YOUTH EMPOWERMENT SERVICES (YES) QUALITY MANAGEMENT IMPROVEMENT AND ACCOUNTABILITY QUARTERLY REPORT

5th Quarterly Report

February 28, 2018

Data and Reports Committee
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WHAT IS THE QMIA QUARTERLY?

The Youth Empowerment Services (YES)[1] 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[2] 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 such as:

- Children and youth being safe, in their own homes, and in school.
- Minimization of hospitalizations and out of home placements.
- Reduction in potential risks to families.
- Avoidance of delinquency and commitment to the juvenile justice system to receive mental health services.

A critical aspect of YES is the development of methods to evaluate how effective Idaho is at achieving the goals of the Jeff D. Settlement Agreement and to assure accountability by establishing regular stakeholder reporting. The QMIA-Q report will be 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.

All QMIA-Q reports are published on the yes.idaho.gov website. To navigate from the home screen, select: Project > Reports and Updates > QMIA Quarterly Report.

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
- Access and barriers to care such as gaps in services
- Development of youth and family voice and engagement
- Appropriate use of services including utilization of restrictive levels of care
- Effectiveness of services, based on child, youth, and family outcomes
- Cross-system linkages based on needs and strengths
- System of Care implementation
- Quality Management Improvement and Accountability projects

As we make progress in implementing YES, the QMIA-Q report will also monitor delivery of care based on five key decision points: Access, Engagement, Appropriateness, Effectiveness and Linkages. These decision points allow us to understand major activities of the system and represent areas of high potential impact in improving children and youth's experience as well as outcomes of care. This methodology for evaluation has been demonstrated to be an effective method to assess complex systems and is the foundation of the Transformational Collaborative Outcomes Management (TCOM) system created by Dr. John Lyons and Dr. Nathaniel Israel and adopted by Idaho.

[1] For more information regarding the YES project you may refer to the following website: yes.idaho.gov.

[2] A copy of the Jeff D Agreement can be located at: http://youthempowermentservices.idaho.gov

TCOM

Transformational Collaborative Outcomes Management (TCOM) is a theory-based approach to managing human services. This theory focuses on shifting systems away from the traditional idea of services (i.e. spending time with people) to transformational offerings (i.e. helping people change their lives).

Five Key Decision Points:

Diagram provided by Dr. Nathaniel Israel, Chapin Hall, TCOM PowerPoint

The Five Key Decision Points allow us to understand major activities of the system, and represent areas of high potential impact in improving the child, youth and family's experience, as well as outcomes of care.

Access: This decision point represents a youth and family's experience when entering the system of care. This is where the determination regarding the child/ youth's fit for system services is made. The goal is that youth and families experience timely access to system services.

Engagement: The engagement decision point refers to the assessment of strengths and needs and determining how services might fit these through maximum youth and family participation throughout the process. The goal is for youth and families to experience system services as useful and empowering.

Appropriateness: This decision point is present throughout the treatment planning process, where the goal is that routing to services should be focused on individualization regarding both type and intensity. Ongoing youth and family engagement and empowerment is key at this decision point; because service plans will be made based on youth and family needs and strengths.

Effectiveness: The effectiveness decision point refers to ongoing monitoring of services and supports. Continuous evaluation of the effectiveness of services is necessary to make changes based on how particular programs are helping. The goal is to ensure increasingly effective services that are efficient at supporting youth and families in meeting their goals.

Linkages: Connections should be made to other services and supports that are needed both during care as well as during transitions. The linkages goal is to ensure that gains experienced during care are meaningful, durable, and sustainable.

YES QMIA QUARTERLY REPORT

This is the fifth of the Youth Empowerment Services (YES) Quality Management Improvement and Accountability Quarterly (QMIA-Q) reports to be published. As the system prepares for statewide implementation of the CANS tool, a large focus within QMIA has been planning for future associated data collection, assisting with utilization projections, TCOM implementation and quality management and improvement planning and development.

This QMIA report contains the following information:

- Intensive Care Coordination (ICC) utilization estimate
- Foundational data on the CANS tool
- Quality improvement activities information
- Youth and family engagement efforts

This report has been formatted of to allow the reader to navigate the data and information provided through a series of important questions that should be considered by all stakeholders throughout the children's mental health system transformation process. The questions posed in this report will allow us to identify topic areas that we want to gather more data about, as well as prompt new questions to be explored in future reports. One of the main functions of the QMIA report is to provide information to all stakeholders that can be used to identify our needs and strengths which will inform positive system-wide change.

