



YES 101

Empowering the mental wellness of children, youth and their families



Table of Contents

Glossary of Acronyms	Page 2
Welcome to YES 101 & The System of Care	Page 3
Background of YES	Page 5
Practice Model: Who Will be Affected & New Services	Page 6
Process for Obtaining Services	Page 7
What Can be Done Now for a Child with SED?	Page 8
Principles of Care	Page 9
Changes to Services	Page 10
YES Services & Supports	Page 11

Glossary of Acronyms

- CFT:** Child and Family Team
- DHW:** Department of Health and Welfare
- EPSDT:** Early Periodic Screening, Diagnosis and Treatment
- SED:** Serious Emotional Disturbance
- SHS:** State Hospital South
(Idaho’s only state-run children’s psychiatric hospital)
- YES:** Youth Empowerment Services

This project is referred to by two different names:

- *YES (Youth Empowerment Services)*
- *The Jeff D. Class Action Lawsuit*

This booklet was developed by the Idaho Department of Health and Welfare, Division of Behavioral Health with input from parents, providers, and other partners, for the purpose of providing general information about the Youth Empowerment Services (YES) system of care. For more information and updates, please visit www.yes.idaho.gov

Welcome to YES 101 & the System of Care

Welcome to the Idaho Youth Empowerment Services (YES) 101. Here you will find information about the ongoing collaborative effort to implement a new system of care for Idaho's children and youth with serious emotional disturbance (SED). This new system of care has been authorized by the Department of Health & Welfare (DHW) as part of the settlement resulting from the Jeff D Class Action lawsuit.

The State of Idaho is in the process of developing a new children's mental health system of care called YES – Youth Empowerment Services. It will provide a new way for families to find the mental health help they need for their children and youth. It will be strengths-based and family-centered, and it will incorporate a team approach that focuses on providing individualized care for children.



The new system of care will offer a comprehensive array of services to address the needs of children and youth with serious emotional disturbance (SED). Through a coordinated and collaborative effort, multiple child-serving agencies (e.g. Family medical providers, schools, Health and Welfare, Juvenile Justice) will work with the family to build a treatment plan around the unique needs and strengths of each child.

More community-based services will be developed to reduce the number of children and youth who enter the juvenile justice system, are placed in residential treatment programs and/or are admitted to hospitals due to their unmet mental health needs. Access to YES services will provide services to help improve the level of functioning and overall well-being of children and youth who are challenged with complex mental health disorders.

Over a period of seven (7) years (by 2020), YES will work to become a sustainable system of care providing public sector children's mental health services. It will improve the quality of care, accessibility of services and outcomes of children served. YES is committed to:

- Developing statewide capacity to provide timely services and supports according to the child's and family's needs,
- Developing and consistently using a statewide access model or process which will identify, screen, assess, refer, and link qualified children to appropriate services and supports, and
- Operating under the established principles of care which guide child-serving agencies in the delivery and management of mental health services and supports.

The YES project is being implemented from 2015 to 2023 including three (3) years for proving sustainability. As the implementation plan moves forward, please refer to the YES website for the most current updates at **www.yes.idaho.gov**.

Background of YES

1. What is the Jeff D Class Action Lawsuit (aka YES)?

The lawsuit began in 1980 when children were co-mingled with adults at State Hospital South (SHS). There was a lack of appropriate treatment services and educational services at SHS, as well as a lack of community-based mental health services across Idaho.

After many hearings over 30 years, the Court encouraged a mediation process to occur in order to identify solutions. Mediation occurred from September, 2013 through December, 2014, and resulted in a Settlement Agreement. Key community stakeholders representing parents, advocates, private providers, representatives from DHW, the Idaho Department of Juvenile Corrections, the Idaho State Department of Education and attorneys representing the Class Members participated in these negotiations.

Class Members are Idaho residents under the age of 18 with a serious emotional disturbance (SED) identified in the lawsuit as the plaintiffs. (See question #2 for further details). The Settlement Agreement is a high level description of what the state agrees to do in order to have the lawsuit dismissed. It also describes the services that will be put into place under the new system of care.

YES Timeline

1980: Jeff D. Class Action Lawsuit

September 2013 – December 2014: Formal Mediation

June 2015: Settlement Agreement

May 2016: Idaho Implementation Plan

September 2016: Youth Empowerment Services Project Plan

May 2020: Children's Mental Health System of Care is implemented



Practice Model: Who Will be Affected & New Services

2. Who will be affected by this Project?

Class Members are Idaho residents with a serious emotional disturbance (SED) who are under the age of eighteen (18), have a diagnosable mental health disorder based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) and have a substantial functional impairment. Such children, youth and their families are entitled to the services/supports listed in the Agreement.

3. Will there be any new services as a result of this Project?

There will be new services as well as improvements made to existing services. Appendix C of the Agreement lists multiple services and supports that will be included in the continuum of care. Most of these will become Medicaid benefits and some will be offered through the Division of Behavioral Health. The list of service categories can also be found on page 11 of this primer.

4. Will the services my child currently receives change as a result of this Project?

Some families may experience a change in the treatment plan with the addition of new services when services are applicable to their child's needs and are medically necessary. Some families may not see any changes in the treatment plan if their child has no need for changes. All families will experience a major change in the assessment process and the system of care because the state is adopting a new treatment philosophy. The new philosophy is referred to as the Principles of Care in Appendix B of the Agreement (Also see page 9). This philosophy requires the individualized treatment plan to be based on each child's strengths and needs. It relies on the Child & Family Team (CFT) that focuses on input from the family and the child (as the child/youth is able to participate).

