Youth Empowerment Services Quality Management Improvement and Accountability (QMIA) Quarterly Report

QMIA Data & Reports Committee
3/31/2017

YES QMIA Quarterly Report- March 31, 2017

The Youth Empowerment Services (YES) Quality Management Improvement and Accountability (QMIA) Quarterly Report is an evaluation of the success of the planned transformation of Idaho's publically funded children's system of care based on the requirements in the Jeff D. lawsuit. For more information regarding the Jeff D. Lawsuit and about YES you may refer to the following website: http://youthempowermentservices.idaho.gov.

The goal of the YES QMIA Quarterly Report is to tell the story of how well the YES system of care is working by providing meaningful data. This will be accomplished by providing information about the current child serving system and comparing the baseline information to Jeff D. Class Member outcomes and YES system performance.

Note: Jeff D Class Members are Idaho residents with a serious emotional disturbance (SED) who are under the age of eighteen (18), have a diagnosable mental health condition, have a substantial functional impairment.

Terms used in the report

There is a glossary of definitions at the and of each QMIA Quarterly report but the following are terms used in this report that may be useful to understand before reading the report:

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

- 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. ED refers to a level of an emotional disturbance that causes an inability to learn, inability to build or maintain satisfactory relationships with peers or teachers, inappropriate behavior, pervasive mood of unhappiness, or unreasonable fears

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

- SoC- The acronym for System of Care- An organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services and access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children

What is the YES system of care?

Before beginning to review the data, it may be helpful for readers to understand a bit about the YES system of care.

According to the Substance Abuse and Mental Health Services Administration (SAMSHA), a system of care is:

> "A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, that builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help function better at home, in school, in the community, and throughout life."

The YES system of care (SoC) in Idaho is comprised of the following five (5) systems that are involved in providing mental health care to children, youth and families:

- Three (3) divisions of Idaho's Department of Health and Welfare (DHW)
  - Medicaid
  - Behavioral Health (DBH)
  - Family and Community Services (FACS)
- Two (2) other departments in the State:
  - Idaho Department of Juvenile Corrections (IDJC)
  - State Department of Education (SDE)

QMIA Quarterly Report Contents

The QMIA Quarterly report for March 31, 2017 will answer the following questions :

Do presumed Class Members and their families have access to mental health care ?

- Analysis included by system
  - Medicaid
  - Division of Behavioral Health (DBH)
  - Family and Community Services (FACS)
  - Idaho Department of Juvenile Corrections (IDJC)
  - State Department of Education (SDE)

Are there presumed Class Members who have unmet needs?

- Analysis included by demographics:
  - Gender (female, male)
  - Age (0-4, 5-9, 10-13, 14-17)
  - Regional (based on DBH regions 1-7)
  - Medicaid members

How is the YES system of care working together to improve outcomes for kids and families?

- Summary of two quality improvement studies currently underway
  - Psychotropic Medication Use for Foster Youth
  - Idaho's Crossover Youth Project

Do Presumed Class Members (PCM) have access to mental health care?

Each of Idaho's Departments and Divisions involved in YES are currently serving children and youth today that are presumed class members. The number of children and youth who access services appears to be substantively close to the number projected to need to services (see the chart below).

Medicaid, DBH, IDJC and the school districts throughout Idaho provide the mental health services to children, youth and families. FACS does not provide mental health services. The children who need mental health services who are in FACS care receive services in the four (4) system named.

The following is a comparison of number of presumed class members served to the estimate of expected number of class members based on type of the service provided :

	Medicaid SFY 2016	DBH SFY 2016	IDJC SFY 2016	SDE SFY 2015
Number of presumed class members served	13,292	1,674	266	1,280
Estimated numbers needing services	13,500	1,150	266	1,140

Note: Numbers are not unduplicated across systems

Access to Medicaid Services by PCM Gender, Age, Race and Region for SFY 2016

Medicaid has provided SFY 2016 data on the PCM population served by age, gender, race/ethnicity and region.

Statewide data for Medicaid, including what percent of Medicaid members are PCM, is represented on this slide and detailed data follows on slides 24, 25, 26.

