



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Children's Mental Health
Reform in IDHW:
*Building a System of Care***

Project Plan

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Revision History	
<i>Date</i>	<i>Description of Change</i>
August 7, 2015	First Draft of Project Plan

Legislative Involvement
The project will require the Executive Sponsor to work closely with legislators, keeping them informed of all changes that may require updates to IDAPA or statute. Legislators from the following areas will be included:
Idaho House of Representatives
Idaho Senate
Joint Finance Appropriations Committee
Idaho Health Care Task Force
Behavioral Health Sub-Committee

Governance and Interagency Collaboration
This project will require the establishment and use of a collaborative interagency governance structure, to be referred to as the Interagency Governance Team (IGT), to coordinate and oversee implementation of the Jeff D. class action lawsuit Settlement Agreement, referred to in this document as the “Agreement”. (Corresponding Commitments from the Agreement: #49-51)
Administrator of the Idaho Department of Health and Welfare (IDHW) Division of Behavioral Health (DBH)
Idaho Department of Juvenile Corrections (IDJC)
Idaho State Department of Education (SDE)
Children’s Mental Health Representative
IDHW Division of Medicaid
IDHW Division of Family and Community Services (FACS)
County Juvenile Justice Administrator
Family Advocacy Organization Representative

Parent of a Class Member or former Class Member currently below the age of 23
Class Member or former Class Member under the age of 23
Private Provider Representative

Sponsors		
Name/Project Title	Division/Unit	Phone Number
Ross Edmunds Executive Sponsor	Administrator, Division of Behavioral Health	334-6997
Miren Unsworth Child Welfare Business Sponsor	Deputy Administrator, Division of Family and Community Services	334-5925
Tiffany Kinzler or Cathy Libby Medicaid Business Sponsor	Bureau Chief, Division of Medicaid Deputy Administrator, Division of Medicaid	364-1989 364-1842
Jamie Teeter DBH Business Sponsor	Bureau Chief, Division of Behavioral Health	334-5716
Chuck Halligan DBH Business Sponsor	Consultant, Division of Behavioral Health	334-5546

Principal Division	Contact	Phone Number
Division of Behavioral Health	Pat Martelle, Project Manager	334-6680

Cross References to Related Project Management Documents	
Implementation Plan	The Implementation Plan is a specific requirement of the Agreement and serves as the State’s response to the Agreement. It reflects a joint effort by IDHW, SDE and IDJC and will be used as the central documentation of the work undertaken by the State to comply with the Agreement. The Implementation Plan is not a part of the Project Plan but is listed here for use as a reference document since it is the true source of “outcomes” that are required by the Agreement.
Project Plan	The Project Plan is the primary source of information about IDHW’s

	children’s mental health reform project for translating the commitments in the Agreement into operations. The Project Plan is the responsibility of the Project Manager. The Project Plan is formalized and authorized as a work order and implies resource allocation to get the work done. The Project Plan is aligned with the Implementation Plan, is limited to IDHW operations and includes interface components with processes of the SDE and IDJC.
Task Plan	The project Task Plan 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. The Project Manager will maintain the Task Plan.
Communication Plan	The Communication Plan defines the stakeholders and their communication needs and the methods to 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.
Quality Management, Improvement & Accountability (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 Implementation Plan and information pertaining to children’s mental health reform from the SDE and IDJC.

Background

In August 1980, the Jeff D. Class Members, a group of indigent children with a serious emotional disturbance, commenced a lawsuit against the state of Idaho, including the Governor of Idaho, the Superintendent of Public Instruction, the Director of the Idaho Department of Health and Welfare, and the Administrator of State Hospital South. The Director of the Idaho Department of Juvenile Corrections was named as a Defendant in 2000. The Complaint claimed that adequate care, along with 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. Based on direction provided by the court in 2013,

the Parties negotiated a settlement agreement that would achieve substantial compliance and fulfill the purposes of the consent decrees that had been issued over the past 30 years. Through these efforts, the Parties developed the Jeff D. class action lawsuit Settlement Agreement. The Agreement specifies a 9 month timeframe for creation of an Implementation Plan, a 4 year implementation period, and sustainability for 3 years of successful operations to be completed before the lawsuit can be dismissed. The detailed procedural history of this court case and additional detail about requirements that must be met in order for the lawsuit to be dismissed is documented in the Agreement. The full text of the Agreement is available at <http://healthandwelfare.idaho.gov/Medicald/MentalHealth/JeffDImplementation/tabid/3006/Default.aspx>

Purpose of the Work

To develop and implement a sustainable, accessible, comprehensive, and coordinated IDHW service delivery system for publicly-funded community-based mental health services to children with serious emotional disturbance.

