



Quality Management Improvement & Accountability

Quality Management Improvement & Accountability (QMIA)

Quarterly Report

Issue # 11 – October 2019



About this Report & Table of Contents

Quarterly: April 1- June 30, 2019 | Annual: July 1-June 30, 2019

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 MedicaidSEDPprogram@dhw.idaho.gov.

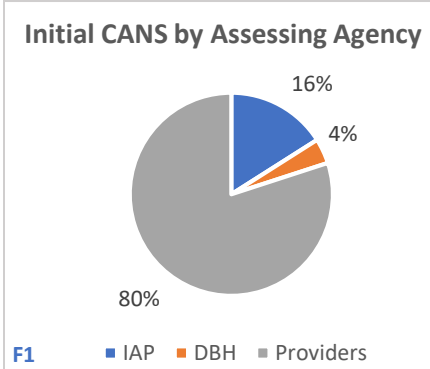
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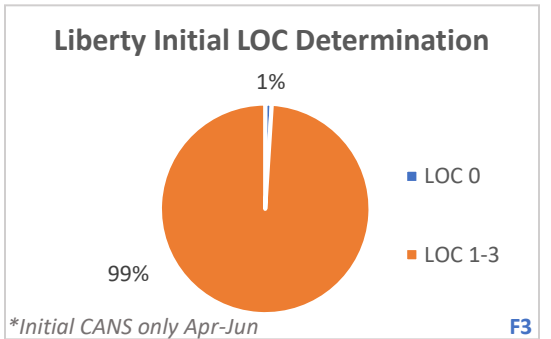
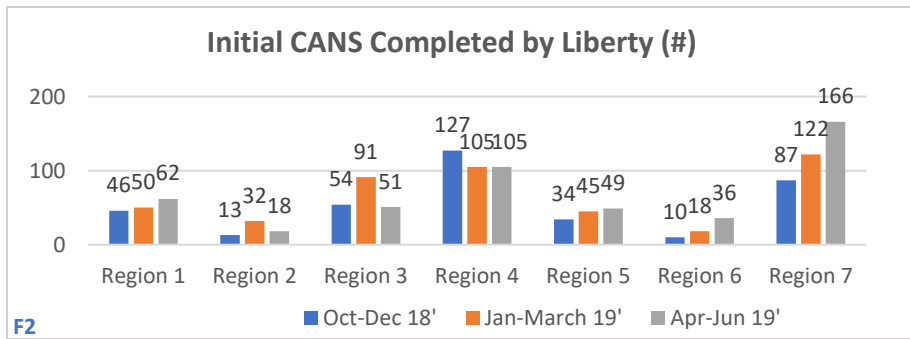
How are Children, Youth and Families Accessing YES?
 April 1- June 30, 2019

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 2,999 initial CANS were completed for 2,955 youth.** 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 more than one assessing agency during this reporting period.



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) and use the CANS tool to determine Youth Empowerment Services eligibility. **During this reporting period, 487 youth had an initial CANS completed through the IAP.** Of these 487 youth, 5 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible for YES. Information about 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 23 youth during this reporting period.



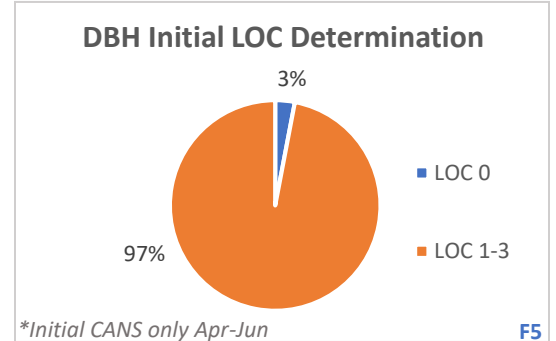
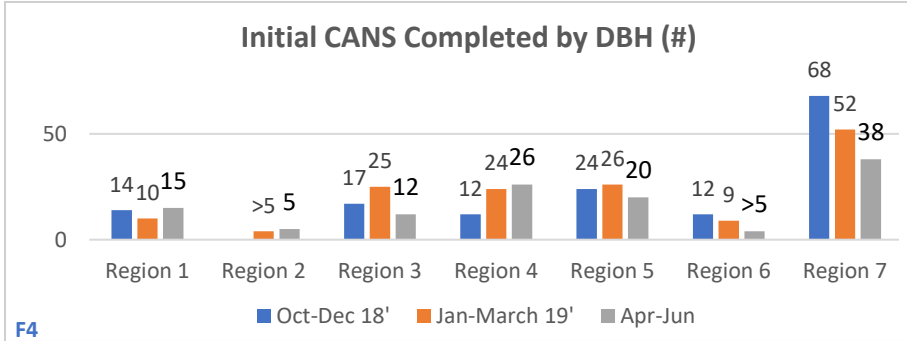
Youth Eligible for Medicaid Coverage: Youth who are determined to be eligible for YES by the IAP and who do not already have Medicaid coverage will be referred to the state's Self Reliance program to apply for Medicaid benefits. More information about Medicaid-eligible youth has been provided in the 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 has been provided in **Table 1**. Data regarding plans completed during this period is not available at this time.

Region	New Referrals	% of Total
Region 1	18	10%
Region 2	11	6%
Region 3	27	17%
Region 4	18	10%
Region 5	30	17%
Region 6	14	8%
Region 7	56	32%
State	174	100%

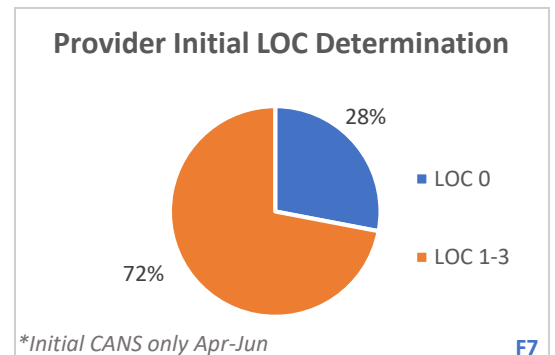
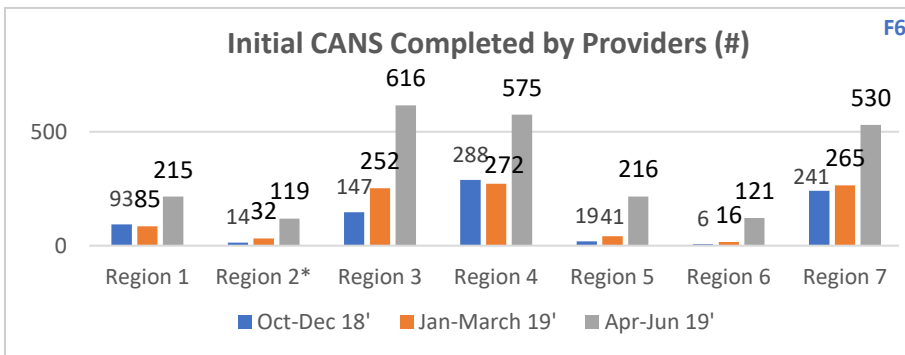
CANS Completed by the Division of Behavioral Health

Youth who receive a CANS through the Division of Behavioral Health (DBH) 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, 120 youth had an initial CANS completed through DBH.** Of these 120 youth, 4 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 144 update CANS and 45 transition (discharge) CANS during this reporting period.



CANS Completed by Community Providers

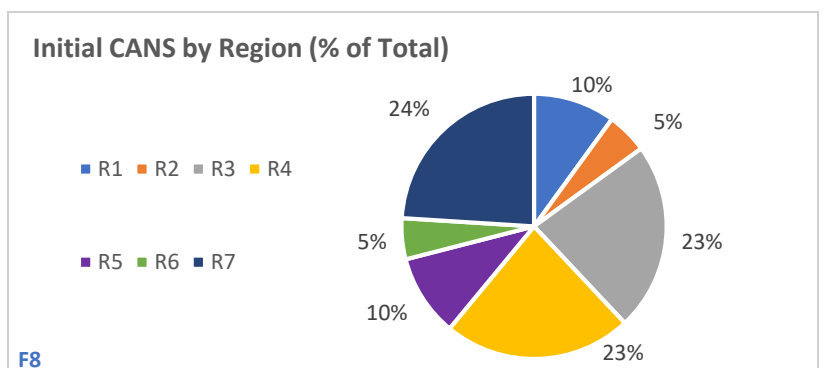
Youth who receive a CANS through a community provider are youth who are Medicaid-eligible. **During this reporting period, 2,392 youth had an initial CANS completed through a community provider.** Of these 2,392 youth, 680 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible 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 was not mandatory for Community providers until July 2019. Community providers also completed 1,127 update CANS and 91 transition (discharge) CANS during this reporting period.



