimbursement;
    - Per member per month payment to MCO vendor;
    - Complaint tracking, due process and quality assurance;
    - Provider training.
- Procurement and execution of contract for an independent assessor and for processes for determining class membership of non-Medicaid eligible children/youth.

- Development and implementation of Child and Adolescent Needs & Strengths (CANS), a state- and system-wide standardized tool for measuring functional impairment, communicating about the child/youth's needs and strengths, and a treatment planning tool for the Child and Family Team; also intended to be used in the screening and identification process of all children/youth with unmet mental health needs in Idaho; CANS implementation includes:
    - a checklist, screening tool and Idaho CANS (iCANS) manual and automated tools;
    - CANS training in use of the tool and use of automated system;
    - CANS tool maintenance, Help Desk, monitoring;
    - Data capture, integration and reporting.
- Governance and interagency integrated communications regarding children/youth with SED, including cross-system:
    - Continuum of Care
    - Access Model
    - CANS tools
    - Communication Plan
    - Stakeholder Action Plan
    - Complaint system
    - Due process
    - Quality Assurance processes and tools
    - System of Care sustainability plan and processes.

- Implementation and maintenance of Idaho Behavioral Health Authority Standards of Care, Principles of Care and Practice Model, and Access Model, including:
    - Processes and systems to support implementation and maintenance of the system of care;
    - Workforce Development Plan operationalized to support system of care (including training curricula);
    - Statewide implementation of the Child and Family Team approach to treatment planning, treatment monitoring and treatment adjustment.
- Systems and operational changes to support the system of care from eligibility/access to quality assurance and reporting, including:
    - IDHW: Behavioral Health, Medicaid, Welfare, Family and Community Services, Developmental Disabilities ;
    - IDJC: detention and correctional processes and facilities;
    - SDE: districts and school processes ;
    - Related vendor contractors: Medicaid managed care organization, other.
- Reporting and processes to support Quality Management Improvement and Accountability (QMAI) Plan.
- Exit or transition to or from Class Membership.

Out of Scope

- Services provided to class members on an involuntary basis, such as services provided involuntarily to class members in the custody of the state or those services required by a Court Order.

- Development of a treatment planning tool other than the CANS.

- YES services to Idahoans who are younger than 18 and who do not meet the criteria for class membership.
- Residential treatment centers for the only purpose of substance use disorder services.
- Integration with other payers in Idaho, including commercial insurance carriers.

Assumptions and Constraints

The Project Plan is based in part on the below listed assumptions and constraints. For planning purposes assumptions are factors or situations that are considered to be true, real, or certain without proof or demonstration. Assumptions generally involve a degree of risk. Constraints are restrictions or limitations, either internal or external to the project, which will affect the performance of the project.

Assumptions

- The understanding of all parties to the Jeff D. class action lawsuit is that the work of the Project is being undertaken in order to deliver a publically-funded new system of care for children/youth in Idaho with serious emotional disturbance. The new system of care will operate as a transformative process for children, youth and their families who seek to access the services in this system.

- The Youth Empowerment Services: Children's Mental Health Reform Project (YES: CMHR Project) will be executed through a phased approach. The phased approach includes high-level plan and timeline for delivery of products and processes to fulfil the terms of the Settlement Agreement as envisioned through the Project plan.

- The Project plan is subject to revisions based on ongoing stakeholder input and discovery. All changes to the Project plan will follow a structured change management process as outlined in the Change Management section of this document.

- Youth and families are invited and supported to participate at all levels in the planning, implementation and operations processes.

- Resources from IDHW will be available throughout the term of the project for planning and implementation and to provide administration of the operations as each phase is implemented. The Division of Medicaid, Division of Family and Community Services, SDE, and IDJC will engage and participate as partners with DBH to achieve the goals of the Project Plan, fulfil the strategies listed in the Idaho Implementation Plan and satisfy the terms of the Settlement Agreement.

- Appendices A and B of the Settlement Agreement are the source for the Principles of Care, the Practice Model and the Access Model, based on the Substance Abuse and Mental Health Services Administration (SAMHSA) system of care principles (http://www.tapartnership.org/SOC/SOCvalues.php).

- Associated rule changes, statute changes, and system updates will be identified and acted upon consistent with the legislative cycles.

- The work of the project will be completed through a workgroup model of action led by DBH Program Managers with the input from the governance structure of the Project, the Interagency Governance Team (IGT), and other identified stakeholders.

- The Medicaid benefits under Early Periodic Screening, Diagnosis and Treatment (EPSDT) are allocated consistent with the Access Model.

- The elements and parameters of this Project plan will be steadily broadened and refined to reflect on-going stakeholder input and to include increasing levels of detail and timeframes as they are identified.

Constraints

- This Project plan was derived from legal documents (the Jeff D. Settlement Agreement and the Idaho Implementation Plan) describing the commitments and outcomes the partners to the lawsuit must fulfil in order to meet the terms necessary for the eventual resolution of the Jeff D. class action lawsuit. The test of whether the exit criteria of the Project are met is a court determination rather than the state's determination.

- Quality of products and processes developed within the scope of the Project can be affected by the short timelines specified in the Idaho Implementation Plan.

- Acquisition of key project resources is subject to the existing operational schedule of the state's infrastructure (budget cycles, legislative sessions, contracting processes, civil service human resource processes); therefore, timely acquisition of resources may be impacted.

- Since Idaho is designated by the Health Resources and Services Administration (HRSA) as a professional shortage area for both primary care and mental health services the state recognizes that workforce development issues present significant challenges.

- Business processes across state systems and communities in Idaho may be duplicative or contradictory.

- Various requirements for use of federal and state funds will dictate the options available to the state to finance the development of the new system of care.

- Partner agencies do not operate a common data collection system nor do the agencies all track data in a coordinated approach.

Strategy \ Approach

For the purposes of this Project, the Project plan, the court-approved Idaho Implementation Plan, and the Jeff D. Settlement Agreement will be used as guiding documents to ensure the end result of the project meets all requirements identified in those documents.

Partners

- The Project is led by DBH in partnership with IDJC, SDE, Division of Medicaid, Division of Family and Community Services and Division of Welfare.
- Of highest importance to the project is the involvement of youth and parents and other community stakeholders. Such input is actively sought at all levels and stages in planning, implementation and operations of the system of care. DBH supports youth and parents involvement in the planning, development and operations of the new children's system of care through:
    - provision of interactive features on the dedicated website;

- widespread solicitation through public speaking for community involvement in the project;
- active communication with Regional Behavioral Health Boards and the Behavioral Health State Planning Council that are representative of the various communities around Idaho;
- provision of technical support for the development of a Parents' Network that:
  - serves as a resource for the various Children's Mental Health Subcommittees of the Regional Behavioral Health Boards;
  - provides parent/family perspective to the Project as the new system of care is planned, implemented and operated;
  - serves as an information hub for parents across the state;
  - provides an educational avenue and support to parents/families of children with SED;
  - is anticipated to include parent representatives from all regions across the state.

- Family advocacy organizations play a pivotal role in supporting children/youth with SED and their families through organizing workshops and recruiting and working with a diverse representation of parents, including from rural and frontier counties/regions of the state.