Desired Outcomes

- Gaps in Idaho’s mental health services and delivery system are identified and addressed, making it more effective and efficient in meeting the needs of children with serious emotional disturbances and their families.
- A statewide process is created across all IDHW divisions to identify and screen children for unmet mental health needs.
- An array of accessible community-based services and supports is provided to children with serious emotional disturbance when medically necessary.
- Services are delivered using a consistent evidence-informed approach that engages families, children and youth and their support systems.
- Monitoring and oversight of the service quality is conducted to promote the best outcomes for children and to maximize the efficiency of the new system.

Project Objectives

Objective 1:

Describe, develop, implement and support a comprehensive mental health continuum of care through service development in the most cost-effective manner to improve clinical outcomes. (Corresponding Commitments from the Agreement: #18,19)

- Define a continuum of care model that aligns with the Agreement, industry standards, Substance Abuse Mental Health Services

Administration (SAMHSA) standards, and is also reflective of findings in gap analyses that have been performed in affiliation with IDHW.

- Conduct a cost/benefit analysis and environmental scan on the services identified in the continuum of care model to inform the strategy for implementation of new services.
- Develop a recommended service package and implementation strategy based on the cost/benefit analysis and environmental scan results.
- Secure the necessary governmental authorities to move the recommended service package to operations per the described implementation strategy.
- Provide for an iterative process of ongoing oversight and analysis of newly implemented services to ensure they meet requirements made implicit by the service definitions in Appendix C of the Agreement.

Objective 2

Describe, define and structure in policy the Principles of Care and the Practice Model for a new system of care, as articulated in the Agreement, that will be used to guide IDHW child-serving divisions and all associated contractors in the delivery and management of mental health services and supports for children. (Corresponding Commitments from the Agreement: #20,21, 25-27)

- Establish and promote minimum standards for the delivery of all services in the continuum of care that reflect values for being family-centered, collaborative and unconditional. The standards will include requisite criteria for treatment based on the individual child's strengths, a child and family team decision-making model, a service array rooted in the child's community and a focus on outcomes. The standards will prescribe individualized care and cultural competency, will promote early identification and intervention, and will include family and youth voice and choice.
- Delineate how the identified IDHW divisions and associated contractors will engage families, children and youth, and their communities through a comprehensive framework built on evidence-informed practices and a foundation of key practice components: engagement, assessment, care planning and implementation of services, teaming, monitoring and adapting, and transition.
- Implement policy and train to the established Principles of Care and the Practice Model.

Objective 3

Design and activate a new course of business across each identified IDHW division to conduct the operations necessary to execute the Access Model, as articulated in the Agreement, that is consistent with the defined Principles of Care and Practice Model. This includes adoption of a statewide assessment process and associated tools as well as a delineation of services according to a hierarchy of intensity response. (Corresponding Commitments from the Agreement: #22-24,28-35)

- Describe current business across divisions pertaining to the identification and delivery of mental health services to children, youth and their families.
- Identify points of intersection across divisions to identify opportunities for alignment with each other.
- Design new processes and division interfaces to achieve identification, assessment, support, service delivery and outcome goals based on the business objectives of the new system of care.
- Identify and operate processes for successful transition from the current system to the new system of care.

Objective 4

Explore the need for software, system supports, interface and maintenance across electronic information systems (MMIS, WITS, others TBD) to identify the needed platforms and functionality for the activation and ongoing operations of the new system of care.

- Describe current automated systems functionalities and identify limitations.
- Describe new information systems demands based on the business of the new system of care.
- Determine possible updates/modifications to the current MMIS and WITS (and others TBD) systems that would provide new automated solutions.
- Design and implement alternative processes for meeting the new business demands in all aspects of the new system of care in which an automated solution is not viable.

Objective 5

Secure the appropriate authorities (IGT, CMS, Idaho Code, IDAPA) to sanction the changes in IDHW business and infrastructure for the implementation and ongoing operations of the new system of care. (Corresponding Commitment from the Agreement: #36)

- Interagency Governance Team (IGT): Meet regularly to review the status of the project and to develop statewide support of the work as it proceeds.
- Center for Medicare and Medicaid Services (CMS)
 - Waiver: Identify and apply for a waiver of federal statute and regulations of the medical assistance program so that newly

identified services and a concomitant delivery system can be established.