Process for Obtaining Services

5. How will the process for obtaining mental health services for my child be impacted?

The state is creating multiple pathways for accessing a children's mental health assessment. There will be a checklist tool that anyone can use to help determine if a child may benefit from a full mental health assessment. A screening tool will also be available for various types of professionals who are already working with a child to help them determine if they should refer the child for a full mental health assessment. Families may also request a full mental health assessment without first going through the checklist or the screening. The assessment process will be improved by use of a tool, called the CANS (Child and Adolescent Strengths and Needs), that captures the child's strengths and needs, as well as the strengths and needs of the child's family or caretakers.

Following the assessment process the family will be given the opportunity to establish their child & family team with any of the people in their lives who support them and their child, as well as the professionals and clinical service providers who are working with the child. The child and family are the most important voices in the treatment planning process. The treatment plan is built directly from the results of the CANS, and the family is the main driver of the treatment plan.

6. Why have these specific services/supports been chosen?

The services and supports have been chosen to provide a home and community-based treatment approach in the least restrictive setting. The services/supports will provide a full continuum of care available to the family based on the child's strengths/needs. The child and family team provides support to access services based on medical necessity requirements.



7. How and when will these services/supports and the new processes be available for my child and family?

The services and supports will be rolled out in phases between 2018 and 2020. Periodically the state will be hosting information and training sessions about the new system of care and various topics pertaining to SED (serious emotional disturbance). Printed material describing the system of care and how it operates will be available to parents and youth throughout the life of the Project as services are added or modified.

What Can Be Done Now For a Child with SED?

8. Why are services/supports in the new system of care not available now?

Before determining all the features of the new system of care, the state intends to continue to solicit input from parents, youth who use the system, and providers so that the system reflects the needs of communities across Idaho. Significant education and training must be made available prior to the roll-out of any new or modified service. Parents, youth, and the providers who serve them, need to have an understanding of how the new system works, what the definitions of the services/supports are, what the purpose of the services/supports are intended to be, how to access the services/supports, what to do if you have any concerns or complaints about the system, and how to get involved in the development of the new system. This work will continue through 2020 as services/supports are implemented across the state.

9. What can I do if my child needs a medically necessary service that is not available within the limits of the Idaho Medicaid State Plan?

Parents should work with their child's primary care provider and mental health provider to determine their child's treatment needs. When a child has medical necessity for a service, as determined by these healthcare professionals, and that service is not available in the Medicaid State Plan, the parent should work with these professionals to make a formal request

for such services through the Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) process.

10. How is the developing system of care different from what we have now?

The new system of care represents a significant change in Idaho’s mental health service delivery model for children. Currently, the various child-serving agencies work fairly independently to serve children. In the new system of care, the child-serving agencies will collaborate to make sure that children with SED will be identified as early as possible and will be routed to the pathway for assessment and referral to services from any starting point (e.g. doctor, school, police).

The new System of Care embodies the following Principles of Care:

- **Family-centered** by emphasizing family strengths and maximizing family resources
- **Family & youth voice and choice** are intentionally utilized throughout the process
- **Strengths-based services and supports** (see page 11)
- **Individualized care** that emphasizes the unique strengths and needs of the child and the child’s family
- **Team-based** with the parents included as active participants on the team
- **Array of community-based services** available to meet the unique needs of child & family
- **Collaboration** across all child-serving systems from treatment planning to policy establishment and monitoring of these policies
- **Early identification and interventions** made available in a variety of settings



- **Outcome-based** to measure success of treatment plans and services
- **Unconditional commitment** from providers to achieve goals of the treatment plan
- **Culturally competent services** that respect individual's culture and preferences

Noticeable Changes to Services:

1. The assessment process will include a new tool (CANS—Child and Adolescent Needs and Strengths) for measuring the child's needs and strengths, as well as the family's. The process will help determine the mental health diagnosis as well as the level of functional impairment.
2. The treatment planning process will utilize a Child & Family Team (CFT) approach that allows the family to drive the creation of the plan.
3. Choices in available services which are being implemented in a phased-in approach from January, 2018 until May, 2020.
4. The review process will include the CFT for noting the changes that have occurred in the child's behavior and developing plans to address such changes.



Thanks to the youth from around the state who came together to chose the Idaho Mountain Bluebird as the symbol and worked on creating a logo and tagline for the new system of care.

Youth Empowerment Services (YES):

Empowering the mental wellness of children, youth and their families.

Array of Children’s Mental Health Services and Supports will include:

A. Assessment & Treatment Planning

1. Comprehensive diagnostic assessment
2. Evaluation and testing
3. Treatment planning that includes:
 - Child and Family Team (CFT)
 - Crisis Plan
 - Treatment Plan
 - Transition Plan

B. Case Management & Intensive Care Coordination

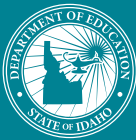
C. Treatment Services & Support Services

1. Treatment services:
 - Medication management
 - Skills building
 - Behavioral/therapeutic aide services
 - Intensive home and community-based services (using the Wraparound process)
 - Therapeutic after-school and summer programs
 - Integrated substance use disorder services for individuals with co-occurring disorders
 - Inpatient psychiatric hospital
 - Psychotherapy
 - Day treatment
2. Residential services:
 - Therapeutic foster care
 - Residential care
3. Support Services:
 - Respite
 - Psychoeducation & training
 - Youth support
 - Flexible funds
 - Transportation
 - Family support
 - Case consultation

D. Crisis Response Services (24/7)

1. Crisis Respite
2. Crisis Response Services
3. Crisis Intervention





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