Management Level Leadership: Project and Program

- DBH central office program managers lead the work of various components of the Project Plan in a coordinated approach for managing scope and establishing effective communication protocols for maximizing efficient use of state resources. DBH program managers work with their assigned staff to accomplish the work. These program staff update the project managers on the status of their tasks and any risks, issues or barriers related to getting the work done.

- The YES project managers create and manage a schedule of tasks and an associated timeline for completing the work of the project. This is used to drive the work and track progress for management and reporting.

- The lead project manager maintains oversight and coordination of the project, and escalates and mitigates issues as needed to ensure that work tasks are completed.

Strategy: Organize by Objectives

The strategy for leading, organizing and ensuring the completion of deliverables will be organized by objectives, as chiefly defined in the Idaho Implementation Plan.

- Each objective from the Idaho Implementation Plan will have an assigned Lead and a Project Manager as well as assigned resources based on the work involved in accomplishing the objective.
- The Project team will define additional objectives as necessary in order to meet the requirements in the Settlement Agreement.

Approach

- The approach to getting the work done is based on the workgroup model of action. The Project team will establish workgroups, committees and teams as specified in the Idaho Implementation Plan and additionally as needed.

Youth Empowerment Services

- The composition of the workgroups is intended to represent the mix of subject matter experts, parents, youth, advocates, providers and other stakeholders whose input is needed to accurately inform the work of the group. The products and processes developed by the workgroups are provided to the IGT for them to complete their responsibility of providing an advisory role over the project to ensure all the commitments and outcomes listed in the Settlement Agreement are achieved.

Communication: Designed and Managed through a Communication Plan that includes the following features (additional features to be included in final product, January, 2017):

Internal:

- Partners to the Project, including plaintiffs and their counsel, meet regularly to address the project planning that is underway.
- The YES project team maintains a SharePoint site for the overall Project and subprojects that contain all documentation related to activities of the Project including planning documentation, status reporting, issue and risk documents and other items as determined.
- All project team members have access to this documentation that allows for a coordinated approach to getting the work done.
- Lead project manager meets with program managers and project managers weekly to ensure communication protocols are being effectively used, efforts are coordinated and outcomes are on schedule.

External:

- The project team maintains a YES website dedicated to the work of the Project.
- The website communicates regular status reports, documentation and provides other informational resources about the planning of the project.
- Public speaking, community meetings, health fairs, professional association meetings, community events, are all included in the scope of outreach activities in the planning.

Stakeholders

The following stakeholders have been identified as people or groups that will be impacted by the YES project.

Name	Role	Additional Stakeholder Information
Governor of the State of Idaho	Chief Stakeholder and party to the lawsuit; Executive branch of government: oversees state agencies that are partners to the lawsuit.	The Governor's office and IDHW are in routine communication regarding the status of the project.
Idaho Legislature	Legislative branch of government that oversees the state's promulgation of rules and the state's budgetary allocations.	Completion of specific project tasks is driven by the legislative cycles and the legislature's support of the Project.
Idaho Department of Health & Welfare (IDHW)	Party to the lawsuit.	Multiple divisions are performing the work of the Project.
IDHW-Division of Behavioral Health	Lead agency for the Project and for ensuring the state complies with the	Assigns a Project Manager and team to lead the collaborative and transformation process and to

Name	Role	Additional Stakeholder Information
	Settlement Agreement.	produce the work of the project plan; provides leadership, technical assistance and participation in the workgroups and committees of the Project.
IDHW-Division of Medicaid	Chief payer of services and supports in the new system of care; partner with DBH, FACS, IDJC and SDE for the planning, implementation and operations of the new children's system of care .	Develops waiver(s), state plan amendments and contracts to establish administration and funding for services and supports; participates in Implementation and workgroups as well as teams and committees.
IDHW-Division of Welfare	Partner with DBH, Medicaid, SDE and IDJC for the planning, implementation and operations of the new children's system of care.	Manages eligibility process for Medicaid.
IDHW-Division of Family and Community Services	Partner with DBH, Medicaid, SDE and IDJC for the planning, implementation and operations of the new children's system of care.	Manages the child welfare system. Collaborates with partner agencies and participates in workgroups and committees as assigned.
State Department of Education	Party to the lawsuit; Partner with DBH, Medicaid, FACS and IDJC for the planning, implementation and operations of the new children's system of care.	Local school districts operate fairly independently of SDE; therefore, efforts for transformation may need to be directed locally. Collaborates with partner agencies and participates in workgroups and committees as assigned.
Idaho Department of Juvenile Corrections	Party to the lawsuit; Partner with DBH, Medicaid, SDE and FACS for the planning, implementation and operations of the new children's system of care.	Manages services provided to class members on an involuntary basis; collaborates with partner agencies and participates in workgroups and committees as assigned.
Jeff D. Plaintiffs	Children/youth with SED and children/youth who would be found to have SED if assessed.	Following the successful completion of the sustainability period of the project the Jeff D. plaintiffs evolve in their role to being "community stakeholders".
IGT	Inform decision-making at a policy level that has legitimacy authority and accountability	Division of Behavioral Health Executive Sponsor provides leadership for the IGT, in collaboration with the other project sponsors to ensure this team fulfills its prescribed responsibilities.
Project Sponsors	Control project direction, scope and decisions; ensure Project is adequately resourced	Regularly attends meetings with the lead project manager and team; serves as liaison to legislature and governor's office.
Advocacy Agencies	Advocate for and communicate directly with children/youth and their families who seek to access behavioral health services/supports.	Participation on workgroups, serve as consultants when asked, provide collaboration opportunities with constituents.
Industry Associations	Provide professional input on evidence-based practices and evidence-informed practices associated with specific professional behavioral health fields of practice.	Examples of Associations: • Idaho Psychological Association • National Association of Social Workers—Idaho Chapter

Name	Role	Additional Stakeholder Information
		• Idaho Counseling Association
IDHW Staff	Help carry out the implementation of the Project plan in various capacities to be defined.	Participation on workgroups, serve as consultants when asked, provide collaboration opportunities with constituents.
Regional Behavioral Health Boards	Governmental entities which are authorized to provide community family support and recovery support services. Their duties include advising the state behavioral health authority and the state planning council on local behavioral health needs of adults and children within each region as well as progress, problems and proposed projects of the regional services; promoting improvements in the delivery of behavioral health services and coordinating and exchanging information regarding behavioral health programs in the region; identifying gaps in available services; assisting the planning council planning for service system improvement.	Monthly meetings present opportunities for information sharing, raising awareness of issues, gathering of grassroots input, and development of community capacity to operate effectively in the system of care.
State's Managed Care Contractors	As determined by the specific contract, may manage and/or administer a behavioral health plan of services for specified populations	Participation on workgroups as appropriate and serve as consultants where assigned.
Medicaid Beneficiaries* *For the purposes of scope of the Project "Medicaid Beneficiaries" means Medicaid participants who have not reached their 18th birthday.)	Partner with state for the planning, implementation and operations of the new children's system of care.	Parents of beneficiaries are represented on the workgroups and committees of the project. Medicaid beneficiaries: o obtain outpatient mental health services through the Idaho Behavioral Health Plan as administered by Optum Idaho; o obtain psychiatric inpatient hospital services through provider referral; o obtain psychiatric residential treatment services through the Early Prevention Services, Diagnosis and Treatment (EPSDT) process.
Centers for Medicare and	State's federal partner for financing services identified in the project;	Division of Medicaid is working with CMS regarding obtaining a waiver for the financing of the YES:

Name	Role	Additional Stakeholder Information
Medicaid (CMS) and the Substance Abuse Mental Health Services Administration (SAMHSA)	SAMHSA is the branch of CMS that provides technical assistance and guidance to states on the topic of behavioral health.	CMHR Project. SAMHSA's Technical Assistance Partnership (http://www.tapartnership.org/SOC/SOCvalues.php) provides the framework for the Jeff D. Settlement Agreement and subsequently, the YES: CMHR Project Plan. Project team is consulting with SAMHSA experts on an ongoing basis.
Community Providers of mental health services for children/youth and their families	Partner with state for the planning, implementation and operations of the new children's system of care.	A portion of the behavioral health providers in Idaho are enrolled in the Optum network. BPA Health manages a portion of the provider network that provides substance use disorder services. Providers of services of higher levels of care serve Idaho children/youth in and outside of the boundaries of Idaho.

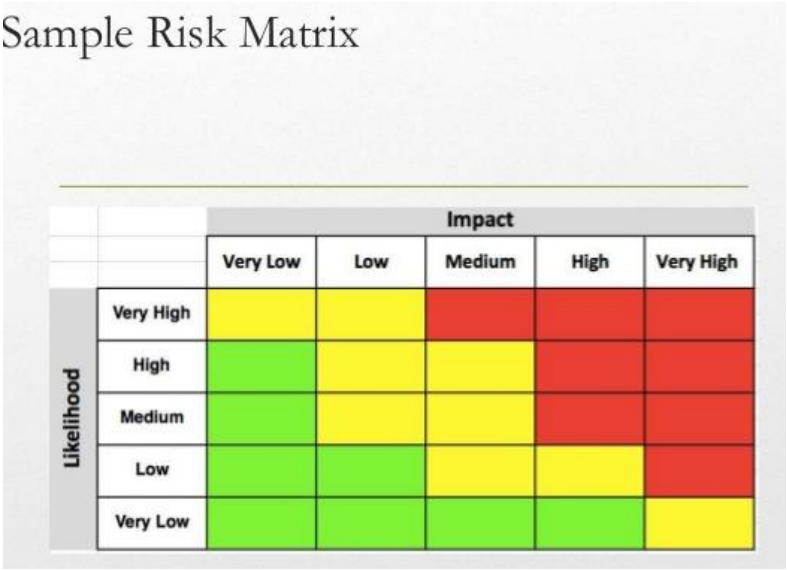
Risks

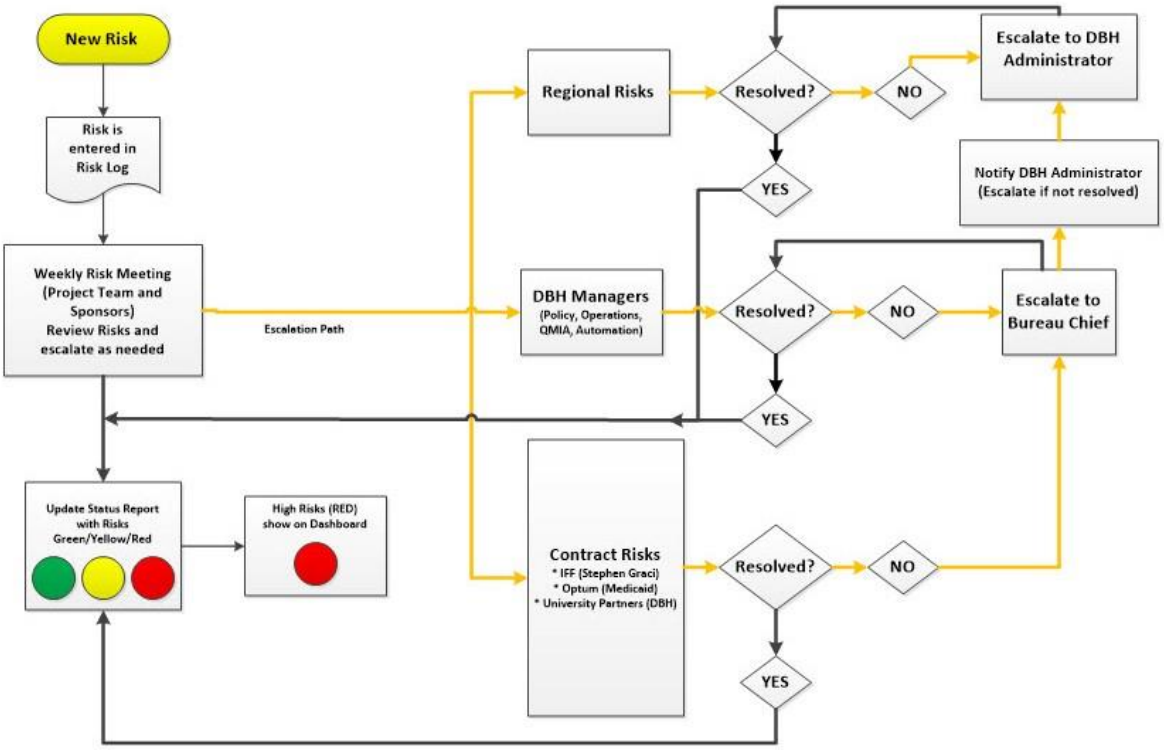
Risk is addressed in the Risk Management Plan document and additionally on the internal YES Project SharePoint site.

Project Risk Analysis

The project will use a Risk Identification form to document risks associated with requirements (scope), schedule, or budget that should be mitigated and reviewed by the Project Sponsors. Risks can be identified by anyone on the project, and will be reported to the assigned Project Manager for analysis and tracking. Risks are defined by the identification of threats to the successful development of products or processes. Risks will be logged and tracked on the YES project SharePoint site.

What	Method	Responsibility
Date Risk Added	Each identified project risk will be entered into the Project Risk Log.	Project Manager (PM) will categorize each project risk by probability and severity/impact using three corresponding colors (green, yellow and red) as illustrated in the sample risk matrix below.

Risk Matrix	The Risk Matrix will explain the different levels of probability and impact for each risk identified. 	Ample opportunities communicated and made available for key stakeholders to participate and be heard in the process
Project Risk Log	The Project Risk Log will be housed on the internal SharePoint site.	Any project related risks will be added to the Project Risk log in an ongoing basis. The Project Risk Log can only be viewed internally, along with its status.
High Risks	High risks will both be identified on the Project Risk Log as well as on the Project Dashboard on the SharePoint site.	High risks will be added to the Project Dashboard view as soon as they have been entered into the log.
Escalation Path	Risks identified will have an identified ascending escalation path.	Please see the Risk Management Plan document for full details on this process.