- State plan amendment (SPA): Compose and submit for CMS approval the SPA needed to coincide with the approved Waiver.
- Idaho Code: Engage in research and development work for the adoption of changes needed in statute necessary to support the new system of care
- IDAPA: Engage in research and development work for the promulgation of IDHW rules necessary to support the new system of care.

Objective 6

Develop and implement a Workforce Development Plan to guide the development and strengthening of the workforce and to operationalize the Principles of Care and Practice Model across child-serving divisions in IDHW that is needed for the successful implementation and operations of the new system of care. The Plan will include a Practice Manual to guide and facilitate access to services as described in the Agreement. (Corresponding Commitments from the Agreement: #39-42)

- Define specific skills and competencies necessary for the implementation and sustainment of the new system of care.
- Assess current service delivery capacity and organizational readiness
 - Environmental scan
 - Workforce survey
- Describe gaps and quantify needs in relation to provider specialties and accessibility (geographic, technological, obtainable)
- Define strategies for covering gaps and needs that are revealed
- Describe improvement and sustainability actions to implement the strategies (construction of Practice Manual, education, training, coaching, mentoring, technical assistance, development of partnerships, identification of new resources e.g., grants, sponsorships, etc.)

Objective 7

Design and implement a structure with associated policies and procedures for conducting oversight of the implementation and operations of the new system of care to ensure it is responsive to Agreement requirements in the areas of: receipt and response to complaints, due process, program integrity, continuous quality improvement and to provide accountability of IDHW operations. (Corresponding Commitments from the Agreement: #43-48, 52-58, 66-68)

- Integrate a complaint process applicable to all IDHW operations and administration of the new system of care that is centralized and impartial and provides for documentation of complaints, associated timelines to act upon the complaints and documentation of the outcome.

- Build a due process model consistent with state and federal laws that includes standards, protocols, written notifications, and an appeal process.
- Develop and implement a Quality Management, Improvement and Accountability (QMIA) Plan for monitoring, tracking, reporting and publishing outcomes, providing oversight of system performance based on cost-benefit analysis that includes measures for effectiveness and efficiency of operations. The QMIA Plan will also be used for tracking the progress of the implementation of the new system of care.
- Establish statewide partnerships and processes that provide program compliance and adherence to newly defined system of care ideology at all levels (complaints, due process, automated systems, data reporting, fiscal integrity, public-sector participation, fulfillment of court-directed actions).

Objective 8

Construct and execute a resourcing model that provides sufficient and sustainable funding and asset acquisition in support of systemic reform in alignment with the Agreement.

- Evaluate IDHW financing policies to determine to what degree they support and promote the new system of care goals and continuous quality improvement.
- Incorporate utilization and cost management mechanisms in the IDHW administration of the new system of care.
- Identify and develop a plan for the access of funds that can be used to develop the new system of care.
 - Explore Medicaid waiver options that include alternative eligibility criteria
 - Explore re-allocation of existing assets
- Develop and operate a system for ongoing monitoring of IDHW financing policies and strategies in an effort to promote that they support and are responsive to the continuous quality improvement process.

Exit Criteria

- A continuum of care benefit package is developed and implemented.
- The Principles of Care and Practice Model for a new system of care, as articulated in the Agreement, are described, defined and promulgated.

- Each identified IDHW division’s new business processes are designed and activated, consistent with the defined Principles of Care and Practice 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.
- 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 and strengthening of the workforce needed for the successful implementation and operations of the new system of care.
- A structure and process is designed and implemented for conducting IDHW oversight of the implementation and operations of the new system of care focused on program integrity, continuous quality improvement and provides accountability of IDHW operations.
- A resourcing model is constructed and executed with sufficient and sustainable IDHW funding and asset acquisition in support of systemic reform in alignment with the Agreement.
- Court review of documentation of three years of successful operations of the new system of care results in dismissal of the Jeff D. class action lawsuit.

Strategic Alignment

This project aligns with the following elements and goals from the IDHW’s 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 increase value and improve the health of Idahoans.

Goal #2 - Increase the safety and self-sufficiency of individuals and families.

- Objective #3: Promote stable and healthy individuals, families and populations through medical coverage, program access, support services and policy.

