Youth Empowerment Services

Quality Management Improvement & Accountability

Quality Management Improvement & Accountability (QMIA)

Quarterly Report

Issue # 9 – April 2019

QMIA Council Data & Reports Subcommittee
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QMIA Quarterly Report - Issue # 9 - April 1, 2019

About this Report & Table of Contents

October 1- December 31, 2018

About This Report: The Youth Empowerment Services (YES) Data and Reports Committee is pleased to present the Quality Management Improvement and Accountability Quarterly Report (QMIA-Q). The report is a requirement of the Jeff D. Settlement Agreement and is a critical aspect of the YES project. The QMIA-Q report is assembled with information about children, youth, and families in Idaho and from data collected by the Department of Health and Welfare's Divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS), as well as the Idaho Department of Juvenile Corrections (IDJC), and the Idaho State Department of Education (SDE).

The goal of YES is to develop, implement, and sustain a family-driven, coordinated, and comprehensive children's mental health delivery system. This enhanced system will lead to improved outcomes for children, youth, and families; this quarterly report is one tool being used to monitor and evaluate progress toward achieving these goals.

The QMIA-Q reports will focus on statewide and regional-level data and information to provide stakeholder groups insight into the child-serving system in Idaho, including: Profiles of Idaho's youth, workforce development, access and barriers to care such as gaps in services, youth and family experience and engagement, appropriate use of services, effectiveness of services and quality improvement projects.

The QMIA-Q report is available to all stakeholders and delivered to YES workgroups to support decision-making related to plans for system improvement by building collaborative systems, developing new services, and creating workforce training plans. If information provided within this report evokes questions or an interest in additional data collection, please contact **YES@dhw.idaho.gov** with your questions, concerns or suggestions. For Medicaid-specific questions or concerns, please contact MedicaidSEDProgram@dhw.idaho.gov.

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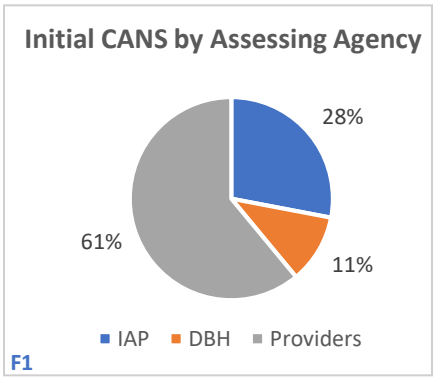
How are Children, Youth and Families Accessing YES?

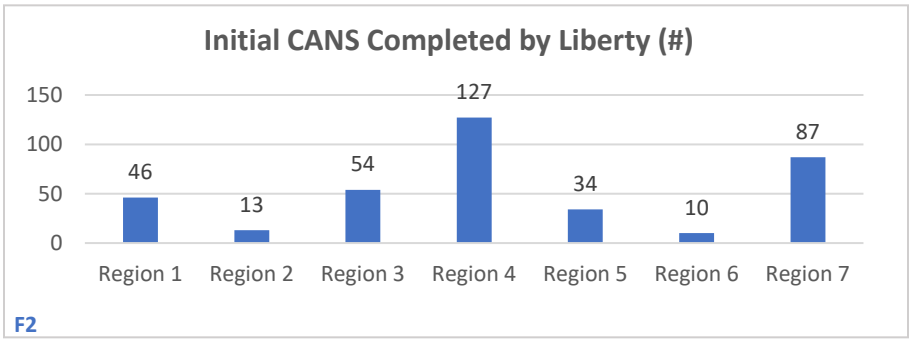
October 1- December 31, 2018

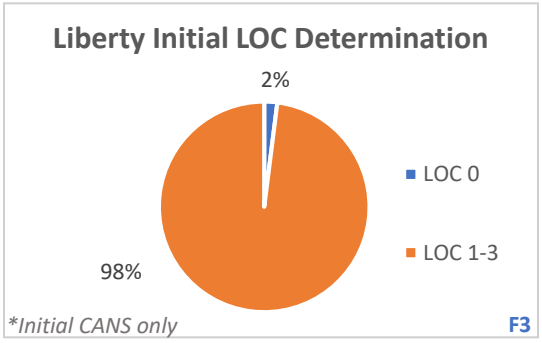
There are currently three access points within YES where a youth may have an initial Child Adolescent Needs and Strengths (CANS) completed: The Independent Assessment Provider (IAP) Liberty Healthcare, the Division of Behavioral Health (DBH), or with a Medicaid/ Optum Network community provider. **During this reporting period, a total of 1,326 youth had an initial CANS completed.** *It is important to note that all youth will receive an "Initial CANS" regardless whether they are new to services or an existing client. The designation of "Initial CANS" indicates a youth's first CANS assessment with an assessing agency. It is also important to note that some youth had an initial CANS completed by the DBH as well as another assessing agency during this reporting period and to avoid duplication will only be represented once in the report sections to follow.*



The Independent Assessment Process

To increase access to services, Medicaid eligibility was extended for YES program members with family incomes from 150-300 % of the federal poverty level. A youth who does not have Medicaid coverage, or has Medicaid coverage and would like to access Agency Respite services will be referred to the Independent Assessment Provider (IAP), Liberty Healthcare. The Independent Assessment Provider will complete a Comprehensive Diagnostic Assessment (CDA) as well as use the CANS tool to determine Youth Empowerment Services eligibility. **During this reporting period, 371 youth had an initial CANS completed through the IAP.** Of these 371 youth, 9 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible for YES. Information on youth who received a LOC of 1-3 will be detailed in the next section of this report. The IAP also completed an update CANS for 11 youth during this reporting period.





Youth Eligible for Medicaid Coverage: Youth who are determined to be eligible for YES by the IAP and who do not already have Medicaid coverage will be referred to the state's Self Reliance program to apply for Medicaid benefits. More information about Medicaid-eligible youth has been provided in the Medicaid Services section of this report.

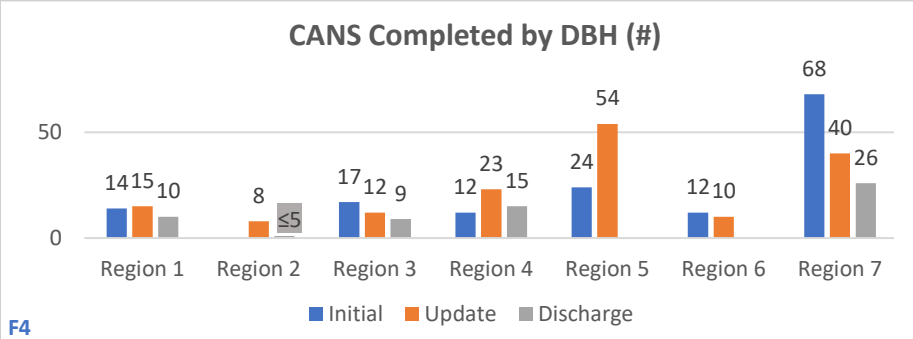
All youth who have been found to be YES-eligible through the Independent Assessment process, are YES Medicaid-eligible and/or would like to access Agency Respite services will have a **person-centered service plan**. DBH currently works with families to complete these plans. Regional information on new referrals received during the reporting period as well as plans completed has been provided in **Table 1**.

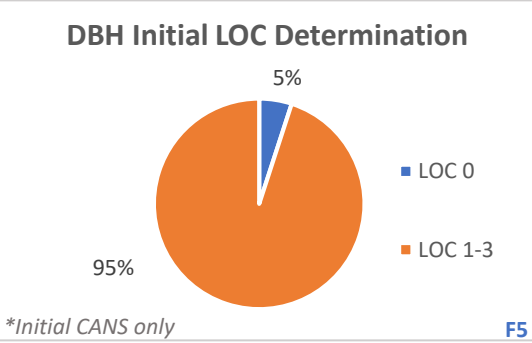
Table 1: Person-Centered Service Plans

Region	New Referrals	% of Total	# Completed during period	% of State Total	Avg. Time to Complete
1	26	17%	26	11%	65 days
2	Redacted	>1%	9	4%	71 days
3	24	16%	21	8%	64 days
4	42	28%	56	23%	84 days
5	16	11%	17	7%	63 days
6	7	5%	12	5%	72 days
7	35	23%	106	43%	81 days
State	151	100%	247	100%	75 days

CANS Completed by the Division of Behavioral Health

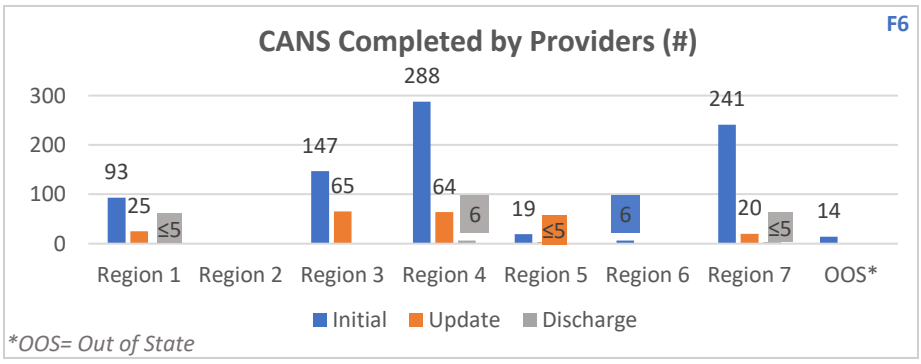
Youth who receive a CANS through the Division of Behavioral Health are typically youth who are involved in court-ordered services, are enrolled in a wraparound program or are not Medicaid-eligible. **During this reporting period, 147 youth had an initial CANS completed through DBH.** Of these 147 youth, 8 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible for YES. Information on youth who received a LOC of 1-3 will be detailed in the next section of this report. DBH also completed an update or discharge CANS for 211 youth during this reporting period.

