



Quality Management
Improvement & Accountability (QMIA)

Annual QMIA Report

Issue 12 — December



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About the QMIA Report

The Quality Management Improvement and Accountability (QMIA) Report is a requirement of the Jeff D. Settlement Agreement and is a critical aspect of the YES project. The QMIA 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 child, youth and 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 Report focuses on statewide and regional-level data and information to provide stakeholder groups insight into the child-serving system in Idaho. Data in the Report includes descriptions of youth receiving services, access and barriers to care such as gaps in services, workforce development, youth and family experience and engagement, appropriate use of services, effectiveness of services and quality improvement projects.

The QMIA 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.

1. Were children and youth assessed for YES services with the CANS?

The YES system of care adopted the Child Needs and Strengths (CANS) as the standardized tool to use for all children and youth who receive services through the YES system of care.

Number of Initial CANS

The goal for YES is to assess all children and youth accessing mental health services with the CANS tool. In SFY 2019 6,851¹ children and youth were given the CANS by Liberty Healthcare (the independent assessment provider (IAP)), the Division of Behavioral Health (DBH), and Medicaid providers. The table below provides a break-down of the number of CANS completed.

Quarter	Initial CANS	IAP	DBH	Medicaid Providers
July - Sept 2018	994	407 41%	238 24%	349 35%
Oct - Dec 2018	1326	371 28%	146 11%	809 61%
Jan - March 2019	1576	457 29%	158 10%	961 61%
April - June 2019	2955	473 16%	118 4%	2364 80%
Total	6851	1708	660	4483

Number of children and youth who met YES eligibility criteria

The IAP consistently found that 98-99% of children and youth assessed met the YES criteria, or approximately 1,675 children and youth². On average, the IAP found only 1-2% of children and youth given the CANS were not eligible for YES, or approximately 30 children and youth.

¹ This number reflects the number of CANS given but may include some duplication of the initial CANS across the three types of assessors: the IAP, DBH, and Medicaid providers.

² It is not a requirement for children to be assessed by the IAP to access YES services, but it is required for children to qualify for Medicaid based on an SED determination or to access respite services.

Number of children and youth in foster care who received the CANS

A focus for this QMIA Report is on children and youth in Foster Care.

There were 3,108 children and youth removed from their families in SFY 2019. Of these individuals, 343 or 11% were assessed using the CANS. The pie chart to the right shows the number and percentage of children and youth in foster care who received a CANS by region.

Of the children and youth who received a CANS, the majority were over the age of five, and distributed fairly evenly across age groups. A complete break-down of the number of CANS given by age group is presented in the graphic below.

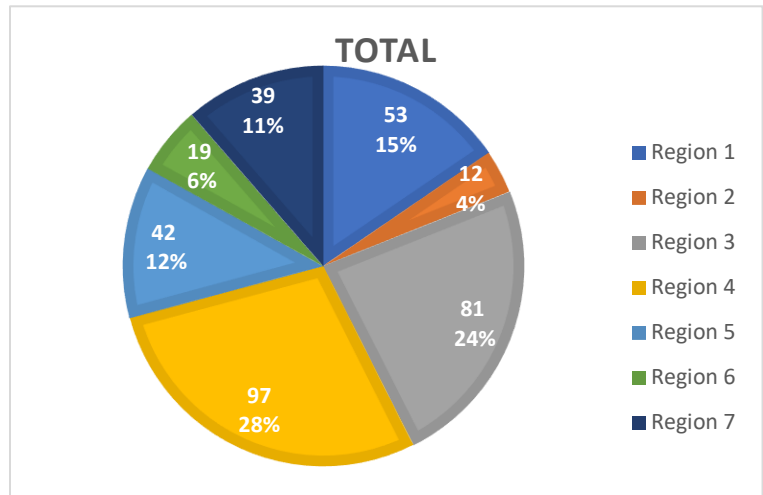
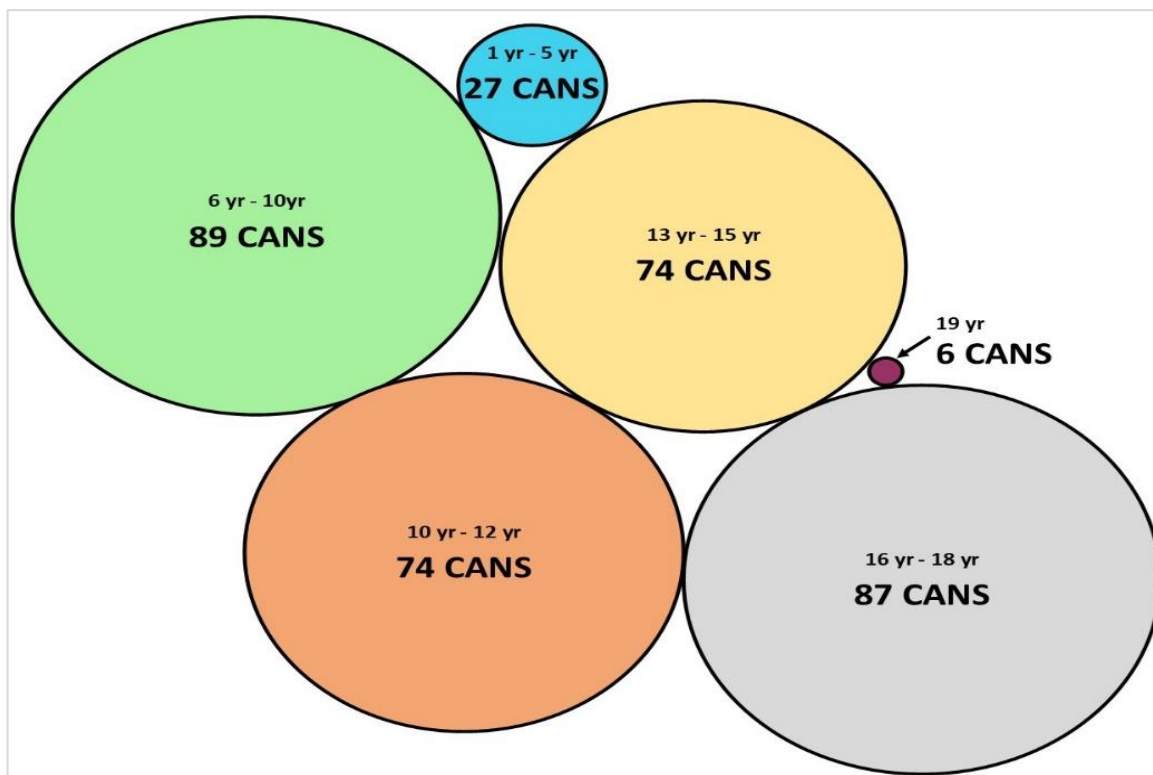
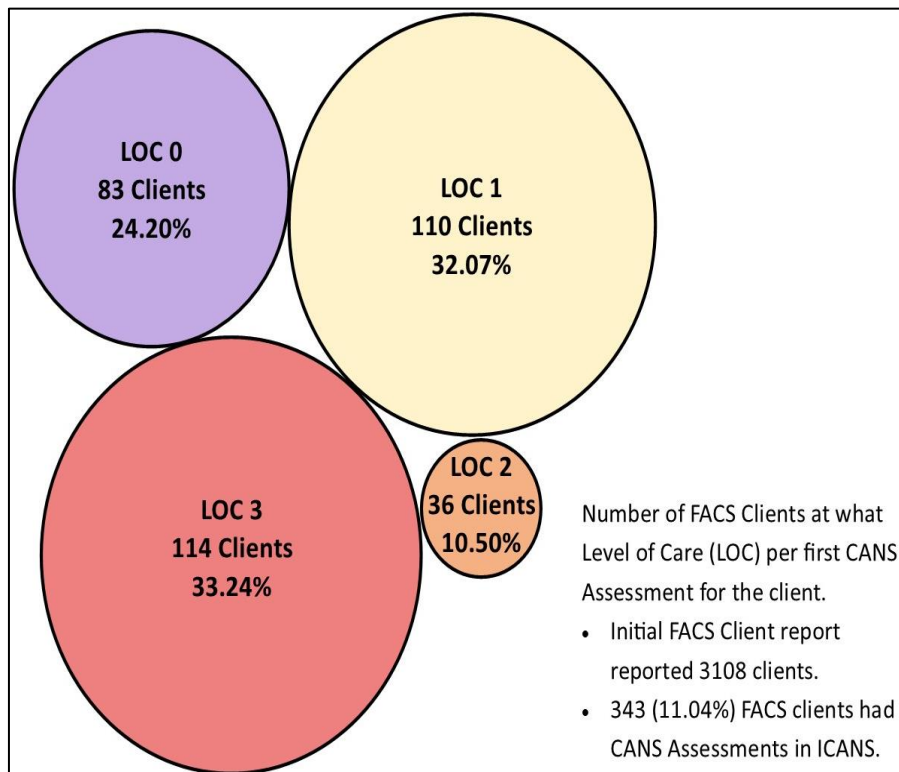


Figure 1: Percentage of CANS by Region



Number of children and youth in the Family and Community Services (FACS) program who received the CANS

After the initial FACS client report, there were 3,103 children and youth identified in the program. Of those individuals, 343 (11%) had a CANS assessment in ICANS. The graphic below provides the number of FACS children and youth at each level of care (LOC).