More information about Medicaid can be found a the following link:

- www.medicaid.idaho.gov

*Regions are based on DBH regions which means that Bingham County is considered part of Region 7

Gender	Number	Percent of SED Total		Percent of Medicaid Members
Female	6,400	48.1%		5.6%
Male	6,892	51.9%		5.7%
Total	**13,292**	**100.0%**		**5.7%**
Age Group	Number	Percent of SED Total		Percent of Medicaid Members
0-4	477	3.6%		0.7%
5-9	4,363	32.8%		6.5%
10-13	4,221	31.8%		9.0%
14-17	4,231	31.8%		8.3%
Total	**13,292**	**100.0%**		**5.7%**
Race	Number	Percent of SED Total		Percent of Medicaid Members
American Indian/Alaska Native	229	1.7%		5.3%
Asian	39	0.3%		6.9%
Black or African American	0	0.0%		0.0%
Hawaiian or Other Pacific Islander	0	0.0%		0.0%
White/Caucasian	13,024	98.0%		5.7%
More than One Race				
Race not Available				
Total	**13,292**	**100.0%**		**5.7%**
DBH Regions	Number	Percent of SED Total		Percent of Medicaid Members
Region 1	1,592	12.0%		5.4%
Region 2	437	3.3%		4.4%
Region 3	2,866	21.6%		5.5%
Region 4	3,189	24.0%		6.6%
Region 5	1,365	10.3%		4.1%
Region 6	1,050	7.9%		5.5%
Region 7	2,793	21.0%		6.7%
Statewide Total	**13,292**	**100.0%**		**5.7%**

Access to Division of Behavioral Health (DBH) Services

DBH has provided SFY 2016 data on the population served by age, gender, race/ethnicity and region.

Statewide data is here and detailed data follows on slide 27.

Information about the DBH Regions can be found a the following link: www.mentalhealth.idaho.gov

*Left off one child noted as "0" age

** May include some 18-year-olds as the age cut off was for the DBH data was Jan 1.

DBH Services	Number	Percent
Gender		
Female	643	38.4
Male	1031	61.6%
Age Group		
0-4*	6	0.3%
5-9	89	5.3%
10-13	277	16.6%
14-17**	1301	77.8%
Race		
American Indian/Alaska Native	40	2.4%
Asian	4	0.2%
Black or African American	47	2.8%
Hawaiian or Other Pacific Islander	5	0.3%
White	1166	69.7%
More than One Race	62	3.7%
Race not Available	350	20.9%
Region		
Region 1-	160	9.6%
Region 2-	111	6.6%
Region 3-	230	13.7%
Region 4-	349	20.8%
Region 5-	250	14.9%
Region 6-	146	8.7%
Region 7-	428	25.6%
Statewide Total	1674	100%

Is there unmet need?

To begin understanding and quantifying the amount of unmet need there is in Idaho the first step is to define how we will use the term "unmet need".

Unmet need as used in this QMIA Quarterly report will mean:

- children, youth and families who have not accessed services
- children, youth and families who have not received appropriate and or effective services
- children, youth and families who have not been linked to transitional services when their needs or age changes

To begin to assess "unmet need" the QMIA Data and Reports committee compared statewide data from across the child serving system in Idaho in the following areas:

- Gender
- Age
- Regions

Statewide Gender

	Medicaid	Medicaid	DBH	DBH	FACS	FACS	IDJC	IDJC	SDE	SDE
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Female	6,400	48.1%	643	38.4%	241	48.2%	38	14.3%	No information	No information
Male	6,892	51.9%	1,031	61.6%	259	51.8%	228	85.7%	No information	No information

Based on information published by the National Institute for Mental Health (NIMH) there are typically no differences in the lifetime prevalence of mental illness found for gender. It would therefore be the expectation that there would not be much difference between the percent served of each gender.

Of those served in the Medicaid and FACS systems the percent by gender is close to 50% of each gender.

It appears as though DBH may be underserving females (38.4% of those receiving services). This may be due to the number of children and youth who receive services through DBH as the result of a court order as typically more males are involved in the court system then females. The differences in the percent of each gender in IDCJ are as expected for the same reason.

Currently, there is no information on the SDE website regarding the variation between genders served.