Throughout the implementation of YES, there will be ongoing improvements in the QMIA -Q reports. The report will become increasingly collaborative, focused, and informative. Input on the report is welcomed. Data collection and reporting should be a collective and interactive process and all stakeholders and interested individuals are encouraged to participate.

If information provided within this report evokes questions or an interest in further data collection, please contact YES@dhw.idaho.gov with your questions, concerns or suggestions.

Note: Idaho's Division of Behavioral Health regions are referenced in this report. A regional map has been provided for reference on page 19, Appendix A.

Who will YES serve?

Estimate of youth who will utilize Intensive Care Coordination (ICC)

In order to monitor progress toward meeting the needs of Idaho youth with serious emotional disturbance (SED), an estimate was needed of the number of youth who are likely to need/ utilize Intensive Care Coordination (ICC). The Department of Health and Welfare contracted with Boise State University School of Social Work (BSU) to estimate the need for ICC.

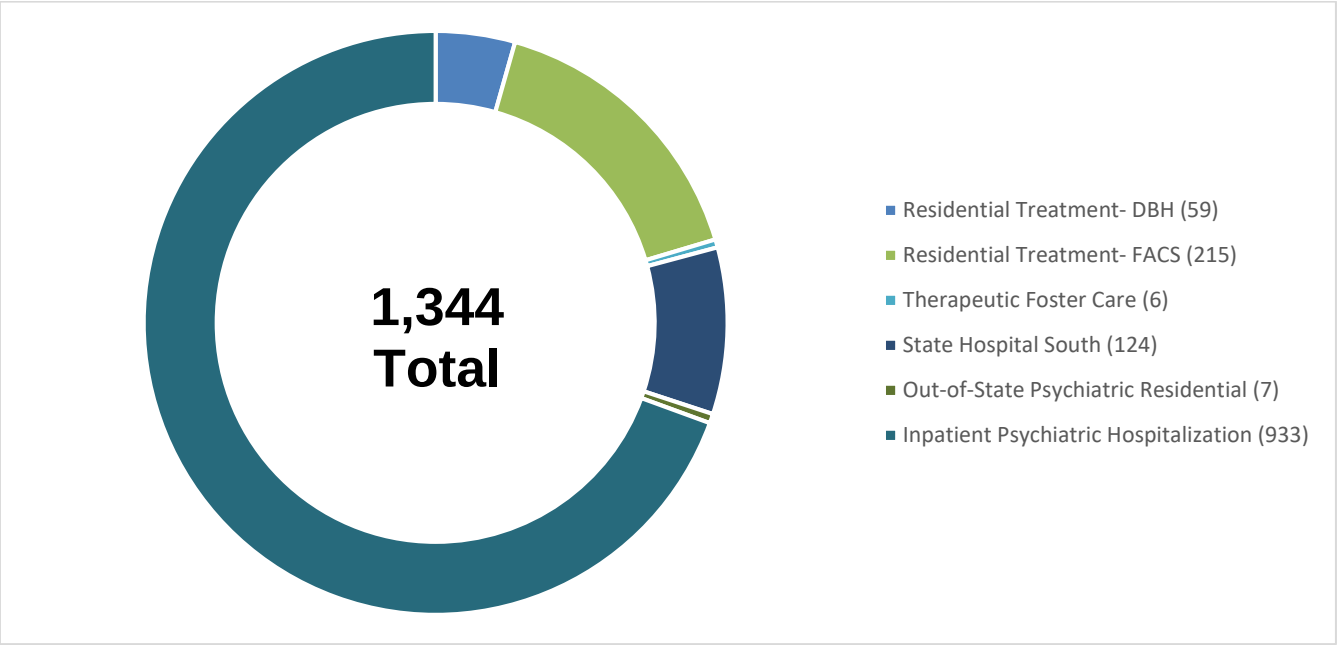
For this projection, one of BSU's two methodologies utilized client-served data from the Division of Behavioral Health (DBH), Medicaid and Family and Community Services (FACS); State Fiscal Year (SFY) 2016. For this analysis, data was collected from the three systems based on out-of-home mental health placements for youth with severe mental health conditions.

This methodological approach was driven by the following two assumptions:

- Youth who need ICC are at high risk for out-of-home placement due to their mental health needs.
- Youth who need ICC are most likely already participating in intensive mental health services.