Statewide: Initial CANS Completed by Region

Of the 2,955 youth who received an initial CANS assessment within the reporting period, over 60% were in Regions 3, 4 and 7. Regions 2 and 6 had the lowest percentages of CANS completed. Level of Care information for these youths has been provided below and will be detailed in the section to follow.

SFY	LOC 0	LOC 1	LOC 2	LOC 3
Q2	19%	37%	15%	29%
Q3	19%	39%	15%	27%
Q4	23%	41%	13%	22%





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Who Met YES Eligibility Criteria?

Quarterly: April 1- June 30, 2019 | Annual July 1- June 30, 2019

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 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 youth who received a recommended LOC of 1-3 on their initial CANS during the quarterly 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)

Table 1: SFY 2019 Q2-4 LOC Regional Trends (% of Regional Total)

Region	LOC 1			LOC 2			LOC 3		
	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4
1	45%	44%	45%	18%	20%	19%	37%	36%	36%
2	51%	43%	54%	26%	13%	12%	22%	44%	34%
3	46%	51%	56%	15%	14%	15%	39%	35%	29%
4	48%	49%	53%	17%	19%	20%	35%	32%	27%
5	36%	46%	61%	17%	14%	17%	47%	40%	22%
6	33%	35%	60%	33%	30%	18%	33%	35%	22%
7	46%	50%	52%	22%	21%	18%	32%	29%	30%
State	46%	48%	54%	19%	18%	17%	35%	34%	29%

Overall, the majority of youth who had a CANS completed during Q4 received a recommended LOC of 1. This pattern appears to have remained consistent in the previous two quarters. The percentage of youth with a LOC of 3 appears to have decreased since Q2 (-6%). The percentages highlighted in red demonstrate the regions with a variance of more than 5% from the state percentage. For Q4, the most significant

variances appear to be in Regions 1, 5 and 6 with consideration to LOC 1 and Regions 1, 2, 5 and 6 with consideration to LOC 3.

A Year in Review: State Fiscal Year 2019

Between July 1 and June 30, 2019, **4,982** youth received an initial CANS with a LOC of 1-3. The following section will provide information about these youth's demographics, presenting concerns and CANS needs and strengths items.

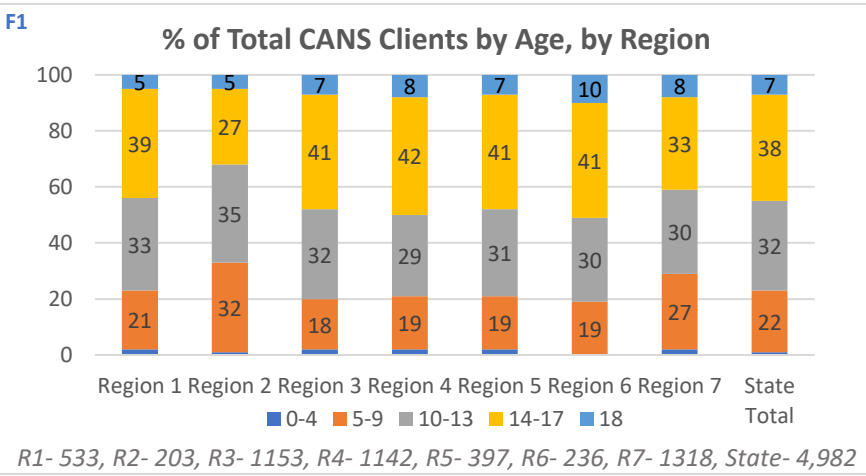


Table 2: % of Total CANS Clients by Gender, by Region

Region	Female	Male	Transgender	Unknown
1	46%	53%	<5%	<5%
2	46%	54%	-	-
3	45%	54%	<5%	<5%
4	40%	59%	<5%	<5%
5	44%	56%	-	-
6	43%	56%	<5%	-
7	42%	57%	<5%	<5%
State	42%	57%	<5%	<5%

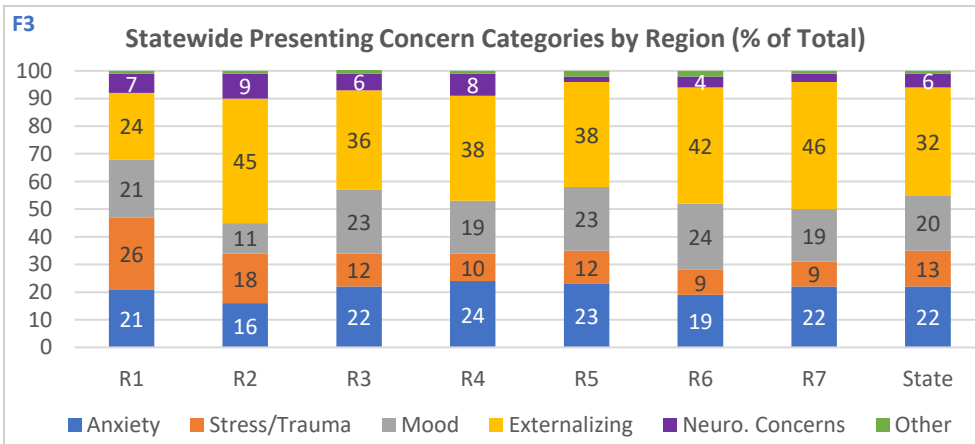
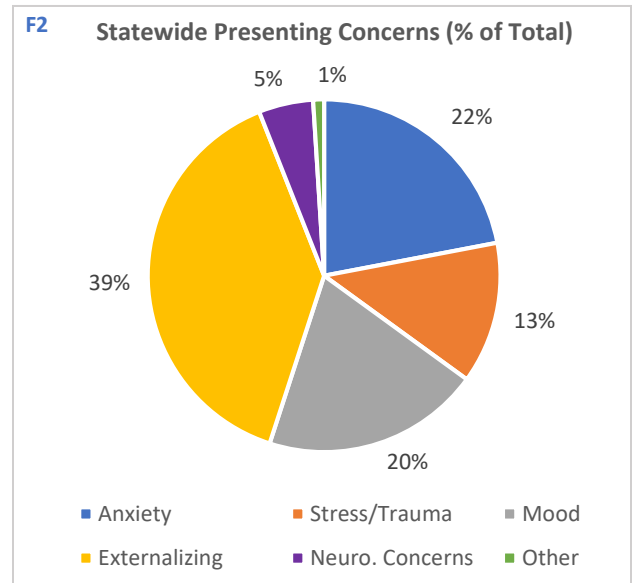
Table 3: % of Total CANS Clients by Race/Ethnicity, by Region								
Race	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Caucasian/ White	69%	78%	70%	75%	81%	79%	76%	76%
Black/ African American	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
Asian, Pacific Islander, Native Hawaiian	-	<5%	<5%	<5%	<5%	-	<5%	<5%
American Indian, Alaska Native	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
More than one	5%	9%	5%	5%	5%	<5%	<5%	5%
Other, Unknown, Refused	23%	9%	22%	16%	11%	12%	17%	18%
Ethnicity	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Hispanic or Latino	5%	9%	26%	13%	18%	12%	17%	16%
Not Hispanic or Latino	69%	86%	64%	80%	78%	81%	73%	73%
Unknown/Refused	26%	5%	10%	7%	<5%	7%	10%	11%

Figure 1 demonstrates that there is some variation between the regions regarding ages of youth served. Most notably is Region 2 (27% of total youth served were age 14-17, 32% of youth were age 5-9). All regions appear to have served very few children aged 0-4. For gender, overall it appears that 15% more males than females had an initial CANS completed statewide. There were no significant regional variances regarding gender. According to Table 3, Regions across the state appear to have assessed primarily youth who identified as Caucasian/ White. There does not appear to be any additional noteworthy race information within this table, as percentages are remarkably low. Regions 3, 5 and 7 assessed the highest percentages of youth who identified as Hispanic/ Latino.

Presenting Concerns: Primary Diagnoses

For this analysis, the primary diagnosis for each of the youth who had an initial CANS completed within the annual 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 this 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, followed closely by the Anxiety and Mood categories. The Stress/Trauma category appears to be less prevalent, however a significant percentage of youth were represented. Figure 3 displays these presenting concern categories at a regional level. At a glance, Region 1 appears to have the most distinct primary concern distribution with a significantly higher percentage of youth presenting with a primary diagnosis within the stress/trauma category and less youth presenting with an externalizing primary diagnosis.



Region 1 appears to have the most distinct primary concern distribution with a significantly higher percentage of youth presenting with a primary diagnosis within the stress/trauma category and less youth presenting with an externalizing primary diagnosis. Regions 2, 6 and 7 appear to have seen more youth with an externalizing primary diagnosis than the statewide percentage. Region 2 appears to also have seen significantly less youth who presented with a primary diagnosis within the mood category.