Risk Communication

Date(s) to Deliver	Messaging (what)	Audience (who)	Method of Delivery (how)	Content Owner
Weekly	Risk updates	Project Team, Sponsors	Status report	DBH Project Managers/Program Managers
As needed	Updates to mitigation and assigned risks	YES Project Managers	Meeting, status report, email, other communications methods as needed	Team member the risks are assigned to

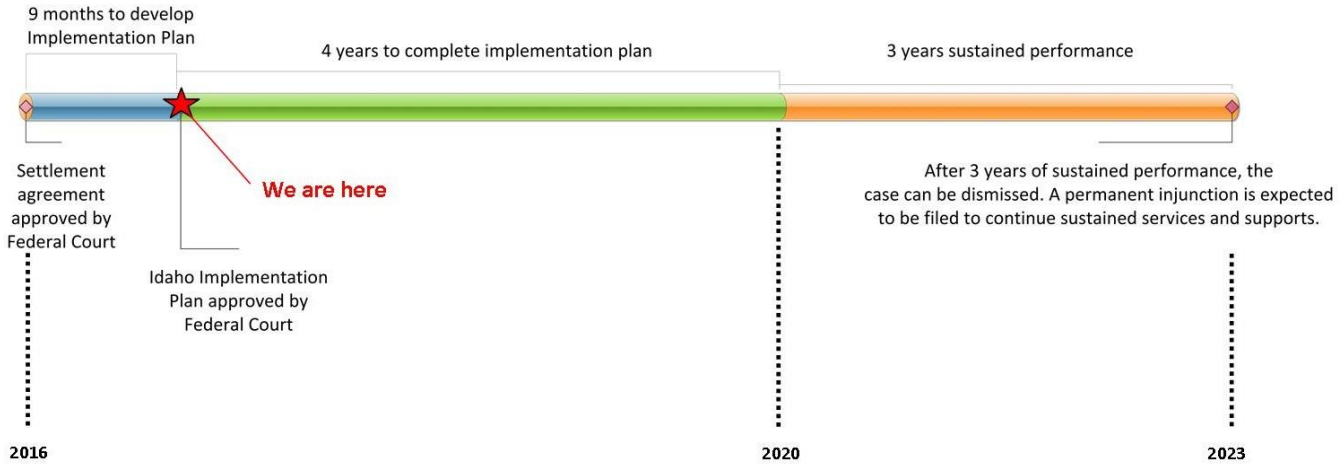
Idaho Implementation Plan Objectives/Major Milestones

This Project work is framed by the Idaho Implementation Plan objectives. The YES Project Timeline contains more detail about milestones and deliverables and the due dates. The Timeline document is a decomposition of the work of the Project into smaller components and manageable sections.

Objectives

1. **Provide Services and Supports to Class Members consistent with the Agreement —** The agencies will progressively make available to Class Members and their families the medically necessary services/supports as described in the Agreement to match the Class Members' strengths and needs in a timely manner. The Services/Supports Workgroup, chaired by the Division of Behavioral Health, will advise the agencies responsible for compliance with the Agreement.
2. **Principles of Care and Practice Model—** The agencies adopt, implement and, once implemented, consistently provide services statewide in accord with the Principles of Care and the Practice Model, as amended over time. The work of this objective will involve stakeholders through various workgroups.
3. **Access:** The agencies establish and operate statewide an access system or protocols for Class Members and their families that timely identify, asses, and link them to the services/supports they need and are entitled to under the Agreement.
4. **Sustainable Workforce and Community Stakeholder Development—** The agencies participate in workforce development and stakeholder education to create the infrastructure necessary to provide education, training, coaching, supervision, technical assistance and mentoring to providers and community stakeholders in order to enable them to consistently and sustainably provide quality care in accord with the Practice Manual as described in the Agreement. The work of this Objective will be led by the Workforce Development Workgroup.
5. **Due Process—** The agencies will develop and operate constitutionally and federally-compliant fair hearing systems, and also will create and operate a centralized complaint routing and tracking system. Furthermore, the agencies will implement a process for reviewing compliance to applicable regulations, rules, and policies regarding due process requirements, and periodically report on the metrics of operating this system. The work of this objective will be led by IDHW in consultation with Idaho Deputies Attorney General. The work of this Objective does not apply to services provided to Class Members on an involuntary basis, such as services provided involuntarily to Class Members in the custody of the state or those services required by a Court Order.
6. **Governance and Interagency Collaboration—** Establish governance and interagency collaboration within the authority of the Idaho Behavioral Health Cooperative (IBHC) to collaboratively coordinate and oversee the implementation of the Agreement.
7. **Quality Management, Improvement, and Accountability (QMIA) —** The agencies develop and implement a QMIA plan to establish and maintain a collaborative QMIA system that includes monitoring, measuring, assessing, and reporting on Class Member outcomes, system performance, and progress on implementation and completion of this Agreement. The collaborative QMIA system will increase system-wide capabilities for quality improvement at the clinical, program and system levels associated with increasing effectiveness of services and improving access to services. The parties jointly develop a Quality Review process to be used to objectively assess and improve clinical practice and program effectiveness system-wide.

YES Project Timeline



Major Milestones and Deliverables

Since earlier in 2016 work on the Project has been underway that accomplished some of the specific tasks listed in the timeline; therefore the timeline below begins with the next due date in October, 2016. The following high-level milestones and deliverables have been identified.

Major Implementation Plan Deliverables	Objective	Due date
Define the services/supports array	1	10/30/2016
Determine services/supports presently available	1	10/30/2016
Determine services/supports to be modified	1	10/30/2016
Determine new services/supports to be added	1	10/30/2016
Develop Stakeholder Action Plan	2	12/30/2016
Assess system capacity	1	1/30/2017
Draft Workforce Development Plan	4	2/28/2017
Publish initial version of Practice Manual	4	7/1/2017
Inform & guide management & delivery of services/supports by contractors consistent with Access Model, Principles of Care(PoC) and Practice Model(PM)	3	12/30/2017
Design & operate identification & referral to assessment process	3	12/30/2017
Design/ operate assessment process	3	12/30/2017
Adopt PoC/PM	2	6/30/2018
Develop methodology for compliance & sustainability	2	6/30/2018
Operate hearing rights & procedures and complaint response system	5	10/1/2018
Implement Access Model	3	12/30/2018
Use CANS tool statewide	3	12/30/2018
Develop reimbursement methodology	1	3/30/2019

Implement full array of services	1	6/30/2019
Implement Practice Manual	4	7/1/2019
Estimate number of Class Members	1	December, annually
Develop/implement Communication Plan	3	12/30/2016, updated as needed
Implement Workforce Development Plan	4	5/2017
Measure WDP for adherence	4	ongoing
Establish Practice Manual Workgroup	4	ongoing
Conduct system tracking and reporting	5	ongoing
Adapt and enhance existing Quality Assurance infrastructure	7	ongoing
Monitor, assess, report, and adjust system performance using performance metrics	7	ongoing
Implement methodology for prioritizing data collection of performance metrics	7	ongoing
Develop a continuous quality improvement culture within the children's system of care.	7	ongoing
Establish quality assurance subcommittees	7	July 1, 2017