Out of Home Placements: Figure 1 below shows the number of Idaho Youth Participating in Out-of-Home Mental Health Treatment (SFY 2016)

Figure 1.
Data Source: *Idaho Division of Behavioral Health, Medicaid and Family and Community Services 2016*



It is important to note that it is not currently possible to compile a full, non-duplicated list of all children and youth in Idaho who received out-of-home services due to barriers that restrict data sharing across systems. Although there were limitations to this analysis, the above service utilization data assisted in validation of BSU's overall projection.

The second methodology that BSU incorporated into their overall analysis resulted in three different projected levels of ICC utilization. This subsequent methodology was based on ICC utilization data from 11 other states and criteria outlined by the Centers for Medicare and Medicaid Services (CMS). The CMS criteria categorizes ICC programs into three phases of implementation; from newly emerging to well-established.

Projected Idaho ICC utilization: Figure 2 below shows the projected Number of Idaho Youth who will Utilize ICC per Year by Level of Program Implementation

Figure 2.
Data Source: *Estimated Need for Intensive Care Coordination among Idaho Youth, N. Williams of Boise State University, 2017*

Level of Program Implementation	Implementation Benchmarks	Projected Number of Idaho Youth to Utilize ICC per year, per 100,000*	Projected Number of Idaho Youth to Utilize ICC per year*
Emerging Program	ICC program using high-quality wraparound is being piloted or is in the early stages of implementation	65	284
Evolving Program	ICC program is established and is either: • Expanding statewide, or • Revamping approach within the context of new Medicaid guidelines or strategies	144	628
Established Program	ICC program is fully established statewide and includes: • Sustainable funding streams • A full array of services and supports • Outcomes data, and • Procedures for continuous quality improvement	318	1,389

**Estimates presented here incorporate 2016 Idaho population estimates from the U.S. Census Bureau (total Idaho population under age 18 = 437,173)*

Based on the two methodologies outlined above, BSU findings suggest that **1,350** Idaho youth would have benefited from Intensive Care Coordination (ICC) to meet their mental health needs in 2016.

The work that has been completed by BSU will serve as a guide in the planning as well as the development of performance metrics for the Youth Empowerment Services Intensive Care Coordination program.

The full report, entitled *Estimated Need for Intensive Care Coordination among Idaho Youth* can be found on the Youth Empowerment Services website.

How is the CANS tool being implemented?

The Jeff D. Settlement Agreement identifies the Child Adolescent Needs and Strengths (CANS) as the tool the state will use to measure the functional impairment of children and youth seeking to participate in the YES system of care. It is an effective instrument for helping to identify children and youth with serious emotional disturbance. The output of the CANS will be used to communicate about the child/youth's functional level and will be used for collaborative treatment planning and treatment planning updates.

Providers certified to use the CANS

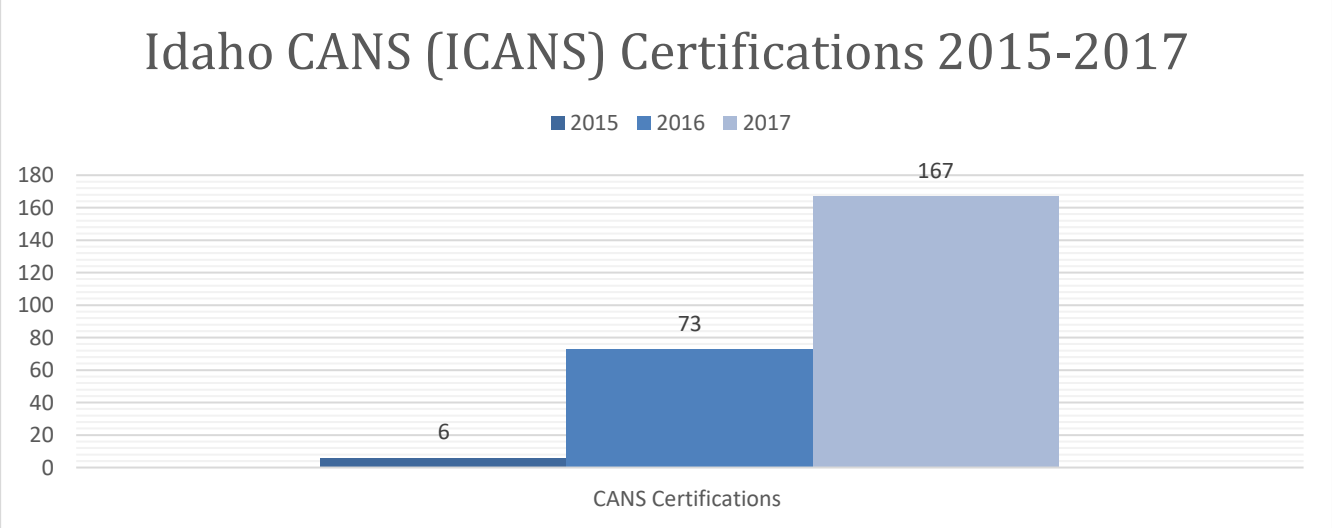
The CANS tool is designed to facilitate an engaging and collaborative partnership between the provider, youth and family to inform planning, support decisions and monitor outcomes. When a provider becomes CANS certified, they are trained on the TCOM Fundamental Tenet:

- A required focus of a shared vision of the children and families receiving services
- Collaboration of multiple partners
- Communication facilitation among partners, including youth and families
- Shared commitment to serving youth and families despite differences
- 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.

Figure 3.
Data Source: *Idaho Division of Behavioral Health*

Figure 4.
Data Source: *Idaho Division of Behavioral Health*



Since 2015, 246 providers and stakeholders have become CANS certified. Certification is valid for one year. As of November 2017, there were 179 individuals with active CANS certifications in Idaho.

What happened during the CANS pilot?

The first CANS pilot was conducted between September 11th and November 14th, 2017. Overall, 71 children and youth already being served by the Division of Behavioral Health received a CANS assessment during the pilot period. This pilot helped inform the system of newly developed processes around the CANS that are working well, and conversely identified issues requiring resolution for the preparation and launch of the second pilot.

Below is foundational data collected during the pilot which informs how many children and youth were assessed within each region as well as within each age range.

CANS Pilot 1 Data: Figures 5 and 6 below show CANS Pilot 1 assessments by region and by age

Figure 5.
Data Source: *Idaho Division of Behavioral Health*

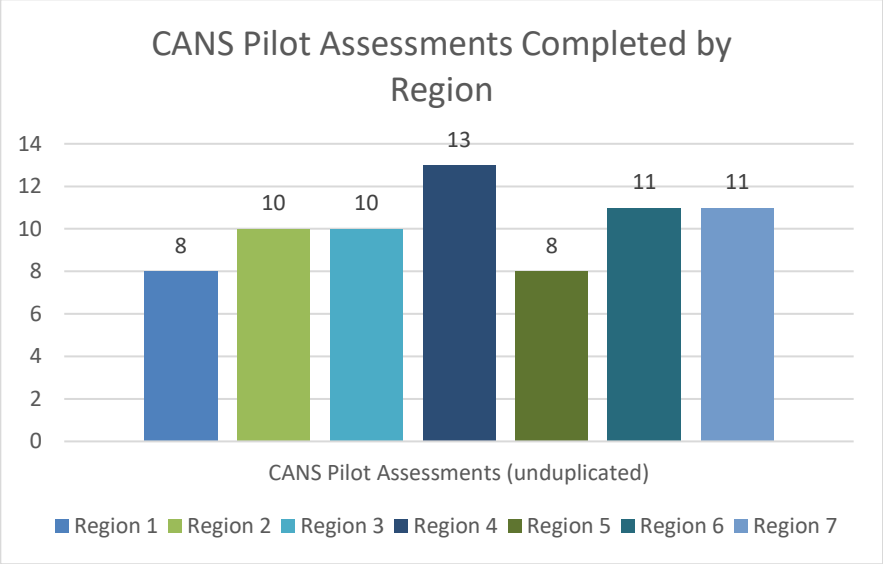
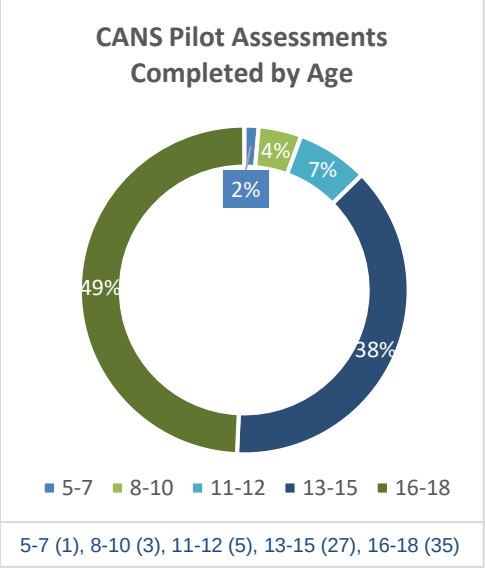
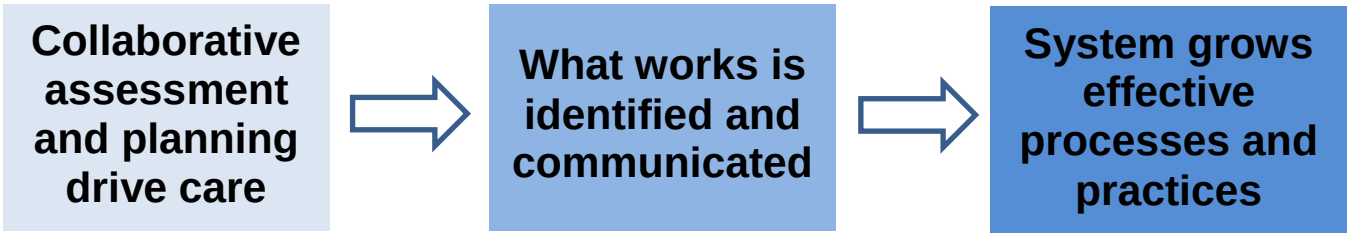