Based on this preliminary there do not appear to be areas of unmet need related to gender at the statewide level. Additional analysis of the population served by Medicaid by region is recommended to assess unmet need in greater detail.

Medicaid Gender by Region

Race	Total		Percent	Percent
Gender	Male	Female	Male	Female
Region 1	766	826	48.1%	51.9%
Region 2	237	200	54.2%	45.8%
Region 3	1,469	1,397	51.3%	48.7%
Region 4	1,642	1,547	51.5%	48.5%
Region 5	759	606	55.6%	44.4%
Region 6	549	501	52.3%	47.7%
Region 7	1,470	1,323	52.6%	47.4%
Total	6,892	6,400	51.9%	48.1%

In the outpatient system serving primarily individuals who are not court involved, the expectation is the genders would approximately equal.

Regions in which there are greater differences in the percentage of genders being served may be underserving the population.

- Region 1 may be underserving males.
- Regions 2, 5, 6, and 7 may be underserving females.

Statewide Age Group

	Medicaid	Medicaid	DBH	DBH	FACS	FACS	IDJC*	IDJC*	SDE	SDE
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-4	477	3.6%	6	0.3%	83	16.6%	0	0%	NA	NA
5-9	4,363	32.8%	89	5.3%	119	23.8%	0	0%	173	13.5%
10-13	4,221	31.8%	277	16.6%	104	20.1%	22	10.4%	517	40.3%
14-17	4,231	31.8%	1301	77.8%	194	38.8%	189	89.6%	590	46.1%

Children ages 5-9:

- may be underserved in DBH . It is notable that this discrepancy may be due to the target population for DBH services being those in crisis or court ordered.
- may be under identified in FACS and in schools as needing services for ED.

Children/youth ages 10-13:

- may be underserved in DBH. As noted previously, this may be due to the target population being those in crisis or court ordered.
- may be under identified in FACS.

Youth ages 14-17:

- expected prevalence of is 21.4% to 22.2% for a "severe" mental illness.
- may be underserved in less restrictive levels of care as they make up the largest number of children and youth in any age group in DBH, FACS, and SDE.

Additional analysis of the Medicaid services by age based on penetration rates is recommended.

* IDJC percentages are based solely on the 0-17 year-olds although IDCJ serves up to 21 which makes up the total of 266

Medicaid Age Groups Penetration Rate

Ages	Presumed Class Members served	Medicaid Members	Penetration Rate
5-9	4,383	67,315	6.5%
10-13	4,221	46,954	9.0%
14-17	4,231	50,794	8.3%
Total	12,835	165,063	7.8%

The statewide penetration rate for children over the age of 4 is 7.8%

The group with the highest rate penetration rate are 10-13 year olds.

The group with lowest rate penetration rate are 5-9 year olds.

This may indicate that 5-9 year olds are underserved in the Medicaid system as well as DBH and SDE

Total Medicaid Members under the age of 18: by Gender, Age, Race and Region for SFY 2016

Medicaid has provided SFY 2016 data on the total membership in Medicaid under the age of 18 served by age, gender, race/ethnicity and region.

This information will be used to compare the access by presumed class members

More information about the Idaho's Medicaid program can be found at the following link:

- www.medicaid.idaho.gov

Gender	Number	Percent of Medicaid Total
Female	114,319	48.8%
Male	120,179	51.2%
Total	234,498	100.0%
Age Group	**Number**	**Percent of Medicaid Total**
0-4	69,435	29.6%
5-9	67,315	28.7%
10-13	46,954	20.0%
14-17	50,794	21.7%
Total	234,498	100.0%
Race	**Number**	**Percent of Medicaid Total**
American Indian/Alaska Native	4,317	1.8%
Asian	569	0.2%
Black or African American	3	0.0%
Hawaiian or Other Pacific Islander	1	0.0%
White/Caucasian	229,608	97.9%
Total	234,498	100.0%
DBH Regions	**Number**	**Percent of Medicaid Total**
Region 1	29,290	12.5%
Region 2	9,997	4.3%
Region 3	52,048	22.2%
Region 4	48,662	20.8%
Region 5	33,345	14.2%
Region 6	19,178	8.2%
Region 7	41,979	17.9%
Statewide Total	234,498	100.0%

Medicaid PCM by region Compared to Total Medicaid Members by region, SFY 2016

Compared to the distribution of Medicaid members across the state (penetration rate), it appears that for Presumed Class Members under the age of 18:

- Class Members may be somewhat underserved in Regions 1, 3 and 6.
- Class members may be substantively underserved in Regions 2 and 5.