Using data from the CANS: Needs and Strengths

By identifying the most prevalent youth needs based on CANS data YES partners are able to identify of services and supports which can be targeted to address these needs. The charts below are used by YES partners to determine which evidence- based practices may be a valuable investment statewide and per region.

Key Intervention Needs: Displayed in Table 4 are the five (5) most frequently endorsed actionable needs within the CANS Behavioral and Emotional Needs, Risk Behaviors, and Life Functioning domains. Emotional/Physical Regulation received the highest rating in all 7 regions and is clearly the most frequently endorsed need statewide.

Table 4: Key Intervention Needs by Region (% of Youth with Identified Need) SFY 2019								
Top 5	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Emotional/ Physical Regulation	72%	72%	82%	67%	69%	70%	69%	76%
Family	60%	65%	70%	55%	60%	54%	64%	64%
Impulsivity	59%	58%	70%	55%	62%	57%	57%	59%
Anger control	59%	51%	69%	55%	58%	60%	56%	64%
Anxiety	58%	64%	60%	57%	61%	53%	56%	58%

Other needs that fall in the top 5 are Impulsivity (Grey) all 7 regions, Family (orange) all 7 regions, Anger Control (yellow) 6 regions, Anxiety (green) 4 regions. Additionally, ...Attention/Concentration (Social Functioning (2 regions), Sleep (1 region).

Strengths: Displayed in Table 5 are the five (5) most frequently endorsed useful strengths and top five (5) most frequently endorsed strengths to build. The CANS items that have been shaded in color here also indicate that the item is present in the top 5 for all regions. Items without color show outliers within the data set. Coping Skills appears to be an item that a significant amount of youth may need to build, while Legal Permanency is a strength that 90% of youth statewide have indicated as useful.

Table 5: Useful Strengths by Region (% of Youth with Strength) SFY 2019									
Top 5	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 7
Legal Permanency	90%	90%	85%	90%	91%	82%	93%	92%	92%
Relationship Permanence	84%	88%	85%	83%	89%	75%	85%	83%	83%
Cultural Identity	74%	86%	86%	77%	73%	62%	75%	69%	69%
Family	72%	80%	72%	73%	77%	69%	69%	66%	66%
Talents/ Interests	64%		70%	65%		64%		65%	65%
Strengths to Build by Region (% of Youth without Strength) SFY 2019									
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 7
Coping Skills	81%	87%	87%	79%	81%	76%	74%	83%	83%
Interpersonal	59%	60%	71%	58%	58%	61%	58%	59%	59%
Community Life	56%	56%	65%	58%	55%		58%	53%	53%
Resilience	56%	61%	63%	52%	42%	60%	55%	56%	56%
Optimism		58%	63%		50%	60%	50%	51%	51%

CANS Indicators: Safe, At Home, In School, Out of Trouble

Some of the core goals of YES are to keep youth safe, in their own homes, in school, and to avoid delinquency and commitment to the juvenile justice system to receive needed mental health services.

The QMIA Data and Reports Subcommittee spent several months developing a method to determine how these goals can be measured and monitored. Currently, there isn't a mechanism within the YES system available to directly measure these elements. With support from the Praed Foundation, the following CANS items were selected to serve as proxy measures for monitoring and reporting on these goals. The below items were initially identified by DBH Quality Assurance staff with guidance from the Data and Reports Subcommittee, vetted through Idaho CANS Subject Matter Experts, and reviewed by the Praed Foundation.

The following tables include the 11 CANS items that will be used initially for measuring and monitoring the goals identified above. It is expected that this list will evolve over time as we learn more about the CANS and the youth that we are serving, and to introduce *Strengths* items. For the 4,982 youth with an initial CANS during this reporting period, these tables show the percent of youth who identified the need as actionable (rating of 2 or 3 on the item).

SAFE CANS ITEM	Youth with Actionable Need (%)			
	LOC 1	LOC 2	LOC 3	ALL
Suicide Watch: This rating describes both suicidal and significant self-injurious behavior. This item rates thoughts and efforts on the part of a child or youth to end their life.	2%	5%	19%	8%
Non-Suicidal Self-Injurious Behavior (Self-Mutilation): This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the individual.	4%	6%	24%	11%
Other Self-Harm (Recklessness): This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy.	2%	7%	32%	13%
Runaway/Flight Risk: This item describes the risk of running away or actual runaway behavior.	1%	3%	16%	7%
Danger to Others: This item rates the individual's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.	3%	14%	52%	22%

For the items identified to represent and measure if youth are **safe**, it appears that the item identified the most by youth and families as a concern was *Danger to Others*. As expected, youth with a LOC of 3 on the CANS had the highest percentage for this item, with more than half of the youth in this LOC endorsing *Danger to Others* as an actionable need.

AT HOME CANS ITEM	Youth with Actionable Need (%)			
	LOC 1	LOC 2	LOC 3	ALL
Living Situation: This item refers to how the Individual is functioning in the Individual's current living arrangement, which could be with a relative, in a foster home, etc.	19%	40%	57%	35%
Family (Life Functioning Domain): This item rates the individual's relationships with those who are in their family (who the individual describes as their family).	43%	70%	80%	60%

For the items identified to represent and measure if youth are **at home**, or living at home status is at risk, the item identified the most by youth and families as a concern was *Family*. Youth with both a LOC of 2 and 3 on the CANS had a high rate of endorsement for this item.

IN SCHOOL	Youth with Actionable Need (%)			
CANS ITEM	LOC 1	LOC 2	LOC 3	ALL
School Attendance: This item rates issues of attendance in school. *328 CANS had N/A indication for this item, sample for this item is 4,654.	11%	19%	27%	18%
School Behavior: This item rates the behavior of the individual in school or school-like settings. *328 CANS had N/A indication for this item, sample for this item is 4,654.	22%	39%	59%	38%

For the items identified to represent and measure if youth are **in school**, or in school status is at risk, the item identified the most by youth and families as a concern was *School Behavior*. Youth with a LOC 3 on the CANS had a high rate of endorsement for this item, with over half of youth with the LOC of 3 endorsing *School Behavior* as an actionable need.

The State Department of Education publishes information about Disciplinary removals per disability category. For school years 2016-17 and 2017-18, Emotional Disturbance was the second highest disability category for percentage of youth who

Disciplinary Removals: Emotional Disturbance Disability Category		
School Year	Total Disciplinary Removals	% of All Removals
2016-2017	467	22%
2017-2018	567	21%

had a disciplinary removal. For both years, the highest percentage was youth with 'Other Health Impairments'. There does not appear to be a significant percentage change between the two school years.

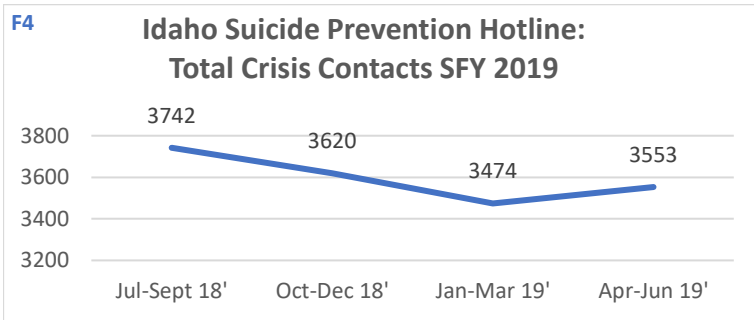
JUVENILE JUSTICE	Youth with Actionable Need (%)			
CANS ITEM	LOC 1	LOC 2	LOC 3	ALL
Legal Issues: This item indicates the individual's level of involvement with the juvenile justice system.	9%	13%	27%	16%
Delinquency: This item includes both criminal behavior and status offenses that may result from individual failing to follow required behavioral standards. If caught, the individual could be arrested for this behavior.	2%	4%	20%	8%

For the items identified to represent and measure if youth are involved or at risk of being involved in the **Juvenile Justice** system, the item identified the most by youth and families as a concern was *Legal Issues*. Youth with a LOC 3 on the CANS had the highest rate of endorsement for this item, doubling the percentage identified by youth with a LOC of 2.

As of May 2019, Department of Juvenile Corrections clinicians have identified 37 juveniles as having a Serious Emotional Disturbance through the Intake/ Q&A process.

Other Risk indicators

Numbers of youth contacting the Crisis Line



The Idaho Suicide Prevention Hotline received a total of 14,389 crisis contacts in State Fiscal Year (SFY) 2019. The majority of these calls were categorized under Suicide, Self Reported Mental Health Issues, and Interpersonal Conflicts.