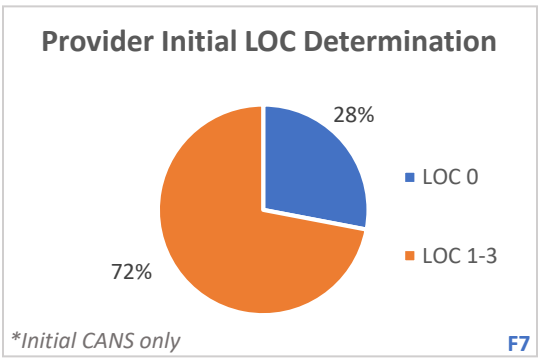




CANS Completed by Community Providers

Youth who receive a CANS through a community provider are youth who are Medicaid-eligible. **During this reporting period, 808 youth had an initial CANS completed through a community provider.** Of these 808 youth, 230 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible for YES. Information on youth who received a LOC of 1-3 will be detailed in the next section of this report. It is important to note that some youth had an initial CANS completed by a community provider as well as another assessing agency during this reporting period and to avoid duplication will only be represented once in the report sections to follow. It is also important to note that use of the CANS tool is not mandatory for Medicaid/ Optum providers until July 2019. Community providers also completed an update or discharge CANS for 187 youth during this reporting period.

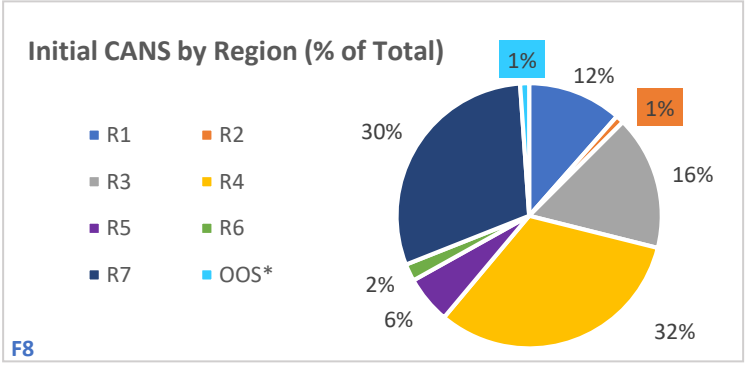




Statewide: Initial CANS Completed by Region

Of the 1,326 youth who received an initial CANS assessment within the reporting period, over 60% were in Regions 4 and 7. Regions 2 and 6 had the lowest percentages of CANS completed. Region 2 did not have any initial CANS completed by DBH or Community Providers during this period. Level of Care information for these youth has been provided below and will be detailed in the section to follow.

LOC 0	LOC 1	LOC 2	LOC 3
19%	37%	15%	29%



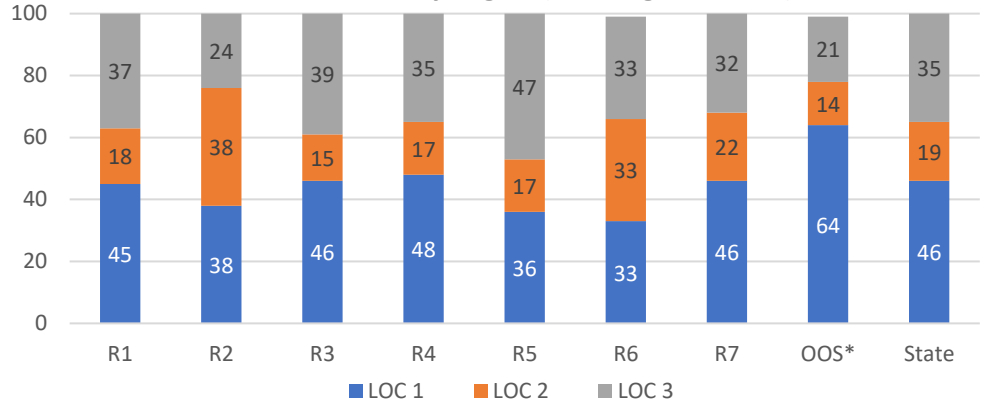
Who Met YES Eligibility Criteria?

October 1- December 31, 2018

Eligibility for the YES program is determined by a qualifying mental health diagnosis and a recommended level of care (LOC) of 1-3 on the Child Adolescent Needs and Strengths (CANS). Reviewing demographic and diagnostic information about the youth who have screened in as eligible can help us better understand the youth and families we are serving as well as identify potential population gaps. This section will provide information about the 1,079 youth who received a recommended LOC of 1-3 on their initial CANS during the reporting period. These CANS were completed by either the Independent Assessment Provider (IAP), the Division of Behavioral Health (DBH), or a Medicaid/Optum contracted community provider.

Recommended Levels of Care	
1	SED identified. Services should be coordinated, but functioning is stable
2	SED identified. Youth may be involved in multiple systems and require extensive service collaboration
3	SED identified. Youth is considered to have high treatment needs and is at risk of out-of-home placement

Recommended Levels of Care (LOC)



F1 R1- 133, R2- 13, R3- 194, R4- 302, R5- 70, R6- 27, R7- 326, *Out of State- 14

Overall, the majority of the youth statewide who had a CANS completed during this reporting period received a recommended LOC of 1. For this LOC, regional variances were minimal with the largest difference seen with CANS completed by out-of-state community providers. More pronounced variation between the regions is seen in LOC 2 and 3 with Region 2 appearing as a LOC 2 outlier and Region 5 having a significantly higher percentage of CANS completed with a LOC of 3.

Presenting Concerns: Primary Diagnoses

The primary diagnosis for each of the youth who had an initial CANS completed within the reporting period has been placed into one of five presenting concern categories; *Anxiety, Stress or Trauma, Mood, Externalizing, and Neurological Concerns*. These categories allow for a high-level view of the concerns youth are presenting with, both statewide and by region. Information about the presenting concern categories such as which diagnoses are grouped into which category can be found in Appendix B of the full report.

Statewide, it appears that the majority of youth who had an initial CANS completed during this period presented with a primary diagnosis in the Externalizing category. Youth who presented with a diagnosis in the Anxiety and Mood categories were almost equally represented in the statewide composition. The percent of youth presenting with Stress or Trauma and Neurological concerns was significantly lower than the other categories.

