QMIA Quarterly Report

Youth Empowerment Services (YES)
Draft Quality Management Improvement and Accountability (QMIA)
Quarterly System Performance and Class Member Outcome Report

QMIA Data & Reports Committee
12/05/2016

What is the YES QMIA Quarterly Report?

The Youth Empowerment Services (YES) Quality Management Improvement and Accountability (QMIA) Quarterly Report is an evaluation of the success of the planned transformation of Idaho's child serving mental health system.

The goal of the YES QMIA Quarterly Report is to tell the story of how well the mental health serving system for children, youth and families is working by providing information about child, youth and family outcomes and system performance.

The report will be based on an approach called Transformational Collaborative Outcomes Management (TCOM). TCOM is a continuous quality improvement approach centered on the child mental health serving system acting together on the needs and strengths of children , youth and families. At the core of TCOM is the Child and Adolescent Needs and Strengths (CANS), which is a collaboratively completed measure of child and family strengths and needs.

Following the TCOM conceptual framework, the report will be based on five (5) critical decision points in the delivery of mental health services to children, youth and families: 1) access, 2) engagement, 3) appropriateness of treatment, 4) effectiveness of treatment, and 5) linkages.

As we begin to work on the development of new systems and processes for collecting and reporting data in this way, it is notable that the data currently available in these five (5) key areas is rather limited. Therefore the data included in the initial QMIA Quarterly Report has been constrained and includes some basic and preliminary data and does not specifically address each the areas noted.

History of the QMIA Quarterly Report

The YES QMIA Quarterly Report is based on the quality monitoring requirements set forth in the Jeff D. Settlement Agreement and in Idaho's YES QMIA Plan. Both of these documents are available on the YES website at http://youthempowermentservices.idaho.gov.

The Jeff D. Settlement Agreement directs and governs the development and implementation of a sustainable, accessible, comprehensive, and coordinated service delivery system for publicly-funded community-based mental health services to children and youth with serious emotional disturbances (SED) in Idaho. One specific element of the agreement is the requirement for a QMIA Plan.

The YES QMIA Plan was developed by a workgroup which met for nine (9) months during the implementation planning process in SFY 2015 .

The QMIA Workgroup was a "cross-system" or multiagency workgroup made up of representatives from three (3) divisions of the Department of Health and Welfare: the Divisions of Behavioral Health (DBH), Family and Community Services (FACS), and Medicaid, as well as the Idaho Department of Juvenile Corrections (IDJC), and the Idaho State Department of Education (SDE). One of the Plaintiff's representatives was also on the workgroup.

During the QMIA Plan development process, the workgroup created a list of key quality performance management indicators that would be useful and informative for all stakeholders to monitor and evaluate how well the system is meeting the needs of children, youth and families.

Where will the QMIA data come from?

The QMIA Quarterly Report will include information from five (5) child serving systems: the Idaho Department of Health and Welfare's Divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS); the Idaho Department of Juvenile Corrections (IDJC); and the Idaho State Department of Education (SDE).

The goal is to have cross-system information from all five (5) systems in the QMIA Quarterly Report at the regional and statewide level. The QMIA Quarterly Report will include information from five data feedback structures:

1. Topical reports from each of the five (5) child serving systems.
2. Reports produced from the Child and Adolescent Needs and Strengths (CANS) assessment will be a primary source of data, and specifically cross-system data.
3. System performance information including adherence to the practice components such as Child and Family Teams (CFT), Wraparound, the Access Model, Principles of Care and Practice Model (POCPM), and the Practice Manual will come from quality assurance processes and resulting reports developed through the QMIA Council.
4. Child and family perception of care from a Quality Review (QR) process.
5. Lessons learned from various assessments completed by stakeholders, communities and other sources (such as Universities or External Quality Review Organizations).

As Idaho's child serving mental health systems are complex and somewhat fragmented, and each of the five (5) child serving systems has different state and federal requirements associated with data reporting, the data for the initial publications of QMIA report will initially be from current topical reports (feedback structure #1) that are readily available from each system. Initial reports will be not be cross-system , and will not include data from the other four (4) data feedback systems.

What will be reported?