SFY Q	Calls	Texts
Q1 Jul-Sept 18'	3,355	195
Q2 Oct-Dec 18'	3,414	169
Q3 Jan-Mar 19'	3,286	188
Q4 Apr-Jun 19'	3,415	138

Table 6 shows the percentage of youth in each region who identified the targeted risk CANS indicator items as an actionable need. This percentage was calculated against each region’s total number of initial CANS completed. There are some significant variations between regions as well as when comparing the regions to the overall state presentation, however *Family* appears to be the most frequently identified item regionally and statewide.

With these initial items identified, the QMIA Data and Reports Subcommittee is planning to develop a method to monitor outcomes by measuring change in item endorsement over time. This analysis and progress toward achieving positive outcomes will be included in future reports.

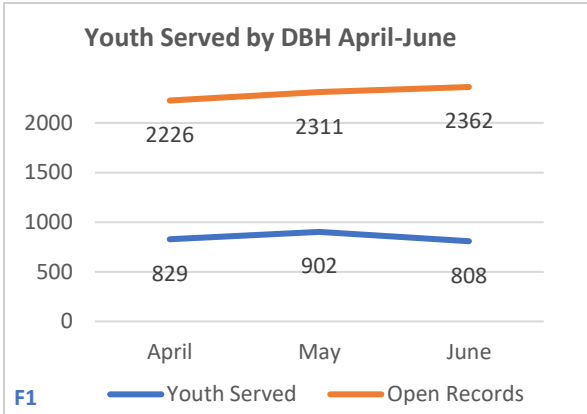
Table 6: CANS Indicators- % of Youth with Actionable Need by Region (Initial CANS within reporting period)

CANS Item	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Suicide Watch	10%	6%	8%	9%	11%	12%	6%	8%
Non-Suicidal Self-Injurious Behavior (Self-Mutilation)	17%	9%	12%	10%	14%	14%	8%	11%
Other Self-Harm (Recklessness)	13%	7%	14%	20%	8%	10%	8%	13%
Runaway/ Flight Risk	9%	6%	6%	9%	9%	8%	4%	7%
Danger to Others	17%	32%	23%	22%	22%	20%	20%	22%
Living Situation	48%	46%	27%	35%	24%	36%	40%	35%
Family (Life Functioning Domain)	65%	70%	55%	60%	54%	64%	64%	60%
School Attendance*	15%	16%	16%	18%	17%	24%	19%	18%
School Behavior*	37%	56%	35%	41%	42%	32%	32%	38%
Legal Issues	16%	13%	10%	20%	29%	25%	12%	16%
Delinquency	8%	8%	7%	10%	13%	13%	7%	8%



Who We're Serving: The Division of Behavioral Health
April 1- June 30, 2019

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. Figure 1 shows the number of youth served by DBH staff in the months of January, February and March. The orange line indicates the number of youth records open, while the blue line indicates the youth was served within the month as determined by case notes. Many of the youth represented only in orange are youth who received a Person-Centered Service Plan from DBH and received services through a community provider. These youths are categorized under client type 'YES' below. Completion of the person-centered service plans will be transitioning from DBH to the Optum Idaho network in the upcoming months. **For State Fiscal Year (SFY) 2019, DBH served 2,996 youth which was an increase from SFY 2018 where 2,424 youth were served and SFY 2017 where 1,798 youth were served.**

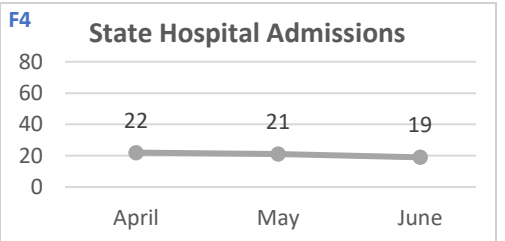
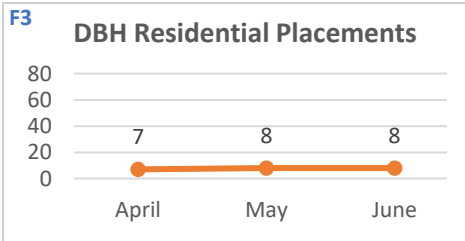
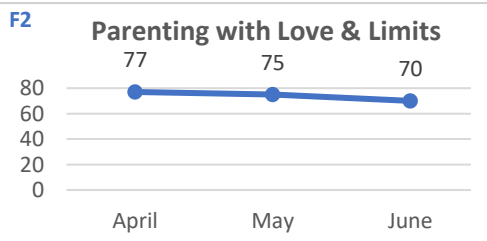


Region	Region 1			Region 2			Region 3			Region 4			Region 5			Region 6			Region 7		
	A	M	J	A	M	J	A	M	J	A	M	J	A	M	J	A	M	J	A	M	J
# Served	90	90	96	34	44	31	142	121	105	171	182	155	108	109	97	76	72	69	208	284	255
Crisis	<5%	8%	7%	9%	9%	10%	11%	11%	9%	7%	7%	7%	6%	6%	6%	14%	19%	19%	<5%	<5%	<5%
Court Ordered	31%	36%	38%	6%	5%	-	27%	33%	37%	56%	57%	58%	56%	55%	54%	25%	21%	14%	24%	26%	20%
Voluntary	8%	10%	9%	24%	25%	39%	6%	7%	6%	<5%	<5%	6%	8%	10%	11%	26%	21%	23%	24%	45%	51%
YES	57%	48%	46%	62%	61%	52%	56%	50%	49%	33%	33%	29%	31%	29%	32%	34%	39%	43%	50%	27%	27%

Table 1 is displaying the number of youth served by each region during the reporting period and the percentage of each client type that was served. 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.

TRENDS: It appears that in regions 2 over 50% of the youth served were in the "YES" client type designation for all three months. Similarly, Regions 1 and 3 primarily served youth with the "YES" client type, but also served a high percentage of court-ordered youth. In Regions 4 and 5, over 50% of youth served were court-ordered consistently during the 3-month period.

Program Enrollments: Figures 2-4 show the number of youth who were assigned the designated program enrollment in April, May and June.



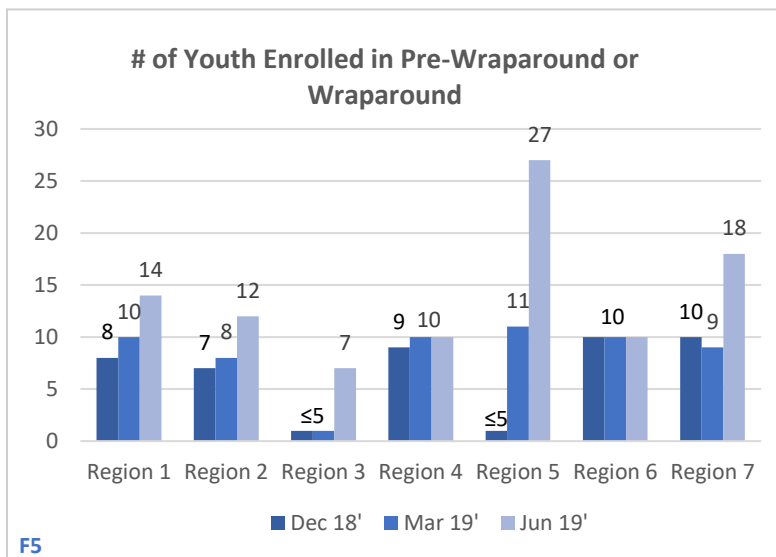
Note: Youth may have multiple program enrollments during a time-period.

Unduplicated Count: Within the reporting period, 87 youth were enrolled in the Parenting with Love and Limits Program, 10 youth were in a DBH-funded residential placement, and 37 youth were served by State Hospital South.