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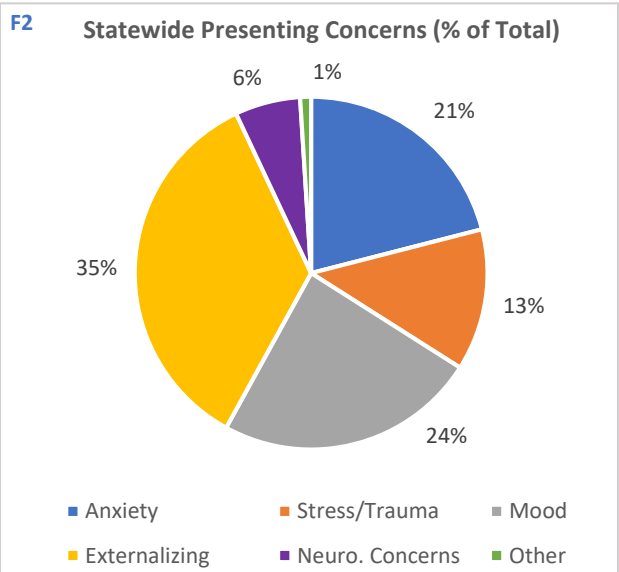
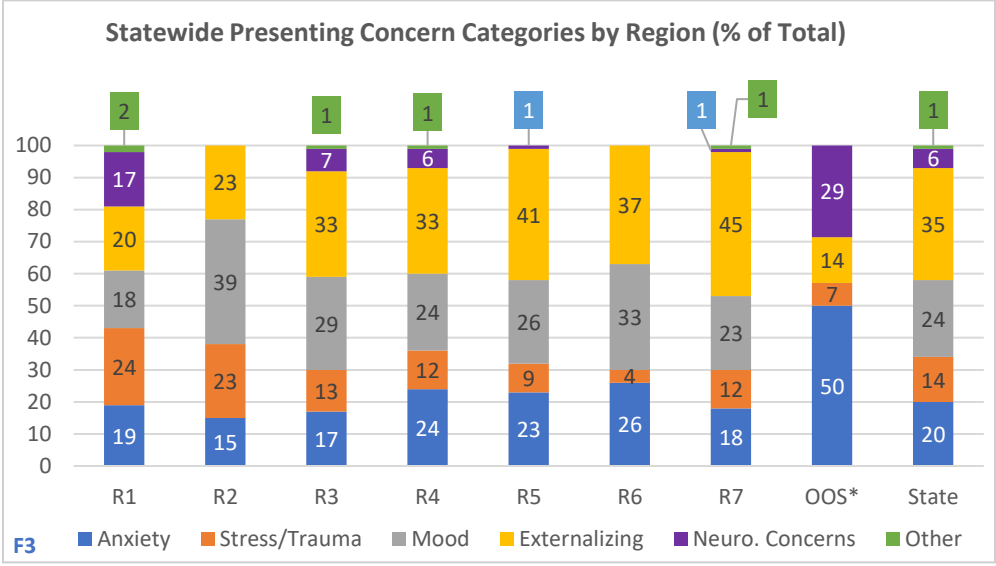


When viewing the presenting concern categories by region, there are some similarities as well as significant variations. Regions 3, 4, and 7 appear to be fairly similar to the overall state presentation. Regions 1 and 2 saw a significantly higher percentage of youth with a primary diagnosis in the Stress or Trauma category. Similarly, these regions both saw a lower percentage of youth with primary diagnoses in the Externalizing category. Regions 2 also saw a higher percentage of youth with a primary diagnosis in the Mood category, as did Region 6. Region 1 saw a significantly lower percentage of youth with a diagnosis in the Mood category. Youth seen by out-of-state community providers had a very distinct categorical presentation. It is important to consider the vast differences in numbers of youth served in each region and interpret with this caution in mind.



Demographics

The following figures represent the demographic information for all 1,079 youth with a CANS completed during the reporting period, statewide and by region.

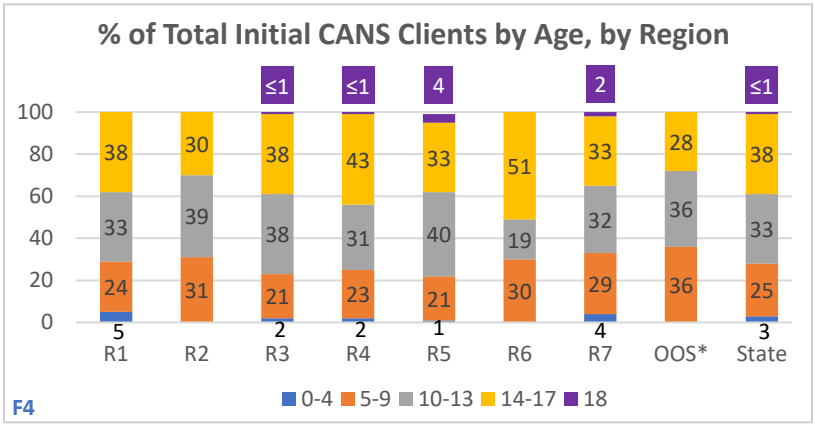
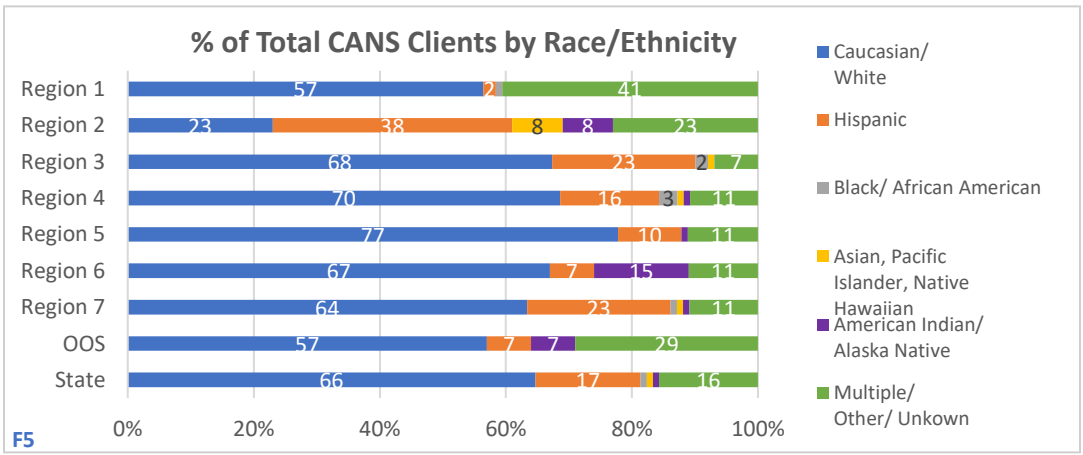


Table 1: Statewide CANS by Gender, by Region

Region	Male	Female	Transgender	Unknown
1	57%	43%	-	-
2	46%	54%	-	-
3	61%	39%	-	-
4	58%	41%	≤1%	-
5	66%	34%	-	-
6	63%	37%	-	-
7	56%	43%	-	≤1%
OOS	64%	36%	-	-
State	59%	41%	≤1%	≤1%

There was a fairly even statewide distribution of youth between the ages of 10-17 who had a CANS completed during the reporting period, with a slight decrease in percentage of youth seen between the ages of 5-9. Overall, Region 6 appears to have the most distinct percentage distribution for age along with outside state community providers. The statewide gender distribution continues to show a higher percentage of males than females; a similar pattern is seen in Regions 1, 4, and 7. Regions 3, 5, and 6 saw significantly more males, and Region 2 was the only region that saw more females than males.

It appears that the majority of youth seen during this period identified their race as caucasian/white, however there was also a high percentage of youth who identified as more than one race, chose the other option, or their race was unknown. For ethnicity, 17% of youth statewide identified as of Hispanic or Latino origin.



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Who We're Serving: The Division of Behavioral Health

October 1- December 31, 2018

The Division of Behavioral Health (DBH) has traditionally provided services to youth in one of the three circumstances: crisis, youth involved in court-ordered services, and voluntary clients who are not Medicaid-eligible. With the implementation of Youth Empowerment Services, DBH has taken on additional roles: person-centered service planning for youth who are newly Medicaid-eligible or would like access to respite services, and wraparound. For SFY 2018, an additional 559 youth not represented in the Figure 1 engaged with DBH in person-centered service planning. More information about person-centered service planning can be found in the Access section of this report. Information about the wraparound program is included in this section of the report.

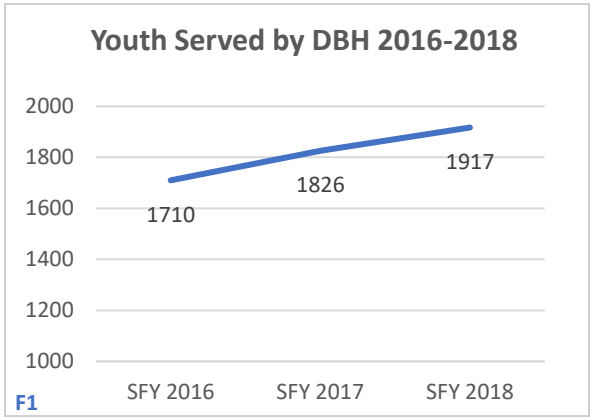


Table 1: Youth Served by DBH: SFY 2016-2019 Q2 YTD Comparison									
As of December 31 (Q2-SFYTD)	Crisis		Court Ordered		Voluntary		YES[2]		Total Clients[1]
2016	138	12%	746	66%	242	21%	N/A		1126
2017	116	9%	725	58%	400	32%	N/A		1241
2018	165	12%	703	51%	511	37%	N/A		1379
2019	137	12%	619	53%	415	35%	954	45%	1,171 (2,125)

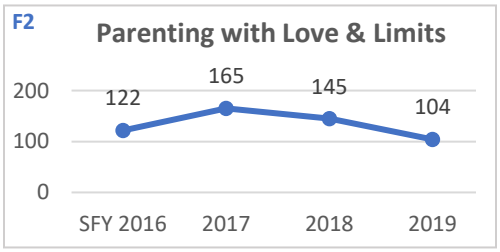
[1]Some clients may be represented twice in 2 or more regions or 2 or more client types