DBH Regions	Number	Percent of PCM Total	Percent of Medicaid	Number of Medicaid Members	Penetration rate
Region 1	1,592	12.0%	12.5%	29,290	5.4%
Region 2	437	3.3%	4.3%	9,997	4.4%
Region 3	2,866	21.6%	22.2%	52,048	5.5%
Region 4	3,189	24.0%	20.8%	48,662	6.6%
Region 5	1,365	10.3%	14.2%	33,345	4.1%
Region 6	1,050	7.9%	8.2%	19,178	5.5%
Region 7	2,793	21.0%	17.9%	41,979	6.7%
Statewide Total	13,292	100.0%	100.0%	234,499	5.7%

Individualized Education Program (IEP)

State	Value
National	13.9%
Idaho	9.3%
Montana	11.4%
Nevada	11.5%
Oregon	13.9%
Utah	12.1%
Washington	12.5%
Wyoming	13.9%

A comparison of Idaho to the states bordering Idaho based on the percent of students participating in an Individualized Education Program (IEP) and designated as special education under the Individuals with Disabilities Education ACT (IDEA)

Data is 2013-2014 data from the ED.gov website

This is not the percent of students who qualify as Emotionally Disturbed (ED)

Idaho is the second lowest percent nationally, with only Texas being lower at 8.6% .

This data should not be interpreted to indicate that children in Idaho are underserved. It is simply a comparison to other states.

Summary of potential areas of unmet need

The following is a summary of the potential areas of unmet need:

- Region 1 may be underserving male Class Members
- Regions 2, 5, 6, and 7 may be underserving female Class Members.
- Class Members may be somewhat underserved in Regions 1, 3 and 6.
- Class members may be substantively underserved in Regions 2 and 5.
- Children ages 5-9:
  - may be underserved in DBH . It is notable that this discrepancy this may be due to the DBH target population being those in crisis or court ordered.
  - may be under identified in FACS and in schools as needing services for ED.
  - 5-9 year olds may also be underserved in the Medicaid system.
- Children/youth ages 10-13:
  - may be underserved in DBH. As noted previously this may be due to the target population being those in crisis or court ordered.
  - may be under identified in FACS.

How is the YES system of care working together to improve outcomes for children, youth and families?

- Establishing a shared vision across all child serving systems

- Enhancing opportunities for youth and family voice

- Developing a Workforce Development Plan

- Using data for decision making
  - Annual update of estimated # of class members
  - Initial evaluation of system capacity and gap analysis

- Implementing cross system quality improvement projects

Cross System Quality Improvement Projects (QIPS)

The Idaho child serving system is in the process of several cross system quality improvement projects including:

- FACS Child and Family Services Program (CFS) Psychotropic Medication Use for Foster Youth Project
- Idaho's Crossover Youth Project

Included in this report is a summary of these existing projects. While these projects are still in process, it is notable that the projects involve cross system collaboration.

Psychotropic Medication Use for Foster Youth Project:

The Family and Community Services (FACS) Child and Family Services (CFS) Program, working with Medicaid, is taking a two-tiered approach to accomplish its goals in the area of psychotropic medication use among youth in foster care.

- First, CFS is conducting an in-depth file review of children currently in foster care with the highest number of psychotropic medications prescribed during the calendar year 2015. The purpose of the file review is to gain an understanding of what is happening in the lives of these children beyond what aggregate data reports may indicate. Examples of questions being used to guide the file review include: What were the circumstances which brought the child into foster care; What are the circumstances surrounding the abnormally high number of psychotropic drugs prescribed to them; and What other services is the youth currently accessing? etc.

