Youth Empowerment Services

Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES
Quarterly Report

May 2020

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QMIA Quarterly Report – May 2020

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QMIA Quarterly YES Report

The goal of Idaho's Youth Empowerment Services (YES) program is to develop, implement, and sustain a child, youth and family-driven, coordinated, and comprehensive children's mental health delivery system. This enhanced child serving system will lead to improved outcomes for children, youth, and families who are dealing with mental illness.

The Quality Management Improvement and Accountability (QMIA) YES Report is a critical aspect of YES 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 QMIA Report is assembled with information about children, youth, and families accessing mental care in Idaho through the Medicaid/Optum Network or the Division of Behavioral Health (DBH) Children's Mental Health (CMH) Regional clinics. These two child serving systems provide the mental health care for children and youth who have Medicaid, children whose family's income is over the Medicaid Federal Poverty Guideline, children having trouble in school as a result of mental illness, children under court orders for mental health services including child protection, and children with developmental disabilities and co-occurring mental illness.

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 YESProgram@dhw.idaho.gov.

1: Access to YES

1.A Number served

Access to care is one of the primary goals for YES. The number of children and youth who would meet criteria for YES services is projected to be 18,000 to 22,000. In SFY 2020 year to date (YTD), by the end of March 2020 the number receiving outpatient mental health service from Medicaid/Optum is 25,734.

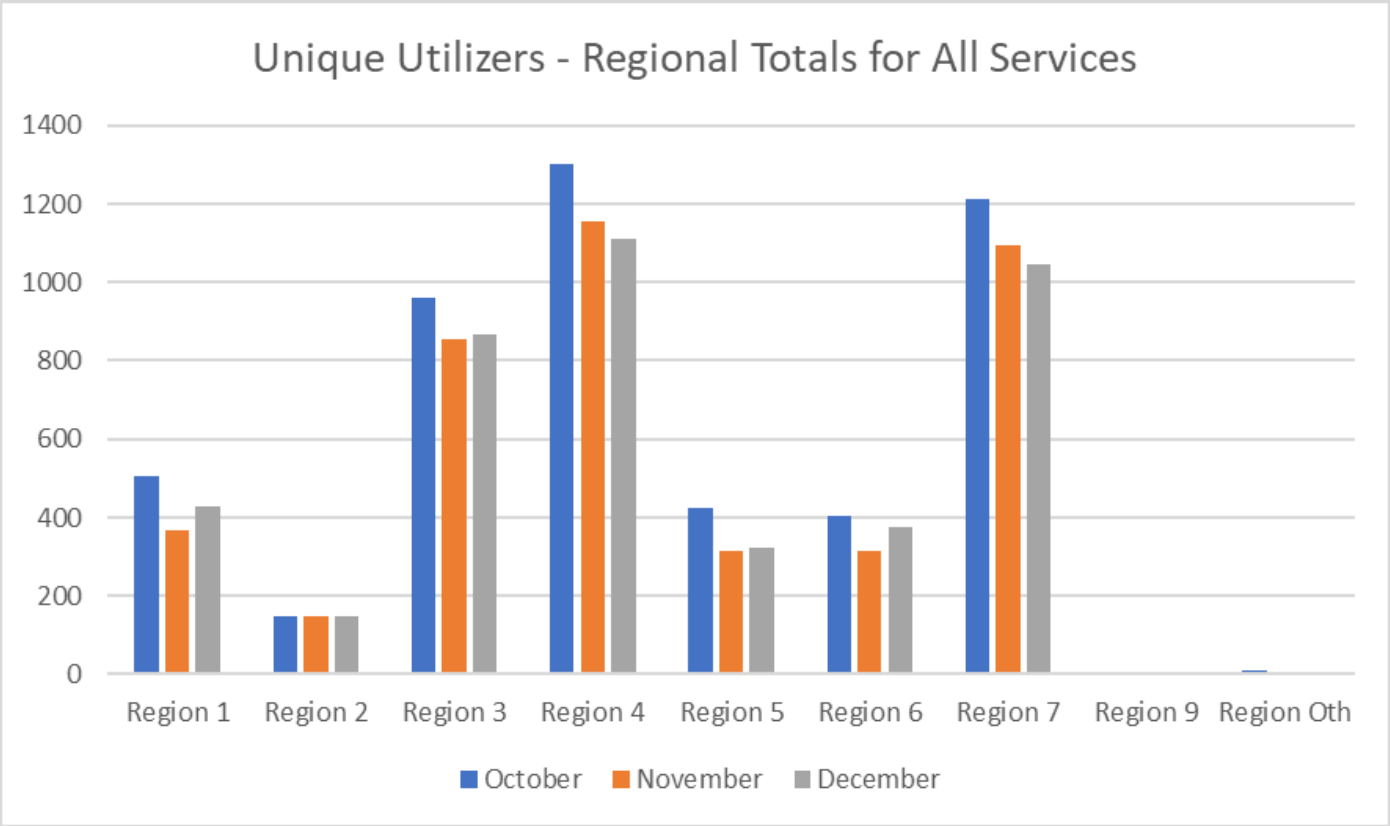
Region	1	2	3	4	5	6	7	9	UNK	Total
# Served	2,921	873	5,882	6,179	2,560	2,638	4,563	29	89	25,734

The total number of children served represented in this chart includes children who are Medicaid members and who are receiving mental health services but who may not meet the criteria for YES (e.g. they have a CANS rating of 0).

Note: *Region 9 is not a region in Idaho per se but does include services provided by providers that are not in the Medicaid/Optum Network but who may have a single case agreement, or who are out of state.*

Unique Utilizers by region

Outpatient mental health services were provided to children, youth and families by the Medicaid/Optum Network in every region in October through December 2019. As is demonstrated in the chart below, Region 4 had consistently the highest number of services delivered, closely followed by Region 7.



Note: Numbers of utilizers served in each month are unduplicated but may be duplicated in any or all of the months included in the report. Region 9 is not a region in Idaho per se but does include services provided by providers that are not in the Medicaid/Optum Network but who may have a single case agreement, or who are out of state.

1.B CANS Assessments

To ensure that children and youth with mental health needs are appropriately identified Idaho implemented the use of the Child and Adolescent Needs and Strengths (CANS) assessment instrument. The CANS is a standardized assessment created by the Praed Foundation and used widely throughout the US.

By the end of March 2020, 9,469 children and youth had received at least one CANS. Over 91% of the CANS had been completed by the Medicaid Network and approximately 2% of the total number of CANS assessments were conducted by DBH, compared to 8.51% by Liberty Healthcare and 91.5% by Medicaid providers.

	DBH Region 1	DBH Region 2	DBH Region 3	DBH Region 4	DBH Region 5	DBH Region 6	DBH Region 7	Liberty	Medicaid/ Optum	Grand Total
Distinct clients	18	8	30	64	33	15	67	806	8,631	9469
%	0.19%	0.08%	0.32%	0.68%	0.35%	0.16%	0.71%	8.51%	91.5%	100%

Note: Grand Total is unduplicated regardless if they may be served in multiple agencies

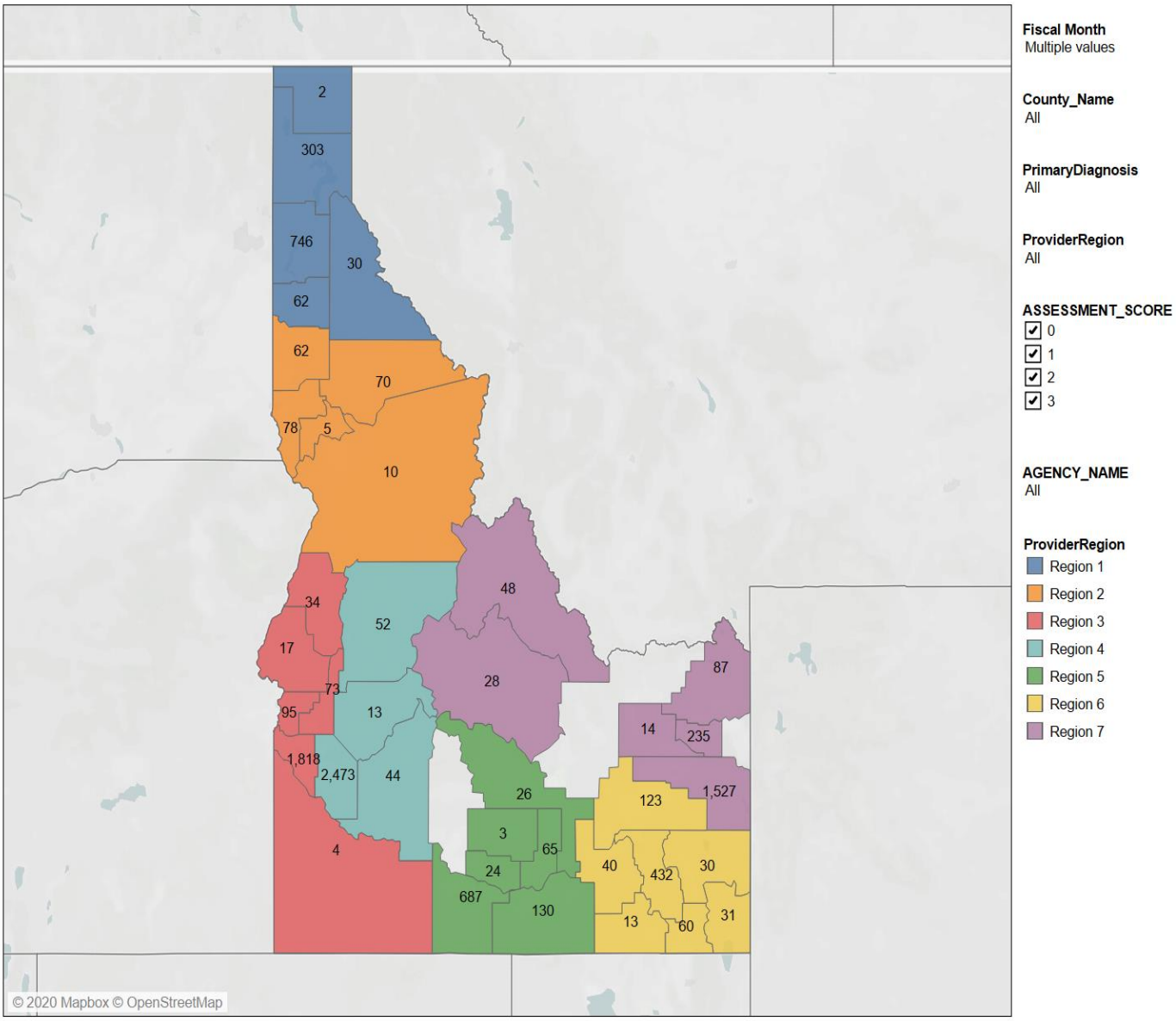
CANS by County

As can be seen in the map below of the number of completed CANS provided year to date in SFY 2020, at the end of December 2019 children in almost every county in Idaho have a completed CANS assessment.