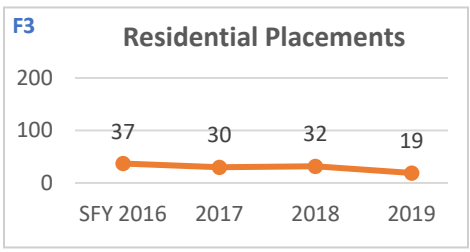
[2]YES Client type was established in late SFY 2018 and therefore is not represented in SFY 2016-2018 Q2 data

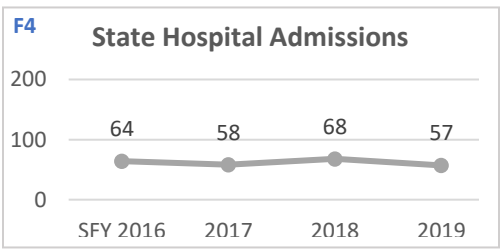
The above chart contains point-in-time data from the end of the second quarter of the State Fiscal Year (December 31) for years 2016 through 2019. This data allows for a comparison of the number and type of youth served by DBH at the same point in time across several years. It is important to reiterate that DBH began assisting youth and families with the Person-Centered Service Planning process in 2018 and the "YES" client-type designation in the chart above is representative of this work. If we were to add the "YES" client-type from the number of total clients served for Q2 2019, the number of clients would be 2,125 (45% of total clients). A re-calculation for this consideration has been provided in blue within the table.

TRENDS: It appears that DBH served slightly fewer youth at the December 31 point in time in 2019 than in the previous two years with crisis, court-ordered and voluntary client-types. When considering the percentage of total clients served throughout the four-year comparison, DBH saw a decrease in the percentage in court-ordered clients served and an increase in voluntary clients up until 2019. In 2019, a slight increase was seen in the percentage of court-ordered clients served and conversely, the percentage of voluntary clients decreased. There does not appear to be a trend pattern for crisis clients in this data set.

Program Enrollments: Figures 4-6 show the year-to-date number of youth who were assigned the designated program enrollment at the end of December 31 (SFY Q2) for SFY 2016-2019.







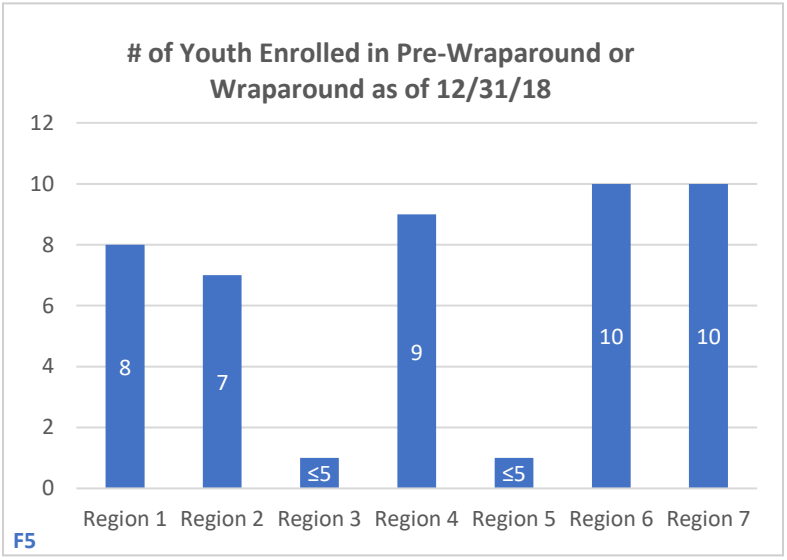
Note: Youth may have multiple program enrollments during a time-period.

Referring again to **Table 1**, excluding the "YES" client-type, DBH served 15% less youth by December 31, 2019, than in the previous year. A more significant decrease in percentage was seen when comparing program enrollments at the end of December 2018 to 2019, with 28% less youth enrolled in Parenting with Love and Limits and 41% less youth with a residential placement. There were 16% less state hospital admissions from Q2 2018 to 2019.

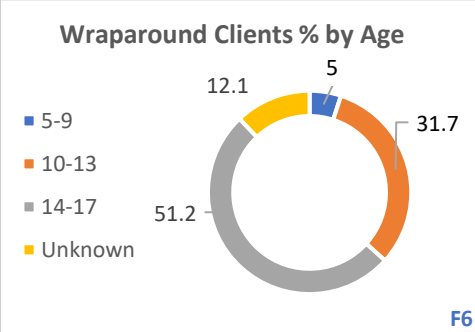
Wraparound

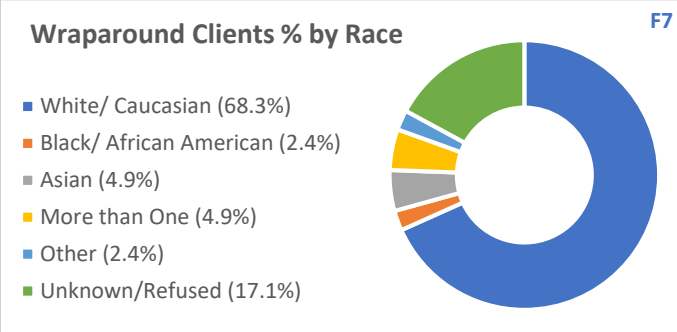
A wraparound utilization report was completed by the Boise State University (BSU) School of Social Work in February of 2018 to estimate the number of youth who are likely to need and use Intensive Care Coordination (ICC). BSU's report suggested that 1,350 Idaho youth would have benefitted from Intensive Care Coordination in 2016. This report provided target estimates for three wraparound program maturity phases: Emerging, Evolving and Established. For an emerging program, in a pilot phase or in the early stages of implementation, the target goal recommended by BSU was for Idaho to serve around 280 youth per year[1]. The full report, titled "Estimated Need for Intensive Care Coordination among Idaho Youth" is posted on the YES Website (link). *[1]It is important to note that this estimate was derived based on 2016 Idaho population data. To update this estimate and account for a growing population, additional data collection and analysis would need to be completed.*

The Division of Behavioral Health began enrolling currently served youth into wraparound programs in February of 2018. As of December 31st, there were a total of 51 youth currently enrolled in a wraparound or Pre-wraparound program, 20 of these youths were enrolled during this reporting period. Last quarter, it was reported that 40 youth were enrolled in wraparound (excluding pre-wraparound enrollments) as of September 30th; this represents an increase of 1 youth in wraparound this quarter. Demographic information for the 41-youth enrolled in wraparound at the end of the reporting period has been provided below.

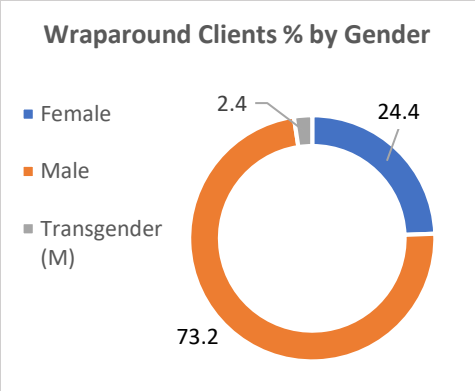


The Pre-Wraparound program designation is used when families are considering Wraparound or have agreed to Wraparound but have not started yet. To remove duplication, youth who had both a Pre-Wraparound and then a Wraparound enrollment during the reporting period were counted under Wraparound.





81% of youth were not of Hispanic or Latino origin. **7%** reported to be Hispanic or Latino. The race of the remaining **12%** was either unknown or the family/ youth chose not to disclose.



WRAPAROUND CARE COORDINATORS

Presently, there are **35** care coordinators trained in wraparound throughout the state. Two have the designation of supervisor and are not carrying a caseload.

Region 1	4	Region 2	4	Region 3	4	Region 4	4
Region 5	5	Region 6	3	Region 7	5	FACS DD	6

FACS DD= Family and Community Services; Developmental Disabilities Program

Who We're Serving: **The Division of Medicaid**

October 1- December 31, 2018

As of December 2018, there were 961 YES Medicaid-eligible Members. A total of 307 of YES-eligible children with the rate code 44 (which refers to children that obtained Medicaid over the set FPL) and 654 of YES-eligible children had the YES condition code (which refers to children that previously had Medicaid). The number of YES Medicaid eligible members increased by 97 members throughout the 4th Quarter.