The QMIA Quarterly Report will include key statewide system and regional levels of performance measures that will allow the state agencies, families, and other stakeholders to monitor and evaluate the children's mental health system of care, to use that information to guide decision making, and to identify opportunities for performance improvement in the system of care.

1. Data will include both counts and appropriate summary statistics (percentages, averages, etc.) and detailed statistical analysis.

2. Data will be filtered by level of the system : statewide or regional. Regional information will typically be based on the regions as defined by the DBH. Information about Idaho's regions can be found at the following link http://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx

3. Date ranges for the data will be consistent across all entities included in the report. (Note this means that data at the statewide and regional level will be delayed by up to 3 months so that data based on claims information will be complete).

4. Data reported for SFY 2016 and 2017 will form baseline comparisons for future years.

What will be reported?

Once we have implemented CANS and TCOM, the QMIA Quarterly report will tell the story of how efficient and effective (see examples below) is improving child and family health and well-being based on the following key decision points:

A. Access- Example: Are children, youth and families getting timely access to care ?

B. Engagement – Example: Do children, youth and families experience services as useful and empowering?

C. Service Appropriateness – Example: Is the array and availability of services sufficient to meet the needs of children , youth and families?

D. Effective Care - Example: Is the system increasingly effective and efficient at supporting children, youth and families in meeting their goals?

E. Linkages – Example: Are treatment gains maintained post-treatment, at or above established benchmarks?

As noted previously, since the CANS/TCOM system is not operational yet, the YES QMIA Quarterly Report will attempt to cover the key decision points with existing data and when possible with a view towards developing enhanced data.

How will the data from the QMIA Quarterly Report be used?

The QMIA Quarterly Report is designed to be used to:

1. Promote quality by supporting decision makers in the children's mental health system of care to identify exceptional performance or areas needing improvement.

2. Provide the cross-system information needed to support a cycle of feedback that moves from data to action.

    a. For the Court, the Plaintiffs and other stakeholders, the report will provide data on access and other requirements for the Jeff D. Settlement Agreement to monitor compliance.

    b. For the Court, the Plaintiffs and other stakeholders, the report will provide information about the quality of care based on quality measurements.

    c. For the child serving system of care, the report will provide information that will be utilized to support collaborative quality improvement initiatives and performance improvement projects.

1st QMIA Quarterly Report

The following data broken out by child serving system is included in this 1st QMIA Quarterly report:

1. Division of Behavioral Health (DBH)*
   - Population served by age, gender, race, ethnicity, region, and statewide totals
2. Family and Community Services (FACS)*
   - Population served by age, gender, race, ethnicity, region, and statewide totals
3. Idaho Department of Juvenile Corrections (IDJC)*
4. Idaho State Department of Education (SDE)*
   - Population by disability category and age and ethnicity
5. Maps of DBH and Medicaid Network Providers
6. Estimated Class Membership

*The data provided is for potential Class Members. It is notable that the numbers are not de-duplicated across systems, and that many of the children and youth may be represented in more than one set of data.

Division of Behavioral Health (DBH)

DBH has provided SFY 2016 data on the population served by age, gender, race/ethnicity and region.

Statewide data is here on slide 9 and detailed data follows on slides 10, 11, 12.

Information about the DBH Regions can be found a the following link:

- http://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx

*Left off one child noted as "0" age

** Included 18-year-olds as the age cut off was for the DBH data was Jan 1.

DBH Services	Number	Percent
Gender		
Female	643	38.4
Male	1031	61.6%
Age Group		
0-4*	6	0.3%
5-9	89	5.3%
10-13	277	16.6%
14-17**	1301	77.8%
Race		
American Indian/Alaska Native	40	2.4%
Asian	4	0.2%
Black or African American	47	2.8%
Hawaiian or Other Pacific Islander	5	0.3%
White	1166	69.7%
More than One Race	62	3.7%
Race not Available	350	20.9%
Region		
Region 1-	160	9.6%
Region 2-	111	6.6%
Region 3-	230	13.7%
Region 4-	349	20.8%
Region 5-	250	14.9%
Region 6-	146	8.7%
Region 7-	428	25.6%
Statewide Total	1674	100%