2. Who are we serving?

As of December 2019, there were **2,036** YES Medicaid eligible participants. There were **616** YES children and youth who obtained Medicaid over the set Federal Poverty Line (FPL) (rate code 44) and **1,420** YES eligible children and youth previously had Medicaid (YES condition code).

A Year in Review

The Division of Medicaid has provided one year's worth of data. All utilization data is shown from October 1, 2018 through September 30, 2019. There is a three (3) month lag in data, as all utilization data is based on claims data.³ Services not listed below, such as Travel Reimbursement and Case Management, were implemented prior to implementing the new YES Program services. The list below shows new services that were implemented in 2018 and 2019 through the Idaho Behavioral Health Plan (IBHP).

January 1, 2018

- Respite

July 1, 2018

- Child and Adolescent Needs and Strengths (CANS) Assessment Tool
- Child and Family Team (CFT) Interdisciplinary Team Meeting
- Individualized Skills Building Treatment Planning

October 1, 2018

- Crisis Response
- Family Psychoeducation

June 1, 2019

- Targeted Care Coordination (TCC)

July 1, 2019

- Behavior Modification and Consultation (BMC)
- Behavioral Health Day Treatment
- Intensive Home and Community Based Services (IHCBS)
- Family Support
- Therapeutic After School and Summer Program (TASSP)
- Youth Support

Therapeutic After School and Summer Program is a compilation of existing services, offered in a community setting, and cannot be differentiated within the data.

³ ¹Utilization data has a three (3) month lag. IBHP utilization data for providers and members is shown as unique. A provider and member will be counted once in a month that a service was provided/received. The cost data is shown as all-encompassing, for all services provided/received each month. This data represents an all-encompassing view of utilization from ages 0-17, from October 1, 2018 through September 30, 2019.

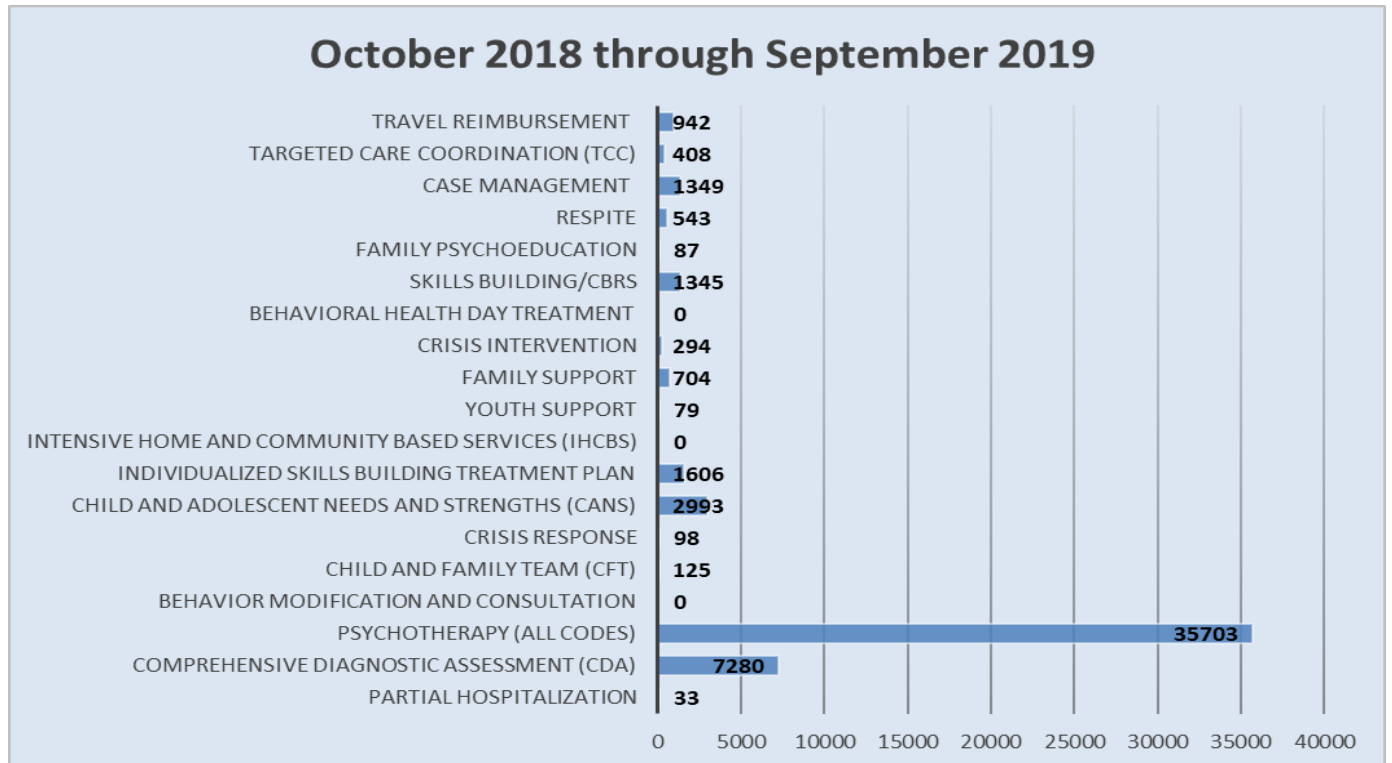


What are the identified needs of children and youth?

Starting January 2020, the Idaho Behavioral Health Plan began offering Skills Training and Development (Partial Care) and Partial Hospitalization. Prior to January 2020, Partial Hospitalization was only offered through Optum Idaho's Early Periodic Screening Diagnosis Treatment (EPSDT) program.

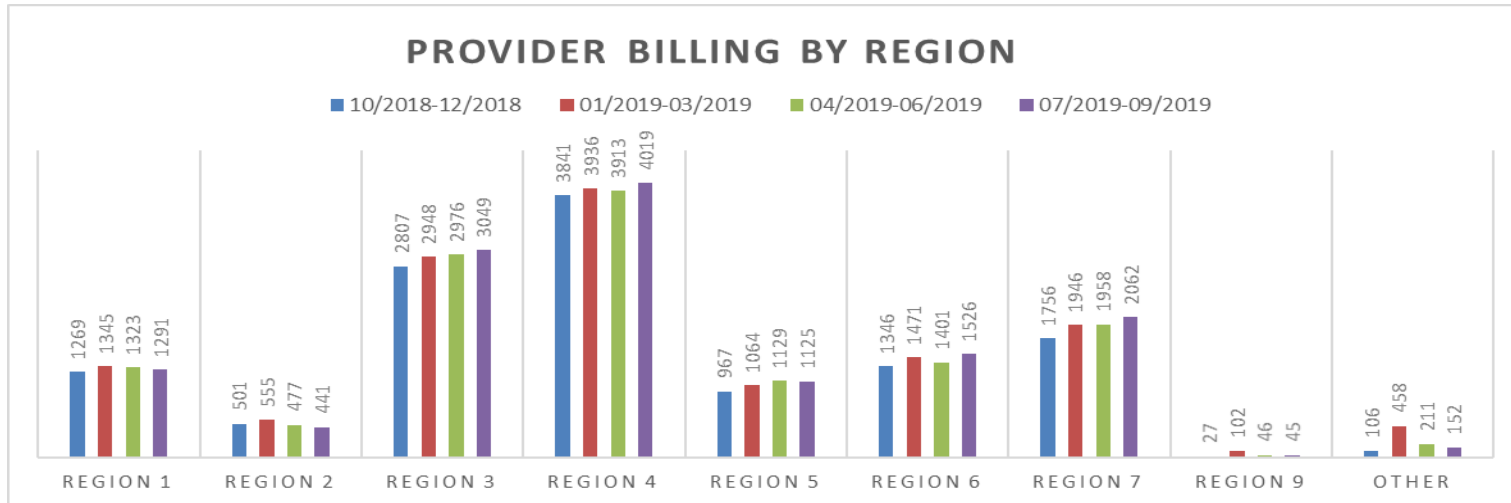
Idaho Behavioral Health Plan Provider Billing

The figure below represents the number of providers who billed for each service. The provider count is not unique because providers are added to the count *each* time they bill for a service. The numbers in the chart are a compilation of all regions.