Wraparound

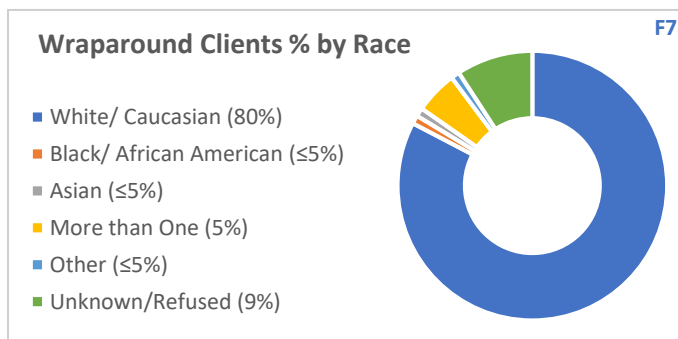
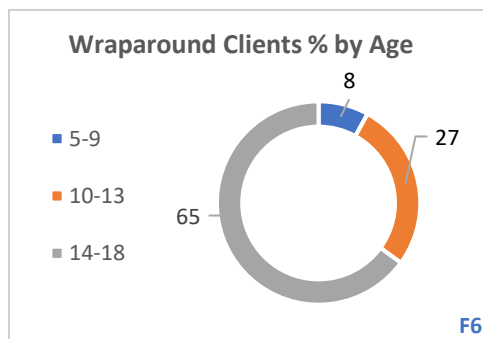
A Wraparound utilization report was completed by the Boise State University (BSU) School of Social Work in February of 2018 to estimate the number of youth who are likely to need and use Intensive Care Coordination (ICC). BSU's report suggested that 1,350 Idaho youth would have benefitted from Intensive 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 year¹. 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 June 30th, 2019, there were a total of 98 youth enrolled in a Wraparound or Pre-Wraparound program, 41 of these youths were enrolled during this reporting period. Last

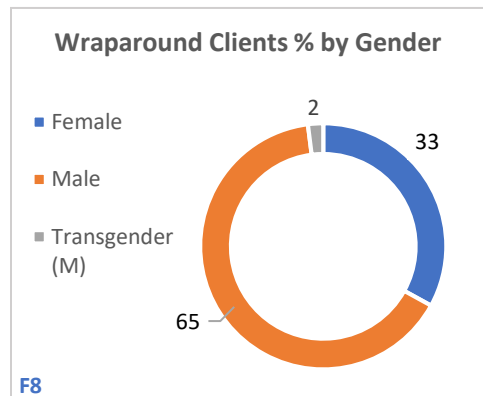


The Pre-Wraparound program designation is used when families are considering Wraparound or have agreed to Wraparound but have not started yet. To remove duplication, youth who had both a Pre-Wraparound and then a Wraparound enrollment during the reporting period were counted under Wraparound.

quarter, it was reported that 49 youth were enrolled in Wraparound (excluding pre-Wraparound enrollments). As of June 30th, there were 75 youth enrolled in Wraparound, an increase of 26 youth in wraparound this quarter. Demographic information for the 75-youth enrolled in Wraparound at the end of the reporting period has been provided below.



77% of youth were not of Hispanic or Latino origin. **12%** reported to be Hispanic or Latino. The race of the remaining **11%** was either unknown or the family/ youth chose not to disclose.



WRAPAROUND CARE COORDINATORS

Presently, there are **57** individuals trained in wraparound care coordination throughout the state. Of those trained, 13 are supervisors, DBH Central Office (CO) staff, or community providers not yet carrying a caseload.

Region 1	8	Region 2	4	Region 3	8
Region 4	9	Region 5	8	Region 6	5
Region 7	11	CO	2	Community	2



Who We're Serving: The Division of Medicaid
 January 1, 2019- March 31, 2019¹

As of June 2019, there were **1,445** YES Medicaid eligible participants. **449** of the YES children with the rate code 44 (of which refers to children that obtained Medicaid over the set FPL) and **1,006** YES eligible children had the YES condition code (of which refers to children that previously had Medicaid). The number of YES eligible participants increased by **302** Members from March 2019 to June 2019.

Preparation for New Services

The Division of Medicaid focused heavily on collaborating with Optum Idaho to launch the remaining services as outlined in the previous quarterly report. On June 1, 2019 Targeted Care Coordination was launched and became available as a service. The Division of Medicaid, Division of Behavioral Health, and Optum Idaho have been coordinating weekly to transition person-centered service planning from the Division of Behavioral Health to Targeted Care Coordinators. As of mid-August, throughout Idaho, there are **77** Targeted Care Coordinators that are fully trained and ready to take on person-centered service planning for Medicaid participants. Furthermore, there are **107** individuals that are currently working towards becoming Targeted Care Coordinators.

Service Utilization

¹ Medicaid YES Program service utilization data is listed below for the time period of January through March 2019. There is a three (3) month lag in data, as all utilization data is based off claims data.

Figure 1 includes the number of providers each month providing the above listed services. For most services, the chart shows a steady growth in the number of providers providing services to Members. These provider numbers are a compilation of all regions.

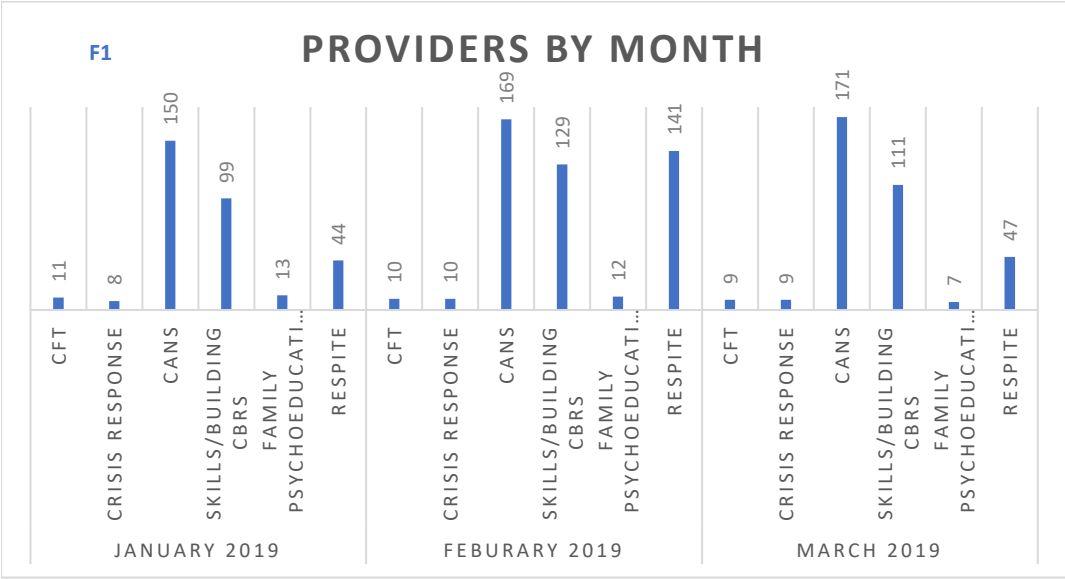


Figure 2 shows the number of Members utilizing services each month. These utilization numbers are a compilation of all regions.

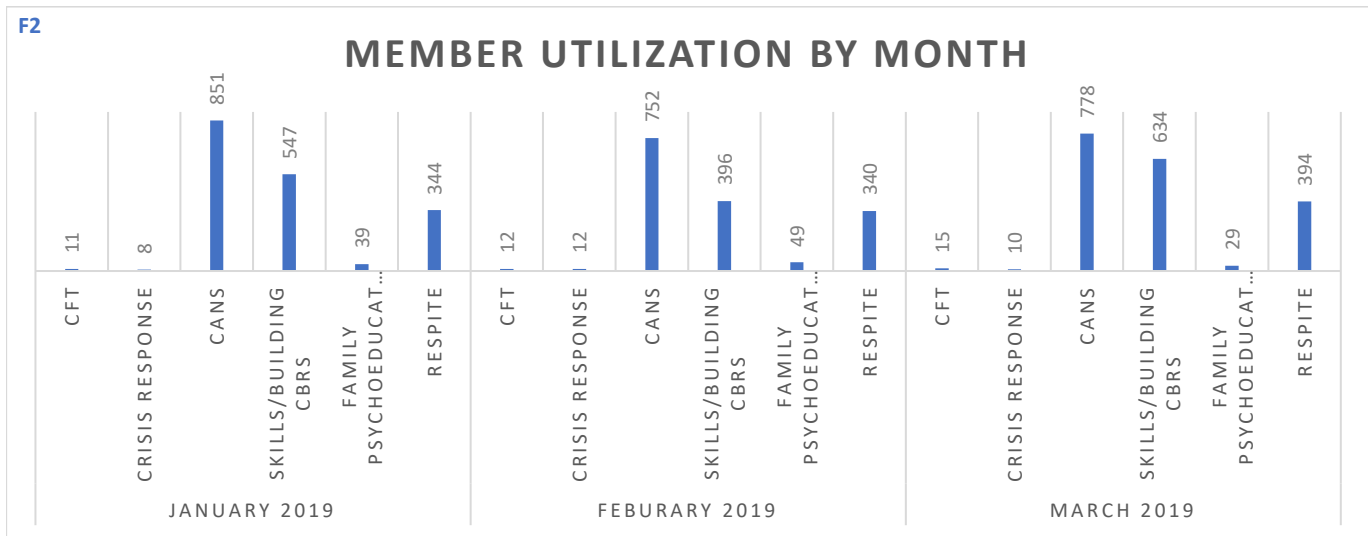


Table 1 shows the number of Members utilizing services by Region. These figures include data from January 2019 through March 2019.