Major Project Deliverables	**Description**	**Due Date**
Idaho Implementation Plan	Joint effort from IDHW, SDE and IDJC in conjunction with the Implementation Workgroup; provides detailed descriptions of strategies that have been identified to fulfill the requirements of the Settlement Agreement and is descriptive of the sequence of events; provides for oversight processes on the progress of implementation.	Completed March 29, 2016 and approved by district court May 17,2016
YES: CMHR Project Plan	Formal approved document used to guide both project execution and project control; delineates scope of project, oversight, staff resources, and stakeholders, purpose of the work, objectives, exit criteria and deliverables; describes the virtual infrastructure of the process for managing project requirements. This is a living document, meaning that it will continue to evolve as additional work within scope is identified.	September 30,2016
Timeline/Schedule	The project schedule is used to track tasks, deliverables, milestones, resource utilization and progress towards completion of the work defined in the Project Plan. Each team member/workgroup member is responsible for providing updated information related to tasks for which they are responsible. Project Managers maintain the project schedule. This is a living document, meaning that it will continue to evolve as additional work within scope is identified.	September 30, 2016
Communication Plan	The Communication Plan defines the stakeholders and their communication needs and the methods to	Draft version of part one of

Major Project Deliverables	Description	Due Date
	be used to meet such needs. It is a working document and will be updated throughout the course of the project to reflect additional stakeholders or communication methods.	plan: September 30, 2016 Complete Communication Plan due January 30, 2017
QMIA Plan	The QMIA Plan, led by DBH, is an overarching statewide plan that extends beyond the project parameters and timeline. As the quality oversight plan it will serve to identify methods of monitoring and evaluating the new system of care. It is the key to establishing sustainability of the new system by providing ongoing and continuous feedback on the outcomes of the new system. The QMIA Plan is informed by this Project Plan, the Idaho Implementation Plan and information pertaining to children's mental health reform from the SDE and IDJC.	Completed March 2016
Workforce Development Plan	Documents the identified gaps in the current workforce that must necessarily be filled in order to achieve sufficient capacity to meet the requirements described in the Settlement Agreement; sets forth a proposal for how to address the gaps as well as how to ensure sufficient network capacity for the delivery of services within the estimated and actual utilization ranges; provides for sustainability planning to maintain a sufficient workforce.	Due: February, 2017
Glossary	Documents the vocabulary and definitions in use within the Project and the new system of care (aligned with the Practice Manual) for the purposes of facilitating communication with stakeholders and increasing transparency of the work	Ongoing as needed.

Project Governance

The Interagency Governance Team (IGT) monitors the execution of the Idaho Implementation Plan as per the Settlement Agreement. The Idaho Behavioral Health Cooperative chartered the IGT and oversaw the appointment of members. Member representation follows the requirements for membership identified in the Settlement Agreement. The Idaho Federation of Families on Children's Mental Health recruited the parent and youth representatives for the governance team. The IGT fulfills five (5) key responsibilities within the project management process:

1. to outline the project team authority, decision-making and accountability within the system of care;

2. to monitor the execution of the Idaho Implementation Plan;
3. to promote collaboration amongst agencies;
4. to remove barriers and provide resolution management where necessary;
5. work with the project team and QMIA Council to identify operational guidelines and reporting requirements.

The following agencies participate and collaborate on the IGT:

- IDHW Division of Behavioral Health;
- IDHW Division of Medicaid;
- IDHW Division of Family and Community Services;
- Idaho Department of Juvenile Corrections;
- Idaho State Department of Education;
- Children's Mental Health Representatives;
- County Juvenile Justice Administrator;
- Family Advocacy Organization Representative;
- Parents of Class Members or Former Class Members (under age 23);
- Private Provider Representative.

Project Team Roles and Responsibilities

The following project team members, roles and responsibilities have been identified:

Objective	Title	Lead	Project Manager	Associated Workgroups and Committees
1	Services and Supports	Pat Martelle	Klaus Hermann	○ Services and Supports ○ Clinical Advisory
2	Principles of Care and Practice Model	Treena Clark	Klaus Hermann	○ Communications Workgroup
3	Access	Seth Schreiber	Klaus Hermann	○ Access Model Workgroup ○ Automation Workgroup ○ CANS Workgroup ○ Communications Workgroup ○ Proxy Indicator Workgroup
4, Part One	Workforce Development	Gina Westcott	Klaus Hermann	○ Workforce Development Workgroup
4, Part Two	Practice Manual	Treena Clark	Klaus Herman	○ Practice Manual Workgroup

5	Due Process	Candace Falsetti	Klaus Hermann	○ Due Process Workgroup ○ Communications Workgroup
6, Part One	Project Plan	Pat Martelle	Klaus Hermann	Project Teams: Program Managers and Project Managers
6, Part Two	Governance	Treena Clark	Klaus Hermann	○ Interagency Governance Team
7	Quality Management, Information and Accountability (QMIA)	Candace Falsetti	Klaus Hermann	○ QMIA Council (See Quality section below for complete list of subcommittees)

Workgroups and Committees

Workgroup	Facilitator	Members	Major Work Tasks and Responsibilities
Interagency Governance Team	Treena Clark	• Ross Edmunds, DBH Administrator, Project Executive Sponsor • Matt Wimmer, Administrator of Medicaid, Project Sponsor • Marcy Chadwell, Deputy-Director, IDJC • Jennifer Griffis, Parent • Lael Hansen, Ada County Probation • Kim Hokanson, Parent • Vanessa Morgan, Parent Charlie Silva, , Director of Special Education, SDE • Dave Sorenson, Community Provider • Connie Sturdevant, Hospital Provider • Lynn Thompson, DBH Reg 1, Children's Mental Health Chief • Miren Unsworth, Deputy-Administrator, FACS • Eric Walton, Youth • Logan Zuck, Youth	• Monitor the progress of the implementation of the new system of care as described in the YES:CMHR Project Plan, Idaho Implementation Plan and the Settlement Agreement. • Serve in an advisory capacity to the YES: CMHR Project and the QMIA Council. • Provide operational governance and direction over the Project and the QMIA Council. • Establish subcommittees (per the Settlement Agreement and others as needed): ○ Family Engagement ○ Clinical ○ Training
Clinical Advisory	Pat	• Ruth York, parent • Janet Hoeke, parent	• Define services and supports for the new system of care based on the

	Martelle	• Dennis Baughman, Community Provider
		• Brett Hampton, Community Provider
		• Jodi Smith, Community Provider
		• Linda Hatzenbuehler, Idaho Board of Psychology
		• Robert Payne, Idaho Social Work Board
		• Elizabeth Spenner, Board of Counselors
		• Susan Farber, Idaho Psychological Association
		• Christ Streeter, MD, hospital provider
		• Tracey Hocevar, SDE
		• Melissa Hultberg, IDJC
		• Jason Stone, IDJC
		• Ron Larsen, MD, Optum Idaho
		• Tami Warenko, Medicaid
		• David Welsh, Medicaid
		• Suzette Driscoll, Medicaid
		• Amy Korb, Medicaid
		• Blake Brumfeld, FACS
		• Cindy Goff, state hospital provider
		• Janie Arambarri, DBH Reg 1 Clinician
		• Lynn Thompson, DBH Reg 1 Chief
		• Jennifer Shuffield, DBH Reg 2 Chief
		• Jose' Valle, DBH Reg 3 Chief
		• Michelle Wilson, DBH Reg 4 Chief
		• Lee Wilson, DBH Reg 5 Chief
		• Brad Baker, DBH Reg 6 Chief
		• David Peters, DBH Reg 7 Chief
		• Jennifer Barnett, DBH Central Office
		• Jennifer Fishman, DBH Central Office
		• Adam Panitch, DBH
			categories of services listed in the Appendix C of the Settlement Agreement.
			• Define provider qualifications to deliver services and supports.
			• Work with Medicaid to develop reimbursement methodology and assign CPT and HCPC billing codes.
			• Provide recommendations on clinical processes and products:
			  ○ Describe the components of the Comprehensive Assessment.
			  ○ Describe the components of the Individualized Treatment Plan.
			  ○ Define operations and guidelines for the Child and Family Team.
			  ○ Incorporate Principles of Care and Practice Model into standards of care.
			  ○ Participate in development of Practice Manual.
			  ○ Ensure all processes and products of the Project are clinically sound.