DBH: Population served by Age, Gender, and Region for SFY 2016

AGE	0		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		Total	
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Region 1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	1	0	2	0	1	2	3	1	2	1	6	4	10	6	21	12	17	13	26	12	13	4	102	58
Region 2	0	0	0	0	0	0	0	0	0	0	1	1	0	0	4	2	5	0	0	1	1	1	1	1	6	1	3	4	9	9	9	6	14	6	8	5	7	6	68	43
Region 3	1	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1	1	1	0	2	1	0	5	3	6	3	10	7	10	12	18	23	19	18	25	29	23	9	121	109
Region 4	0	0	0	0	0	0	1	0	0	1	3	0	2	1	5	1	4	0	10	0	2	4	7	2	14	6	14	5	15	13	36	22	38	21	42	29	32	19	225	124
Region 5	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	1	3	0	7	2	7	7	15	8	21	6	32	22	21	22	26	21	19	7	154	96
Region 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	2	1	3	1	6	4	5	3	3	7	5	9	21	11	21	8	16	10	5	2	90	56
Region 7	0	0	0	0	0	0	2	0	1	0	1	1	3	2	0	2	4	5	5	3	8	4	7	3	13	4	16	14	32	15	47	29	49	38	51	28	32	9	271	157
Total	1	0	0	0	0	0	3	0	1	2	6	3	6	3	11	8	17	6	21	8	19	12	36	16	53	25	67	49	102	70	184	125	179	126	194	134	131	56	1031	643

DBH: Population served by Race, Gender, and Region for SFY 2016

	American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race		Race Not Available		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Region 1	1	0	0	0	2	1	1	0	69	45	2	0	27	12	102	58
Region 2	6	1	0	0	2	0	0	0	45	36	6	3	9	3	68	43
Region 3	2	1	0	0	1	2	0	0	69	75	4	4	45	27	121	109
Region 4	1	2	2	1	17	4	1	0	144	88	2	3	58	26	225	124
Region 5	1	1	0	0	2	1	1	0	124	77	9	5	17	12	154	96
Region 6	7	5	0	0	2	0	0	0	53	38	4	1	24	12	90	56
Region 7	10	2	1	0	10	3	0	2	189	114	12	7	49	29	271	157
Total	28	12	3	1	36	11	3	2	693	473	39	23	229	121	1031	643

DBH: Population served by Ethnicity, Gender and Region for SFY 2016

	Not Hispanic or Latino		Hispanic or Latino		Hispanic or Latino Origin Not Available*		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Region 1-	65	44	5	1	32	13	102	58
Region 2-	53	34	3	3	12	6	68	43
Region 3-	51	59	29	24	41	26	121	109
Region 4-	163	93	20	8	42	23	225	124
Region 5-	124	71	26	19	4	6	154	96
Region 6-	50	28	16	10	24	18	90	56
Region 7-	185	112	56	23	30	22	271	157
Total	691	441	155	88	185	114	1031	643

Comments:
1) Values used for Ethnicity are aligned with those used in the annual Federal reporting

Family and Community Services (FACS): Population served

During State Fiscal Year 2016, FACS served 2,559 children and youth in foster care. Given the below criteria, 500 of these children and youth were identified as possibly being part of the Jeff D. population. Note: The criteria identified in the Jeff D. Settlement Agreement is not specifically tracked by FACS and therefore the following criteria was utilized as a proxy.

Criteria

Disrupted Adoptions – Children and youth that entered foster care during SFY 2016 because of a disrupted adoption.

Multiple Removals – Children and youth that were in foster care during SFY 2016 and had previously been in care 2 or more times prior to the latest removal episode.

Multiple Placements – Children and youth that were in foster care during SFY 2016 and had been in at least 3 separate placements during the latest removal episode prior to June 30, 2016. Placements that ended with the following reasons were not counted:

1. Placement not made
2. Change in foster family's circumstance
3. Licensing issue
4. Moved to permanent home
5. Moved to a relative placement
6. Placed with relative
7. Moved to a pre-adoptive placement
8. Sibling move

FACS: Population served by Age, Gender, Region for SFY 2016

SFY 2016 Child Welfare Jeff D. Population by Age Group													
Region	0 - 4			5 - 9			10 - 13			14 - 17			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	4	6	10	7	4	11	6	7	13	13	13	26	60
2	3	1	4	2		2		2	2	6	1	7	15
3	11	7	18	22	10	32	14	12	26	22	32	54	130
4	13	15	28	16	13	29	9	15	24	22	27	49	130
5	8	4	12	11	10	21	11	11	22	16	11	27	82
6	4		4	2	4	6	1	6	7	10	7	17	34
7	4	3	7	10	8	18	5	5	10	7	7	14	49
State	47	36	83	70	49	119	46	58	104	96	98	194	500

Note: Age was determined based on the date July 1st, 2015.