Region	CFT	Crisis Response	CANS	Skills Building / CBRS	Family Psychoeducation	Respite
Region 1	9	6	339	153	46	100
Region 2	5	1	123	83	7	68
Region 3	6	1	449	283	0	93
Region 4	6	9	443	609	15	168
Region 5	3	2	102	45	22	69
Region 6	4	4	83	122	11	28
Region 7	6	7	669	481	15	544
Region 9	0	0	1	3	39	0
Other	0	0	6	6	1	4
Total	39	30	2,215	1,785	156	1,074

Note: Region 9 includes small portions of counties located in other states. Region “Other” contains agencies that have not been designated to a certain Region or are provided services under an out-of-network agreement.



Medicaid Expenditures

The cost of YES Services from January 2019 through March 2019 was approximately **\$1,303,406.00**. The total cost of CFT, Crisis Response, CANS, Skills Building/CBRS, Family Psychoeducation and Respite from October 2018 through December 2018 was approximately **\$1,060,385.00**.

Service costs increased by **\$243,021.00** from SFY 2019 Q2 to SFY 2019 Q3.

Region	CFT	Crisis Response	CANS	Skills Building / CBRS	Family Psychoeducation	Respite
Region 1	\$ 446.00	\$ 103.00	\$ 25,479.00	\$ 72,755.00	\$ 2,020.00	\$ 38,404.00
Region 2	\$ 553.00	\$ 18.00	\$ 3,126.00	\$ 38,321.00	\$ 464.00	\$ 13,874.00
Region 3	\$ 555.00	\$ 18.00	\$ 56,036.00	\$ 138,735.00	\$ -	\$ 29,215.00
Region 4	\$ 665.00	\$ 249.00	\$ 62,697.00	\$ 186,541.00	\$ 3,776.00	\$ 53,041.00
Region 5	\$ 169.00	\$ 69.00	\$ 15,705.00	\$ 26,681.00	\$ 710.00	\$ 22,247.00
Region 6	\$ 46.00	\$ 85.00	\$ 8,899.00	\$ 47,151.00	\$ 2,081.00	\$ 9,093.00
Region 7	\$ 453.00	\$ 432.00	\$ 81,162.00	\$ 222,600.00	\$ 2,863.00	\$ 129,387.00
Region 9	\$ -	\$ -	\$ 83.00	\$ 1,660.00	\$ -	\$ -
Other	\$ -	\$ -	\$ 336.00	\$ 3,426.00	\$ 128.00	\$ 849.00
Totals	\$2,887.00	\$974.00	\$ 253,523.00	\$ 737,870.00	\$12,042.00	\$296,110.00

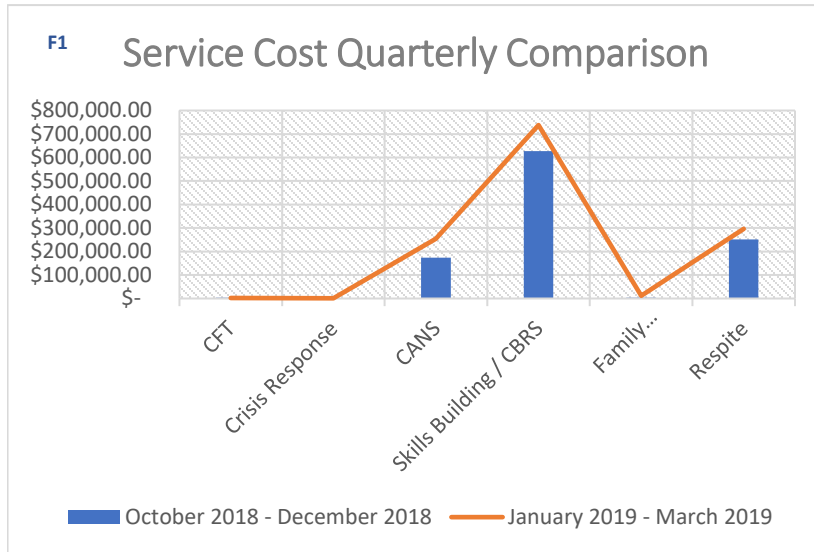
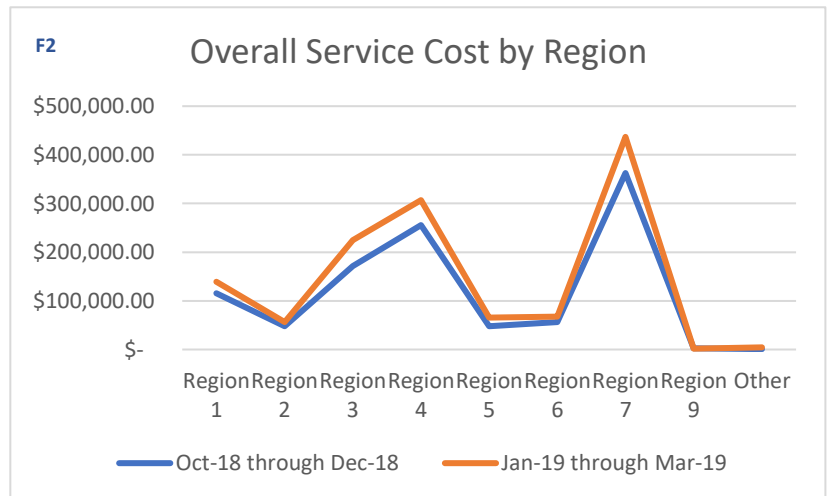


Figure 1. The Service Cost Quarterly Comparison includes service costs from October 2018 through December 2018 shown in blue, with January 2019 through March 2018 shown in orange. The overall costs increased for all services except CFT, where the cost decreased by \$162.00. The largest increase was seen in Skills Building / CBRS, which increased by \$110,402.00 from SFY2019-Q2 to SFY2019-Q3.

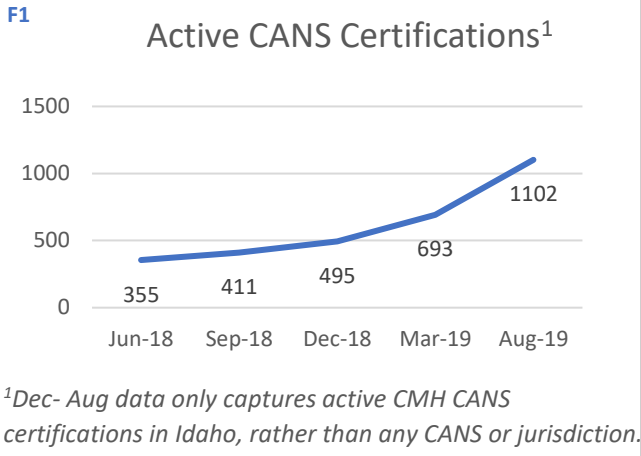
Figure 2. The Overall Cost by Region comparison includes services costs from October 2018 through December 2018 shown in blue, with January 2019 through March 2018 shown in orange. The overall costs increased for all regions, except Region 9, where the costs decreased by \$438.00. The region that showed the largest increase in service costs was Region 7, with an increase of \$74,339.00 from SFY2019-Q2 to SFY2019-Q3.





Supporting the Workforce: **CANS Certifications & Trainings**
 April 1- June 30, 2019

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.*



ICANS Trainings: During the reporting period, the Division of Behavioral Health (DBH) hosted **15** ICANS training webinars for community partners and providers (418 attendees) as well as **10** trainings for agency administrators (160 attendees). ICANS User Group support calls also took place in April, May and June which had 52 attendees.

Coaching & Support: *Wraparound Care Coordinators and DBH staff working with families to complete person-centered service plans participate in weekly support calls. In addition to the weekly support calls, 9 hub-based clinical Wraparound coachina calls were offered.*

Wraparound	12 calls during report period	Average 25 attendees
Person-centered planning/ CANS Clinical Support	7 calls during report period	Average 40 attendees

North West Regional TCOM Conference

The Departments of Health and Welfare, Juvenile Corrections, and State Department of Education partnered with the Praed Foundation to host the first Northwest Regional TCOM Conference held in Boise in May of 2019. The theme for the conference was Setting the Stage: Creating a Shared Vision to Support Transformation. The conference brought together individuals in varying roles, across multiple systems to share their stories, learn from others' experiences, and collaborate on how to best meet the needs of children and families that we serve. This 2-day conference was attended by 140 clinicians, supervisors, administrators, administrative staff, and family members. The session topics included system perspective, treatment planning, wraparound, data and reporting, and family perspectives.

During the two-day conference, attendees:

- Had the opportunity to network with providers, state/county/program agency staff, family members and other community stakeholders from Idaho and surrounding states.
- Learn about Idaho's TCOM implementation as well as other program implementations struggles and successes.
- Gain and enhance knowledge about TCOM philosophy, strategies and tactics.
- Walked away with innovative ideas and practical applications to empower individuals to embrace their role in transformation.