Figure 6.
Data Source: *Idaho Division of Behavioral Health*



The second CANS pilot is scheduled for the Spring of 2018. At the end of this pilot, we expect to be able to report on CANS level of care recommendations. In addition, data is expected to be available that will provide information on CANS treatment needs and strengths items. As we begin exploring CANS outcomes data, we will be able to see the connection between the CANS outputs and the appropriateness and effectiveness of services. Our goal is to be able to collect and utilize CANS data to inform and drive decisions that will lead to a system which effectively improves the lives of those it serves.

Figure 7.
Data Source: *TCOM Collaborative Culture Matrix*



What quality improvement projects and practices currently exist in our system?

One of the goals of the Jeff D. Settlement Agreement is to develop, implement, and sustain a family-driven, coordinated, and comprehensive children's mental health service delivery system that **builds on existing quality assurance and improvement processes to achieve a collaborative QMIA system for mental health programs and services across the child-serving systems**. Work to build on existing quality assurance and improvement processes has begun with the QMIA Council taking an inventory of system partner's current projects and practices. The information that has been gathered is outlined below and the potential incorporation into the Youth Empowerment Services QMIA system will be explored further by the QMIA Council in the coming months.

Quality improvement at the Division of Behavioral Health

- **Due Process**
  - Assessment of regional due process procedures and implementation of statewide Division of Behavioral Health procedures.
  - Creation of informing materials for families related to the complaints process.
- **Hospital Discharges**
  - Review of state operated hospital discharge policies to make discharge process and post-discharge easier on families.

Quality improvement at the Division of Medicaid

- **Pharmacy Quality Improvement Project**
  - The Idaho Medicaid Pharmacy Program has had a major focus on improving the use of psychotropic medications in children since 2011. Many of our efforts and interventions have been directed toward those children in foster care. Some of our most successful interventions were establishing red flags for when psychotropic medication may be excessive or outside other best practice parameters and doing individual case management with Family and Community Services (FACS) staff, a Medicaid pharmacist, a physician representative from Optum and the foster child's case worker.
  - In 2016 and 2017 we focused on the antipsychotic drug class use in children. In 2016 Idaho was approved by Centers for Medicare and Medicaid Services (CMS) to take part in a CMS affinity group for antipsychotic drug use in children. We were part of the small group that looked at guideline implementation and prior authorization. Our goal was to ensure that use of second generation antipsychotics in children younger than 6 years old was appropriate and resulted in positive outcomes. Our target was and remains to see a supported indication (Federal Drug Administration approved or evidence/guideline supported) in 90% of these children. Our baseline prior to any activity was only 27% of the children receiving antipsychotics having a supported indication. After completing our evaluation, we established with input from the Drug Utilization Review Board and the Pharmacy and Therapeutics Committee guidelines for use in children younger than 6

years old, which is to be operationalized with a prior authorization form we have created that includes a requirement for informed consent.
    - Our planned activities for 2018 will be to implement the prior authorization process with complicated cases being referred to a Telligen child psychiatrist and to also refer to Optum those children not receiving concurrent non-pharmacological therapy. We are also hoping to be able at some point to resume one-on-one prescriber education in the form of academic detailing. We partnered with the Center of Evidence Policy to create an evidence-based educational brochure for this purpose. It is ready to go if work load will allow our pharmacists who have been nationally trained as academic detailers to implement the program.