Source: iCARE, 11/22/2016

FACS – Population served by Race, Gender, Region for SFY 2016

SFY 2016 Child Welfare Jeff D. Population by Race																	
Region	White			Mixed			Black/African-American			Alaskan Native/American Indian			Unable to Determine			Other Asian		Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Total	
1	25	27	52	3	3	6	1		1	1		1						60
2	10	3	13				1	1	2									15
3	64	54	118		2	2	1	2	3	4	3	7						130
4	46	54	100	5	10	15	9	4	13					1	1	1	1	130
5	40	29	69		1	1				5	5	10	1	1	2			82
6	13	9	22		3	3	1	1	2	2	4	6	1		1			34
7	23	19	42	2	2	4	1		1					2	2			49
State	221	195	416	10	21	31	14	8	22	12	12	24	2	4	6	1	1	500

Source: iCARE, 11/22/2016

FACS – Population served by Ethnicity, Gender, Region for SFY 2016

SFY 2016 Child Welfare Jeff D Population by Ethnicity										
Region	Non-Hispanic			Hispanic			Unable to Determine			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	30	30	60							60
2	11	4	15							15
3	48	46	94	21	15	36				130
4	52	58	110	7	11	18	1	1	2	130
5	39	33	72	6	2	8	1	1	2	82
6	12	15	27	4	2	6	1		1	34
7	19	17	36	7	5	12		1	1	49
State	211	203	414	45	35	80	3	3	6	500

Idaho Department Of Juvenile Corrections*
Youth Served FY16

District	Male	Female	Total
1	33	5	38
2	12	0	12
3	56	9	65
4	130	18	148
5	51	8	59
6	24	6	30
7	65	16	81
Total	371	62	433

*Access to IDJC behavioral health services is obtained through a magistrate or district court commitment of a youth to the care of the IDJC. This data does not include county level services including juvenile detention and juvenile probation.

Idaho Department Of Juvenile Corrections*
Youth Served FY16

District	Amer. Indian	Asian	Black	Hispanic	Other	Pacific Islander	Unknown	White	Total
1	1	0	0	2	0	0	2	32	37
2	0	0	0	0	1	0	0	11	12
3	1	0	0	15	0	0	0	47	63
4	0	2	6	28	2	1	1	115	155
5	0	0	3	19	1	0	0	36	59
6	4	0	2	1	0	1	0	22	30
7	7	0	2	25	3	1	0	39	77
Total	13	2	14	91	7	3	3	302	433

*Access to IDJC behavioral health services is obtained through a magistrate or district court commitment of a youth to the care of the IDJC. This data does not include county level services including juvenile detention and juvenile probation.

Idaho State Department of Education (SDE): Population Served

The SDE numbers were collected from the state's website. The reporting year is 2014-2015.

The SDE tracks data in accordance with their federal requirements . The SDE does not track data about specific disabilities such as SED. The SDE tracks how many children and youth have been found to have a qualifying impairment to receive support service under two categories: Emotional Disturbance and Other Health Impairments. Emotional disturbance can be assumed to reflect children and youth who have been found to have a SED. The category of Other Health Impairments (as defined below) covers several conditions such as ADD and ADHD, but the category is also inclusive of many physical conditions.

- An umbrella term, "other health impairment" (OHI) encompasses a range of conditions. The Individuals with Disabilities Education Act (IDEA) names several such disorders in OHI's official definition: "having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that— (a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis [a kidney disorder], rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance."

In the data reported for the QMIA quarterly report, the OHI is not included because while it captures children and youth with ADD and ADHD, it also includes many children and youth who would not qualify as SED.