Optum Idaho Provider Training

CANS In-Person Workshop: 111 individuals attended the CANS in-person workshop.

The purpose of this workshop is to introduce providers to the purpose and use of Transformational Collaborative Outcomes Management (TCOM) and the CANS. This is utilized to enhance the understanding of the role of structured assessments in the behavioral health system and to prepare providers for the online CANS certification through the Praed Foundation.

Regional YES Navigations / TCC In-Person Training: 175 individuals attended the TCC training in person, and an additional 34 completed the TCC toolkit training on Relias, for a total of 209 participants.

The trainings consisted of two parts: the first part was devoted to reviewing the core components of the YES System of Care, services that were implemented in 2018, and new and updated services as of April 1, 2019. The second part of the training focused on Targeted Care Coordination (TCC). The TCC is responsible for coordinating and facilitating the CFT interdisciplinary team meetings for the purpose of developing an outcome-focused, strengths-based person-centered services plan (PCSP) that includes both formal and informal services and supports. The TCC will serve as a care navigator for the family and will be responsible for promoting integrated services, with links between child-serving providers, systems, and programs.

Ada County West School Counselor YES Presentations: 106 school counselors attended.

Three in-person presentations were provided to the West Ada School counselors in May and June 2019. Each 30-minute presentation focused on information pertaining to the YES System of Care, qualifying factors, available services and processes to access services.

Crisis Prevention Institute (CPI) In-Person and Web-based Training: A total of 67 individuals attended the trainings, with an additional 77 individuals completing the training online through Relias.

The purpose of the Nonviolent Crisis Intervention training program through the Crisis Prevention Institute (CPI) is to ensure that providers have appropriate expertise in managing crisis situations. This training is considered the standard for crisis prevention and intervention training, teaches providers proven strategies to safely and effectively respond to anxious, hostile, or violent behavior while balancing the responsibilities of care.

YES Navigation Series – Part 5 Webinar: 69 individuals attended the part 5 webinar.

The YES Navigation – Part 5 focused on the YES System of Care, detailed how the YES services work together to meet youth and families' needs, and provided an overview of the five new services and programs to the Idaho Behavioral Health Plan (IBHP) that were implemented in June 2019.

OSSM Training Webinar: 87 individuals attended the Optum Supports and Services Manager (OSSM) webinar.

OSSM is an online platform that allows Targeted Care Coordinators to submit person-centered service plans (PCSP) to Optum Idaho for review. The training was a general overview of how the OSSM system works and what functions are available for CFT functions.

Optum Idaho Endorsement – General Foundation Relias Training: 236 individuals have enrolled in the General Foundations training, while 104 individuals have completed the training.

Optum Idaho has developed an endorsement program to support the service delivery of YES services: Targeted Care Coordination, Skills Building/CBRS, Youth Support, and the General Foundations training plan. All training plans have been developed in alignment with national certification core competencies and/or knowledge domains where available with Idaho localization factors considered to stimulate workforce interest and provider engagement with a new endorsement program. This training was the General Foundation training plan for Paraprofessionals and includes course modules on key industry topics.

Additional Trainings: Between April 1 and June 30, 2019 many individuals completed training online through Relias, including: YES Navigations (**50**), Respite (**70**), Respite Supervision (**8**), Family Psychoeducation (**3**), Skills Building/Treatment Planning (**13**), Skills Building Webinar (**7**), and the CANS Overview (**12**).

Training & Education Overview		
In-Person Training	Webinar Training	Relias Training
459	156	378

Looking for more information about trainings?

- YES Training information can be found by visiting the Youth Empowerment Services website [YES Training](#) page.
- For more information about trainings offered by Optum Idaho, visit [Optumidaho.com](#), under Provider Trainings in the “For Network Providers” tab.
- Information about CANS certification and the ICANS can be accessed by clicking [here](#).



QMIA Quarterly Report - Issue # 11 - October 2019

Youth and Family Experiences: Perception of Care

April 1- June 30, 2019

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 17 complaints were reported during this period.

The Division of Behavioral Health received nine (9) children’s mental health- related complaints during the reporting period. Two of the nine complaints had been resolved by the time this report was written; both complaints were about the same issue and were resolved by making a system change to mitigate the access barrier.

**PCSP: Person-Centered Service Plan*

Division of Behavioral Health: 9 Complaints						
Region	Date	Complainant	Service	Concern Type	Status	Days to Resolve
2	4/3/19	Family	Therapy	Quality	In Progress	-
1	4/16/19	Family	CANS	Quality	In Progress	-
1	4/19/19	Family	Respite	Access to Service	In Progress	-
1	4/24/19	Stakeholder	Respite	Quality	In Progress	-
1	5/13/19	Provider	CANS	Access to Service	Resolved	36 days
1	5/13/19	Provider	CANS	Access to Service	Resolved	29 days
1	5/13/19	Advocate	Respite	Access to Service	In Progress	-
1	6/24/19	Family	PCSP*	Access to Service	In Progress	-
7	6/25/19	Family	Respite	Access to Service	In Progress	-

For this reporting period, the Division of Medicaid contributed complaints information from their contractor; Optum Idaho. Optum manages outpatient behavioral health services for Medicaid members. A total of 6 complaints were received by Optum for YES-eligible youth between April and June of 2019.

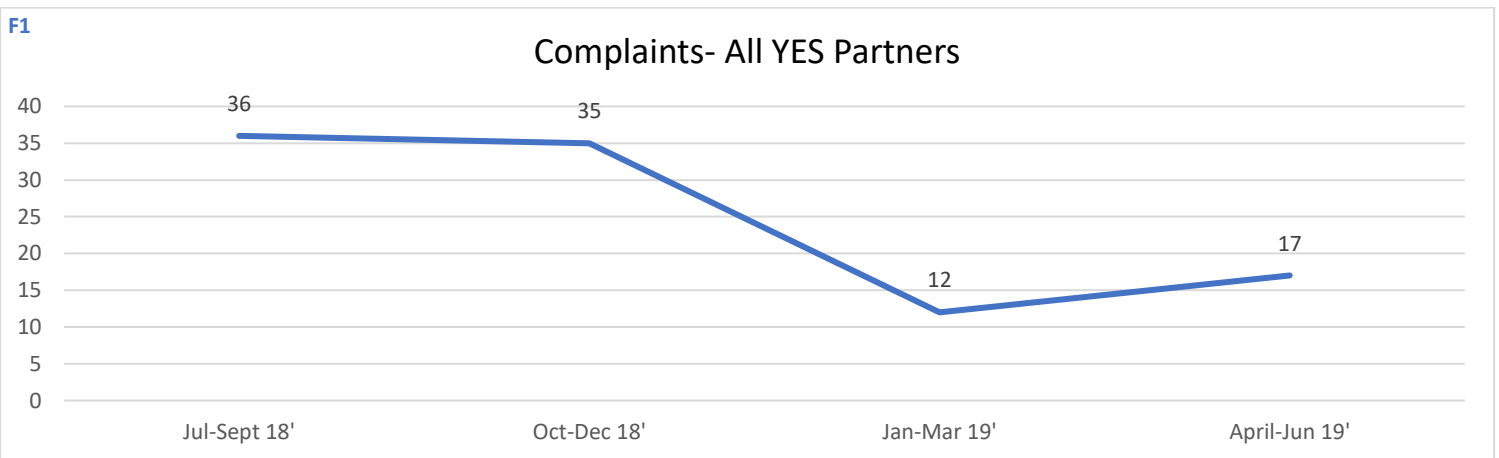
Optum Idaho: 6 Complaints					
Region	Date	Description	Decision Summary	Resolution	Days to Resolve
1	3/26/19	Provider did not return call from member/ unaccompanied minor	Resolved- Substantiated	Agency initiated new respite staffing patterns and P&Ps about unaccompanied minors	7 business
7	4/1/19	Attitude of provider	Resolved- Unsubstantiated	Offered referrals- no evidence to support allegations	3 business
7	4/1/19	Attitude of provider	Resolved- Unsubstantiated	Offered referrals- no evidence to support allegations	3 business
3	4/2/19	Dissatisfaction with appointment availability	Resolved- Substantiated	Agency agreed to conduct CANS reassessments via telehealth. Agency also agreed to educate CBRS staff on DD issues	9 business
4	4/9/19	Dissatisfaction with assessment process	Resolved- Substantiated	Educated complainant on member rights and that the Liberty assessments meets Idaho CDA requirements	2 business
1	4/30/19	Provider did not meet access standard- routine	Resolved- Substantiated	Agency agreed to implement new policy on appointment cancellation notices	6 business

The Department of Juvenile Corrections received 2 complaints between April and June; all have been resolved.