There are four counties with “0” completed CANS: Butte, Clark, Camas, and Gooding

There are four counties with very low number of completed CANS: Boundary – 2, Lincoln – 3, Owyhee – 4, and Lewis – 5

While these numbers reflect small population sizes in rural counties, YES partners are aware of the need to monitor access to care for rural and frontier counties. DBH and Medicaid are working to identify potential solutions.



CANS Ratings

A specific algorithm was developed for Idaho to support identification of YES members. The algorithm results in a rating of 0, 1, 2, or 3. Based on that algorithm, all children who have a CANS rating of 1 or greater are considered to meet the criteria for eligibility for YES membership. Children and youth with a rating of "0" on the CANS may still have mental health needs and are still provided mental health services but they do not meet the eligibility criteria established in the Jeff D. Agreement to be considered a member of the Jeff D. Lawsuit.

	0	1	2	3	Grand Total
Total	2,864	4,298	1,082	1,501	9,469
Approximate Percent*	30%	45%	10%	15%	

Services implemented by Optum

The following is an excerpt from the YES Phase II Implementation Strategy Report delivered by Optum. The full report is available by emailing YESProgram@dhw.idaho.gov.

Optum Idaho has been actively leading, developing and enhancing outpatient behavioral health services in partnership with the Idaho Department of Health and Welfare's Divisions of Medicaid and Behavioral Health over the past six years. The goal of this work is to design and implement a new children's mental health system of care for children and youth with Serious Emotional Disturbance (SED) called Youth Empowerment Services (YES).

Below is a list of new services developed as well as existing services enhanced to further create a full continuum of care for children in Idaho:

1. Child and Adolescent Needs and Strengths Assessment (CANS)
2. Targeted Care Coordination (TCC)
3. Child and Family Team (CFT) Interdisciplinary Team Meeting
4. Psychotherapy Services
5. Psychological and Neuro-Psych Testing
6. Medication Management
7. Integrated Substance Use Disorder (SUD) Treatment
8. Family Psychoeducation
9. Skills Building/CBRS
10. Respite Care
11. Crisis Services
12. Youth Support
13. Behavior Modification and Consultation
14. Therapeutic After School and Summer Program
15. Intensive Home and Community Based Services
16. Day Treatment
17. Partial Hospitalization
18. Skills Training and Development

These services are now billable with a code on the Optum Idaho Medicaid Fee Schedule which is distributed to each Network Provider. Information on how to structure the service as well as provider qualifications are detailed in the Optum Idaho Provider Manual. Guidelines on the clinical aspects of the services are contained in the Level of Care Guidelines. Both the Network Manual and Level of Care Guidelines are located on the Optum Idaho website: optumidaho.com.

As these services were implemented, important core documents were developed by the Divisions of Medicaid and Behavioral Health to guide the process. The Practice Manual which includes the Practice Model and Principles of Care is a resource for families and their providers. The Practice Model describes the experience that youth and families should expect to receive while in care. The Principles of Care guide the delivery and management of the mental health services and supports. A key element of the next phase of the YES implementation will be further educating and integrating these concepts into the system of care.

In addition, Phase II of the YES system of care implementation includes monitoring utilization of services, additional workforce development, quality outcomes and improvement and community and stakeholder engagement to better serve Idaho's youth and adolescents to meet their behavioral health needs.

1.C YES Service Utilization

Utilization of YES services are reported by both Medicaid and DBH.

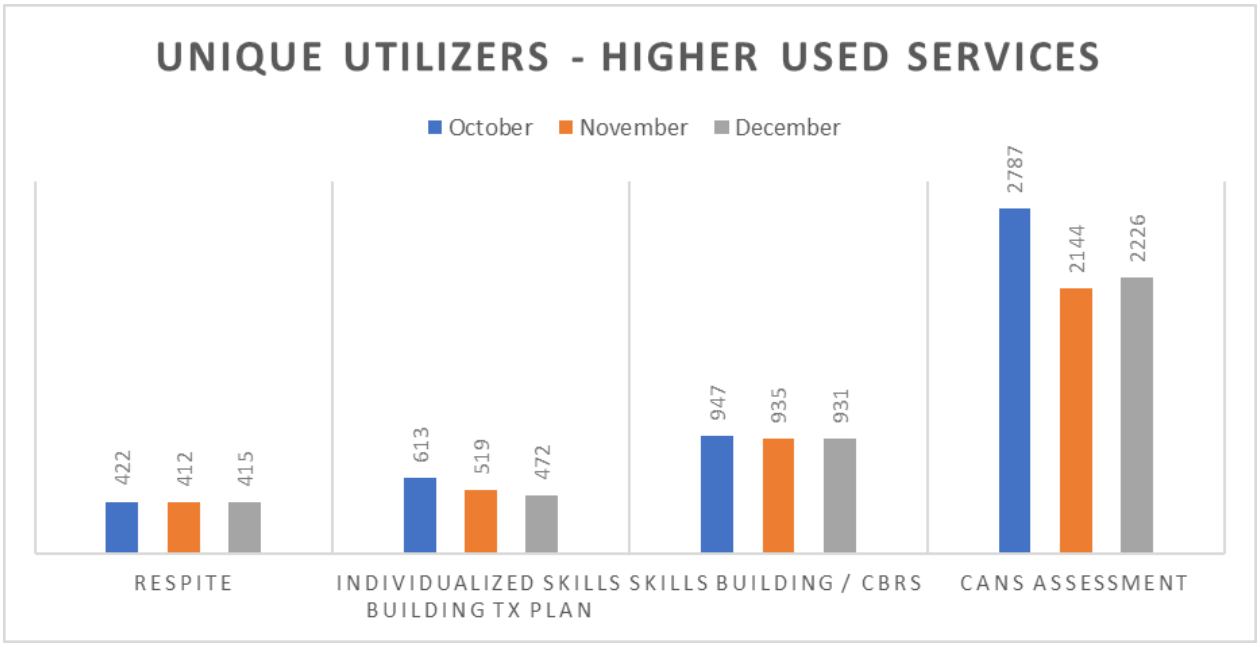
Medicaid service utilization

Data on the utilization of the following outpatient services was provided by Medicaid

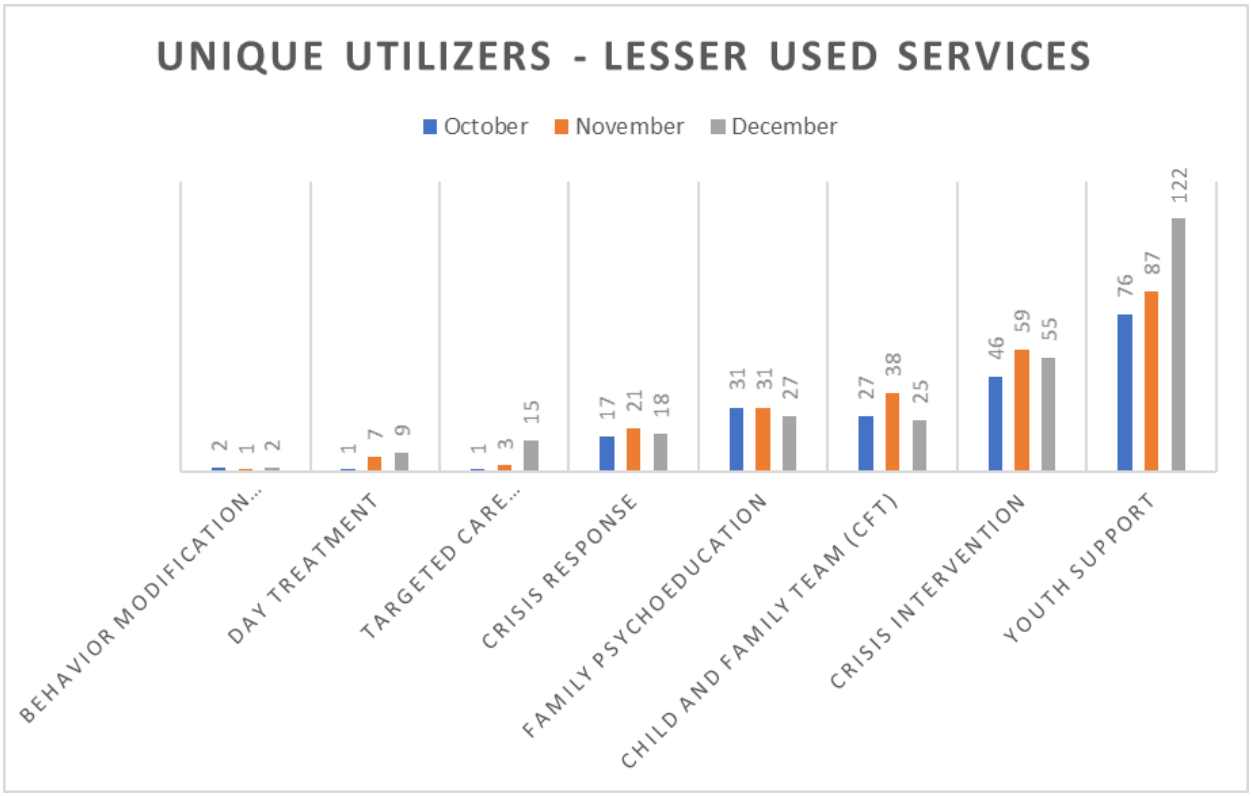
- Child and Adolescent Needs and Strengths Assessment (CANS)
- Targeted Care Coordination (TCC)
- Child and Family Team (CFT) Interdisciplinary Team Meeting
- Family Psychoeducation
- Skills Building/CBRS
- Respite Care
- Crisis Services
- Youth Support
- Behavior Modification and Consultation
- Day Treatment
- Skills Training and Development

The Medicaid YES services that were accessed the most in October through December included:

Service	Average
• Respite provided by Optum Network	(avg. 416 per month)
• Individualized Skills Building Treatment Plan	(avg. 535 per month)
• Skills Building/CBRS services	(avg. 934 per month)
• CANS Assessments	(avg. 2,386 per month)



In addition to the services noted in the previous chart, the following data was reported regarding Medicaid YES services that were provided between October through December 2019.