Project Parameters

IDHW will work within budget, policy, staffing, automation development capacity, be responsive to QMIA recommendations and substantially meet the requirements described in the Jeff D. class action lawsuit Settlement Agreement.

Assumptions

1. The CMH Reform Project will be executed through a phased approach.
2. Resources from the Division of Behavioral Health and the Division of Medicaid will be available throughout the project for planning and implementation of the CMH Reform Project and to provide administration of the operations as each phase is implemented. The Division of Family and Community Services will also participate to the extent appropriate for that division's business.
3. The Agreement serves as the true source for the Principles of Care, the Practice Model and the Access Model.
4. Associated rule changes, statute changes, and system updates will be identified throughout the phased approach.
5. The final Implementation Plan, and its impact on this Project Plan, will be derived from a consensus model of workgroup management.
8. The elements and parameters of this project plan will be steadily broadened and refined to reflect ongoing stakeholder input and to include increasing levels of detail and timeframes as they are identified.

Stakeholders		
Stakeholder	Their Purpose/Role	How They Will be Involved
Interagency Governance Team (IGT)	Inform decision-making at a policy level that has legitimacy, authority and accountability.	Division of Behavioral Health Executive Sponsor will lead meetings of the IGT, in collaboration with the other Sponsors, to coordinate and oversee the Agreement Implementation Plan.
Project Sponsors	Control project direction, scope, decisions	Meetings with project manager.
Division of Behavioral Health	Lead agency for ensuring the state complies with the Agreement	Assign Project Manager, lead collaborative process and participate in the Defendants' workgroup, editor of state's response to Agreement (Implementation Plan).
Division of Behavioral Health Communications Team	Assistance with and review/approval of communication products for internal and external customers	May respond to media inquiries consistent with DHW policy; maintenance of SharePoint site; may author some products; shall review and work with PM to achieve approval of all communication materials.
Division of Medicaid	Chief payer of services and supports in the new system of care	Develop waiver(s), state plan amendments and contracts to establish administration and funding for services and supports; participate in Defendants' workgroup.
Division of Family and Community Services	Partner with DBH and Medicaid to ensure appropriate interface and linkages	Collaborate with DBH and Medicaid; participate in Defendants' workgroup.
Identified Workgroups/ Stakeholder Teams	Carry out specific assignments derived from the work of the project plan; provide guidance toward adherence to Agreement	Attend workgroup/stakeholder meetings, complete assigned tasks, assist with quality review of project deliverables, identify barriers, provide input on project communications.
IDHW Managers and Administrators	Provide resources and business expertise to the project	Communications about resources; project updates; further recommendations for

		improvement of the Project plan.
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.
Advocacy Agencies	Advocate for and communicate directly with service recipients and their families	Participation on workgroups, serve as consultants when asked, provide collaboration opportunities with constituents.
Workgroup/Stakeholder Teams		
CANS Workgroup	Pat Martelle: DHW, Division of Behavioral Health, Project Manager Chuck Halligan: DHW, Division of Behavioral Health, Business Analyst Vanessa Morgan: Parent Kateri Ray: IFFCMH Board Member, Social Worker Mindy Hoskovec: IFF, Family Support Specialist Shawna Tobin: Idaho Association of Community Providers Michelle Meyer: Idaho Department of Juvenile Corrections Tracey Hocevar: Idaho State Department of Education, Psychologist Michelle Weir: DHW, Family & Children’s Services David Welsh: DHW, Division of Medicaid, Central Office (CO) Tiffany Kinzler: DHW, Division of Medicaid, CO Jennifer Barnett: DHW, Division of Behavioral Health, Quality Kendra Pettit: DHW, Division of Behavioral Health, Policy Brad Baker: DHW, Division of Behavioral Health, Region 6 April Crosby: DHW, Division of Behavioral Health, Region 4	
QMIA Workgroup	Pat Martelle: DHW, Division of Behavioral Health, Project Manager Chuck Halligan: DHW, Division of Behavioral Health, Business Analyst Candace Falsetti: DHW, Division of Behavioral Health, Quality Manager Dave Peters: DHW, Division of Behavioral Health, Region 7 Mary Ball: DHW, Division of Behavioral Health, Region 4 Lynn Thompson: DHW, Division of Behavioral Health, Region 1 Jennifer Shuffield: DHW, Division of Behavioral Health, Region 2 Angie Shantie: DHW, Division of Behavioral Health, Region 2 Alyson Christianson: DHW, Division of Behavioral Health, Region 5 Brad Baker: DHW, Division of Behavioral Health, Region 5 Heidi Lasser: DHW, Division of Behavioral Health, CO Jennifer Barnett: DHW, Division of Behavioral Health, CO Cindy Goff: DHW, Division of Behavioral Health, State Hospital South Jami Stroud: IFFCMH Board Member, Nurse Practitioner Mary Lemke: Parent Danielle Chigbrow: Parent	