What are the identified needs of children and youth?

The figure below represents an all-encompassing number of times providers billed for any child and adolescent service. Region 9 includes providers that are part of the Idaho Behavioral Health Plan network, but do not provide service *in* Idaho. The “Other” region includes agencies/facilities that have not been designated into a region.



Services by Quarter

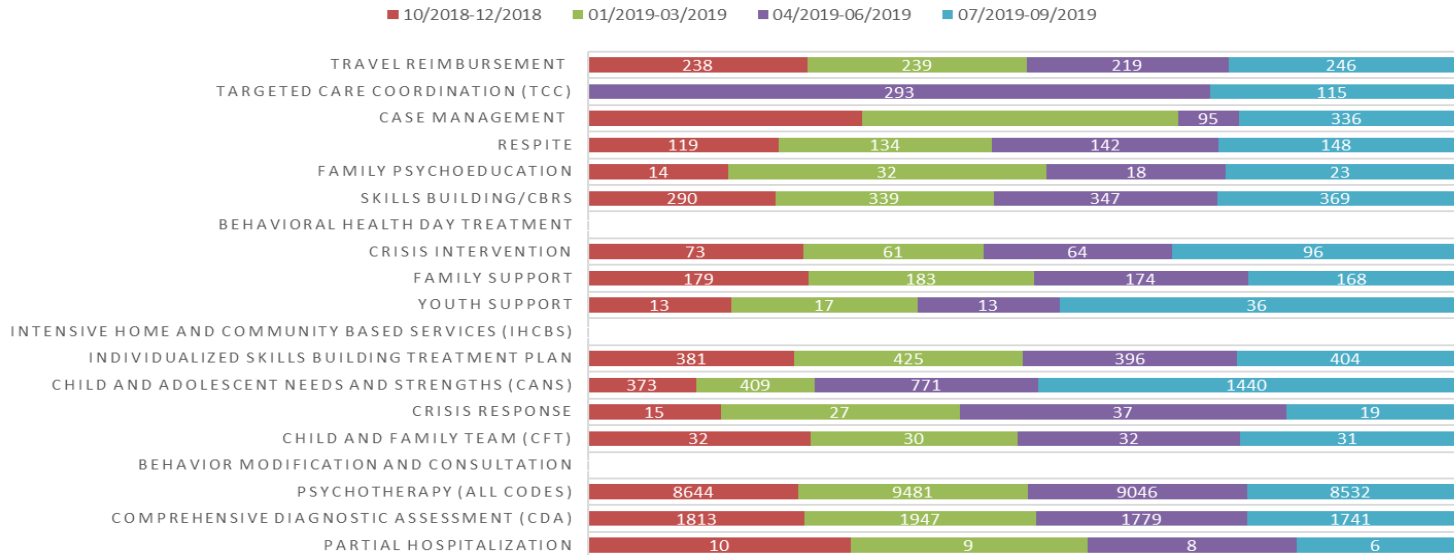
The figure below shows the number of providers that billed for the service in each quarter. It is important to note for Case Management and Targeted Care Coordination that the CPT codes have changed throughout the last year. Until June 1, 2019, providers billed for Case Management under code T1017. As of June 1, 2019, T1017 became Targeted Care Coordination and Case Management became T1016. This change could serve as the explanation to the heavy utilization of Targeted Care Coordination from 04/2019 through 06/2019 below (in purple). For some services that were implemented in July 2019, the CPT codes were billed for ages 0-17 in the previous quarters.



What are the identified needs of children and youth?

Of all services implemented in 2018 and 2019, three services are showing no utilization from implementation date through September 30, 2019. These services include Behavioral Health Day Treatment, Intensive Home and Community Based Services, and Behavior Modification and Consultation.

PROVIDERS: QUANTITIES OF SERVICES PER QUARTER



Targeted Care Coordination

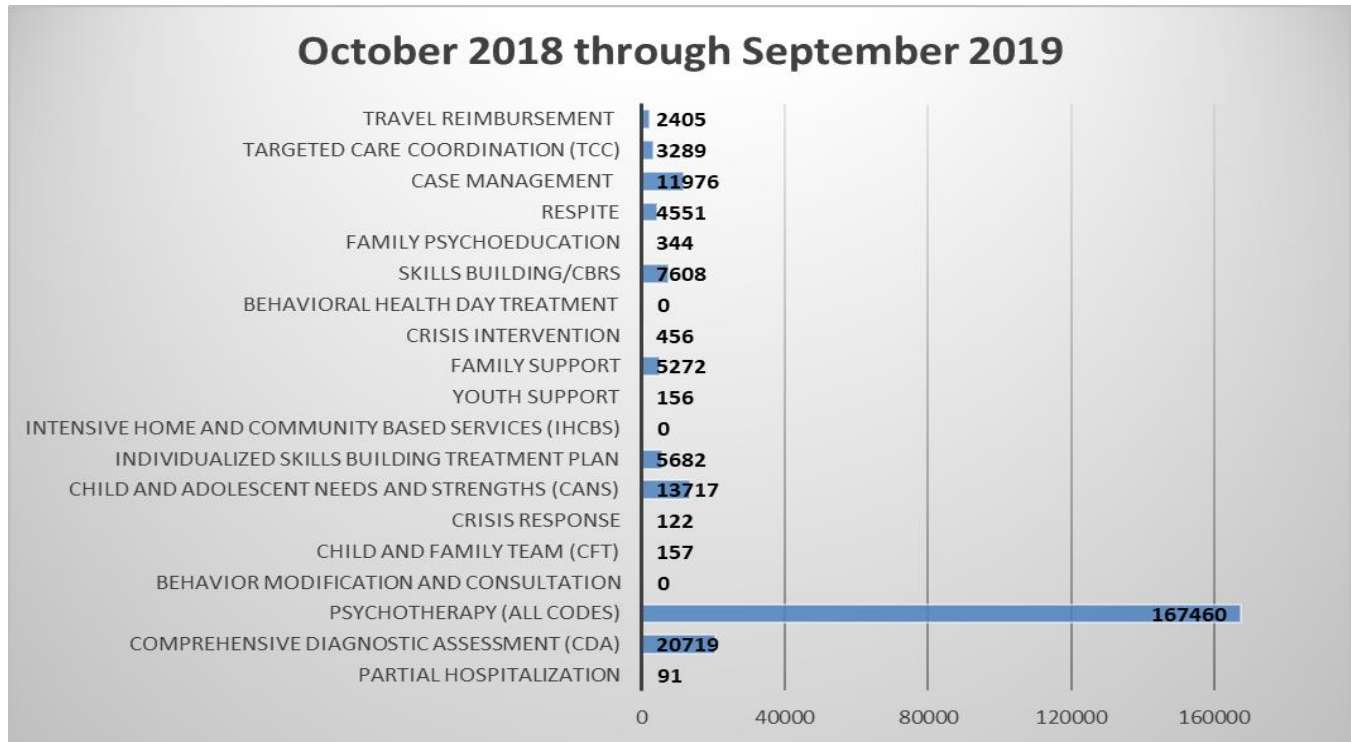
The Targeted Care Coordinator (TCC) is responsible for coordinating and facilitating the Child and Family Team (CFT) Interdisciplinary Team Meetings to develop an outcome-focused, strengths-based person-centered service plan that includes both formal and informal supports.