Respite

In January 2018, Optum Idaho implemented respite as a billable service to members. Respite is a short-term or temporary care for a youth with Serious Emotional Disturbance provided in the least restrictive environment that provides relief for the usual caretaker and that is aimed at de-escalation of stressful situations. In April 2018, Optum Idaho created and published a 10-module online learning course to support and certify respite workers. To date, the course has been completed by 264 in-network providers ranging from paraprofessionals to agency owners. Optum Idaho also created and published a supplemental training for supervisors of respite workers, which has been completed 47 times. As of November 2018, Optum has been billed for 2,700 hours of respite. Of the billed units, 73% of all Respite was provided in a group setting, with 27% of units billed for individual respite. In January 2018, three provider agencies billed for Respite, with the number of agencies billing increasing steadily throughout 2018. In October 2018, 19 provider agencies billed for respite. Year-to- date, Optum has 27 unique provider agencies credentialed to provide respite in 62 locations throughout the state. Nine agencies have locations in multiple regions.

New and/or Enhanced Services

The Child and Adolescent Needs and Strengths (CANS) – A multi-purpose functional assessment tool developed for children's services to support decision making, including level of care and service planning; to facilitate quality improvement initiatives; and to allow for the monitoring of outcomes of services.

Child & Family Team (CFT) – A meeting of a team of individuals selected by the youth and their family they believe can be helpful in the development and implementation of a coordinated care plan and will assist the member in achieving treatment goals.

Skills Building/Community Based Rehabilitation Services (CBRS) – Services provided by a behavioral health professional in the home or community to help members learn and practice the skills needed to support overall wellness and independent living abilities.

Teaming (Skills Building Treatment Planning) – The process in which a master's level clinician, skills building paraprofessional, member, and family work together to develop an individualized Skills Building/CBRS treatment plan.

In October 2018, Optum Idaho implemented two new services: crisis response, and family psychoeducation. Optum provided online and in-person trainings throughout the state for providers to ask questions and gain more information on billing and service requirements.

Service Utilization for YES Eligible Medicaid Members (July 2018-October 2018*)

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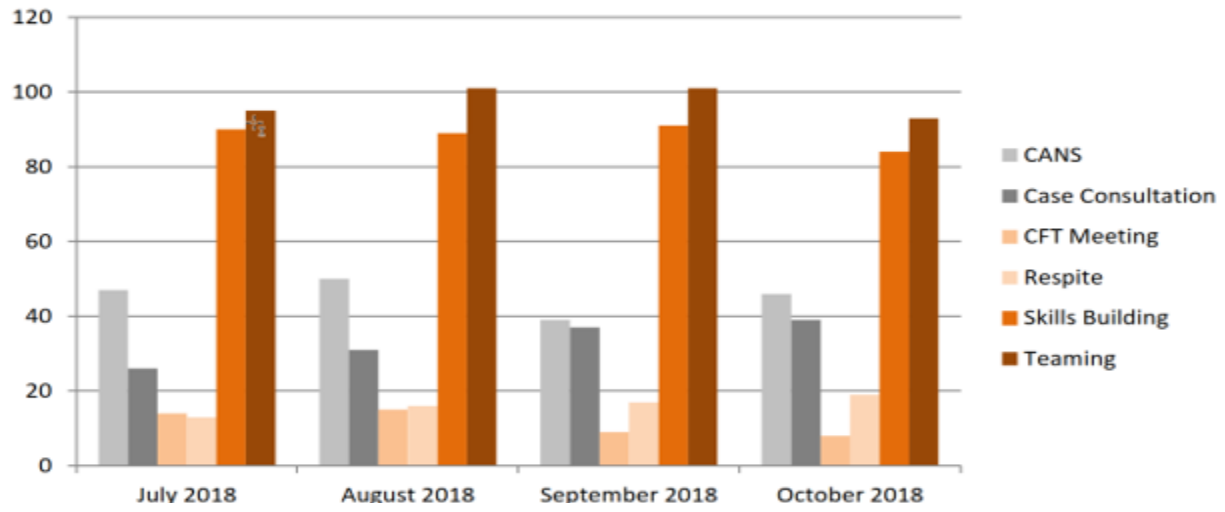
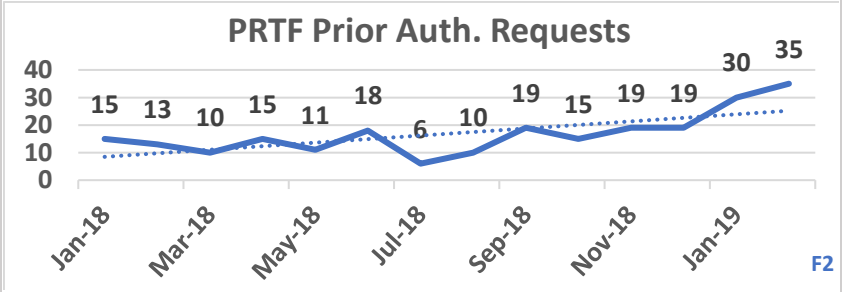


Region	CANS	CFT Meeting	Respite	Skills Building	Teaming
Region 1	23	7	11	21	38
Region 2	9	2	5	9	8
Region 3	20	8	6	28	49
Region 4	45	7	6	34	85
Region 5	9	3	5	15	16
Region 6	13	4	2	27	32
Region 7	31	7	5	32	48
Total	150	38	40	166	276

**It is important to note that this data set is from July-October of 2018 which is outside of the reporting period of SFY Q2 2019. As per Optum Idaho, Utilization rates are based on claims data. Reliable data requires waiting for the 90-day claims lag allowed providers to file claims.*

Children's Medicaid Psychiatric Residential Treatment Overview

Children's Medicaid continues to experience increases in the average monthly number of service requests for psychiatric residential treatment. In January and February of 2019, the program received 65 new service requests. If this number of monthly requests continues, the program would be on track for over 350 in 2019. The 2018 placement rate was 60%. If this holds true in 2019, over 200 children could be placed in psychiatric residential treatment this year, which is over a 100% increase in placements from 2018.



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Annual PRTF PA Requests and Placements		
Period SCY	**Total PA Request**	**Total Placements**
2018	166	94

Period SCY	Total Requests	Approved	Denied	In Process	Withdrawn
2018-Q4	53	28	15	0	10

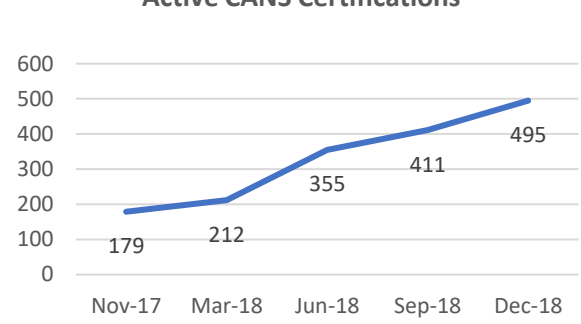
Children's Medicaid continues to make process improvements and staffing changes to support operations. The program has implemented a new tracking and documentation method to easily manage and report key metrics around this level of care. The next QMIA report will encompass metrics from January 1, 2018 through March 31, 2019. The next report will set the standard for reporting structure moving forward. Additionally, program staff are excited to see improvements in access to services and the experience of Medicaid participants and their families.

Supporting the Workforce: **CANS Certifications & Trainings**

October 1- December 31, 2018

The CANS tool is designed to facilitate an engaging and collaborative partnership between the provider, youth and family to inform planning, support decisions, and monitor outcomes. When a provider becomes CANS certified, they are trained on the TCOM Fundamental Tenets: 1) A required focus of a shared vision of the children and families receiving services, 2) Collaboration of multiple partners, 3) Communication facilitation among partners, including youth and families, 4) Shared commitment to serving youth and families despite differences, 5) Collective accountability to the youth and family. *The number of providers and key individuals who are CANS certified represents system progress toward improved youth and family engagement practices and meaningful change.*

F1



[1]*Dec-18 data only captures active CMH CANS certifications in Idaho, rather than any CANS or jurisdiction.*

ICANS Trainings: During the reporting period, the Division of Behavioral Health (DBH) hosted **28** ICANS training webinars for division staff (6) as well as community partners and providers (58), the Department of Juvenile Corrections (2), and agency administrators (25).

Coaching & Support: *Wraparound Care Coordinators and DBH staff working with families to complete person-centered service plans participate in weekly support calls:*

Wraparound	9 calls during report period	Average 25 attendees
Person-centered planning/ CANS Clinical Support	13 calls during report period	Average 40 attendees

In addition to the weekly support calls, four hub-based clinical wraparound coaching calls took place in November and December. North Hub (2): 20 participants, SE Hub: 10, SW Hub: 13.

The Division of Behavioral Health helped support the following learning opportunities for family members during the reporting period: *Insurance: Which One- What Services- Questions You Need to Ask, State Agencies: Who does What?*, and *Communications as Equals in the YES System for Families*. These trainings were delivered via webinar and had a total of 62 attendees.