Average utilization of lesser utilized Medicaid YES services between October through December 2019.

Service	Average
• Behavior Modification	(avg. 2 per month)
• Day Treatment	(avg. 6 per month)
• Targeted Care Coordination	(avg. 6.3 per month)
• Crisis Response	(avg. 18.7 per month)
• Family Psychoeducation	(avg. 29.7 per month)
• CFT	(avg. 30 per month)
• Crisis Intervention	(avg. 53.3 per month)
• Youth Support	(avg. 95 per month)

The trend for most of the services is fairly flat except for Youth Support which increased by 60% from October to December. The number of Targeted Care Coordination services and CFT services is substantially less than the projected need evidenced by the number of children and youth who have a rating of 1, 2, or 3 on the CANS. Optum Idaho continues to actively recruit agencies to provide Targeted Care Coordination. Furthermore, Optum Idaho has started sending notices to agencies that serve children, notifying them of members receiving services in their agency, that are part of the YES Program, but do not have claims billed for TCC. Optum Idaho also sends reminders to families, notifying them they need to contact a TCC and get started with building their person-centered service plan.

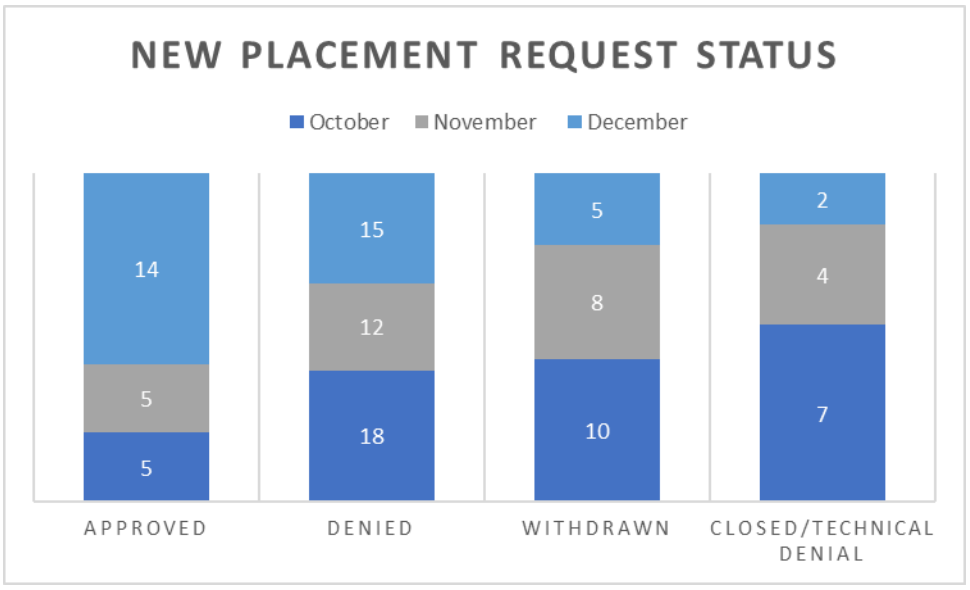
YES Goal: The number of children, youth and families receiving Targeted Care Coordination and CFT are expected to increase rapidly and substantially by the end of SFY 2020. Medicaid and Optum have committed to increasing Workforce Development strategies, provider and member education, and ensuring access standards are met statewide.

Goals of number served by service have not been established. However, research by the CDC about the predicted need to mental health services is in Appendix D, at the end of this report.

Children's Medicaid Placement Requests

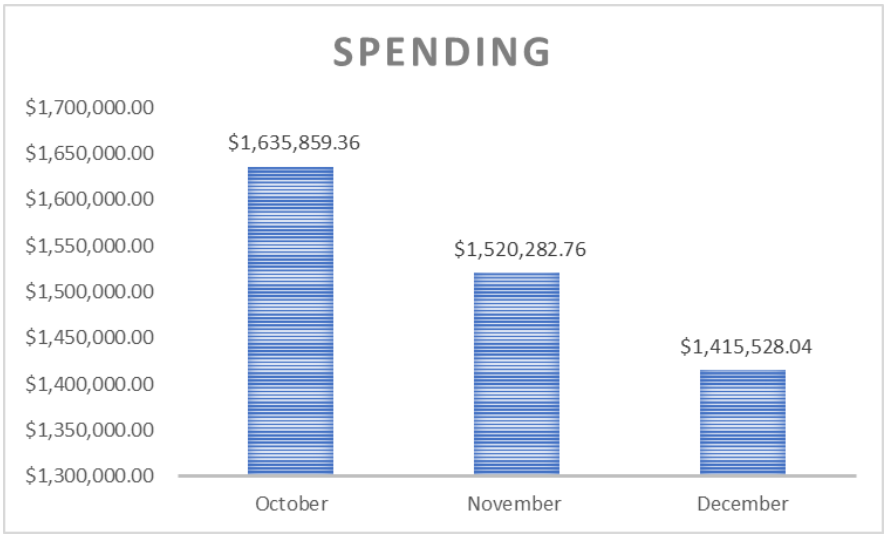
All new Medicaid placement requests received have four potential results, including those that are approved, denied, withdrawn, or technically denied/closed.

- Approved – Approved for placement in Psychiatric Residential Treatment Facility (PRTF); Medicaid works with the member's family to secure a placement in an 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.
- Technically Denied or Closed – Additional information requested, but not received.



Between October and December 2019, Medicaid received 105 requests for Children's Medicaid PRTF placement. Of the applications received, 24 were approved (22.9%), 45 were denied (42.8%), 23 were withdrawn (21.9%), and 13 were closed for technical reasons (12.4%).

Medicaid spending for Children's Medicaid PRTF Placements during October, November and December 2019.



DBH Services

DBH provides some services not currently provided by Medicaid/Optum: Wraparound, Parenting with Love and Limits (PLL), State Hospital South (SHS), and residential placements paid for by DBH (for children and youth who are not Medicaid eligible)

Wraparound Intensive Services (WInS)

It is estimated that approximately 1,350 children and youth in Idaho may need Wraparound services. Between July and December, 164 children and youth received Wraproud services and since the initial implementation of Wraproud in Idaho, 332 children and families have received WInS. This represents that only 25% of the predicted need (332/1,350) has been met so far. DBH is working to increase the capacity of Wraparound by providing additional training in SFY 2021.

Wraparound Enrollment by Month for SFY 2020

Criteria: Unduplicated new Clients count by month who enrollied in any wraparond program ('Pre-Wraparound','Wraparound','Wraparound - Phase 1','Wraparound - Phase 2','Wraparound - Phase 3','Wraparound - Phase 4') and Program Start Date on or after 7/1/2019 and on or before 12/31/2019 and domain is chlidren mental health and agency is region 1 to 7.

Unique Clients Enrolled in any Wraparound program by Month
Note: Grand total is unduplicated clients counts among all reported month

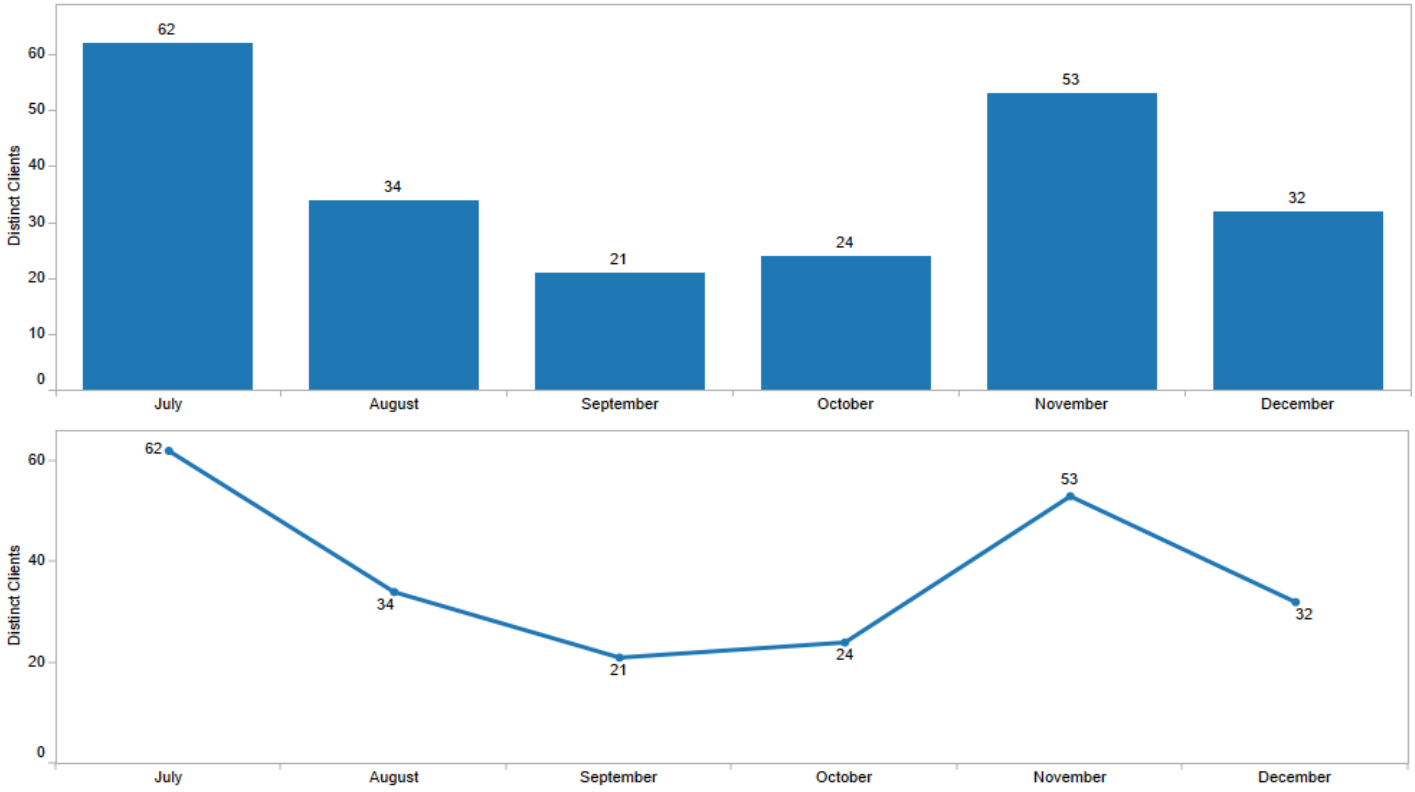
MonthName						
July	August	September	October	November	December	Grand Total
62	34	21	24	53	32	164

Total Unduplicated Clients ever Served in wraparound programs including those no longer active as of 4/20/2020

Total Unduplictaed Clients Counts	332

SFY
☑ 2020

MonthName
All



Parenting with Love and Limits

The evidence-based practice called Parenting with Love and Limits (PLL) is offered through the regional DBH CMH clinics in regions across the state. The total number of children, youth and families who received PLL services between July and December 2019 is 71.