		Central Office • Ben Skaggs, DBH Central Office	
Workforce Development	Gina Westcott	• Mary Christy, College of Southern Idaho • Amie Priest, Community Provider • Jennifer Griffis, Parent • Pablo Coblenz,IDJC • Tracey Hocevar, SDE • Misty Myatt, FACS • James Phillips, IDJC • Suzette Driscoll, Medicaid • David Welsh, Medicaid • Dr. Dennis Woody, Optum Idaho, • Jennifer Fishman, DBH Central Office • Stephanie Hoffman, DBH Central Office • Candace Falsetti, DBH Central Office • Klaus Hermann, DBH Project Manager	• Describe current workforce capacity and develop strategy for defining workforce capacity necessary to implement, operate and sustain the new system of care . • Identify gaps regionally in the workforce. • Determine scope of the Workforce Development (WFD) Plan. • Contract with university partner to develop and execute WFD Plan. • Design framework of training curricula for contractor to develop into Training Plan in the WFD Plan. • Recruit Workforce Development Task force to monitor implementation of WFD plan and work with QMIA to ensure sustainability and quality.
Practice Manual	Treena Clark	Membership to be derived from the Clinical Advisory and Workforce Development Workgroups. Co-Chairs are Adam Panitch and Jennifer Fishman.	• Identify scope and sections of the Practice Manual. • Contract with university partner to guide and inform the development and publication of the Practice Manual. • Define the Practice Manual update process. • Create an implementation strategy for the Practice Manual. • Test versions of the Practice Manual with stakeholders and engage in iterative improvement process for achieving greatest accuracy and clarity in the text.
CANS	Seth Schreiber	• Vanessa Morgan, Parent • Kateri Ray, IFFCMH • Mindy Hoskovec, IFFCMH • Shawna Tobin, Idaho Association of Community	• Define Access Model for Idaho • Implement Access Model in phased approach. • Create, implement and automate Idaho CANS (iCANS), screening tool and

		Providers • Michelle Meyer, IDJC • Tracey Hocevar, SDE • Michelle Weir, FACS • Cathy Libby, Medicaid • Tiffany Kinzler, Medicaid • Jennifer Barnett, DBH Central Office • Michelle Schildhauer, DBH Central Office • Brad Baker Reg 6 Chief	checklist.
Proxy Indicator	Robert Willingham	• Dr. John Lyons, Praed Foundation • Derek Bernier, DBH, Central Office • Rick Harris, FACS • Derrick Snow, Medicaid • Mary Arnold, Optum	• Identify proxy indicators for class membership and network capacity. • Research and create methodology for estimating class membership and network capacity on an annual basis.
Due Process	Candace Falsetti	• Brent King, IDHW Deputy Attorney • Charinna Newell, , IDHW Deputy Attorney • Leslie Hays, SDE Deputy Attorney • Mike Gilmore, IDJC Deputy Attorney • Tiffany Kinzler, Medicaid • Kim Nealey, DBH Central Office • Alacia Handy, DBH Central Office • Jennifer Fishman, DBH Central Office • Klaus Hermann, Project Manager	• Develop and implement notice content and processes for sending notices to children/youth and their families. • Design and implement statewide complaint response and tracking system. • Design and implement standardized administrative hearing process.
QMIA	Candace Falsetti	• Jamie Teeter, DBH Central Office • Tiffany Kinzler, Medicaid • Miren Unsworth, FACS • Monty Prow, IDJC • Tracey Hocevar, SDE • Candace Falsetti, DBH Central Office • Klaus Hermann, Project Manager	• Integrate quality standards and monitoring through the project and system of care (please see Quality Management section of the Project Plan for details on all QMIA committees)

Regional Transition	Rosie Andueza	• Lynn Thompson, DBH Reg 1 Chief • Jennifer Shuffield, SBH Reg 2 Chief • Jose' Valle, DBH Reg 3 Chief • Mechelle Wilson, SBH Reg 4 Chief • Lee Wilson, DBH Reg 5 Chief • Brad Baker, DBH Reg 6 Chief • David Peters, DBH Reg7 Chief • Crystal Campbell DBH Central Office • Klaus Hermann, Project Manager	• Map all regional business processes • Identify current processes that support new business model, current processes that need to continue. • Identify processes that need to be added to support the new business model • Develop transition model for testing, initial implementation and full implementation of new business model.
Automation	Seth Schreiber	• Robert Willingham, DBH, Central Office • Michelle Buskey, WITS • Sherry Johnson, DBH Central Office QA • Welfare/IBES representative • FACS Representative • IDJC Representative • SDE Representative • Medicaid Representative • Molina Representative • Optum Representative	• Automate the CANS Process • Automate the statewide complaint system. • Automate modified Medicaid eligibility process. • Automate process to assess system capacity.
Communications	Treena Clark	• Jon Meyer, DBH Central Office • Jennifer Fishman, DBH Central Office • Carol Dixon, IFFCMH • Klaus Hermann, Project Manager • Cindy Day, Project Manager	• Develop Stakeholder Action Plan for creating and supporting opportunities for stakeholder input into the planning, implementation and operations of the new system of care. • Implement and oversee Action Plan. ○ Create and implement a statewide Communication Plan: Develop informational materials on the new system of care products, processes, decision points, glossary and other items

			identified by stakeholders. ○ Operate dedicated website for the purposes of increasing awareness of the system of care and all it has to offer children/youth and their families.
Medicaid	Matt Wimmer	• George Gutierez • Cathy Libby • Tiffany Kinzler • David Welsh • Suzette Driscoll • Cindy Day	• Develop reimbursement methodology for services/supports in the YES continuum of care. • Identify most appropriate funding approach for financing the continuum of care and creating and supporting access to it. • Implement funding approach. • Develop necessary billing and coding guidance for services/supports in the continuum of care.

Communication Matrix

For complete Communication plan and strategy please see the YES Communication Plan document.

