

June 2016 Update

<u>The Idaho Implementation Plan</u> lists specific tasks and due dates that are necessary to meet the objectives of the Plan. This is the work that will be done to build a transformational process that will lead to a new system of care for children with <u>serious emotional disturbance (SED)</u>. The work will be mapped out in greater detail in the Children's Mental Health Reform (CMHR) Project plan that will be published on this website in the fall. Stakeholders who are interested in participating in the CMHR Project can use <u>this link to contact us</u>.

The work toward transformation since May is described below. Workgroups are bolded for easy reference.

### Intergovernmental Team (IGT)

The Intergovernmental Team (IGT) has been chartered by the Idaho Behavioral Health Cooperative. A nomination process is currently underway to secure the membership that is representative of stakeholders' interests and that meets the terms of the <u>leff D. Settlement</u> <u>Agreement</u>.

#### Services and Supports workgroup

The Services and Supports workgroup has analyzed 13 services/supports. Taking these analyses into account, the **Clinical Advisory workgroup** will make the final recommendations on the definitions of the services/supports that will comprise the children's continuum of care. There are opportunities for licensed behavioral health clinicians and medical professionals to participate on this workgroup in addition to the stakeholder volunteers who are already engaged in this work.

#### Workforce Development workgroup

The Workforce Development workgroup leadership has updated the purpose and scope of the work of this team. They intend to leverage and build on existing efforts across Idaho to take action to build the healthcare workforce that Idaho's children need, specifically in the field of mental health. Additional work to be performed by this workgroup is to identify the training needs of the existing behavioral health providers and community stakeholders and to devise a



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training plan for this. There are opportunities for stakeholder volunteers to take part in this work process.

## **CANS workgroup**

The CANS workgroup is working with Dr. John Lyons, of the <u>Praed Foundation</u>, and Dr Nate Israel, of Chapin Hall, to finalize the clinical profiles that will be used to identify children with serious emotional disturbance and those children who need intensive services. Dr. Israel will be providing trainings to the Project's agency partners on the <u>CANS</u> and <u>TCOM</u> in July and August. DBH is also working on the procurement process for the automation of the CANS tool. A Request for Proposal (RFP) on how to automate the CANS will be posted in the fall of 2016.

# **Quality Management Improvement & Accountability (QMIA) Committees**

The Quality Management Improvement & Accountability (QMIA) Committees are being formed at this time. Those committees are:

- Data and Reports (already meeting)
- Clinical Quality
- System Improvement
- Youth and Family Partnership
- Provider Partnership
- Implementation Plan Monitoring

DBH will be forming the Automation and Transition workgroups later this year.

Since May, the following communication activities have occurred:

- YES Website go-live
- Orientation to the CMHR Project presentation made to the joint audience of county probation, child welfare and regional children's mental health staff
- Collaboration meetings with area hospitals

If you have any questions or comments about this information please contact us.