The TCC is responsible for ensuring services are accessed, coordinated, and delivered in a strengths-based, individualized, and relevant manner and that services and supports are guided by family voice and choice. The TCC serves as a care navigator for the family and is responsible for promoting integrated services, with links between child-serving providers, systems, and programs. As of December 2019, there are 119 Targeted Care Coordinators throughout Idaho.

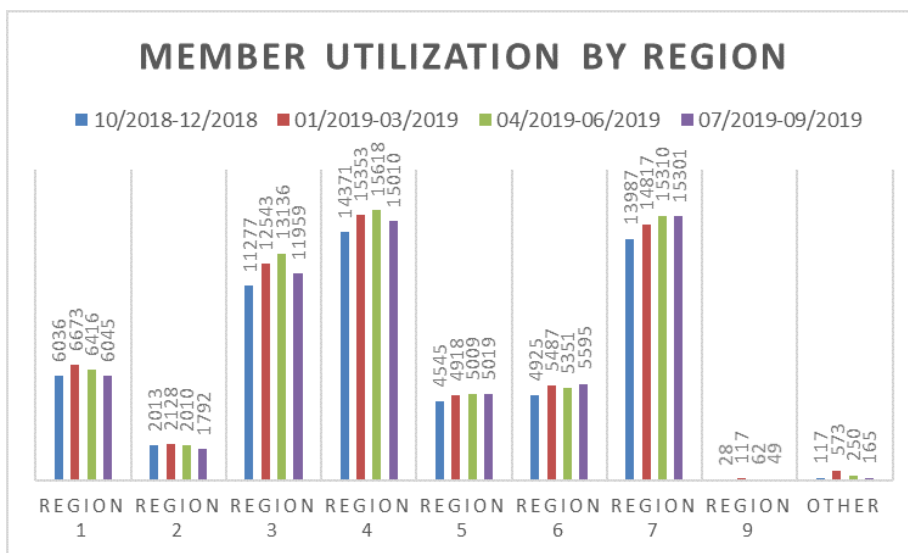
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
4	2	13	27	10	10	53

Member Utilization

The chart below represents the number of Medicaid members who utilized services from October 2018 through September 2019 and are a compilation of all regions.



The second member chart, shown below, accounts for the number of times children and youth received services in each region. The highest member utilization took place in regions 3, 4, and 7. As shown above, region 4 has the highest number of providers.

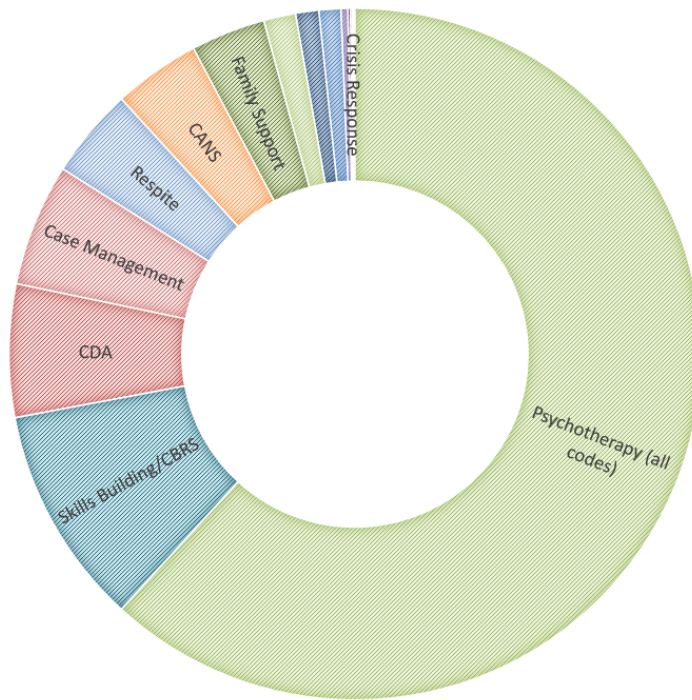




IBHP Costs

YES QMIA Annual Report, Issue 12 — January 2020

What are the identified needs of children and youth?



Service utilization shows Psychotherapy being the highest utilized service by children/adolescents, aged 0-17. The second highest utilization is Skills Building / CBRS, of which was updated to a 6-month authorization period instead of 90 days. This update occurred during the summer of 2019.

A total of **\$21,401,461.89** was paid for Psychotherapy, while Skills Building incurred a cost of **\$3,553,367.65** from October 2018 through September 2019.

The least utilized service, while still incurring a cost, was Crisis Response at **\$4,703.16** for the same time span.

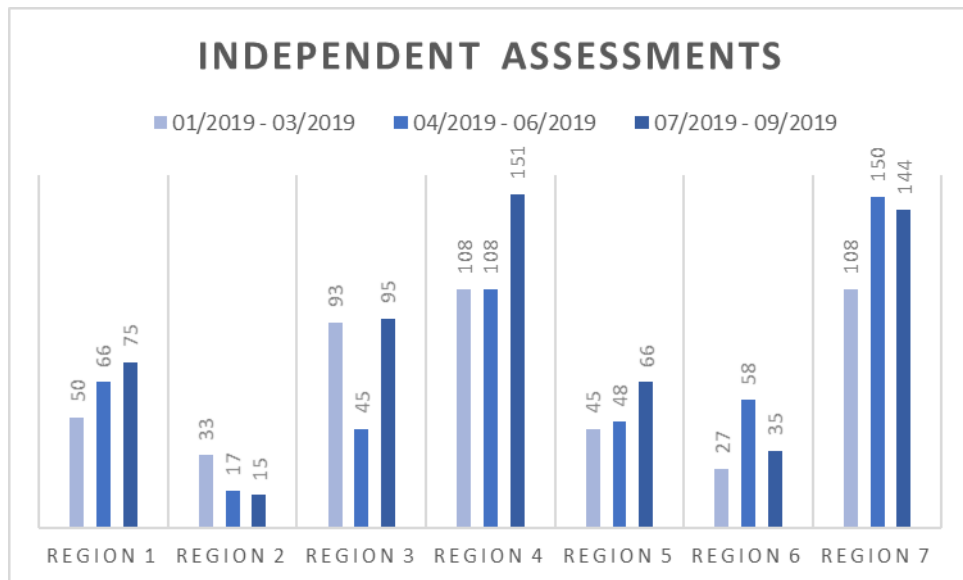
The Service Cost per Quarter (below) shows the overall cost of services from October 2018 through September 2019. The highest cost for services was Psychotherapy, which includes all nine (9) codes that are billed for Psychotherapy.

The overall cost for all services listed below was **\$34,635,345.09**.