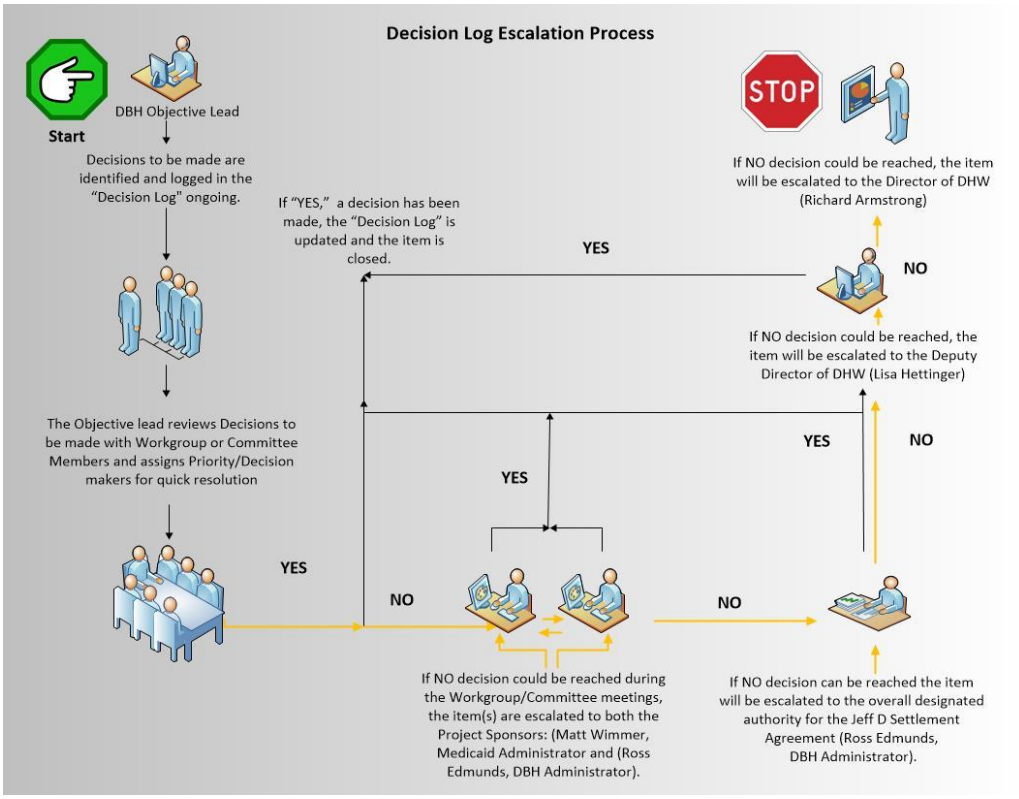
Title of Document	Date(s) to Deliver	Messaging	Audience	Method of Delivery	Content Owner
Weekly Project Status Report	Weekly	Project status, tasks being worked on, tasks achieved, issues, risks and upcoming work to be done	DBH Management Team Project Management Team	Weekly DBH Management meeting; post on SharePoint	Klaus Hermann
DBH/Medicaid Collaborative	Weekly	Medicaid/Optum updates on assigned deliverables DBH updates on assigned deliverables	• DBH • Medicaid • Optum Idaho	Weekly DBH/Medicaid meeting	Pat Martelle Klaus Hermann Cindy Day

Title of Document	Date(s) to Deliver	Messaging	Audience	Method of Delivery	Content Owner
YES Update	Monthly	Project status,- updates, calendar of meetings and events, other project information as requested by stakeholders	All stakeholders	Website: www.YES.idaho.gov	Project Managers
Regional Monthly Update	Monthly	Project status, Regional discussion	DBH Central Office/Regional Staff and State Hospitals	Video conference	Pat Martelle
Regional Bulletin	Monthly	Talking Points of information regional staff can rely on when working in the community.	Regional DBH Staff	Bulletin distributed via email.	Pat Martelle
DBH Weekly Newsletter	Weekly	Announcements, status reports, informational articles	DBH Central Office	Newsletter distributed via email.	Pat Martelle
Implementation Workgroup Status Report	Monthly	Reporting on achievement of objectives, collaboration on issues to be addressed in planning and implementation stages.	Plaintiffs in the Jeff D. class action lawsuit, Defendants and associated counsel.	Status Report distributed via email.	Pat Martelle
Media Requests	As needed	Media request for project information	Public/Media	Phone or email as needed per IDHW media request protocols	Jon Meyer
Behavioral Health	Quarterly	Project status	Behavioral Health	Newsletter is distributed via	Pat Martelle

Title of Document	Date(s) to Deliver	Messaging	Audience	Method of Delivery	Content Owner
Newsletter			stakeholders	Email	

Issue/Decision Tracking

Problems or questions that arise during the course of the project will be identified as issues or decisions needed. They will be defined, tracked, evaluated, and resolved in order for a project phase or task to proceed. Below is the process that will be followed to manage all issues related to the YES implementation. Decisions/Issues and the responsibility for resolving them will be owned by the assigned Lead. Issues or decisions needed that arise will be tracked in the Decision Log and located on the YES SharePoint site.



Change Control

The project will use a Change Request form to document changes to requirements (scope), schedule, or budget that should be submitted to the Lead Project Manager and approved by the Project Sponsor. Requests will be logged and tracked on the YES project SharePoint site. Changes that are requested must include a detailed

analysis and justification for the change as well as a description of the impact to the project. The change request will use this template below and must link to change request supporting documents.

Change Request Template

Change #	Change Description	Link to Change Request	Date Submitted	Date Closed

Quality Management

The project will use a quality management process to integrate and ensure quality throughout the life of the implementation. At present there are six committees that will provide expertise and implement quality processes into each phase of the implementation. The governing body of the quality management plan will be the QMIA Council.

***For Complete details on the Quality Management Plan please refer to the QMIA Plan document.*

QMIA Committee	Purpose	Facilitator	Membership	Start Date
QMIA Council	QMIA Council oversees the development and implementation of an actionable quality improvement process. QMIA Council reviews quarterly and annual quality data and reports to assess agency, regional and statewide performance, develop and refine cross system indicators and measures, make recommendations to the Interagency Governance Team (IGT) including changes to policy and practice.	Jamie Teeter	• Tiffany Kinzler, Medicaid • Miren Unsworth, FACS • Monty Prow, IDJC • Tracey Hocevar, SDE • Candace Falsetti, DBH	July, 2016-Currently Active
Data and Reports	The QMIA, Data, and Reports Development Committee select or develop metrics and refine measurement strategy and plan for the dissemination of results. Designated committee to develop working definitions for the Quality	Candace Falsetti	• Derek Bernier, Automation • Rick Harris, FACS • Sherry Johnson, DBH, QA • Monty Prow, IDJC • Tom Rosenthal,	May 2016 – Currently Active