Optum Trainings: 414 Optum Staff and Providers attended six in-person events and four webinars.

Optum: YES Navigation pt.2 (In Person)		
Location	Audience	Attended
Fort Hall	Providers	41
Boise	Providers	24
Jerome	Providers	23
Lewiston	Providers	11
Post Falls	Providers	13

Optum: Webinars		
Event	Audience	Attended
Understanding Disruptive Behavior Disorders	Providers, Staff	79
Assessing Disruptive Behavior	Providers, Staff	96
Teaching Skills to Support Child Clients with Disruptive Behavior Disorders	Providers, Staff	62
Teaching Skills to Support Adolescent Clients with Disruptive Behavior Disorders	Providers, Staff	65

Relias, the training platform for Optum Providers supported YES trainings throughout 2018. There were 96 new user accounts in October with 177 of the total 1,229 users active during this month.

Juvenile Corrections: Two Idaho Department of Juvenile Corrections clinicians became CANS certified during this reporting period (majority of clinicians completed their certifications last quarter). One IDJC representative attended the ICANS user group webinars and shared information with the leadership and clinical teams in each region. A total of 25 juvenile detention officers from across the state completed juvenile detention POST Academy. Courses included children's mental health, adolescent development, suicide prevention, and effective cmmunication.

CANS Subject Matter Experts: 14 DBH staff attended a 3-day CANS Subject Matter Expert training in October.

Youth and Family Experiences: **Perception of Care**

October 1- December 31, 2018

As part of the Quality Management, Improvement and Accountability Plan, described in paragraph 52 of the settlement agreement, QMIA is working toward the collection and reporting of data on written notices of action, complaints, and fair hearings requests and outcomes. Provided below is youth-specific complaints data and information from the Division of Medicaid, the Division of Behavioral Health (DBH), the Department of Juvenile Corrections (DJC) and State Department of Education (SDE) for the reporting period of October-December. Family and Community Services (FACS) did not receive any complaints during this reporting period. It is important to note that complaints reported by SDE are not necessarily complaints that are related to mental health, as these systems are not currently set up to filter these types of complaints for reporting purposes. More information about these complaints can be found in the YES Rights and Resolutions report (link).

A total of 35 complaints were received during this reporting period.

The Division of Behavioral Health received a total of 6 children's mental health-related complaints between October- December. All complaints were submitted by family members and the majority were concerning access. At the end of the reporting period, 5 complaints remained in progress and 1 was resolved. The number of days to resolve this complaint was 4.

Division of Behavioral Health: 6 Complaints				
Complaints by Location				
Region 1: **2**	Region 2: **1**	Region 3: **1**	Region 4: **1**	Region 7: **1**
Complaints by Complainant				
Family Member: **6**				
Complaints by Service				
Therapy: **2**	Respite: **2**	CANS: **1**	Medication: **1**	
Complaints by Type of Concern				
Access: **3**	Quality: **2**	Interpersonal Interaction: **1**		
Complaints by Status				
In Progress: **5**	Resolved: **1**	Days to Resolution: **4**		

The Division of Medicaid has contributed complaints information from two of their contractors; Optum Idaho and Liberty Healthcare. Optum manages outpatient behavioral health services for Medicaid members. Liberty is Medicaid's Independent Assessment Provider; they determine if youth applying for Medicaid benefits meet YES eligibility criteria. A total of 13 complaints were received by Optum for YES-eligible youth between October and December of 2018. Complaints are categorized into two complaint types, quality of service or quality of care. Concerns regarding the Optum Idaho administration of the behavioral health plan are classified as quality of service complaints, while concerns about the services received by a Member from a Provider in the Optum network are considered quality of care complaints. Medicaid reported that Liberty Healthcare received one complaint during the reporting period.

Optum Idaho: 13 Complaints				
Complaint Type	Number	Average Days to Resolve (Calendar)	Areas of Concern	
Quality of Service	5	6 days	Service	3
			Access	1
			Billing	1
Quality of Care	8	6 days	Service	5
			Clinical	2
			Billing	1

Liberty Healthcare	1 Complaint

The Department of Juvenile Corrections received 6 complaints between October and December; all have been resolved.

Idaho Department of Juvenile Corrections Complaints/Grievances (YES Class Juveniles/ Families): 5 Complaints				
Region	Complainant	Concern Type	Status (as of 12/31)	**Average Time to Resolution:** 4.4 days
1	Juvenile	Staff interaction/ Group Facilitation	Resolved	
2	Juvenile	Staff interaction	Resolved	
2	Juvenile	Staff interaction	Resolved	
2	Juvenile	Communication/ Policy/ Procedure	Resolved	
2	Juvenile	Staff interaction	Resolved	

State Department of Education: 10 Complaints							
Region of Complainant/ District	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
# Total Complaints	1	1	6	2	2	1	13
# Denied	1	-	1	-	1	-	3
# Cases Closed	-	-	2	2	-	-	4
Average Time to Close (days)	-	-	56 days	59 days	-	-	57 days
# Total Allegations	-	5	21	14	6	5	51
# Founded Allegations	-	-	1	3	-	-	4
# No findings/ Unfounded	-	-	10	11	-	-	21
# Allegations Pending	-	5	9	-	6	5	25
# Allegations Withdrawn	-	-	1	-	-	-	1

**Complaints reported by the State Department of Education are not necessarily complaints that are related to mental health, as this*

The State Department of Education received 10 complaints during the reporting period. Within these 10 complaints were 51 allegations. Complaints are made up of allegations, for one complaint there can be one or multiple allegations. A "denied" status refers to a complaint that is not accompanied by sufficient information to investigate.

***Regional Reporting Differences**: The Department of Juvenile Corrections categorizes geographic location using three regions- Region 1: Lewiston, Region 2: Nampa, Region 3: St. Anthony. The State Department of Education's geographic regions also differs from that of the Department of Health and Welfare. The Division of Behavioral Health, although part of the Department of Health and Welfare has a slight difference in regional makeup. All regional maps have been provided in the Appendix.*

Sharing Family Stories

Youth and family stories have been an integral part of YES implementation. With each perspective, comes a unique opportunity to shape the system to best meet the needs of the children, youth and families that it serves. Family stories, like the one shared below, provide invaluable insight, perspective and information to inform our work.

From an Idaho mom, raising a teenage son with an "alphabet soup" of diagnoses and who has participated in a lengthy list of treatments and therapies that have little or limited success…

"The principles that drive Idaho's Youth Empowerment Services (YES) have changed the paradigm about how we see treatment. The professionals are no longer the only experts in the room. Families, and more importantly the individual, are now seen as the experts on themselves and their family. That means we don't focus on what the professionals are good at, we focus on what our children and families need.

After over 10 years of searching for answers and looking at each diagnosis as a way to break through the wall around his life and his potential we stopped and tried a new tactic. We asked him what he wanted. We ignored the fact that anxiety steals his desire to try new things, or that his lack of social awareness makes friendships hard. We stopped looking at therapy sessions as a way to fix his behaviors or make it easier for him to fit in. We stopped focusing on the depression that was keeping him locked in his room and not hanging out with his peers, and we asked him what he wanted. And like a completely normal 15-year-old boy, he looked at us and simply stated one goal… he wants a girlfriend.

So now we are using therapy to teach him the skills he needs to remember a girl's name and to have a conversation that isn't about the things he is interested in. We are learning about being aware of the interests of others and trying new things, so he will have something in common with those around him. We are learning about personal hygiene so that others will notice his witty sense of humor instead of his smell. If YES has given our family anything, it is a deeper understanding that we do not need to change our son, we need to listen to him and help him reach the goals that are meaningful to him. Once he started working towards the life he wants he began to see the alphabet soup of his diagnosis list not as a way to explain what is wrong with him, but a way to describe his uniqueness and the challenges he needs to face. He hasn't found his goal girlfriend yet, but he has embraced the potential, and that is one important step toward the happiness we crave for him."

Legislative Update 2019 Edition

Idaho Department of Juvenile Corrections - *Sharon Harrigfeld, Director*

Engaging Families

IDJC continues to prioritize family engagement as an integral part of our treatment philosophy. We strive to build collaborative relationships in which families are equal partners in the success of their children. This year, IDJC developed the following tools to help better engage families: 1. Video tours of all three state facilities. 2. An informational video on the Rule 19 screening process. 3. An aftercare smartphone app for youth returning to the community. 4. Video conferencing for family visits, counseling and monthly meetings. 5. A shuttle for families from the Nampa-Boise area with limited means to visit youth in custody now runs quarterly to the St. Anthony facility in Southeast Idaho, which the department hopes to continue.