PLL Enrollment by Month for SFY 2020

Criteria: Unduplicated new Clients count by month who enrollied in any PLL program (CMH-PLL (CMH Qualified) and CMH-PLL (Waiver)) and Program Start Date on or after 7/1/2019 and on or before 12/31/2019 and domain is chlidren mental health and agency is region 1 to 7.

Unique Clients Enrolled in CMH-PLL (CMH Qualified) and CMH-PLL (Waiver) program by Month

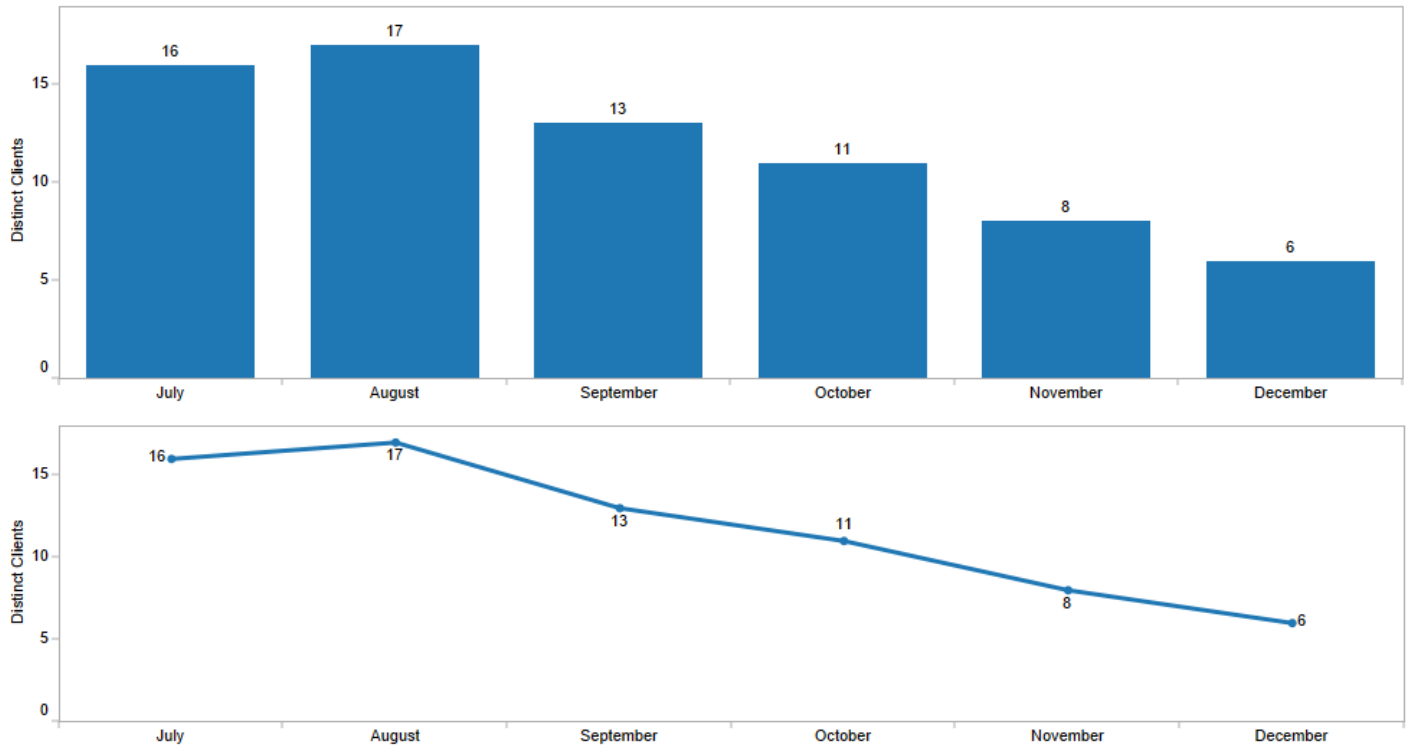
Note: Grand total is unduplicated clients counts among all reported month

SFY
☑ 2020

MonthName

July	August	September	October	November	December	Grand Total
16	17	13	11	8	6	71

MonthName
All



DBH Residential placements:

Total of 11 children and youth for SFY YTD 2020 placed by DBH Dec 31, 2019. The total number this may include some Medicaid members who were not approved for Children's Medicaid PRTF placement). Note The chart shows a rolling total between July and December so the numbers should not be added across months. The number is **not the number of admits but the number placed**. If you look across the table from one month to the next some may have been the same children as most children were placed in the residential program for 3-6 months and so are represented in multiple consecutive months

	July	August	September	October	November	December
CMH-Residential (Unduplicated client count)	**8**	**8**	**9**	**9**	**10**	**11**

DBH State Hospital South (SHS):

Total of 51 children and youth received services from SHS for SFY YTD 2020 by Dec 31, 2019. The number includes Medicaid members). Note The chart shows a rolling total between July and December so the numbers should not be added across months. . Some children were placed at SHS for consecutive months

	July	August	September	October	November	December
CMH-SHS (Unduplicated client count)	**17**	**25**	**33**	**39**	**47**	**51**

#2 Optum report on Utilization of YES Services

The following is an excerpt from the YES Phase II Implementation Strategy Report delivered by Optum demonstrating the trend of services used over the last 18 months. The Phase II report includes information on all YES services, including a gap analysis related to each service as well as recruitment strategies that Optum is implementing to address capacity and access issues. The full report is posted on the YES website and is available by emailing YESProgram@dhw.idaho.gov.

Note: Data reported by Optum includes all Medicaid members who receive services from the Medicaid Network operated by Optum, not just those Medicaid members who have met criteria to be eligible for YES.

CHILD AND FAMILY TEAM (CFT) INTERDISCIPLINARY TEAM MEETING

The purpose of the Child and Family Team (CFT) Interdisciplinary Team Meeting is developing, monitoring, or modifying an outcome-focused, strengths-based person-centered service plan (PCSP) that includes both formal and informal services and supports. The CFT is facilitated by a Targeted Care Coordinator face-to-face with the member and member's family present. The CFT team meeting must also include an independently licensed clinician or a master's level clinician under supervision who participates face-to-face or telephonically.

The YES system of care puts a framework in place for a Child and Family Team to develop goals that guide all treatment plans and embrace 11 Principles of Care: 1) Family-centered; 2) Family and youth voice and choice; 3) Strengths-based; 4) Individualized care; 5) Team-based; 6) Community-based service array; 7) Collaboration; 8) Unconditional; 9) Culturally competent; 10) Early identification and intervention; and 11) Outcome-based. In addition to these values, the YES system of care seeks to develop an organized pathway to services, expands access to them, uses a coordinated care plan, and communicates goals across agencies and providers.

Region	Agencies Billing for CFT Meeting	Youth Served from July 1, 2018 to December 31, 2019
Region 1	14	62
Region 2	4	17
Region 3	9	25
Region 4	16	44
Region 5	6	44
Region 6	3	10
Region 7	11	53
Region 9	1	2
Total	64	257

TARGETED CARE COORDINATION

Targeted Care Coordination (TCC) is the process that assists youth and their family to locate, coordinate, facilitate, provide linkage, advocate for, and monitor the mental and physical health, social, educational, and other services as identified through a child and family teaming process that includes assessment and reassessment of needs and strengths. Targeted care coordination occurs through face-to-face or telephonic contact and is not intended to be duplicative of any other service.

The TCC facilitates the Child and Family Team Meetings and is critical to guiding the family through the process. In addition, the TCC can work to ensure the six components of the Practice Model are met for each family. These components include engagement, assessment, care planning and implementation, teaming, monitoring and adapting and transition.

Region	County	Number of Agencies with staff who have completed TCC Endorsement	Number of TCCs who have completed the endorsement	Number of Youth with PCSPs submitted to Optum by TCCs
Region 1	Kootenai	3	10	19
Region 2	Nez Perce (3); Clearwater (1)	4	6	
Region 3	Canyon	6	12	4
Region 4	Ada	14	32	31
Region 5	Twin Falls	5	12	7
Region 6	Bannock	7	15	16
Region 7	Bonneville (11); Franklin (1)	12	59	49
Total		51	146	126

CRISIS SERVICES

Crisis Response Services are available 24/7 and provide telephonic intervention for members experiencing a mental health crisis. Crisis Response provides assessment and crisis stabilization through counseling, support, active listening or other telephonic interventions to alleviate the crisis and offer referrals to services and community providers. Crisis Response service providers are at least an independently licensed clinician, an individual with a master's degree in a group agency under supervision, or a person with a bachelor's degree in a human services field who is trained and certified in Nonviolent Crisis Intervention by the Crisis Prevention Institute (CPI).