- **EPSDT Process Improvement**
    - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
    - Medicaid focused on reviewing and improving the EPSDT application process for Psychiatric Residential Treatment Facilities (PRTF) placements in 2017. Application tracking and weekly staffing with management quickly showed areas Medicaid could focus improvement activities. Our primary focus was decreasing the time between receipt of the completed application, approval of the request, and completed placement. Medicaid has successfully decreased the average turn-around time of 60-90 days in 2016 to 27 days in 2017. This is particularly impressive based on the exponential increase in PRTF application requests.

	Total Applications	Total Placements	Average Time to Placement
2016	56	11	60-90 Days
2017	96	35	27 Days

- **Expansion of Cross-Functional Team**
    - Cross-functional team expanded to add additional medical and behavioral health experts.

Quality improvement at the Department of Juvenile Justice

- **"Think Trauma"**
    - Trauma-informed care training for direct care staff.
- **Funding pass through to Mental Health Program**
    - Approximately 25% of funding passed through to counties and local communities to support effective programming and reintegration. Mental Health Program is one stream.
        - Last year 245 juveniles were served with a 90% success rate (not being committed to IDJC).
- **Behavioral Health Referral (pilot)**
    - Early identification of youth to assist staff in determining most appropriate placement/treatment as early as possible.
- **CANS information for IDJC staff**
    - Information provided re: what the CANS means to IDJC, how to work with it, information for case managers.

Quality improvement at the Division of Family and Community Services

- **Foster Parent Training**
  - Improve foster parent training through the development of Professional Resource Family development plans and specialized, competency-based training curricula.
- **CANS Tool**
  - Continue implementation of Family and Community Services CANS tool.
- **Stakeholder Engagement**
  - Improve stakeholder engagement in Continuous Quality Improvement initiatives with technical assistance from the Capacity Building Center for States.

Quality improvement at the State Department of Education

- **Idaho Lives Project**
  - School-based suicide prevention initiative involving the Sources of Strength program. Currently, around 47 schools are involved and data is collected on an ongoing basis. Feedback indicates that the schools implementing the program with fidelity and that have local buy-in are seeing improvements in school climate, student support and help-seeking behavior.
- **Safe and Drug Free Schools / ESSA Title IVA**
  - Funding sources with requirements / allow for school districts to budget for crisis response efforts, bullying prevention, violence prevention, substance abuse prevention and general school climate / school safety measures.
- **Idaho Prevention Conference**
  - Annual statewide conference focusing on creating optimal learning conditions with a heavy focus on bullying / harassment prevention, trauma informed instruction / disciplinary policy and diversion.

Additional Department of Health and Welfare initiatives

- **Idaho Suicide Prevention Program- Targeted Literature**
  - Brochures that target youth suicide for youth, teachers, and parents
- **Idaho Suicide Prevention Program- School Support**
  - Assist with guiding schools after a suicide
  - Suicide prevention gatekeeper training for teachers and parents
  - Work with stakeholder groups to coordinate suicide prevention efforts
  - Support the State Department of Education for the Sources of Strength Program
- **Idaho Suicide Prevention Program- Suicide Awareness Campaign**
  - Publicly broadcasted Public Service Announcement for suicide prevention
  - Support the Idaho Suicide Prevention Hotline: **1-208-398-4357**
  - 24 hours per day, 7 days per week
  - Text support available Monday-Friday 3pm-Midnight
  - 2016/2017 Available Statistics:

Total Calls Received in 2016	5,906
SMS Texting Interventions	67
Caller Age 10-14	136
Caller Age 15-19	511

Total Calls Received in 2017	8,978
SMS Texting Interventions	533
Caller Age 10-14	288
Caller Age 15-19	739

How are we monitoring our capacity for continuous quality improvement?