SDE- Population by : Disability Category and Age

	0-4	5-9	10-13	14-17	Total
Emotional Disturbance	*	173	517	590	1280

Disability Category and Race/Ethnicity

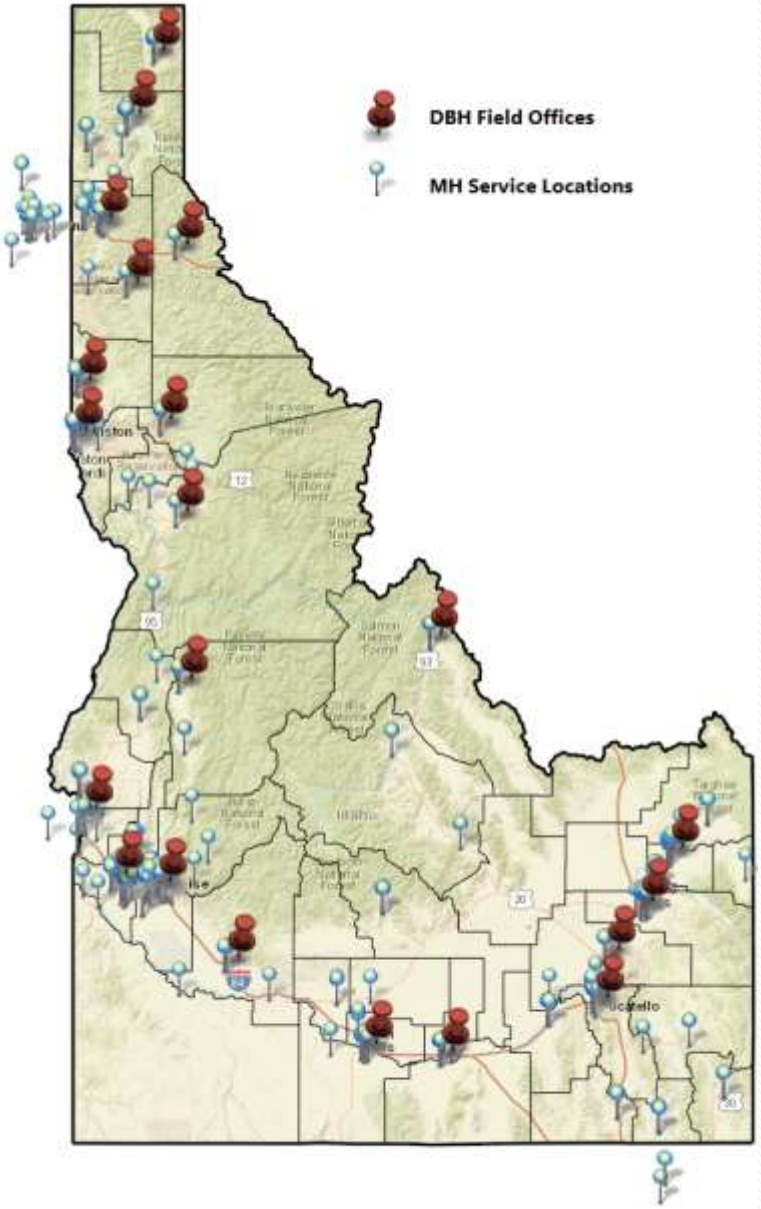
	Hispanic/ Latino	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Two or more races	Total
Emotional Disturbance	22	20	*	16	*	1271	53	1385