Service Cost per Quarter						
Service Title	10/2018 - 12/2018	01/2019 - 03/2019	04/2019 - 06/2019	07/2019 - 09/2019	October 2018 through September 2019	Percentage of overall cost
Partial Hospitalization	\$ 80,975.00	\$ 115,196.00	\$ 100,450.00	\$ 56,948.00	\$ 353,569.00	1.021%
CDA	\$ 525,859.66	\$ 569,954.81	\$ 523,950.73	\$ 532,413.69	\$ 2,152,178.89	6.214%
Psychotherapy (all codes)	\$ 5,202,788.00	\$ 5,804,334.00	\$ 5,521,341.00	\$ 4,872,998.89	\$ 21,401,461.89	61.791%
Behavior Modification and Consultation	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%
Child and Family Team (CFT)	\$ 3,049.45	\$ 2,886.64	\$ 2,869.29	\$ 3,859.60	\$ 12,664.98	0.037%
Crisis Response	\$ 594.36	\$ 975.10	\$ 1,877.22	\$ 1,256.48	\$ 4,703.16	0.014%
CANS	\$ 173,926.58	\$ 170,808.55	\$ 399,367.84	\$ 663,594.91	\$ 1,407,697.88	4.064%
Individualized Skills Building Tx Plan	\$ 85,074.14	\$ 82,080.92	\$ 94,854.75	\$ 113,153.49	\$ 375,163.30	1.083%
IHCBS	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%
Youth Support	\$ 1,921.83	\$ 1,796.85	\$ 2,046.25	\$ 25,294.08	\$ 31,059.01	0.090%
Family Support	\$ 347,930.82	\$ 322,221.80	\$ 286,196.77	\$ 250,124.25	\$ 1,206,473.64	3.483%
Crisis Intervention	\$ 8,911.33	\$ 7,768.60	\$ 8,470.82	\$ 16,165.08	\$ 41,315.83	0.119%
Behavioral Health Day Treatment	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%
Skills Building/CBRS	\$ 627,468.33	\$ 737,870.86	\$ 1,022,783.21	\$ 1,165,245.25	\$ 3,553,367.65	10.259%
Family Psychoeducation	\$ 4,178.60	\$ 12,042.74	\$ 3,676.68	\$ 4,441.26	\$ 24,339.28	0.070%
Respite	\$ 251,165.93	\$ 296,109.21	\$ 388,457.13	\$ 522,723.28	\$ 1,458,455.55	4.211%
Case Management	\$ 636,553.09	\$ 686,430.20	\$ 170,096.70	\$ 490,469.47	\$ 1,983,549.46	5.727%
TCC	\$ -	\$ -	\$ 431,925.56	\$ 86,231.61	\$ 518,157.17	1.496%
Travel Reimbursement	\$ 26,459.00	\$ 29,384.20	\$ 26,948.60	\$ 28,396.60	\$ 111,188.40	0.321%
Totals	\$ 7,976,856.12	\$ 8,839,860.48	\$ 8,985,312.55	\$ 8,833,315.94	\$ 34,635,345.09	100%

Liberty Healthcare Independent Assessments

January 2019 through September 2019



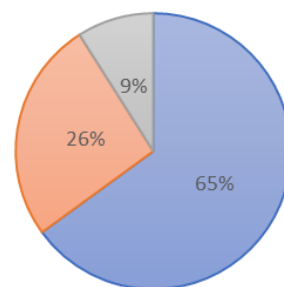
Liberty Healthcare completed **1,537** independent assessments throughout Idaho from January 1, 2019 through September 30, 2019. Of these, **1,087** were initial assessments and **452** were annual reassessments.

There were **162** assessment refusals within that time period, while **12** individuals were denied eligibility through the independent assessment.

From January 2019 through September 2019, 91% of assessments were completed as scheduled. 65% of those assessments were initial, while 26% were annual reassessments.

The other 9% of assessments were not completed due to refusal of an annual reassessment. There was an average of 18 individuals refusing to complete their assessments on a monthly basis.

Percentages by Assessment Type



■ Percentage of Initial Assessments
 ■ Percentage of Annual Reassessments
 ■ Percentage of Refused Annual Assessments



For the Liberty Healthcare independent assessments, there was a total of \$1,811,700.00 paid from January 2019 through September 2019.

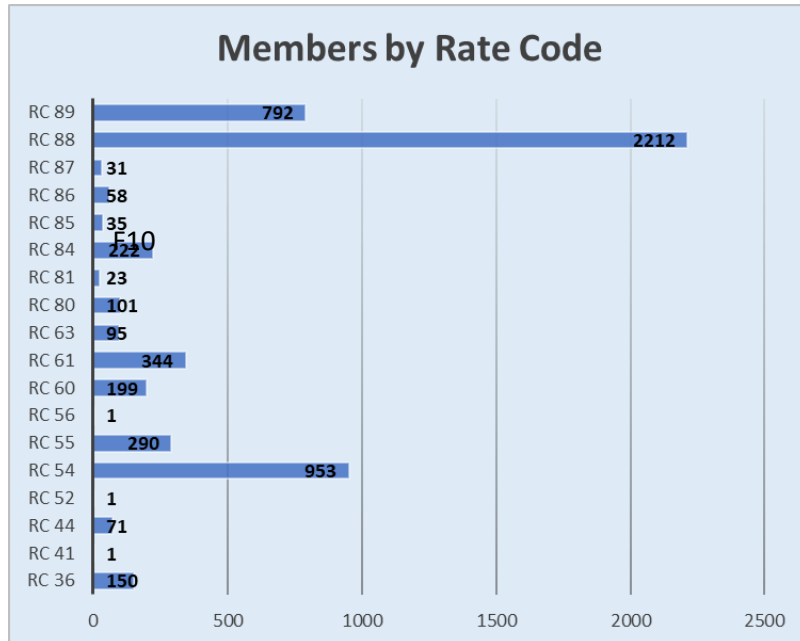
The highest monthly invoice was in July 2019 with a total of 211 assessments completed during the month.

Non-Emergency Medical Transportation

October 1, 2018- September 30, 2019

The Non-Emergency Medical Transportation contract served 5,579 unique members, ages 0-18 years old. The average age of members was 9.5 years old.

These members had a combined total of 198,774 unique trips from October 1, 2018 through September 30, 2019. The average miles per trip was 35.6 miles, with the highest being 1,302 miles in a single trip.



Each member has a rate code assigned to them, which is dependent upon their needs, age, and financial eligibility group.

Rate Code 88, of which is the highest member count, is listed as Basic Uninsured Child 6 to 19.

Rate Code 54, the second highest member count, is assigned to the Permanently and Totally Disabled.

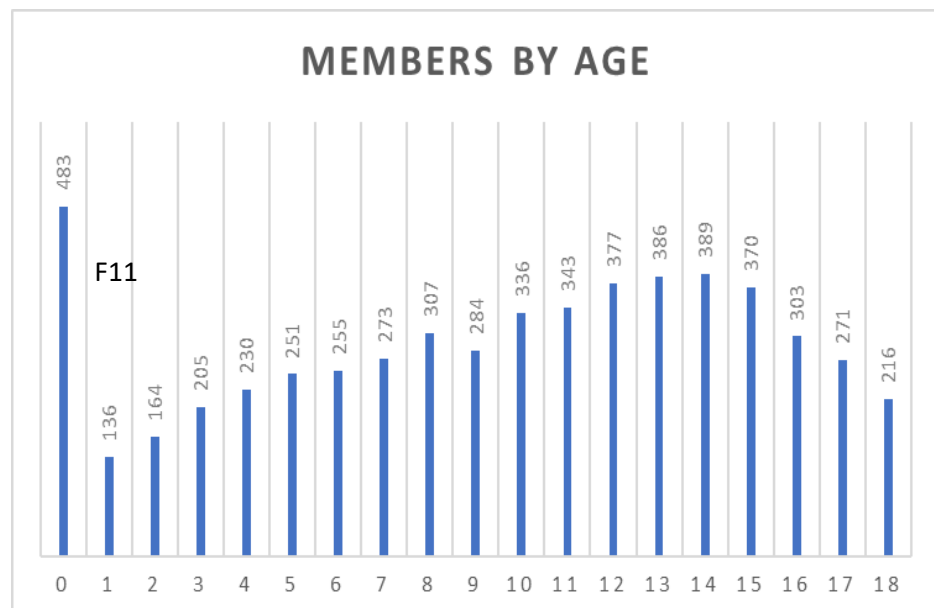
Rate Code 89, the third highest member count is the Enhanced Uninsured Child 0 to 5.

Of note, Rate Code 44 for the YES Program, had 71 unique members utilizing transportation.

All trips are categorized by the members age at the time of service. The highest utilization per age group was age 0. There were 483 members under the age of 1.

The Non-Emergency Transportation contractor accounts for all variances in trips, including the utilization of crutches, if a member is pregnant, if they are in a wheelchair, and whether or not they need a car seat.

Throughout the year, 20 members were on crutches, 6 members were pregnant, 35 members were utilizing wheelchairs, and 3 members were provided a car seat for their trip.