JJDPA Compliance

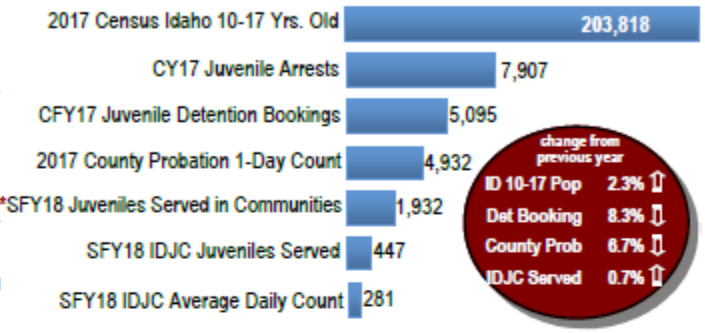
Idaho was determined to be out of compliance with the Deinstitutionalization of Status Offenders (DSO) requirement of the Juvenile Justice and Delinquency Prevention Act (JJDPA) for federal fiscal year 2017. The DSO requirement provides juveniles who have committed an offense illegal only due to their status as a juvenile (ie. runaway, truancy, incorrigible) shall not be placed in secure confinement. Placing status offenders in detention can have serious negative impacts on mental and physical health, education, and employment, and can actually increase their risk of engaging in future delinquent behavior. Because of noncompliance, Idaho was penalized 20% of its formula grant funds; the remaining funds must be reallocated to address the DSO requirement. Current data suggests Idaho will be out of compliance with the DSO requirement for 2018, and will likely remain out of compliance each year unless system-wide changes are made. IDJC and the Idaho Juvenile Justice Commission recommend a three-pronged approach to meet needs of juvenile status offenders:

- Continue to develop and sustain community-based alternatives
- Review and revise statutes and rules related to the detainment of status offenders
- Ongoing evidence-based training for stakeholders.

Juvenile Probation Standards

A work group convened by the Juvenile Training Council, comprised of IDJC and juvenile probation officers throughout the state representing various department sizes and geographic areas is updating the administrative rules for juvenile probation standards to ensure facilitation of positive outcomes for juveniles, families, victims, and communities; to reduce recidivism; and reduce liability. It is anticipated that the revised juvenile probation standards will be reviewed by communities and county commissioners in 2019 and go before the Legislature in the 2020 session.

Idaho Juvenile Population



*Juveniles served locally with IDJC state and federal funds (CIP + MHP + REP + MIL)

Juvenile Correctional Center Average Costs

The total average cost per day [to provide services] at a Level 4 juvenile correctional center is: $273.97

The Department continually looks at ways to reduce lengths of custody while ensuring community protection.

Amount	Description
$119.89	Program
$49.93	Educational Services
$24.29	Security
$20.14	Medical Services
$19.64	Food Services
$18.53	Administration
$16.58	Maintenance
$3.73	Laundry/Clothing
$1.24	Janitorial/Housekeeping

Note: Based on SFY18 average costs

DID YOU KNOW? IDJC Demographics 2018

Gender: Male - 83% Female - 17%

Race/Ethnicity: W - 68% H - 16% B - 4% AI - 6% Other - 6%

Average Age: 17.2 years old

Crime: Property- 34% Person- 31% Sex Offense- 20% Other- 15%

Crime Level: Felony - 54% Misdemeanor - 46%

Mental Health Diagnosis: 49%

Substance Use Disorders: 65% (drug and/or alcohol)

Co-occurring Disorders: 31% (substance use disorder and mental health diagnoses)

FY18 Avg. Length of Custody: 18.7 months

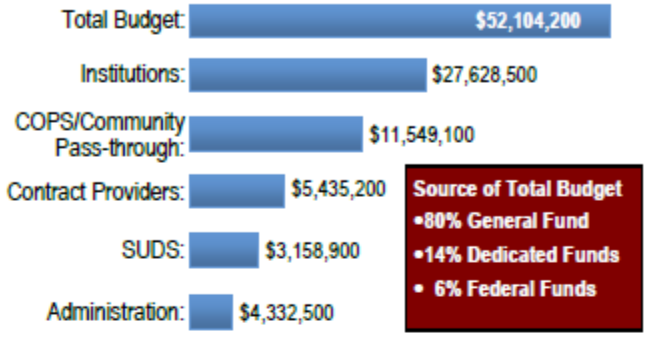
FY18 Recommitment Rate: 14%

FY18 Recidivism Rate: 29%

Receiving Wage Post-Release: 75%
Reading Scores Increased: 86%
Math Scores Increased: 90%

data date: 10.12.2018

FY19 ORIGINAL APPROPRIATION



Approximately 24% of the Department's budget goes directly to counties and local communities to support effective programming and reintegration initiatives, which results in fewer commitments.

Peace Officer Standards and Training

In the past year, POST trained and certified 37 juvenile probation and detention officers as well as 25 IDJC direct care staff.

Throughout the year POST collaborated with IDJC subject matter experts to rewrite curriculum for 15 IDJC direct care staff academy courses to include adolescent development and mental health, suicide prevention and trauma, safety and security and supervision, among others to ensure IDJC staff continue to receive relevant, research based, up-to-date training.

Additionally, POST provided training to adult detention and patrol academies as well as community based training regionally for first responders to include:

- Juvenile Procedures for adult detention and patrol academies.
- First responder strategies to minimize and deal with trauma.
- Autism training for first responders, and
- Policing the Teen Brain.

Further trainings throughout the state are currently being scheduled for Autism and Policing the Teen Brain for patrol, school resource officers, probation and others who work with youth in the community.

Youth Empowerment Services (YES)

IDJC and system partners continue implementation of the YES projects. IDJC has established an internal YES workgroup to review, develop, and implement processes related to the project. Additionally, IDJC has assigned numerous staff to multiple committees and workgroups. Agency and User agreements have been executed to access the ICANS system (data management system) to enter and review Child and Adolescent Needs and Strengths (CANS) assessments. Selected staff have completed CANS certification and ICANS system training. Further, IDJC is updating case management practices to identify how the CANS will be used to inform treatment, incorporating the Principles of Care and Practice Model language into treatment provider contracts, and focusing on reintegration planning for "class members" and other juveniles who will need services upon release.

IDJC Community Services

IDJC funding continued for community-based programs that demonstrate positive outcomes for youth and effective use of public funds. Funds focus on three populations: youth at risk of commitment to IDJC, justice involved youth with mental health issues, and youth re-entering communities after state commitment. In FY18, 459 youths were served through these community-based funds (listed below) for a total cost of $674,731 averaging $1,470 per youth with a success rate exceeding 91% (defined as the percentage of juveniles receiving services that were either not committed or recommitted to IDJC custody).

Community Incentive Program: served 181 juveniles

Mental Health Program: served 185 juveniles

Reintegration Program: served 93 juveniles

IDJC received millennium funding which supported prevention programming with education, law enforcement, and community partners. In FY18, nine school districts received sub-grant awards to train staff on restorative justice practices to improve early intervention strategies within the schools. Further, 652 juveniles participated in alcohol, tobacco, and other online prevention courses, while community-based prevention programs served an additional 821 juveniles. Millennium funding will not continue for IDJC in FY19.

Millennium Fund: served 1,473 juveniles

Juvenile Justice Substance Use Disorder System

The Juvenile Justice Substance Use Disorder Services (JJ SUDS) Program continues to compliment Idaho's Behavioral Health system by maximizing IDJC's appropriation ($3.1M) which supports a full spectrum of community-based treatment for youth with substance use treatment needs in their home communities.

In SFY18 JJ SUDS spent a total of $2.6M treating 722 juveniles. Of these clients served, 96% were not committed to IDJC. In addition, 72% of adolescents accessing treatment did not go on to recidivate in the first year after receiving substance use treatment.

Expanding access to care and family engagement resources continues to be critical to the success of Idaho's youth.