	Review process, standardize terms for data, and establish framework for stakeholders' reports.		Medicaid • Seth Schreiber, Automation • Jake Silva, FACS • Derrick Snow, Medicaid • Klaus Hermann, DBH • Pat Martelle, DBH • Tracey Hocevar, SDE • Robert Willingham, DBH Data • Mary Arnold, Optum • Brett Jossis, Optum	
Implementation Plan Monitoring	Designated committee to monitor and report on progress toward meeting outcomes as listed in the Settlement Agreement	Candace Falsetti	Sherry Johnson Community stakeholders currently being recruited.	July, 2016-Currently Active
Provider Partnership	Committee to encourage partnership with all child mental health serving providers and State, review reports to assess statewide performance, recommend QA/QI activities.	Co-facilitated: Candace Falsetti, DBH Central Office Medicaid Representative to be identified.	Quality Assurance representative to be identified. Representatives from agencies and community mental health centers are being recruited. MCO representative to be identified.	Oct 2016
Youth and Family Partnership	Committee to provide a collaborative forum for open discussion of issues related to children's mental health, including outreach and consumer education. Committee may recommend Quality Assurance/Quality Improvement	Co-facilitated: Candace Falsetti, DBH Central Office	Quality Assurance representative to be identified.	January, 2017

	activities, review quarterly and annual reports to assess statewide performance, submit concerns to the QMIA Council and to the IGT when no improvement is noted.	Medicaid Representative or Family Member to be identified.		
Clinical Quality Committee	Committee to oversee interventions and monitor progress, review Wraparound fidelity results, compliance with the Access Model, Principles of Care and Practice Model, results of chart reviews, Quality Review Grand Rounds, and other reviews of clinical quality measures.	DBH – Candace Falsetti	Quality Assurance representative to be identified.	Fall/ Winter 2016
System Improvement Committee	Multiagency workgroup to review complaints and appeals, results of Quality Reviews, notices of action that reflect adverse decisions, child, youth and family feedback on service effectiveness. The System Improvement Workgroup may recommend QA/QI activities such as Performance Improvement Projects, incident investigation, new QA subcommittees, or action plans.	DBH-Candace	Quality Assurance representative to be identified.	July 2017

Acceptance Plan

The Acceptance Plan is the strategy to be used to begin the close out process of the project. It describes the steps and pathway for confirming the project is finished.

The IGT intermittently reviews the output of the project to ensure the terms of the Settlement Agreement are met with a focus on the specific outcomes that determine whether the state is in substantial compliance with requirements . The QMIA Council operates review and improvement processes to ensure the tasks of the project are completed and result in the intended outcomes. The processes of these two groups assure that the results of the project meet the exit criteria. The IGT confirms the exit criteria are met. The state then pursues the dismissal of the case in conformance with the Settlement Agreement.

Exit Criteria

The Exit Criteria are the expected achievements demonstrating the state's sustained compliance with the terms of the Settlement Agreement. The Exit Criteria shall be the sole objective measures that, when accomplished, determine at the end of the sustained performance and compliance period whether the state is in substantial compliance with the Settlement Agreement such that the lawsuit will be dismissed.

- A methodology is in place and activated annually to estimate the number of Class Members in Idaho and their utilization of the services in the YES continuum of care.
- A continuum of care benefit package is developed and implemented based on Appendix C in the Settlement Agreement. Such services/supports are provided timely in the scope, intensity and duration to meet children/youths and their families' needs and strengths.
- Intensive Care Coordination, as described in Appendix C of the Settlement Agreement, is provided to children/youth and their families who have intense needs.
- The continuum of care of services/supports is provided with fidelity to the Principles of Care and Practice Model as described in Appendix B of the Settlement Agreement.
- The Access Model, as described in Appendix A of the Settlement Agreement, is consistently used statewide to identify, screen, assess, refer, and link children/youth and their families to services/supports.
- The CANS tool is used statewide to:
    - screen potential Class Members for unmet mental health needs;
    - assess Class Member's individual and family strengths and needs;
    - support clinical decision-making and practice;
    - measure and communicate outcomes; and
    - improve service coordination.
- A uniform age-appropriate screening tool is used to identify children/youth with unmet mental health treatment needs who potentially may meet the criteria for SED.
- A standard mental health assessment is used statewide, including the use of the CANS tool, to identify children/youth with SED and children with SED who have intense needs.
- The CANS tool is used to define profiles of need and intensity in children with SED.
- The dedicated website at www.youthempowermentservices.com and other printed materials will describe and explain the Settlement Agreement and the Appendices.
- A Practice Manual is developed and maintained to guide clinical and programmatic activities statewide.
- IDHW, SDE and IDJC uniformly follow the complaint and due process standards and protocols described in the Settlement Agreement.
- The QMIA system operates with capabilities consistent with the criteria defined in the Settlement Agreement.
- On a regular basis, measure and publicly report QMIA indicators as described in the Settlement Agreement and additionally as appropriate.

- Overall outcomes for children/youth are improved, as measured by aggregated CANS domain scores relevant. This may include clinical items from the CANS tool within each Region.
- Each identified IDHW division's new business processes are designed and activated, consistent with the defined Principles of Care, Practice Model and Access Model and include transitional processes to the new system of care.
- Available new software, system supports, interface and maintenance functions across all electronic information systems (MMIS, WITS, others TBD) are explored. Viable automated solutions and alternative solutions provide the platforms and functionality needed to support the new system of care. Automated systems are sufficiently operating for the activation and ongoing operations of the new system of care and where automated solutions are not possible then alternative solutions are in place.
- Authorities to sanction the changes in IDHW business and infrastructure necessary for the implementation and ongoing operations of the new system of care are secured.
- A Workforce Development Plan is developed and implemented that will guide the development of workforce capacity and strengthening of the workforce needed for the timely delivery of services/supports and the successful implementation and operations of the new system of care. Youth, families and other community stakeholders have access to information, education and mentoring designed to support their inclusion in the new system of care.

Glossary

Below is a glossary of terms and definitions that will be used throughout the Project in documentation, meetings, notices and other communications tools. The YES Glossary will be kept up-to-date and available on the YES website, www.yes.idaho.gov.

Term	Definition of use in Project Plan
Settlement Agreement	The legal document that spells out the terms of the comprehensive agreement reached by the defendants 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.
Class Member	A member of the group of people who originally filed suit against the state. In the Jeff D. class action lawsuit Class Members are: 1. Idaho residents with a Serious Emotional Disturbance; 2. are under the age of eighteen (18); 3. 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; and 4. 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. 5. Use of the term "children" and "youth" in this Project Plan is a reference to Class Members. "Youth" is used to indicate a person in the period between childhood and adult age.
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.
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.
Continuum of care	A comprehensive array of services spanning all levels and intensity of care.
Partners	Partners to the Jeff D. class action lawsuit: Idaho Department of Health & Welfare, Idaho Department of Juvenile Corrections, State Department of Education.
Community Based Services	Refers to a micro-continuum of services from support level to intense levels that operate in targeted population's community that is reflective of the community and meets the community's needs for services; includes hospitals and residential settings. Communities are defined on a continuum from neighborhoods to state-wideness.

System of care *resource: SAMHSA—* http://www.tapartnership.org/SOC/SOCvalues.php	The system of care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services and access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families. The system of care philosophy is built upon these core values and guiding principles: The core values of the system of care philosophy specify that systems of care are: 1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided. 2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level. 3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.
Transformation/Transformational Change resource: SAMHSA-- http://www.tapartnership.org/SOC/SOCtransformation.php	A thorough or dramatic change in form or appearance. Transformational change is challenging for two distinct reasons. First, the future state is unknown when the transformation begins and is determined through trial and error as new information is gathered. This makes it impossible to manage transformation using predetermined, time-bound, and linear project plans. An overarching change strategy can be created, but the actual change process must emerge as you go. This means that executives, managers, and front-

	line workers alike must operate in the unknown. Second, the future state is so radically different from the current state that the people and culture must change to successfully implement it. New mindsets and behaviors are required. In fact, leaders and workers often must shift their worldviews just to invent the required new future, let alone effectively operate it.