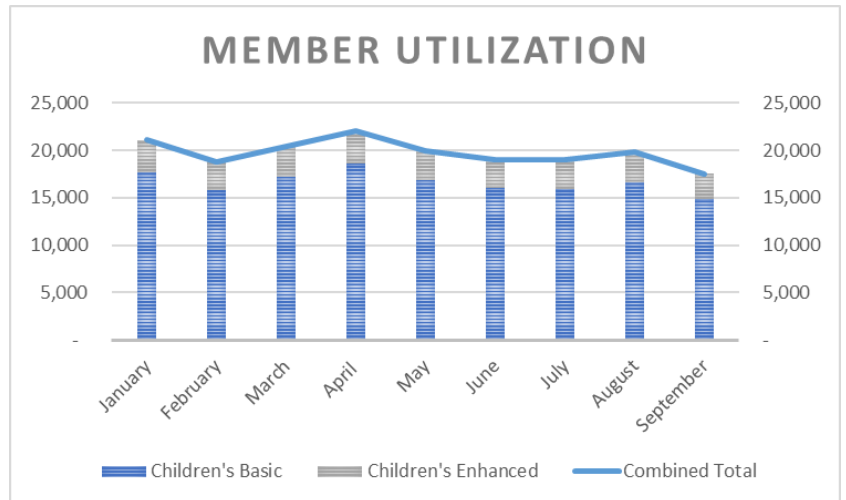


Medicaid Dental Contract

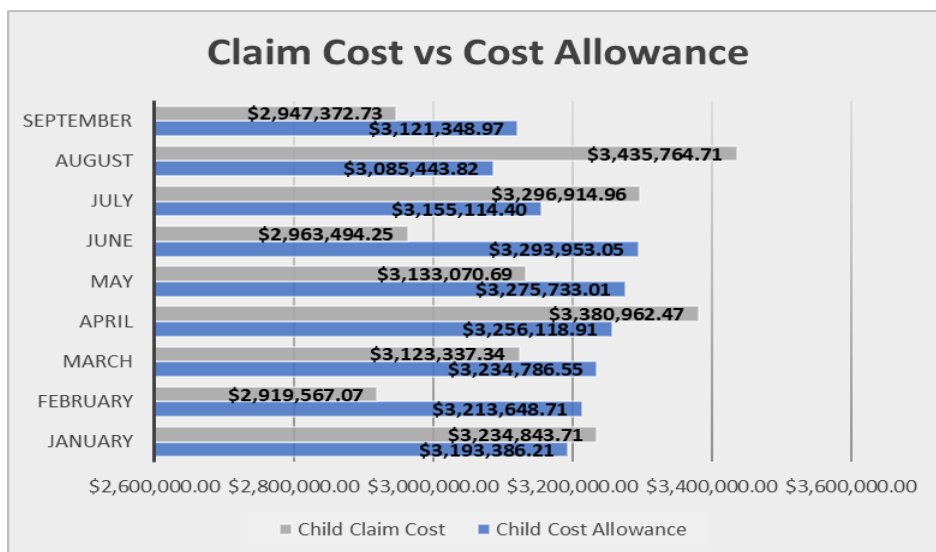
January 2019-September 2019

The Dental contract serves an average of 20,868 children / adolescents each month, of which equates to approximately 10.76% of eligible children utilizing services.

The highest level of member utilization was 22,023 members in April 2019. As seen below, the associated cost was \$3,380,962.47, which was a difference of \$124,843.56 from the claim cost versus the cost allowance.

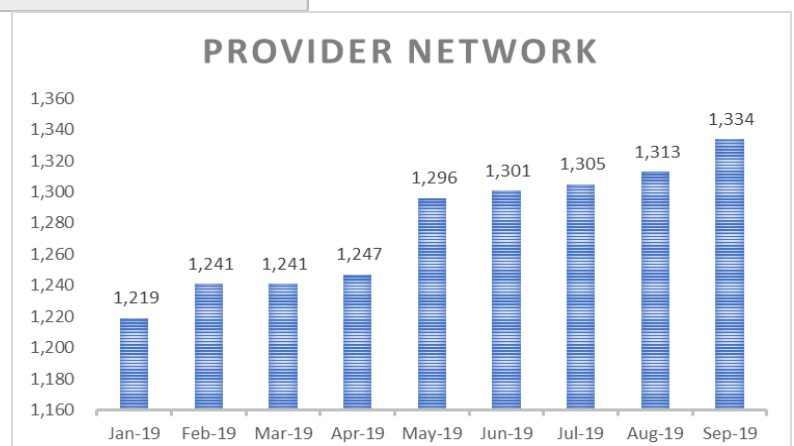


February 2019 saw the lowest utilization, at 18,801 members. In that month, the cost allowance exceeded the claim cost by \$294,081.64.



The chart to the left shows the Claim Cost (amount paid for services) vs the Cost Allowance (amount allocated for services) for children and adolescents served under the dental contract.

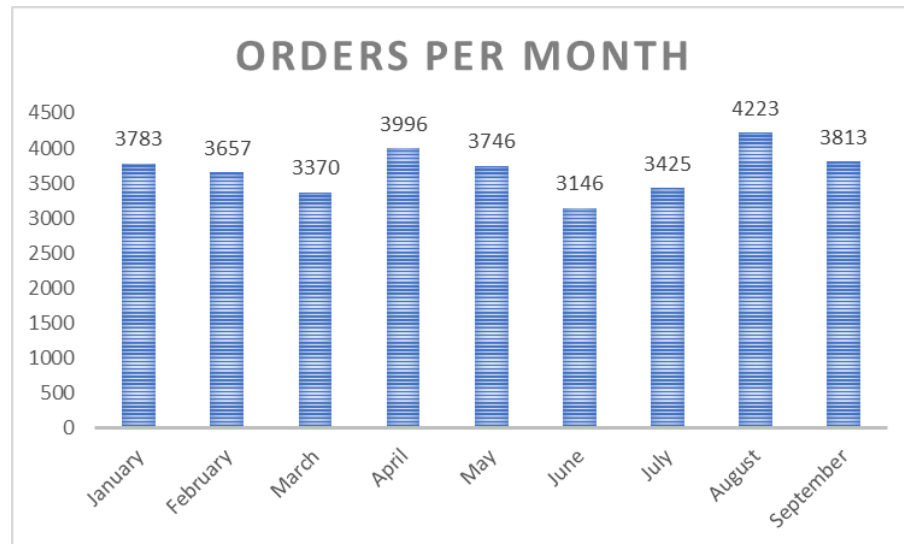
The chart on the right shows the steady increase in the number of providers and locations within the dental network. In January 2019, there were 1,219 providers / locations within the network, of which increased to 1,334 providers / locations in September 2019, of which is an increase of 115 providers / locations.



Medicaid Vision Contract

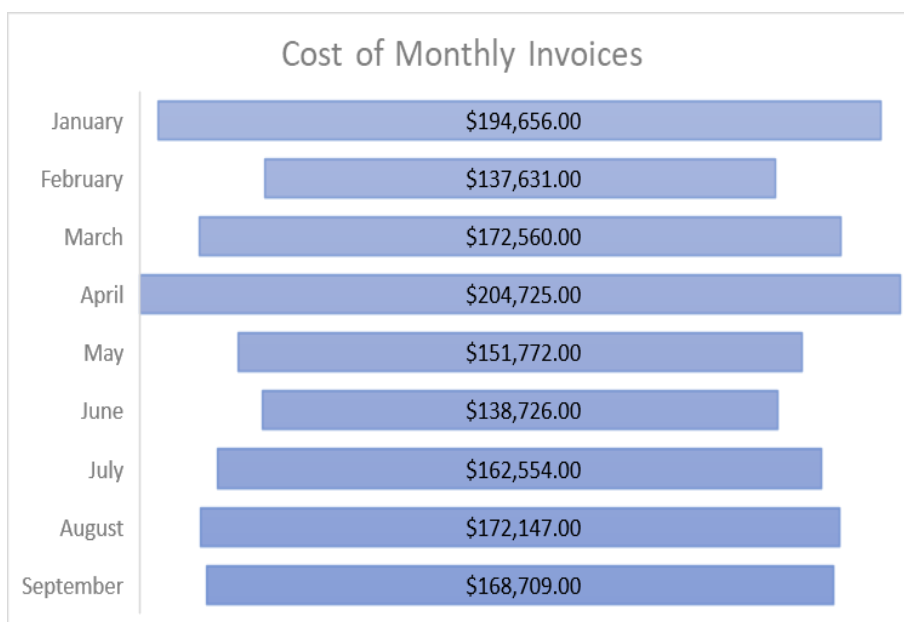
January 2019-September 2019

The Vision contractor received **33,159** orders for Medicaid members. The reporting metrics for all vision data shows 0-20 years old and 21 years and older. The following data is representative of the zero to twenty-year-old age group.