AMOUNT PAID AND JUVENILES SERVED PER CATEGORY (FY18)

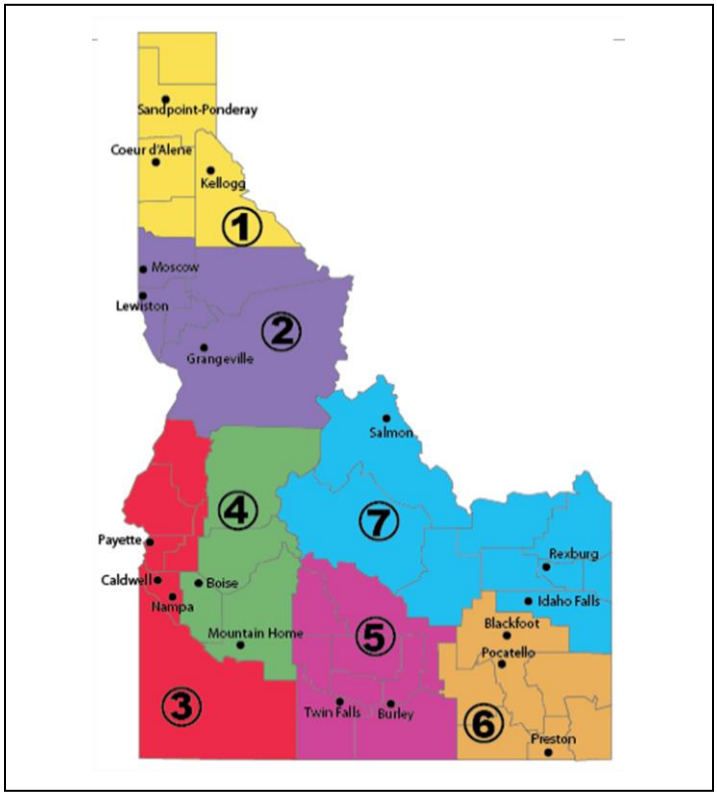
Some youth received services in more than one category

Glossary

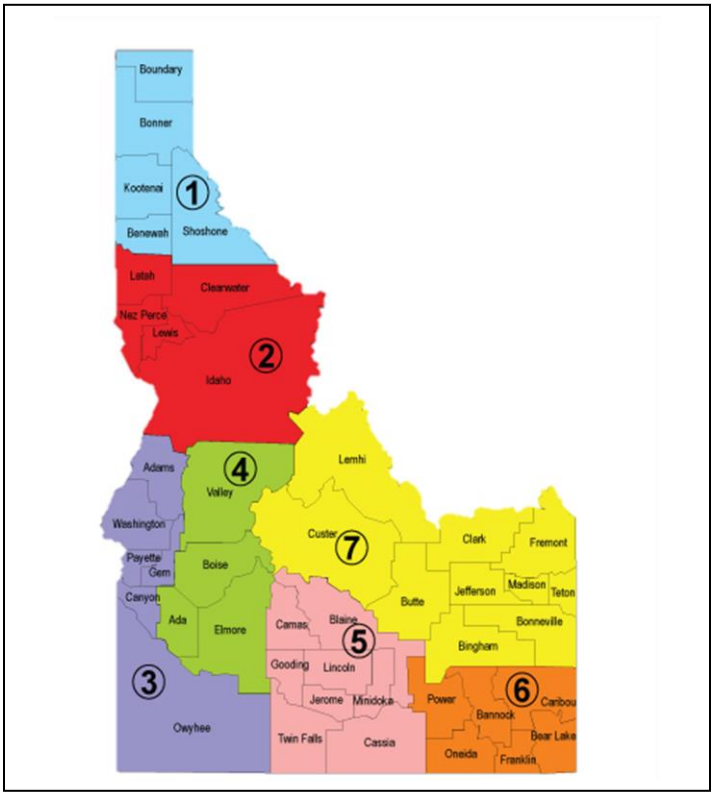
Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
Class Member	Idaho residents with a serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
Emotional Behavioral Disorder	An IDEA disability category in which a student has a condition exhibiting one or more of five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects educational performance. The term does not include students who are socially maladjusted unless it is determined they have an emotional disturbance behavioral disorder. The term emotional disturbance behavioral disorder does include students who are diagnosed with schizophrenia.
EPSDT	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. (Medicaid.gov).
IEP	The Individualized Education Plan (IEP) is a written document that spells out a child or youth's learning needs, the services the school will provide and how progress will be measured.
Intensive Care Coordination (ICC)	A case management service that provides a consistent single point of management, coordination and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that such services are coordinated and delivered consistent with the Principles of Care and Practice Model.
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.
QMIA	A quality management, improvement, and accountability program.
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 or 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.
SFY	The acronym for State Fiscal Year which is July 1 to June 30 of each year.
System of Care:	An organizational philosophy and framework that involves collaboration across agencies, families, and youth for 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 YES Definitions	YES Terms to Know

Appendix A- Regional Maps

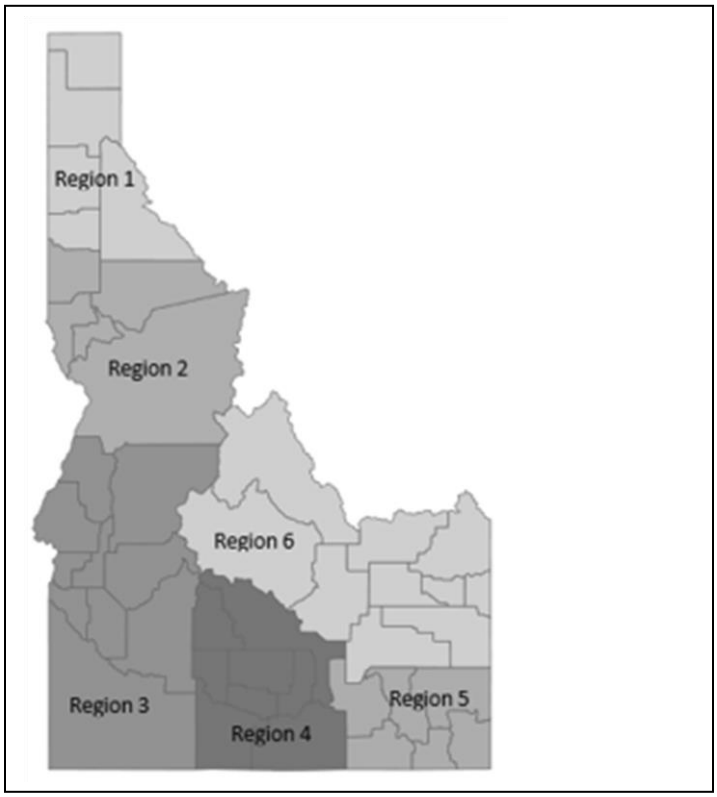
Idaho Department of Health and Welfare: Medicaid, FACS



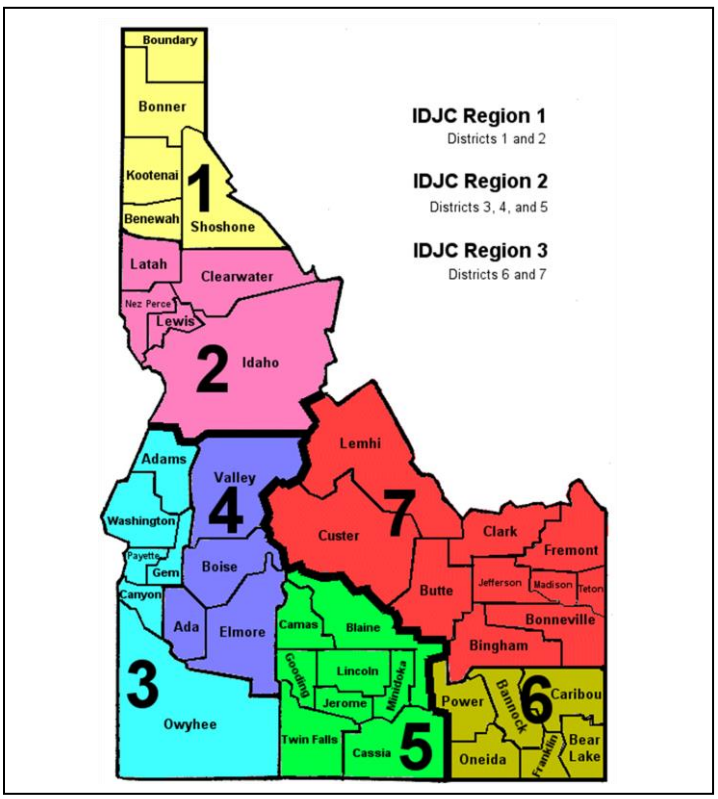
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections



Appendix B- Presenting Concern Categories

Presenting Concern Categories Assigned based on Primary Diagnosis of Youth entered into CANS Tool	
Category	**Concern**
Anxiety	Anxiety/Generalized Anxiety
	Panic
	Phobia
	Adjustment
Stress or Trauma	Post-Traumatic Stress
	Trauma/Loss
	Reactive Attachment
Mood	Mood Disturbance
	Dysthymia
	Depression
	Bi-polar Disorder
Externalizing	Attention-Deficit Hyperactivity Disorder (ADHD)
	Conduct Disorder
	Intermittent Explosive Disorder
	Disruptive Mood Dysregulation
	Oppositional Defiant Disorder
Neurological Concerns	Psychotic Features of Disorder
	Autism Spectrum
	Intellectual Disability
	Neurological Disorder NOS
Other	Disorders of Eating
	Gender Identity Disorder
	Personality Disorders

Presenting Concern Categories provided by Dr. Nathaniel Israel of Union Point Group, LLC.