- A team of experts is conducting the file review which includes a child psychiatrist, pharmacists, data analysts, and child welfare policy specialists. The team hopes to devise interventions to support social workers, foster parents, birth parents, and youth to be better informed about the implications of psychotropic medication use, as well as possible services and supports available in their communities.

Psychotropic Medication Use For Foster Youth Project:

- Second, CFS is analyzing the use of psychotropic medications at a statewide level. The program is looking at trends and systemic issues found on the entire population of children in Idaho. The team is looking at children who have been prescribed a psychotropic medication but haven't accessed behavioral health services through Optum Idaho. The use of psychotropic medication is also being analyzed in conjunction with outpatient behavioral health services by region, age group, gender, and mental health diagnosis.

- The team hopes to identify the larger variables and systemic issues surrounding the overuse of psychotropic medications and establish strong collaboration practices between Optum Idaho, Medicaid, and CFS to find creative solutions to the issue from a programmatic and logistical perspective.

Note - In a recent article published by Children's Defense Fund (In the Child Watch column on May 22, 2015 by Marion Wright Edleman) "On any given day nearly one in four children in foster care is taking at least one psychotropic medication—more than four times the rate for all children. Nearly half of children living in residential treatment centers or group homes take psychotropic medications. Children in foster care are more likely to be prescribed multiple psychotropic medications at very high doses, although research shows higher doses can result in serious side effects. "

Idaho Youth Crossover Project

- The Idaho Crossover Youth Project (also called the Idaho Capstone Project) was implemented in response to research projects throughout the US that indicate that youth engaged in both the child welfare and juvenile justice systems often experience dire outcomes.

- The short-term goal of the Idaho Crossover Youth Project is to improve outcomes for Idaho's crossover youth by strengthening the integration of the systems working with crossover youth, specifically including the Idaho Department of Health and Welfare (Child Welfare and Children's Mental Health), the Idaho Department of Juvenile Corrections, the State Department of Education, and the courts.

- The long-term goals of the Idaho Crossover Youth Project are:
  - Reduce the number of youth contacts with the Idaho child welfare and juvenile justice systems.
  - Reduce the number of youth who are committed to the custody of the IDJC.
  - Improve educational success for crossover youth.

- The project is an in-depth case file review of 10 or fewer crossover youth as well as an assessment and analysis of the information currently available in the IDHW, IDJC, and court case management systems.

Idaho Youth Crossover Project

- A primary goal of Idaho's Youth Crossover Project is to develop a heightened understanding of the processes and practices/policies that contribute to youth involvement in multiple systems. To make data informed decisions regarding optimizing system integration and thereby improve outcomes for crossover youth, Idaho seeks to:

  - Identify and better understand the pathways of Idaho's dually involved youth.*
  - Highlight key decision points on those pathways.
  - Recognize opportunities to enhance system integration.
  - Recruit key stakeholders necessary to plan and implement interventions that will result in improved outcomes for dually involved youth.

Note:

For purposes of the Youth Crossover Project, the team adopted the following definition of dually involved youth: A person who has at any time during his or her minority had an open child protection case and an open juvenile justice case. The cases need not be open simultaneously.

Personal Health Information (PHI) shared during his project was shred in compliance with HIPAA regulations.

Additional information about the child serving system

The next six (6) slides contain some additional information about the children, youth and families that may used for further analysis

Access to Medicaid Services by PCM
Age, Gender, and Region
SFY 2016

Age	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Region 1			4	2	6	12	12	14	40	33	49	39	53	48	72	49	76	68	69	48	67	76	52	67	52	76	58	84	57	75	53	67	41	61	5	7	766	826
Region 2			1	2	3	1	4	5	8	3	10	13	23	8	23	13	18	25	20	15	14	12	21	15	19	11	18	20	15	20	22	15	14	20	4	2	237	200
Region 3			6	1	8	12	32	26	73	51	90	50	102	85	126	105	137	101	133	82	133	91	134	106	102	126	100	149	101	153	93	126	83	118	16	15	1,469	1,397
Region 4	1		7	6	16	14	48	35	82	70	101	73	123	100	150	112	136	90	133	102	145	111	142	117	136	131	124	154	102	175	107	138	77	104	12	15	1,642	1,547
Region 5		1	2		4	3	15	16	31	17	47	27	52	38	64	43	61	40	71	42	60	36	72	34	59	58	66	65	58	75	60	60	33	47	4	4	759	606
Region 6					7	6	12	13	20	17	37	19	49	35	45	38	42	35	52	41	43	40	43	36	43	40	49	52	41	56	36	39	27	30	3	4	549	501
Region 7			3	3	23	18	35	38	71	51	96	71	122	102	134	106	139	86	139	107	125	94	108	88	110	122	114	117	87	117	82	110	65	81	17	12	1,470	1,323
Total	1	1	23	14	67	66	158	147	325	242	430	292	524	416	614	466	609	445	617	437	587	460	572	463	521	564	529	641	461	671	453	555	340	461	61	59	6,892	6,400