Crisis Intervention Services provide face-to-face intervention for members experiencing a mental health crisis. Crisis Intervention is provided in the location where the crisis is occurring. Crisis Intervention addresses the immediate safety and well-being of the member, family, and community. Crisis Intervention assesses, intervenes, and coordinates with the member's current behavioral health provider and/or provides referrals to behavioral health and/or emergency services. Additionally, in the following 24 hours after a mental health crisis, crisis service providers will follow up telephonically with the member/member's family to assess member stability and crisis follow-up needs.

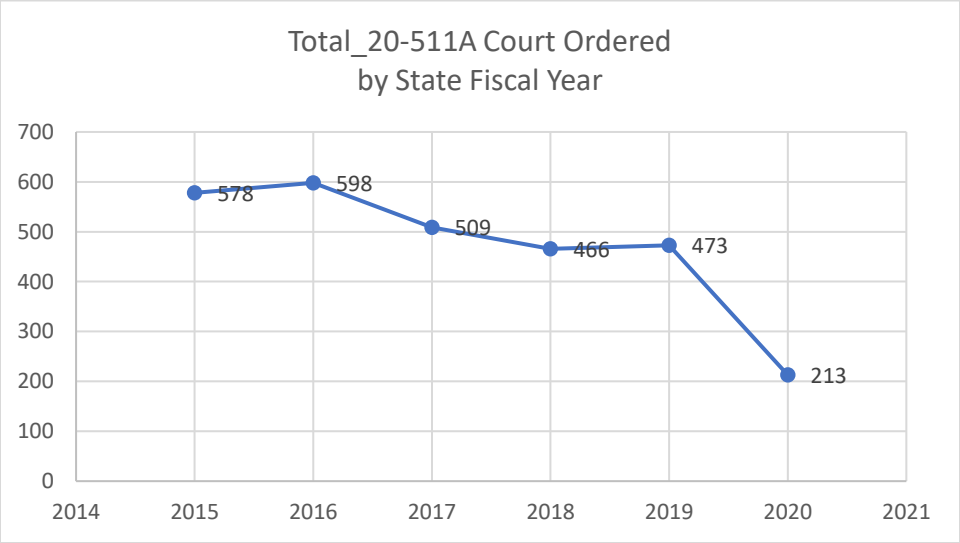
Region	Agencies Billing for Crisis Services	Youth Served from July 1, 2018 to December 31, 2019
Region 1	17	110
Region 2	9	46
Region 3	13	44
Region 4	30	122
Region 5	10	56
Region 6	12	49
Region 7	25	335
Region 9	2	10
Total	118	772

#3 Court Ordered Services

Data for IDJC will be included in the next QMIA Quarterly Report.

20-511A

The number of 20-511A court ordered cases has dropped overall from a high of 598 in 2016 to 473 in 2019. The number of 20-511A court orders for 2020 (213) is for YTD and will rise by the end of the year. If the current rate of monthly court orders (July – Dec, avg. 35 per month) continues for the remainder of the year the year total for 2020 would be 426 – a reduction of approximately 10% over last year and 19% over the average of the past 5 years.



About the Supplementary Section of the QMIA Quarterly Report:

The Supplementary 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). Data in the Supplementary Report may vary each quarter. Data in the supplemental portion of the QMIA Quarterly may include more detailed 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.

#4.1: Access to YES

A comparison across the state compared to the total Idaho population age 0-18 indicates that the average number of children and youth served per thousand is 53. Regions 3 and 7 serve more than the average while regions 2, 4, 5, and 6 are below the average. Region 2 has the lowest number service per thousand.

Rate per 1,000

Region	1	2	3	4	5	6	7	9	UNK	Total
Medicaid	2,921	873	5,882	6,179	2,560	2,638	4,563	29	89	25,734
Population	56,753	25,631	85,805	130,947	59,547	53,627	69,294			481,604
Rate per 1,000	51	34	69	47	43	49	66			53

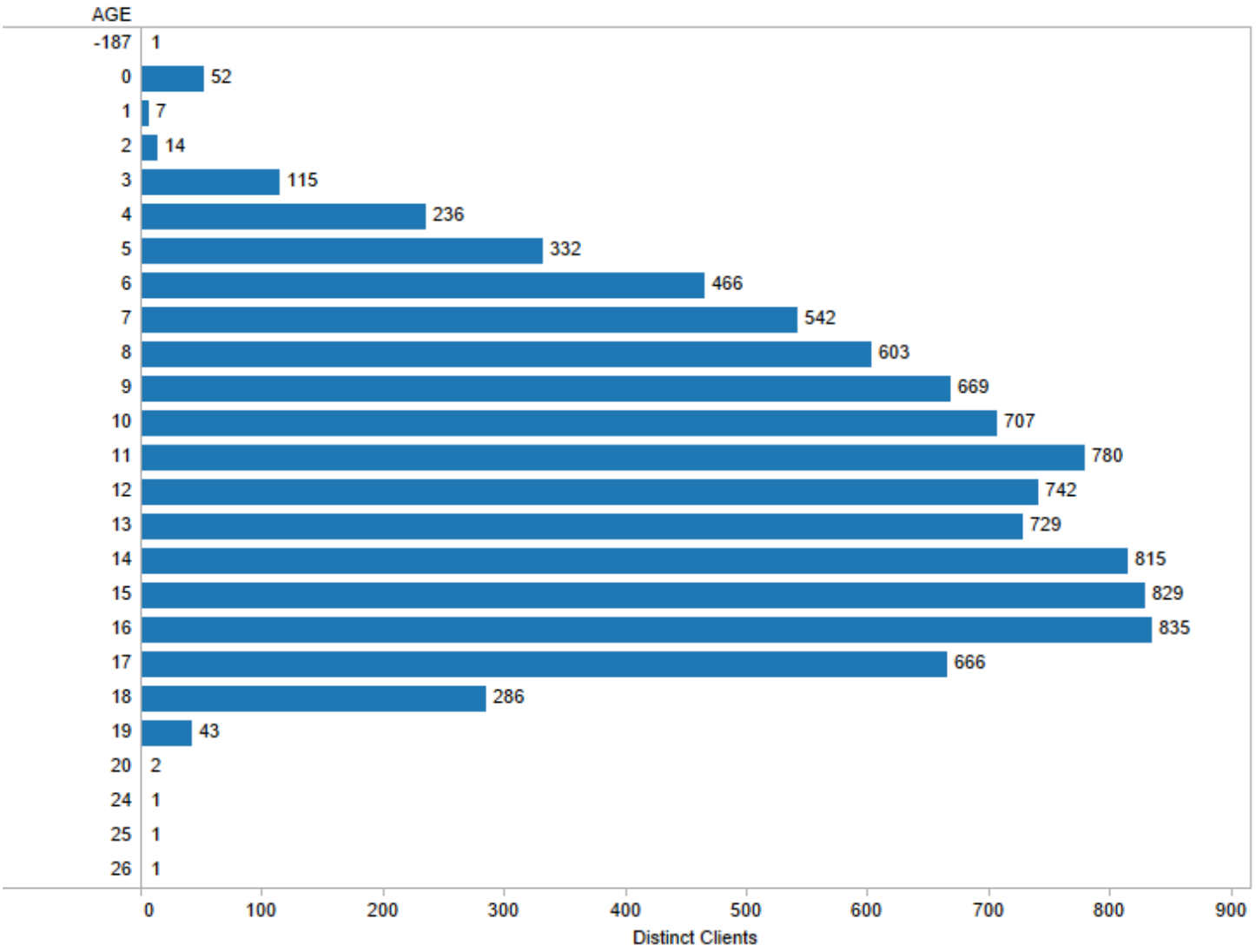
#4.2 CANS Demographics

By Age:

A review of the ages of children and youth who received a CANS indicates that most children and youth are in their teens:

- 28% between 15 and 18
- 26% between 12 and 14
- 22% between 9 and 11
- 15% between 7 and 8
- 6% between 5 and 6
- 2% between 3 and 4

DBH is researching why children under the age of 3 received a CANS- and specifically why 52 children under the age of 1 received a CANS. It is assumed that this was incorrect data entry.



Distinct Clients for each AGE. The data is filtered on REPORT_STATE_FISCAL_YEAR, AGENCY_NAME, ProviderRegion and FINALIZATION_DATETIME Month. The REPORT_STATE_FISCAL_YEAR filter keeps 2020. The AGENCY_NAME filter keeps 9 of 13 members. The ProviderRegion filter keeps 7 of 7 members. The FINALIZATION_DATETIME Month filter keeps 6 members.

As noted in the Blueprint for Change: Research on Child and Adolescent Mental Health a Report of the National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment[1]

> "Based on three national surveys fielded between 1996 and 1998, between 5 percent and 7 percent of children used any mental health specialty services in a year. This average rate is like the rate among adults, but it obscures the major differences across age groups. Only 1 to 2 percent of preschoolers used any services; the average rates increased in older children—6 to 8 percent of children ages 6 to 11, and 8 to 9 percent of adolescents ages 12 to 17."

By Gender:

Children and Youth with at least one completed CANS by Gender- approximatley refelctive of the states population. State data does not track or report on number of Idaho's residents identifying as Transgender Male or Female.

	Female	Male	Refused	Transgender Female	Transgender Male	Unknown	Grand total
Distinct clients	4,532	4,869	5	8	44	11	9,469
% by Gender	47.86%	51.42%	0.05%	0.06%	0.46%	0.12%	
% of Idaho's Population	48.87%	51.13%	NA	UK	UK	NA	

There did not appear to be any notable issues based on Gender.

By Race and Ethnicity:

Child and youth with at least one completed CANS by Race/Ethnicity for SFY 2020 year to date:

	Asian	Black/ African American	Hispanic	More than one race	Native American	Pacific islander	White	Other and unknown	Total
Distinct Clients	38	147	1,799	286	81	303	6219	908	9,469*
% by Race Ethnicity	0.4%	1.55%	19%	3.02%	.86%	0.14%	65.68%	9.59%	
% of Idaho's population	1.6%	0.9%	12.7%	2.5%	1.7%	0.2%	93%	--	

Note: Total number of distinct clients noted in chart does not add up to 9,469 as there were 14 entries in ICANS that had no entry for race or ethnicity.