Idaho Department of Juvenile Corrections Complaints/Grievances (YES Class Juveniles/ Families): 2 Complaints					
Region	Date	Concern Type	Status	Resolution	Timeliness to Resolution
3	4/21/19	Complaint stating his rights were violated and that he should be allowed to complete his treatment work regardless of his behaviors.	Resolved	Unit Manager met with youth and talked about the situation. After speaking with the youth it was explained that he is not being restricted from doing his treatment but held to a high standard in accountability.	1 day
3	5/12/19	Grieved that during progress letter input, the group was lying about her progress and trying to prevent her from going home.	Resolved	It was explained to the youth that this was not a violation of her rights and she stated that she understood.	4 days

Division of Family and Community Services: FACS did not have any complaints to report between January and March.

State Department of Education: SDE did not report complaints for the April through June period.



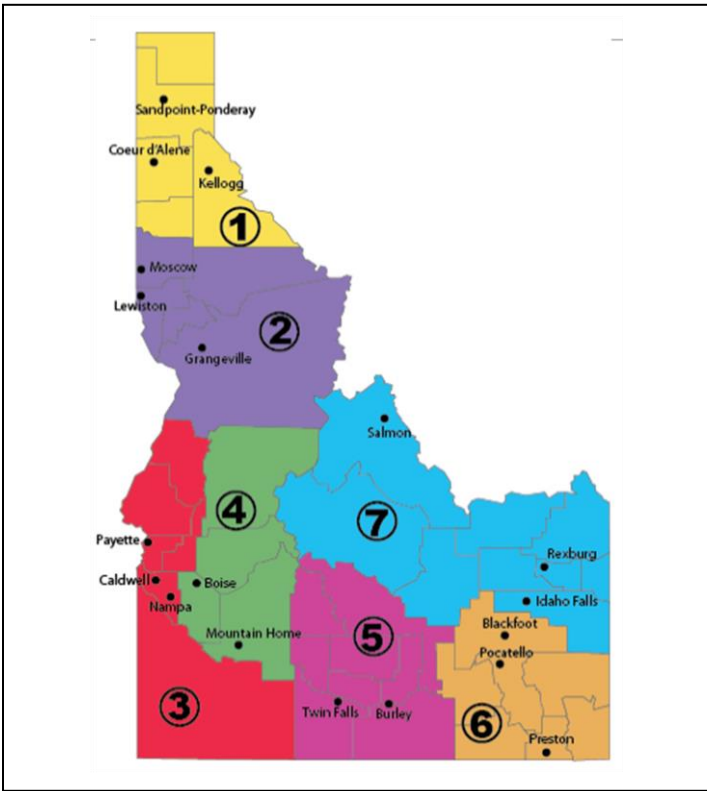
Regional Reporting Differences: The Department of Juvenile Corrections categorizes geographic location using three regions- Region 1: Lewiston, Region 2: Nampa, Region 3: St. Anthony. The State Department of Education's geographic regions also differs from that of the Department of Health and Welfare. 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.

Glossary

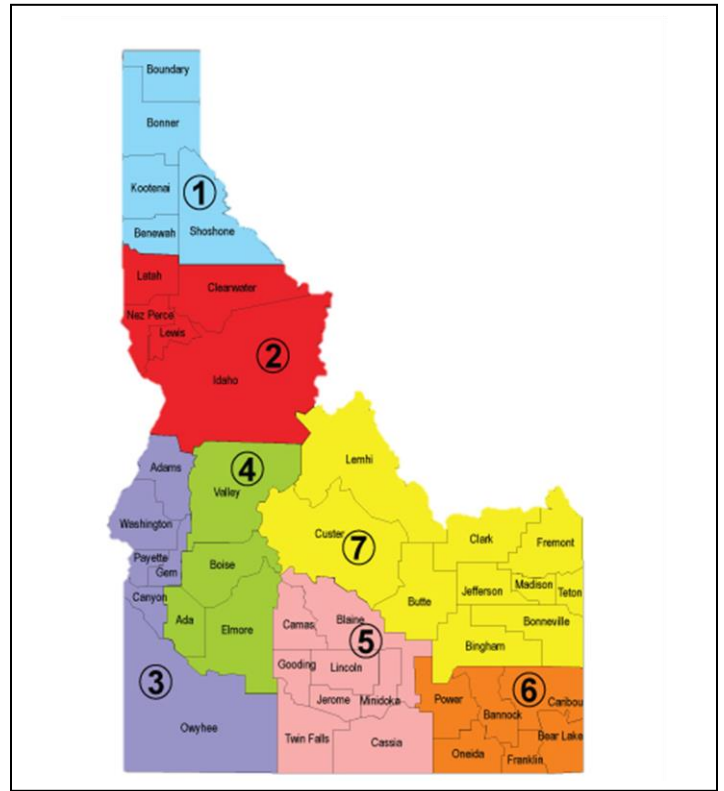
Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child’s or youth’s needs and strengths.
Class Member	Idaho residents with a serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
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, 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

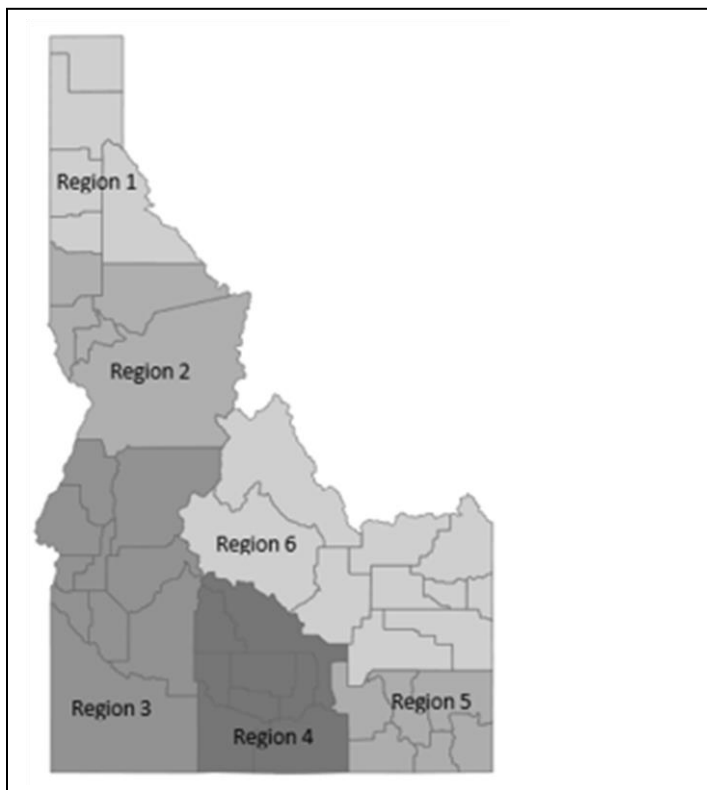
Idaho Department of Health and Welfare: Medicaid, FACS



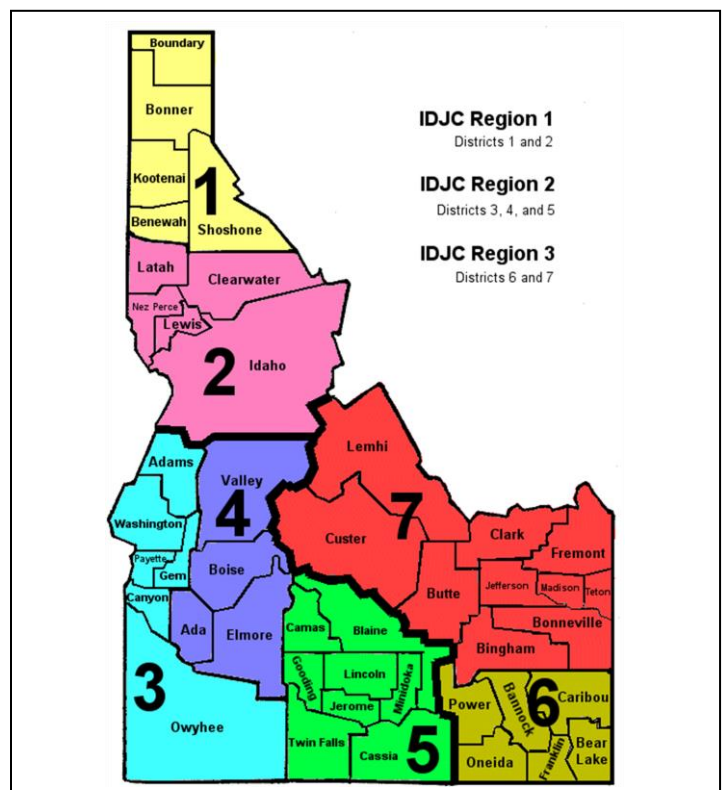
Idaho Department of Health and Welfare: DBH



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.