	<p>Jennifer Fishman: DHW, Division of Medicaid, CO Miren Unsworth: DHW, Division of FACS, Deputy-Administrator Monty Prow: Idaho Department of Juvenile Corrections, Quality Improvement Director Tracey Hocevar: Idaho State Department of Education DeVere Hunt: Provider Doug Loertcher: Provider T. Sutton: Provider</p>
Other Relevant Workgroups and Workgroup Topics	<p>Implementation Workgroup: initiated Defendants' Workgroup: initiated Workforce Development: initiated Policy: TBD Clinical/Services/Supports: TBD Automated Systems: TBD Resource Acquisition: TBD Transition: TBD</p>

Major Project Deliverables		
Product	Description	Due Date
Implementation Plan	Joint effort from IDHW, SDE and IDJC in conjunction with the IWG; provides detailed descriptions of tasks necessary to fulfill the requirements of the Agreement and is descriptive of the sequence of events; provides for oversight processes on the progress of implementation; documents resource needs. (Corresponding Commitment from the Agreement # 60)	First Draft: July 17, 2015 Final: March 29, 2016
Project Plan	Formal approved document used to guide both project execution and project control; delineates scope of project, oversight, staff resources, stakeholders, purpose of the work, objectives, exit criteria and deliverables; describes the virtual infrastructure of the process for managing project requirements.	Draft: August 7, 2015

Task Plan	Provides a breakdown structure of modules of work into manageable segments and smaller tasks or deliverables so that one has an overview of the scope of work ahead as well as what has been accomplished; delineates phases of work. (Corresponding Commitment from the Agreement #61)	Initial Version: August, 2015
Timeline	Visual presentation of a chronological sequence of project events, milestones and tasks and who is responsible for them; serves as blueprint tool for displaying project status at a glance. (Corresponding Commitments from the Agreement #61c,d)	Draft: August, 2015
Communication Plan	Establishes ways for communicating with project stakeholders and exchanging information; identifies how information flow on requirements will be organized and how to exchange feedback; addresses communication events, products, and overall communication strategy. (Corresponding Commitments from the Agreement #37, 38, 61g)	First Draft: August 7, 2015
QMIA Plan	Provides for monitoring and reporting on client and family outcomes, system performance and progress on implementation of the Agreement as well as for ensuring continuous quality improvement at the clinical, program and system levels; includes goals, objectives, tools, resources, and feedback mechanisms. (Corresponding Commitment from the Agreement #52)	First Draft: December, 2015
Workgroup Development Plan	Establishes methods to be used within a workgroup structure to secure the mission of the workgroup; describes scope of work	First Draft: July 30, 2015

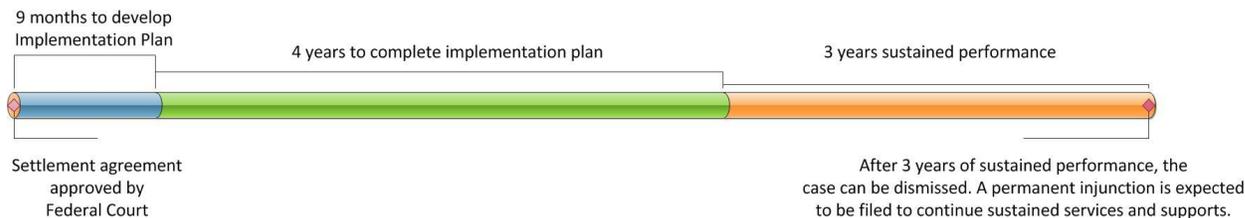
	of the group, provides a methodology for estimating time commitments, defines the goals of the group and the required deliverables.	
Workforce Development Plan	Documents the identified gaps in the current workforce that must necessarily be filled in order to achieve sufficient capacity to meet the requirements described in the Agreement; sets forth a proposal for how to address the gaps as well as how to ensure delivery of services within the estimated and actual utilization ranges; provides for sustainability planning to maintain a sufficient workforce. (Corresponding Commitment from the Agreement #39)	First Draft: 2016
Glossary/Lexicon	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.	First Draft: August 7, 2015
Practice Manual	Provides guidance and facilitates access to care by delineating instructions and guidance for agency staff, providers, and other system and community stakeholders on procedures and protocols for service delivery consistent with the Principles of Care, the Practice Model and the Access Model. (Corresponding Commitment from the Agreement #40)	First Draft: 2017
Dockets	Necessary for IDAPA (rule) promulgation.	To be determined (TBD)
Waiver Application	Necessary to secure appropriate funding authority via Medicaid.	TBD
Contracts	As necessary to administer and	TBD