Based on a comparison to Idaho's overall racial and ethnic make-up indicates that there may be some disparities in the children and youth being served. Black/African American and Hispanic children and youth appear to be served at or above the general population in Idaho. Asian and Native American children and youth appear to be underserved.

Almost 10% of CANS entered into the ICANS system had either unknown or other as the race or ethnicity of the child or youth served. DBH will address the importance of noting race and ethnicity accurately in CANS Training.

> Research by the National Advisory Council on Mental Health (as noted above) also indicates that:
>
> "Mental health utilization varies across racial/ethnic groups. Latinos are the least likely of all groups to access specialty care (5.0%), even though they and Black children have the highest rates of need (10.5%) based on measures in the National Health Interview Survey (NHIS)."

#4.3 Diagnosis and Needs

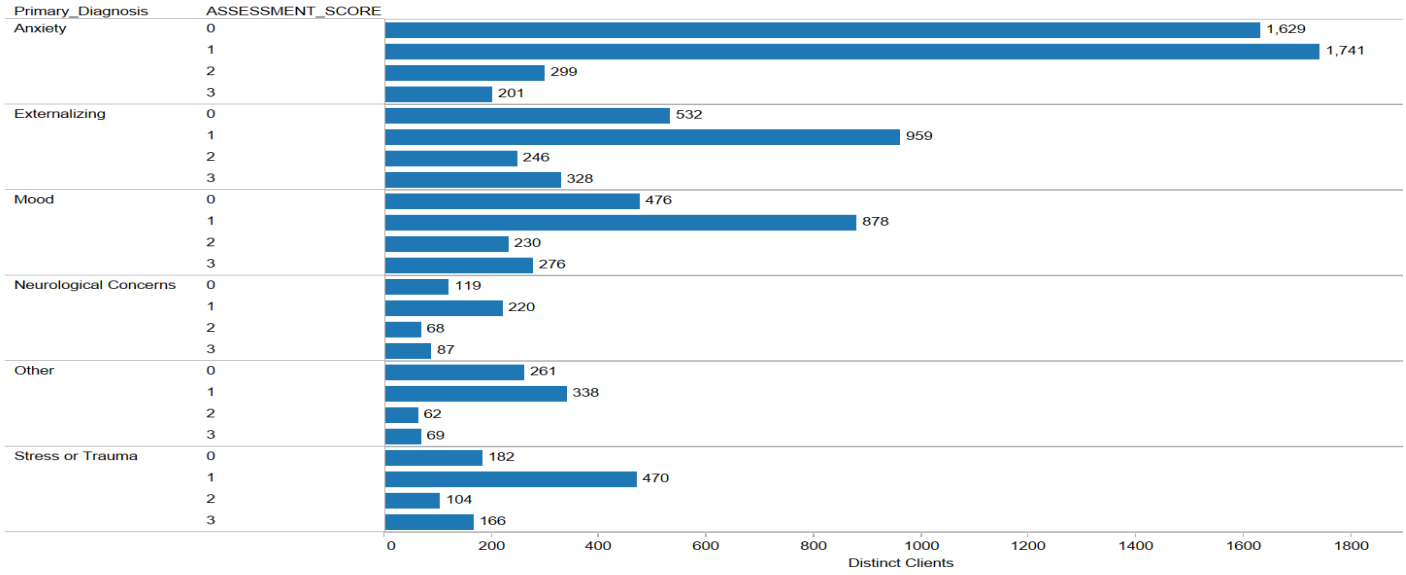
The largest number of children and youth are being rated as level 1 (4,298 or 45%) on the CANS and second largest number is level 0 (2,864 or 30%). This distribution matches expectations.

CMH CANS Unique client count by Assessment Score and Primary Diagnosis for SFY 2020

Assessment	Anxiety	Externalizing	Mood	Neurological	Stress or Trauma	Other	Grand Total
0	1,441	485	430	108	164	244	2,864
1	1,615	929	831	206	446	304	4,298
2	294	295	258	64	105	70	1,082
3	224	490	411	101	909	701	1,501
Grand total	3,537	2,161	1,901	475	909	701	9,469
Approximate percent	37%	23%	20%	5%	10%	7%	

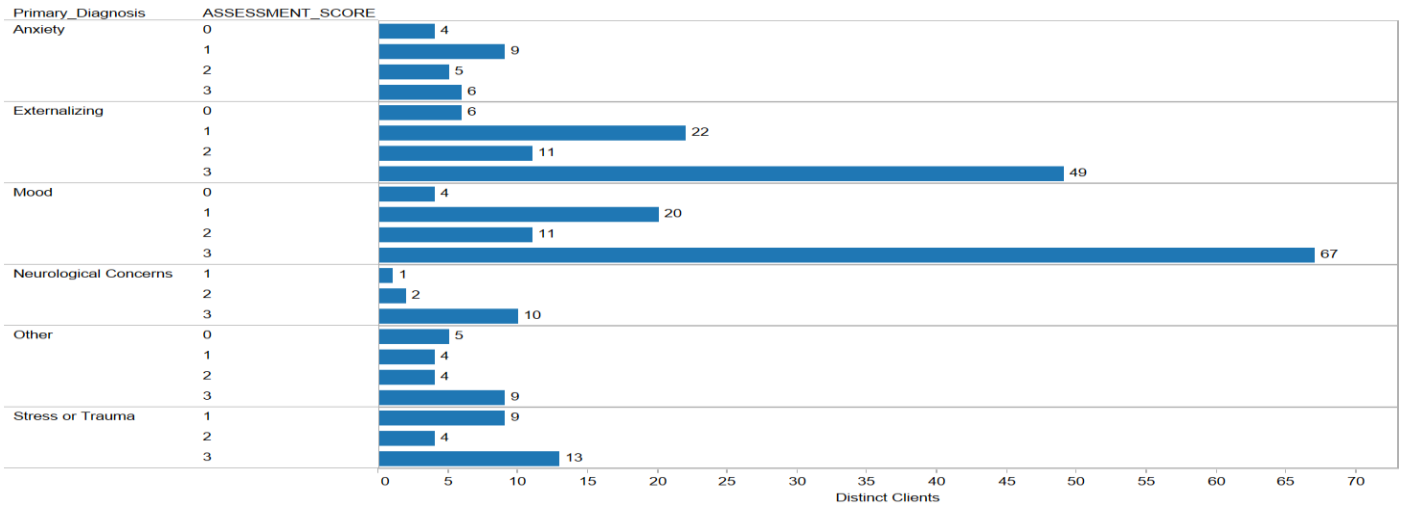
Diagnosis by Medicaid/Optum Network

The largest number by far are children and youth with a diagnosis of Anxiety with CANS assessment ratings of 0 or 1.



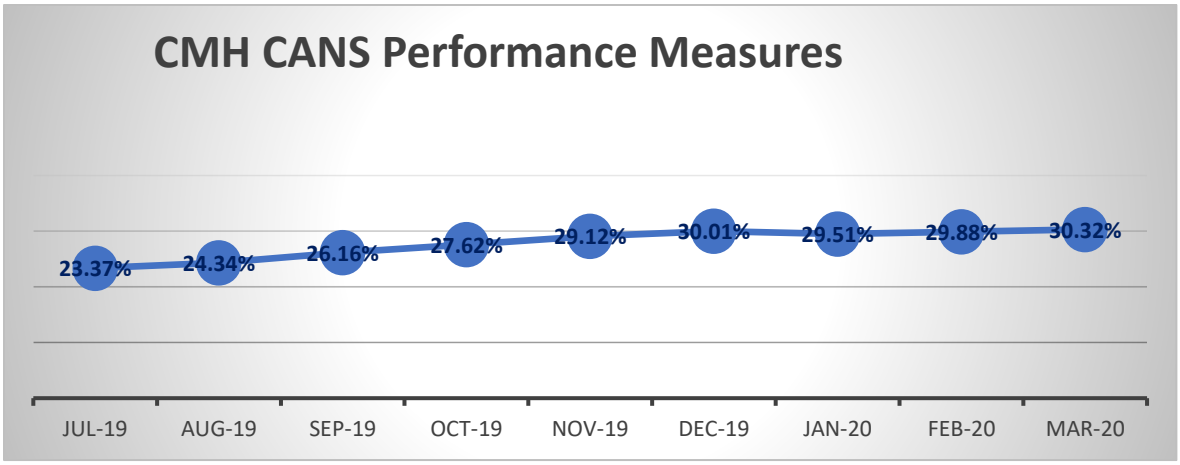
Diagnosis by DBH

The largest number of children and youth are in CANS Level 3 with Mood or externalizing DX, very few with 0



#4.4 Are children, youth and families experiencing improved outcomes?

One measure of outcomes of the YES system is the number of children that have had at least three CANS assessments and have shown a reduction in need as evidenced by a change (decrease) in the overall CANS rating. Between July and March, the percent of children whose CANS ratings improved increased from 23.37% to 30.32%.



Improvement in outcomes can also be measured by the increase in number of strengths and decrease in the number of needs reported in the CANS. The YES Reports team will be working on developing data to reflect the number/percent of children and youth experiencing a change in the needs and strengths.

#4.6 Are children safe, in school and out of trouble?

DBH has begun using the CANS data to assess if children and youth are safe, in school and out of trouble. Each of the following charts is information from the CANS at intake.