* The numbers in these age and race/ethnicity groups are not reported by SDE

Idaho's Child Serving System- Mental Health Providers

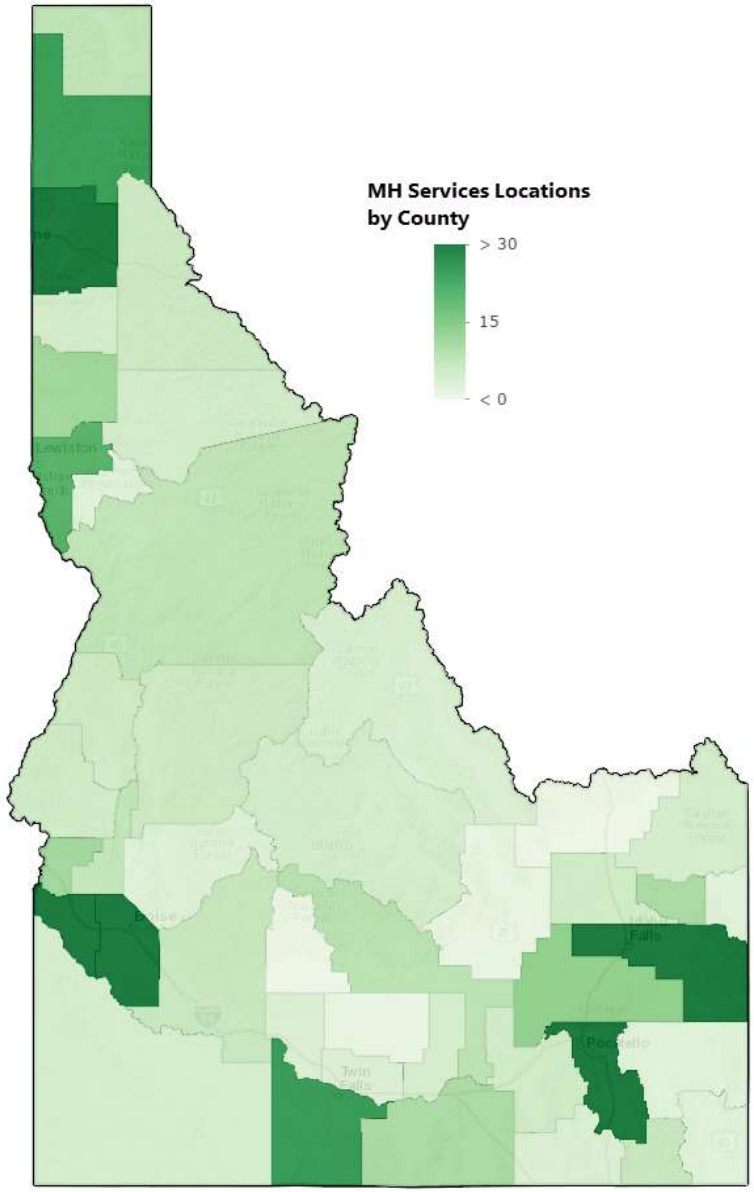
The following are three differing methods for assessing the capacity of Idaho's child serving system of care to meet the needs to Idaho's under 18 population.

Over the next few months, more work will be done to assess the current capacity of providers as well as the array of services.



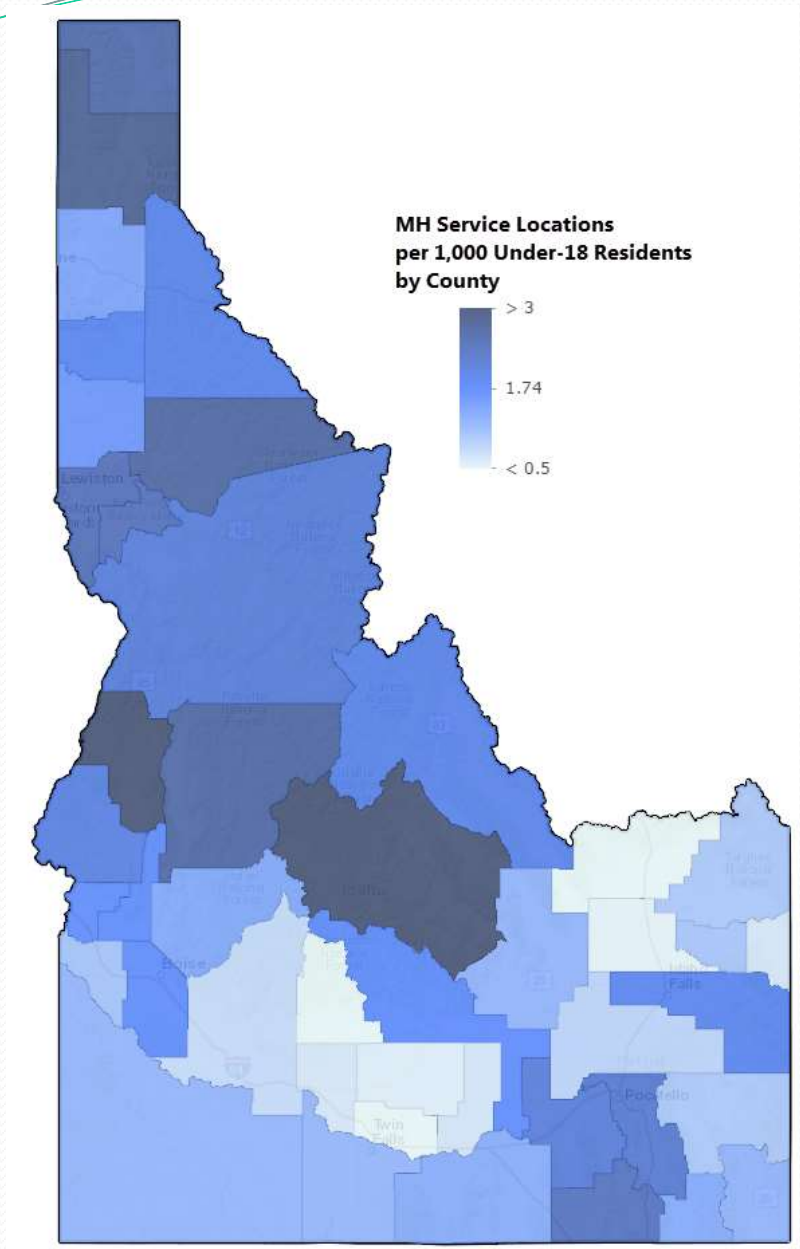
Distribution of Public Sector Mental Health Providers including:

- This map represents both DBH and Medicaid network Providers
- DBH Regional clinics shown as “DBH Field Offices”
- Medicaid Network Providers shown as “MH Service Locations”
- Note: There is some reduction in number of pins as there are far too many cities to show every single location of every provider. However even with this caveat it is easy to see where there are and are not providers in rural locations.



Medicaid Network Providers

- This map represents a count of Medicaid Network providers in each county.
- There are clearly more providers in counties with higher population density.
- Note there were no provider locations found in Camas or Clark Counties based on Medicaid claims data.



Medicaid Providers compared to the population

- This map normalizes the ratio of providers to the population by comparing the number of providers in the county to the under 18 year old population.
- Note that Ada county has almost 3 times as many locations as the second ranked county (62 in Canyon County); however, when comparing location to population, Ada county is close to the statewide average.
- Rural and frontier counties appear to be darker than expected due to higher ratios of providers to the under 18 year old population.

Estimating Class Membership

Based on the settlement agreement, Idaho is required to report annually on the estimated size of Jeff D Class Membership.

The State of Idaho had historically used a population estimate of 5% based on research conducted in 1999. There was concern that this method of estimation needed to be revisited, so DBH contracted with Boise State University (BSU) to research how best to make this projection, and to also analyze how many Class Members might currently be served by the five child serving agencies. This research was completed and the findings were delivered to the Plaintiffs.

An update by BSU on the original estimate has also been completed as well as additional research that was completed by Medicaid based on Medicaid's claims data.

Details on both the BSU methodology and the Medicaid methodology follow on slides 26 and 27.

Estimating Class Membership

Boise State University (BSU): Prevalence of Serious Emotional Disturbance (SED) in Idaho

1. The first report by BSU indicates a potential range of projected Class Members to be between 24,120 and 31,715
   a. The estimate is based on a meta-analysis of the epidemiological literature on children's mental health in the U.S. published from 1993-2015.
   b. Results of this research indicate that the expected population prevalence of SED at the severe level of impairment ranges between 5.59% to 7.35 %.
   c. Given the total population of youth under the age of 18 in Idaho is 431,498 the range is expected to be between 24,120 and 31,715.