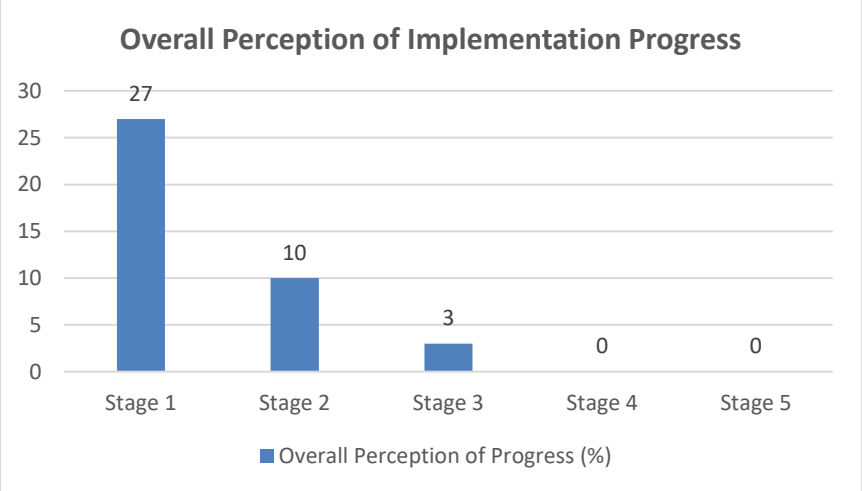
TCOM Implementation Rating Scale

The TCOM Implementation Progress Visualization (IPV) Tool is being used to determine our system's stage of TCOM implementation. This tool has been designed by the Praed Foundation to help all stakeholders in a system work together to continuously improve upon our efforts toward meeting child and family health and well-being goals. The tool is structured to identify the supports already in place, and supports that need to be put in place. The IPV helps us in identifying where there may be gaps in processes, resources, or understanding so we can create plans to fill these gaps and progress toward a more collaborative system. More information on the TCOM IPV can be found here.

The IPV is rated with the idea that we are working toward a coordinated and collaborative system of care. In a coordinated system, all partner agencies may not have the same functions, but they should be aware of each other's operations and are knowledgeable enough to answer questions and pass families through to other parts of the system appropriately. Each partner agency is as important to this system as the next.

This tool is worked through using a structured conversation process and it is designed to bring all parties to a consensus rating. Because this is a perception-based rating tool, it is expected that there will be different opinions on system progress. Whenever there is not 100% agreement, the reason is noted, as gaps in understanding and information should inform our next steps. This tool was completed by several different stakeholder groups within the time frame of November 2017 and January 2018. Having several groups complete this tool simultaneously allows us to target and evaluate points where there are significant differences in perception of progress.

Figure 8.
Data Source: *TCOM Implementation Progress Visualization, YES Workgroups/ IDJC*



TCOM Stages of Implementation
Stage 1: Engagement/ Readiness
Stage 2: Development
Stage 3: Training for Reliability and Practice Integration
Stage 4: Implementation
Stage 5: Replication and Innovation

Description of Progress

Three YES stakeholder groups participated in this round of the TCOM IPV rating activity; the QMIA Council, QMIA Data and Reports Subcommittee, and Idaho Department of Juvenile Corrections. All three ratings have been combined to form an overall perception rating of implementation. Analysis of the individual ratings revealed that the QMIA Data and Reports Subcommittee has the highest perception of implementation progress (Stage 1: 43%, Stage 2: 26% and Stage 3: 10%). Individual differences in each rating will be used to identify and rectify any gaps in information or understanding.

How is Youth and Family Involvement at the System/ Policy Level Being Enhanced?

Family and Youth Engagement

According to the Youth Empowerment Services (YES) Principles of Care, a defining characteristic of family-centered care is family engagement. Family experience, expertise, and perspective are welcomed. Families are active participants in solution- and outcome-focused planning and decision-making.

The Youth Empowerment Services project staff recognize that youth and family participation throughout the children's mental health reform process and beyond is of immeasurable value. The following sections provide information about recent collaborative efforts made to infuse youth and family voice into the YES system.

YES Workgroups

- Interagency Governance Team Family Engagement Subcommittee met in October, November, December; added new parent; still working to identify youth who are available /interested in joining.
- Increased parent voice in project by adding parent to Practice Manual Workgroup Sub-team, Workforce Development workgroup, and Implementation Workgroup.

Education, Trainings, Workshops and Conferences

- Hosted Annual Parent Network Workshop: two parents per region attended; all partners in project presented information about their agencies; parents developed their Parent Network Strategic Plan.
- Sponsored two parents to attend the 2017 Transformational Collaborative Outcomes Management (TCOM) Conference.
- YES Staff attended the National Federation of Families Conference in Florida to learn more about working with families.
- Sponsored two youth and one parent to attend the National Federation of Families Conference in Florida.
- Partnered with a parent to develop training curriculum for Introduction to CANS and YES Foundation training; a parent also participated as one of the training presenters.
- Collaborated with parents to develop a proposal for presentation of a workshop on collaboration at State Department of Education's spring conference in Sun Valley (SDE Prevention and Support Conference).