The first chart shows the results of the items on the CANS related to “safety”:

CMH CANS SAFE/RISK, School Attendance/Behavior and Juvenile Justice at a Glance

Criteria: CMH Initial CANS with Finalized Status *Data as of: 3/31/2020*

SAFE/Risk | School Attendance and Behavior | Juvenile Justice

CMH CANS Clients (SAFE)

SUICIDE_WATCH

	0	1	2	3	Grand Total
Suicide Watch	9,672	2,774	589	66	12,822
% along SUICIDE_WATCH	75.43%	21.63%	4.59%	0.51%	100.00%

SUICIDE_WATCH Assessment Score
Applies to SUICIDE WATCH Table only
All

DANGER_TO_OTHERS

	0	1	2	3	Grand Total
Distinct Clients	9,784	2,215	1,084	108	12,822
% along DANGER_TO_O..	76.31%	17.27%	8.45%	0.84%	100.00%

DANGER_TO_OTHERS Assessment Score
Applies to DANGER TO OTHERS Table only
All

SELF_MUTILATION

	0	1	2	3	Grand Total
Distinct Clients	9,810	2,369	901	48	12,822
% along SELF_MUTILATIO..	76.51%	18.48%	7.03%	0.37%	100.00%

SELF_MUTILATION Assessment Score
Applies to SELF MUTILATION Table only
All

SELF_HARM

	0	1	2	3	Grand Total
Distinct Clients	10,463	1,851	785	82	12,822
% along SELF_HARM	81.60%	14.44%	6.12%	0.64%	100.00%

SELF_HARM Assessment Score
Applies to SELF HARM Table only
All

FLIGHT_RISK

	0	1	2	3	Grand Total
Distinct Clients	10,814	1,719	456	84	12,822
% along FLIGHT_RISK	84.34%	13.41%	3.56%	0.66%	100.00%

FLIGHT_RISK Assessment Score
Applies to FLIGHT RISK Table only
All

These Filters apply to full dashboard

STATE_FISCAL_YEAR
2020

Fiscal Month
All

AGENCY_NAME
All

County_Name
All

Race/Ethnicity
All

AGE
All

GENDER
All

The second chart shows the results of the items on the CANS related to “in school”:

CMH CANS SAFE/RISK, School Attendance/Behavior and Juvenile Justice at a Glance

Criteria: CMH Initial CANS with Finalized Status *Data as of: 3/31/2020*

SAFE/Risk | School Attendance and Behavior | Juvenile Justice

CMH CANS Clients (In School)

These Filters apply to full dashboard

AGENCY_NAME	STATE_FISCAL_YEAR	Fiscal Month	County_Name	AGE	GENDER	Race/Ethnicity
All	2020	All	All	All	All	All

SCHOOL_ATTENDANCE (Applies to School Attendance items only)
Assessment Score
All

SCHOOL_Behavior (Applies to School Behavior items only)
Assessment Score
All

School Attendance

	0	1	2	3	N/A	Grand Total
Distinct C..	8,768	1,946	1,018	344	1,113	12,822
%	68.38%	15.18%	7.94%	2.68%	8.68%	100.00%

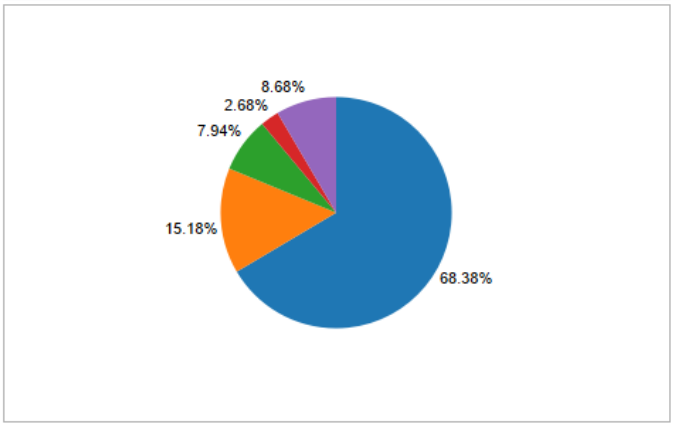
School Behavior

	0	1	2	3	N/A	Grand T..
Distinct Clients	5,884	3,491	2,344	497	1,102	12,822
%	45.89%	27.23%	18.28%	3.88%	8.59%	100.00%

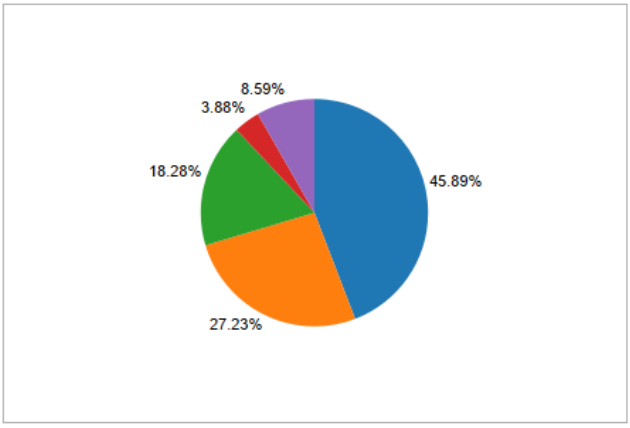
SCHOOL_ATTENDANCE Assessment Score
0 1 2 3 N/A

SCHOOL_BEHAVIOR Assessment Score
0 1 2 3 N/A

School Attendance



School Behavior



The third chart shows the results of the items on the CANS related to “out of trouble”:

CMH CANS SAFE/RISK, School Attendance/Behavior and Juvenile Justice at a Glance

Criteria: CMH Initial CANS with Finalized Status *Data as of: 3/31/2020*

SAFE/Risk | School Attendance and Behavior | **Juvenile Justice**

CMH CANS Clients (Juvenile Justice)

These Filters apply to full dashboard

AGENCY_NAME	STATE_FISCAL_YEAR	Fiscal Month	County_Name	AGE	GENDER	Race/Ethnicity
All	2020	All	All	All	All	All

LEGAL_ISSUES (Applies to Legal Issues items only)
LEGAL_ISSUES
All

RISK_BEHAVIORS_DELINQUENCY (Applies to Delinquency items only)
RISK_BEHAVIORS_DELINQUENCY
All

Legal Issues

	0	1	2	3	Grand Tot..
Distinct Clients	10,690	1,094	1,068	174	12,822
% LEGAL_ISSUES	83.37%	8.53%	8.33%	1.36%	100.00%

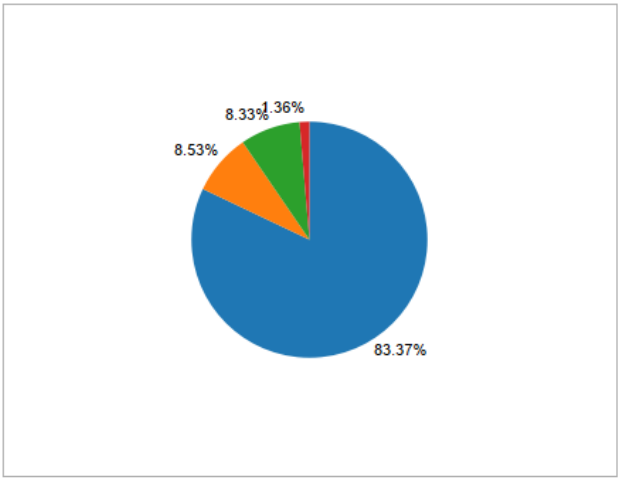
Delinquency

	0	1	2	3	Grand T..
Distinct Clients	11,046	1,437	497	60	12,822
% BEHAVIORS_..	86.15%	11.21%	3.88%	0.47%	100.00%

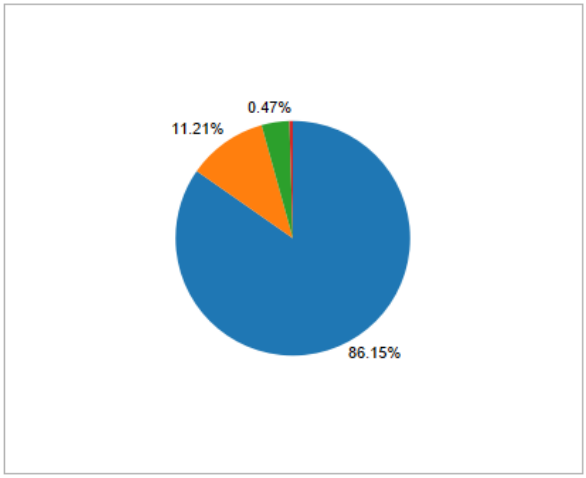
LIFE FUNCTIONING LEGAL ISSUES
0 1 2 3

RISK_BEHAVIORS_DELINQUENCY
0 1 2 3

Legal Issues



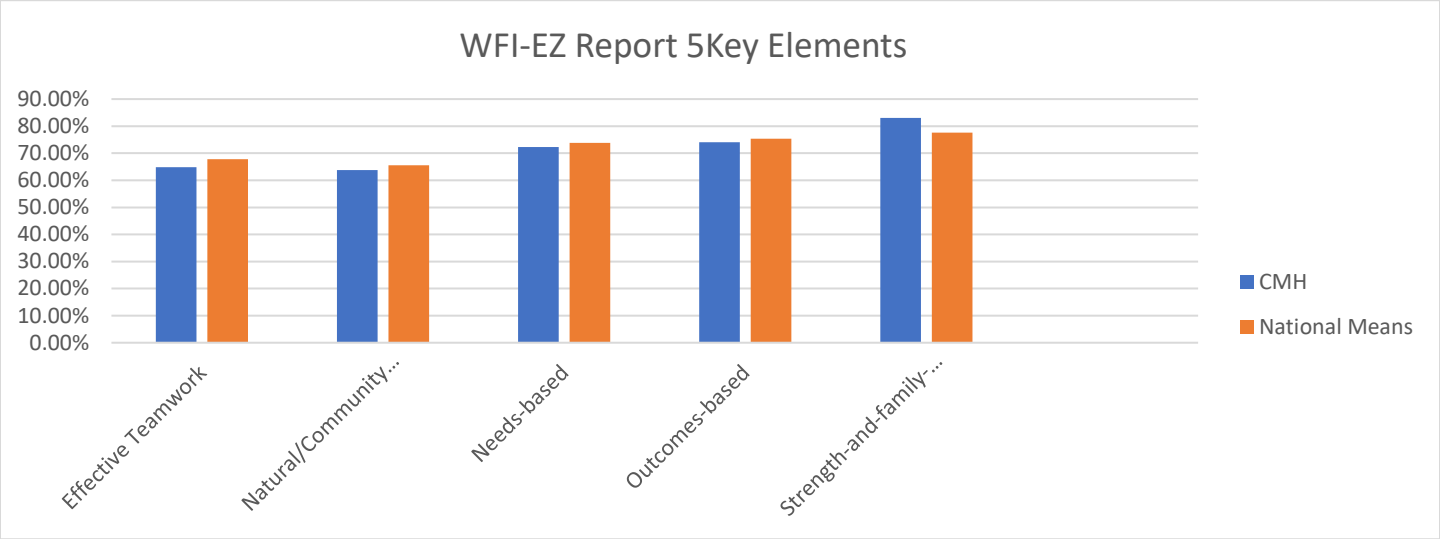
Delinquency



#4.7 Are the quality of services being monitored?