Member Utilization

The Vision contract under Medicaid offers a variety of services, including ordering contact lenses, lens and frames separately, or as a package deal. An average of 99.81% of Medicaid members order their glasses with frames and lenses. The Vision contract offers three different categories of lens, including: plastic, polycarbonate, and glass. Over the span of January 2019 through September 2019, contract wide, only 48 orders were placed for contact lenses.

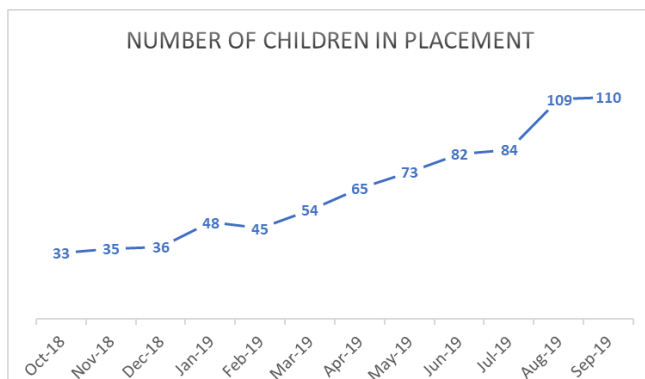


The average monthly cost of vision invoices was \$167,053.33, with the highest invoice costing \$204,725.00 in April 2019 where there were just under 4,000 orders received.

The total cost of invoices from January through September was \$1,503,480.00.

Children's Medicaid (Formerly EPSDT)

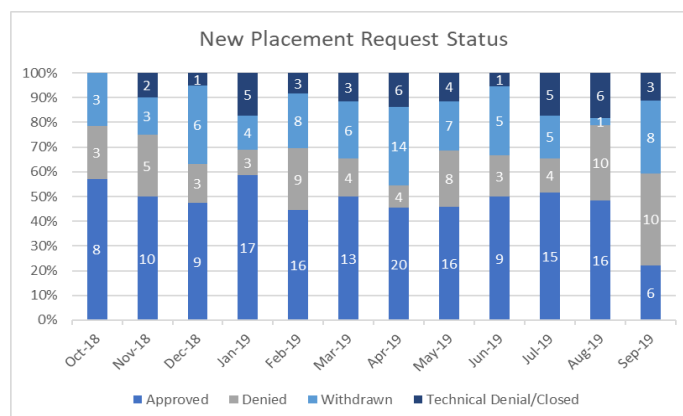
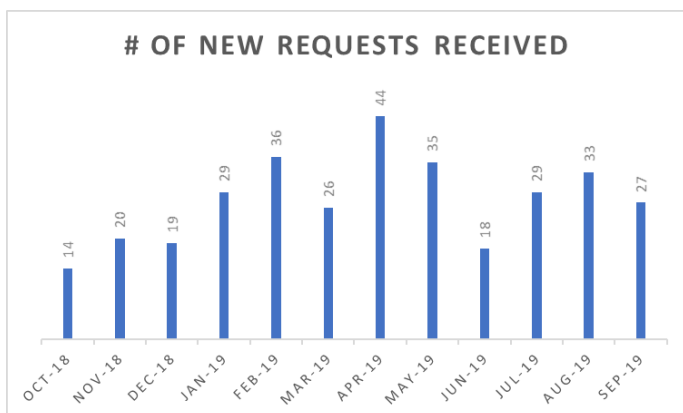
October 1, 2018- September 30, 2019



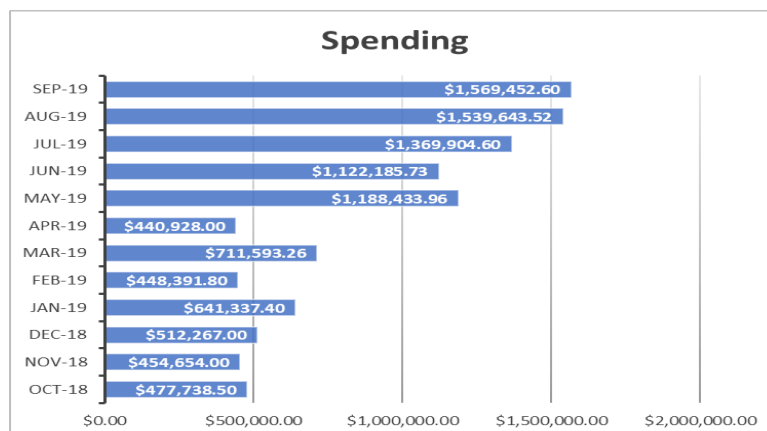
Children's Medicaid, of which was formally known as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, experienced a large increase in Psychiatric Residential Treatment Facility (PRTF) placements from October 2018 through September 2019.

All new placement requests received have four potential results, including those that are approved, denied, withdrawn, or technically denied/closed. The charts below show (**lower left**) the total number of requests each month and (**lower right**) the percentage of new placement requests in each category.

- **Approved** – Approved for placement in PRTF; Medicaid works with the member's family to secure a placement in a FMS approved PRTF.
- **Denied** – Denied placement in PRTF; Medicaid works with the member's representatives and other entities such as Optum Idaho, DBH, or FACS to set up appropriate treatment options.
- **Withdrawn** – Requestor, such as parent, guardian, or case worker with Children's DD, if in state custody, decided not to continue with their request.



Throughout the period of October 2018 through September 2019, the chart shows a steady increase in spending towards PRTF placements. The total spend was \$10,476,530.37. The increase in cost directly correlates with the number of children in placement, as shown in Figure 17 (above).



3. What are the identified needs of children and youth?

The table below displays the percentage of children and youth statewide presenting specific concerns.

Concern	July-Sept	Oct-Dec	Jan-March	April-June	Avg.
Externalizing	48	35	32	39	39
Mood	19	24	27	20	23
Anxiety	16	21	21	22	20
Stress/Trauma	12	13	14	13	13
Neuro	3	6	6	5	5
Other	2	1	1	1	1

Using data from the CANS: Needs and Strengths

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

The five most frequently endorsed actionable needs within the CANS Behavioral and Emotional Needs, Risk Behaviors, and Life Functioning domains are displayed in the table below. Emotional/Physical Regulation received the highest rating in all 7 regions and is clearly the most frequently endorsed need statewide.

Top 5 Needs	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%

What are the identified needs of children and youth?

The first table displays the five most frequently endorsed useful strengths while the second table lists the top five most frequently endorsed strengths to build. Coping Skills is an item that a significant amount of youth need to build, while Legal Permanency is a strength that 90% of youth statewide have indicated as useful.

Top 5	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Legal Permanency	90%	90%	85%	90%	91%	82%	93%	92%
Relationship Permanence	84%	88%	85%	83%	89%	75%	85%	83%
Cultural Identity	74%	86%	86%	77%	73%	62%	75%	69%
Family	72%	80%	72%	73%	77%	69%	69%	66%
Talents/ Interests	64%		70%	65%		64%		65%

Top 5	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Coping Skills	81%	87%	87%	79%	81%	76%	74%	83%
Interpersonal	59%	60%	71%	58%	58%	61%	58%	59%
Community Life	56%	56%	65%	58%	55%		58%	53%
Resilience	56%	61%	63%	52%	42%	60%	55%	56%
Optimism		58%	63%		50%	60%	50%	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 items below 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. We expect this list to 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).

What are the identified needs of children and youth?

For the items identified to represent and measure if youth are **safe**, 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.

SAFE	Youth with Actionable Need (%)			
CANS ITEM	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 **at home** or their 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.

AT HOME	Youth with Actionable Need (%)			
CANS ITEM	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 **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 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.



YES QMIA Annual Report, Issue 12 — January 2020

What are the identified needs of children and youth?

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

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.

AT HOME	Youth with Actionable Need (%)			
CANS ITEM	LOC 1	LOC 2	LOC 3	ALL
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%



4. What type of complaints/grievances are received?

The Idaho Department of Juvenile Corrections tracks the complaints/grievances they receive from families and from youth. The tables below represent the complaints/grievances received between October 1 — December 31, 2019.