Parent Voice

- Collaborated with the Parent Network on its proposal for an ombudsman-like position for a parent. The proposal states that two parents are identified and enlisted to work with QMIA to review all complaints that are received so that parents can help resolve them, and secondarily so that parents can track any trends in complaints to ensure trends are addressed: Medicaid and the Division of Behavioral Health approved the proposal. The proposal has been moved to Due Process to develop operations with participation of Idaho Department of Juvenile Corrections, Family and Community Services and State Department of Education.
- Family Compensation Policy developed that allows for the Division of Behavioral Health to compensate identified parents for their time spent working on the project. Four parents have been identified and contracted with for this purpose

Youth Voice

- Collaboration has begun with the Boise chapter of Youth MOVE, which is assisting with the development and leadership of the Youth Voice Project initiative.
    - Youth MOVE has thus far worked on and provided feedback for several YES informational documents.
    - Work has been started to begin the development of youth-focused trainings, beginning with the YES Foundation training.
    - The YES Foundation training will be used to orient youth who want to become involved in project development as well as any other youth who is looking to learn about YES.
- Worked with the YES Communications team to draft recruitment flyer for youth interested in participating in YES system development, including Workgroups.
- Connected with Idaho Foster Youth Advisory Board (IFYAB) for extended youth voice and participation as well as potential Interagency Governance Team membership recruitment.
- Connected with Idaho Department of Juvenile Corrections Youth Council; informed of YES Foundation training as in introduction to the project and the work that is being done.
- Proposal drafted for a "Youth Action Center" to be created as an extension of the YES website where youth from across the state can participate and provide feedback digitally.

Future Family and Youth Involvement and Support

- Developed new contract for family engagement work: Family and Youth Involvement and Support contract. Contract work to begin in early 2018.

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.

- **ED:** ED is an acronym for an emotional disturbance used by schools. An IDEA disability category in which a student has a condition exhibiting one or more of five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects educational performance. The term *does not* include students who are socially maladjusted unless it is determined they have an emotional disturbance. The term emotional disturbance *does* include students who are diagnosed with schizophrenia.

- **EPSDT**: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. (Medicaid.gov)

- **IEP:** The Individualized Education Plan (IEP) is a written document that spells out a child or youth 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.

- **Parties:** The litigants in the Jeff D. Lawsuit.

- **Presumed Class Member (PCM):** A presumed Class Member is a child, or youth who is currently receiving publicly funded mental health services and who may meet the criteria to be a Jeff D class member based on proxy indicators.

- **QMIA:** A quality management, improvement, and accountability program.

- **Penetration Rate:** The degree to which a defined population is served, calculated by dividing those served by the total population which matches the defined population.

- **Plaintiffs**: Representatives of those children, youth, and families who brought the Jeff D. legal action and their counsel.

- **Serious Emotional Disturbance (SED)**: The mental, behavioral, or emotional disorder that causes functional impairment and limits the child's functioning in family, school, or community activities. This impairment interferes with how the youth 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.

- **Settlement Agreement (Jeff D. Settlement Agreement):** The contractual agreement agreed to between the parties to the Jeff D. class action lawsuit for a resolution to the underlying dispute.

- **SFY**- The acronym for State Fiscal Year which is July 1 to June 30 of each year. The noted year indicates the year at the end of June.

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

Of special note:

Comparison for SED and ED
These two terms are similar but are not synonymous.

- SED is an acronym for a serious emotional disturbance used by the child-serving mental health system. SED refers to a level of emotional disturbance that causes functional impairment and limits the child's functioning in family, school, or community activities. This impairment interferes with how the youth the child needs to grow and change on the path to adulthood, including the ability to achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills. SED in Idaho is defined in state rule 16.03.09.852.01.A.
- ED is an acronym for an emotional disturbance used by schools. An IDEA disability category in which a student has a condition exhibiting one or more of five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects educational performance. The term *does not* include students who are socially maladjusted unless it is determined they have an emotional disturbance. The term emotional disturbance *does* include students who are diagnosed with schizophrenia.

References

Williams, N. J, *Estimated Need for Intensive Care Coordination among Idaho Youth*, Boise State University (2017)

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Appendix A

Idaho Division of Behavioral Health Regional Map