Wraparound Fidelity:

Based on the fidelity surveys sent to 35 families in October, the DBH WInS program appears to be approximately equal to the national mean in Effective Teamwork, Use of natural and community resources, Needs based planning, and Outcome based focus. WInS is a bit above the national mean on Strength and family based.



In October and then again in March, families in WInS chosen randomly were surveyed as to their satisfaction with Wraparound.

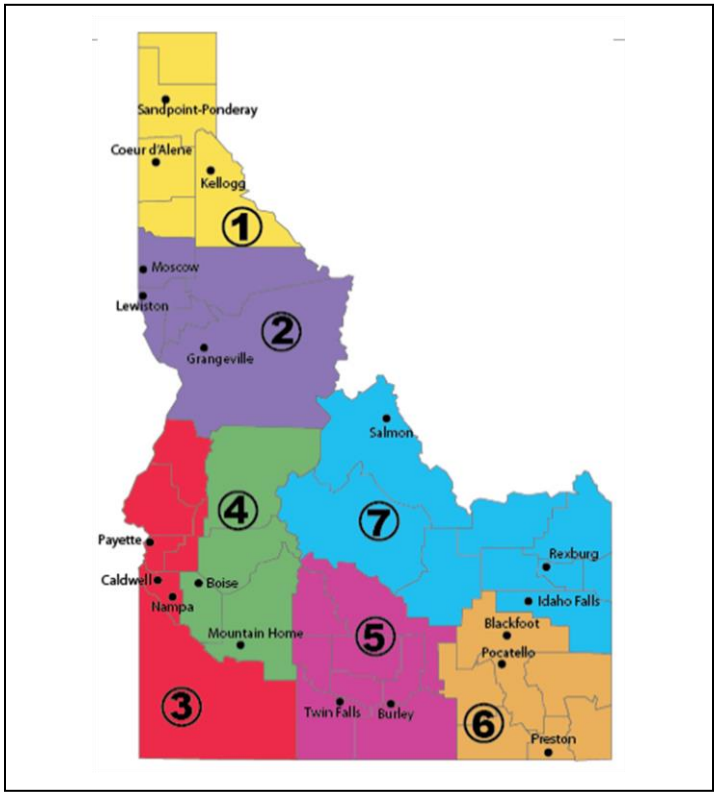
N=47	I am satisfied with the Wraparound Process and which my family & I have participated.	I am satisfied with my child's or youth's progress since starting Wraparound process.	Since starting Wraparound, our family has made progress toward meeting our needs.	Since Starting Wraparound, I feel more confident about my ability to care for my child/youth at home.
Strongly agree	49%	40%	36%	38%
Agree	36%	30%	34%	34%
Neutral	13%	17%	23%	26%
Disagree	2%	11%	6%	0%
Strongly Disagree	0%	2%	0%	2%
Don't know	0%	0%	0%	0%

Appendix A: Glossary

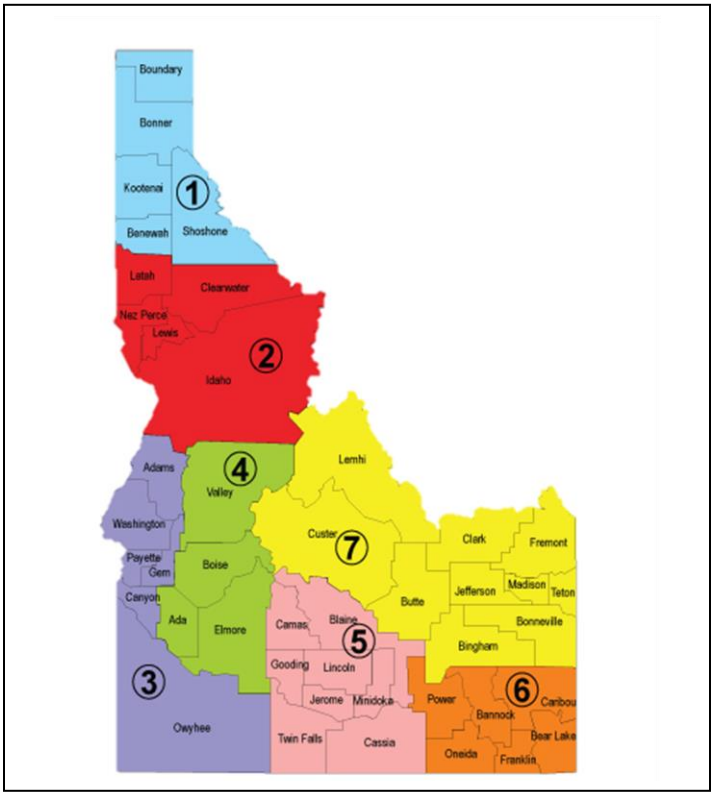
Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
Class Member	Idaho residents with a serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
EPSDT	Early and Periodic Screening, Diagnostic and Treatment (EPSDT), of which is now referred to as Children's Medicaid, 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 Settlement Agreement	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

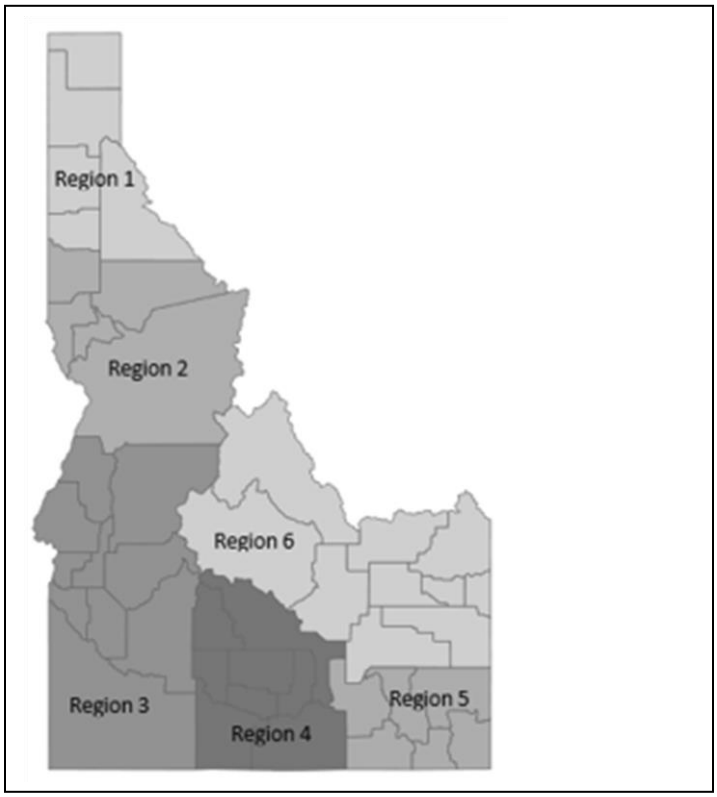
Idaho Department of Health and Welfare: Medicaid, FACS



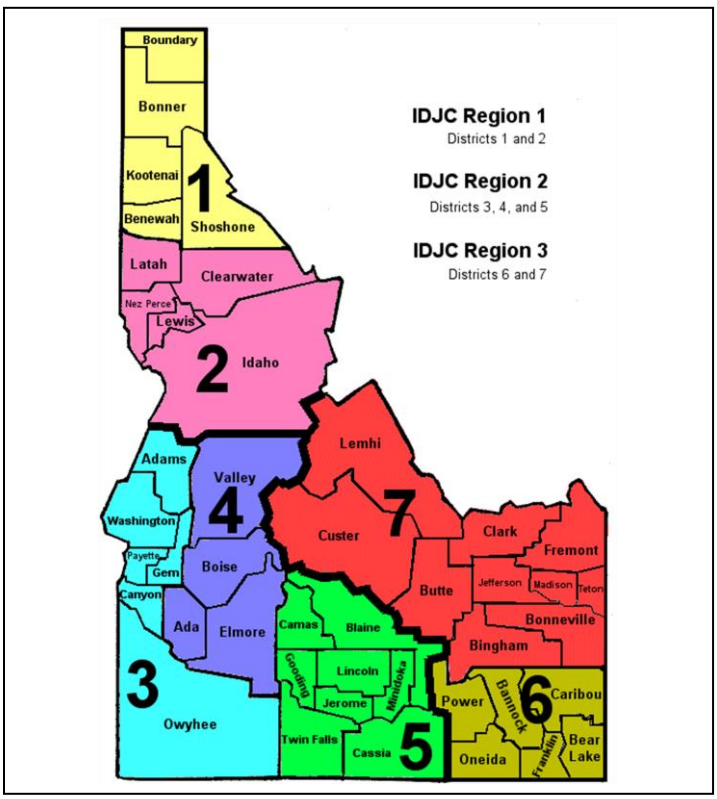
Idaho Department of Health and Welfare: DBH



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.

Appendix D- CDC Prevalence

Data and statistics on children's Mental Health issues from the Centers for Disease Control (CDC):

- **ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children**
  - 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.[2] Read more information on ADHD here.
  - 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.[3]
  - 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.[3]
  - 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.[3]

- **Some of these conditions commonly occur together. For example:**
  - Having another disorder is most common in children with depression: about 3 in 4 children aged 3-17 years with depression also have anxiety (73.8%) and almost 1 in 2 have behavior problems (47.2%).[3]
  - For children aged 3-17 years with anxiety, more than 1 in 3 also have behavior problems (37.9%) and about 1 in 3 also have depression (32.3%).[3]
  - For children aged 3-17 years with behavior problems, more than 1 in 3 also have anxiety (36.6%) and about 1 in 5 also have depression (20.3%).[3]

- **Depression and anxiety have increased over time**
  - "Ever having been diagnosed with either anxiety or depression" among children aged 6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012.[4]
  - "Ever having been diagnosed with anxiety" increased from 5.5% in 2007 to 6.4% in 2011–2012.[4]
  - "Ever having been diagnosed with depression" did not change between 2007 (4.7%) and 2011-2012 (4.9%).[4]