Families					
<i>Family members of YES class members whose complaint/concern was directed to the Superintendent</i>					
Region	Date of Complaint	Type of Concern	Status as of 6/30	Resolution	Days to Resolution
None to report this quarter					

Youth					
<i>YES class members whose complaint/concern was formally received by IDJC staff</i>					
Region	Date of Complaint	Type of Concern	Status as of 12/31	Resolution	Days to Resolution
2	11/17/2019	Youth stated that he was unable to go to church services because he was disrespectful to staff.	Resolved	The Unit Manager spoke with the youth and staff and together they determined that both the staff and youth could have communicated better with each other.	3
3	11/7/2019	Youth stated that he was unable to go to church services because he was disrespectful to staff.	Resolved	Confirmed with medical services that no such medication has been prescribed to this youth.	30

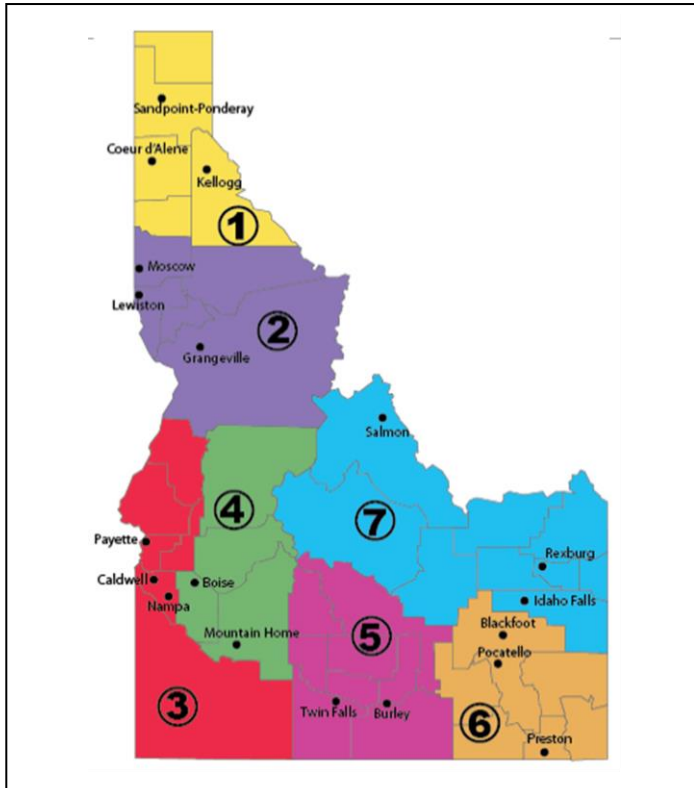
Appendix A - Glossary

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.

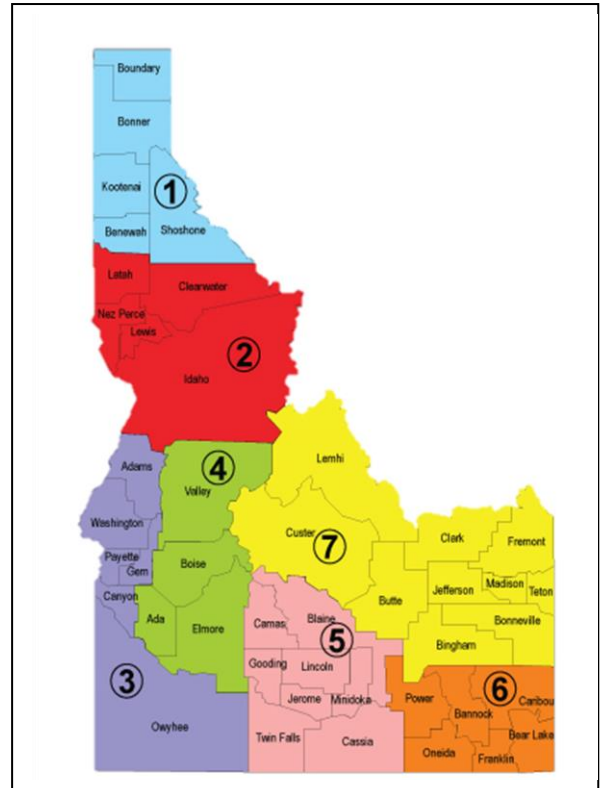
TCOM	The Transformational Collaborative Outcomes Management (TCOM) approach is grounded in the concept that the different agencies that serve children all have their own perspectives and these different perspectives create conflicts. The tensions that result from these conflicts are best managed by keeping 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 B – Regional Maps

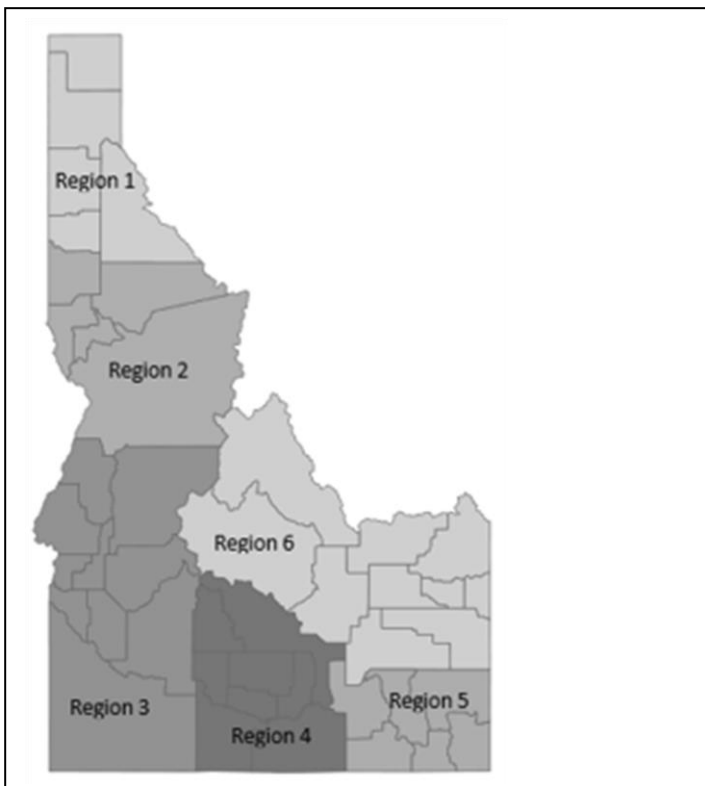
Idaho Department of Health and Welfare: Medicaid, FACS



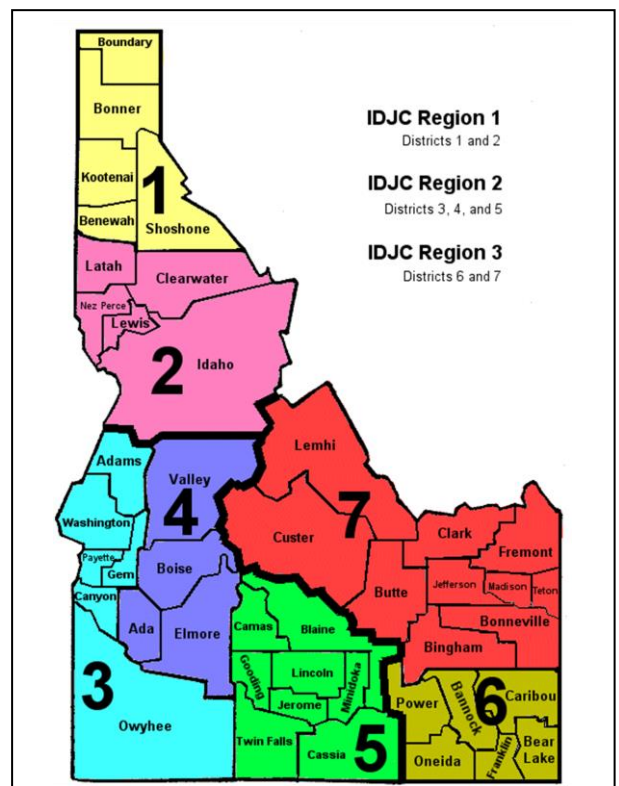
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections



Appendix C — 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.