2. The second BSU report estimates the number of Idaho youth under the age of 18 years who experienced a serious emotional disturbance (SED) in State fiscal year (SFY) 2015 and who accessed publically funded mental health services.
   a. The estimate is based on an analysis of Idaho administrative data from five publicly-funded children's service systems: Idaho Division of Medicaid, the Division of Family and Community Services (DFCS) of the Idaho Department of Health and Welfare (IDHW), the Division of Behavioral Health (DBH) of IDHW, the Idaho Department of Juvenile Corrections (IDJC), and the Idaho State Department of Education (ISDE).
   b. Based on this analysis, 7,981 to 9,575 Idaho youth, representing 2.52% to 3.02% of Idaho's youth population ages 5 to 17, experienced SED and participated in intensive publicly-funded mental health services in SFY 2015 .
   c. This estimate gives Idaho a snapshot of how many Class Members may currently be being served.

Estimating Class Membership

Division of Medicaid

- **Class Member Defined As:**
  - Children and youth in Idaho, who are under 18 years of age, have a severe emotional disturbance (SED) and a functional impairment.

- **Projected Total Class Members: 21,000 (Rounded)**

- **Methodology:**
  - Medicaid used U.S. Census population estimates and Current Population Survey data along with Medicaid historical claim data. The claim data included claims for services for children and youth age 0-17, who had at least a frequency of 10 mental health claims/visits within a year and that had an ICD-9 diagnosis that have generally been considered as diagnoses associated with SED. The estimate of the number of potential class members includes those who have Medicaid insurance, private insurance only, and those who were uninsured. In this statewide estimation, it was assumed that children and youth who were uninsured had the same SED + affected functionality prevalence rate as those children and youth that had Medicaid insurance and it was assumed that the children and youth who had private insurance only had half of the SED + affected functionality prevalence rate than that of those who were on Medicaid or uninsured.

Class Membership Summary

The results of Class Membership estimation differ based on the criteria of "caseness" or proxy indicators used by each entity (BSU, Medicaid and DBH).

Proxy indicators were used to estimate size of class membership as the specific criteria identified in the settlement agreement is not tracked in the exact manner indicated in the agreement.

It is expected that Idaho will continue to analyze the best methods for predicting class size and will improve the accuracy over time.

For now, we are working with the three estimates (BSU's estimate, and the estimate completed by Medicaid , Idaho 's historical method) as a possible range of expected Class Members.

- BSU-SFY 2015 of 5.59% to 7.35% = 24,120 and 31,715
- Medicaid = 21,000
- DBH Historical method of using prevalence estimate of 5% = 21,574

Further refinement of the expected numbers of class members are expected to occur over time.

Report Summary and Questions

As noted earlier in this report, data that was included is basic information that is currently available from the child serving systems. At this point, it is evident that the data provided does not yet serve the purpose of telling the story of how well the child serving system is doing at meeting the needs of children, youth, and families. The QMIA Data and Reports Committee is working to enhance this report in order to meet that goal.

If you have questions or suggestions about the report, or data included in the report, please contact:

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Youth Empowerment Services

Definitions:

- **Child and Adolescent Needs and Strengths (CANS);** A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
- **Class Member** : Idaho residents with a serious emotional disturbance who are under the age of eighteen (18), have a diagnosable mental health condition and have a substantial functional impairment .
- **Jeff D. Class Action Lawsuit:** The Settlement Agreement that ultimately will lead to a public children's mental health system of care (SoC) that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles .
- **Parties:** The litigants in the Jeff D Lawsuit.
- **Plaintiff's**: Representatives of those who brought the legal action and their counsel
- **Serious Emotional Disturbance (SED)** : The mental, behavioral or emotional disorder that causes functional impairment and limits the child's functioning in family, school, or community activities. This impairment interferes with how the youth the child needs to grow and change on the path to adulthood including the ability to achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills.
- **Settlement Agreement (Jeff D. Settlement Agreement) :** The contractual agreement agreed to between the parties to the Jeff D. class action lawsuit for a resolution to the underlying dispute.

Definitions:

- **System of Care:** 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 .

- **TCOM** : The Transformational Collaborative Outcomes Management (TCOM) approach is grounded in the concept that the different agencies that serve children all have their own perspectives and these different perspectives create conflicts. The tensions that result from these conflicts are best managed by keeping a focus on common objectives — a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.

- **Youth Empowerment Services (YES)** : The name chosen by youth groups in Idaho for the new System of Care that will result from the Children's Mental Health Reform Project.

- Other definitions can be found at http://youthempowermentservices.idaho.gov/Portals/105/Documents/YESWebglossary.pdf