	operationalize the new system of care services and supports.	
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Current Risk Assessment		
Title	Description	Solution
Lack of agreement with Plaintiff Team	Plaintiff Team (stakeholders and the Class Members' attorneys) may assert a perspective that does not match IDHW's ability and willingness to take action.	IDHW will work diligently and collaboratively with the Plaintiff Team to be as transparent as possible in communicating the components, plans and justification for IDHW action.
Lack of availability of resources	Unavailability of resources could impact implementation of some of the components of the reform proposals.	The work of the project will be to prioritize the identified resource needs and work thoughtfully with the Project Sponsors to secure those resources in a practical approach.
CMS Approval	CMS may not approve the state plan amendments and waiver application as proposed.	Project team will initiate Waiver work as early as possible to ensure sufficient time is allotted for working with CMS to gain approval.
Variation in mental health treatment approaches among stakeholders is high	There may be an unclear division and definition of roles and responsibilities among the many stakeholders involved in the current system which may dilute effectiveness and lead to inefficiencies.	IDHW will work to achieve consensus with stakeholders on the reform proposals.
Large number of stakeholders	The number of stakeholders identified may prove to be too large a group to remain functional and issues may become muddled. This may decrease stakeholder buy-in for those crucial to the project.	IDHW will work to achieve consensus on the reform proposals with stakeholders; additionally, IDHW will identify whose support or lack of it will significantly influence the success of the project.
Contracting and procurement processes are lengthy and complex	Decisions need to be made about the divisions' current contracts in terms of need for amendments versus future procurement processes; this could take significant time and commitments from current contractors at a time when the new system is not yet fully defined or described.	IDHW staff will address this issue and work collaboratively among the identified divisions to determine appropriate scope of each division's contracts and business processes.
System	The State processes and systems	Change management principles will be

Readiness	that must be fully prepared for the operations of the new system of care are complex and interdependent on many other processes.	applied to facilitate the modifications that will be required in order for the new system of care to operate as it is intended.
Time to implement	Four years following the approval of the Implementation Plan is what is available for meeting the Agreement requirements.	The timeline and Task Plan will contain sufficient detail so that management of the work can proceed according to a phased model.

Project Timeline (high level)	
Implementation Planning	July, 2015–March, 2016
Implementation Process	2016-2020
Sustained Performance for Court Reporting	2020-2023



Project Controls	
Status Reporting	Sponsor Reports: This reporting activity will occur on a recurring schedule of at least monthly with all Sponsors and more frequently with a subgroup of Sponsors. The Project Manager is responsible for this reporting activity.
	Stakeholder Team/Workgroup Member Reports: Monthly progress and status reporting from stakeholder team/workgroup members is required. Representatives of all stakeholder team/workgroups are responsible for attending scheduled meetings and communicating progress and status information.
	Updates and progress will be communicated to the Project Manager and disseminated to internal and external stakeholders via established communication pathways.
Meeting Coordination	The Project Manager is responsible for coordinating meetings, agendas and updates. The schedule for the meetings is determined by the Project Manager and Project Sponsors.

Glossary	
Term	Definition of use in Project Plan
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	<p>A member of the group of people who originally filed suit against the state. In the Jeff D. class action lawsuit Class Members are:</p> <ul style="list-style-type: none"> • Idaho residents with a Serious Emotional Disturbance; • 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. • 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))	<p>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.</p>
Commitments	<p>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.</p>
Continuum of care	<p>A comprehensive array of services spanning</p>

	all levels and intensity of care.
System of care (<i>resource: SAMHSA</i>)	<p>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:</p> <p>The core values of the system of care philosophy specify that systems of care are:</p> <ol style="list-style-type: none"> 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.