Access to Medicaid Services by PCM Race, Gender, and Region SFY 2016

Race	American Indian/Alaska Native		Asian		White/Caucasian		Total	
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Region 1	25	29			741	797	766	826
Region 2	14	7			223	193	237	200
Region 3	12	15	1		1,456	1,382	1,469	1,397
Region 4	18	13	23	15	1,601	1,519	1,642	1,547
Region 5	8	10			751	596	759	606
Region 6	22	30			527	471	549	501
Region 7	12	14			1,458	1,309	1,470	1,323
Total	111	118	24	15	6,757	6,267	6,892	6,400

Access to Medicaid Services by PCM Ethnicity, Gender and Region SFY 2016

	Not Hispanic or Latino		Hispanic or Latino		Total	
Number	Male	Female	Male	Female	Male	Female
Region 1	766	826			766	826
Region 2	237	200			237	200
Region 3	1,371	1,296	98	101	1,469	1,397
Region 4	1,606	1,511	36	36	1,642	1,547
Region 5	716	558	43	48	759	606
Region 6	545	496	4	5	549	501
Region 7	1,332	1,210	138	113	1,470	1,323
Total	6,573	6,097	319	303	6,892	6,400

Access to Division of Behavioral Health (DBH) Services
Age, Gender, and Region
SFY 2016

AGE	3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		Total	
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Region 1	0	0	0	0	0	1	0	0	0	2	1	0	2	0	1	2	3	1	2	1	6	4	10	6	21	12	17	13	26	12	13	4	102	58
Region 2	0	0	0	0	1	1	0	0	4	2	5	0	0	1	1	1	1	1	6	1	3	4	9	9	9	6	14	6	8	5	7	6	68	43
Region 3	0	0	0	1	1	0	0	0	1	1	1	1	0	2	1	0	5	3	6	3	10	7	10	12	18	23	19	18	25	29	23	9	121	109
Region 4	1	0	0	1	3	0	2	1	5	1	4	0	10	0	2	4	7	2	14	6	14	5	15	13	36	22	38	21	42	29	32	19	225	124
Region 5	0	0	0	0	0	0	1	0	0	0	0	0	2	1	3	0	7	2	7	7	15	8	21	6	32	22	21	22	26	21	19	7	154	96
Region 6	0	0	0	0	0	0	0	0	1	0	2	0	2	1	3	1	6	4	5	3	3	7	5	9	21	11	21	8	16	10	5	2	90	56
Region 7	2	0	1	0	1	1	3	2	0	2	4	5	5	3	8	4	7	3	13	4	16	14	32	15	47	29	49	38	51	28	32	9	271	157
Total	3	0	1	2	6	3	6	3	11	8	17	6	21	8	19	12	36	16	53	25	67	49	102	70	184	125	179	126	194	134	131	56	1031	643

Note: Ages 0-2 were all 0 so were left of the chart

Family and Community Services (FACS): Presumed Class Members Served

(updated to include number of families)

During State Fiscal Year 2016, FACS served 2,559 children and youth in foster care. Given the below criteria, 500 of these children and youth from 342 families were identified as possibly being part of the Jeff D. population. Note: The criteria identified in the Jeff D. Settlement Agreement is not specifically tracked by FACS and therefore the criteria that was utilized was determined using a proxy. FACS is planning to add Jeff D. Criteria to their tracking system in the future.

SFY 2016 Child Welfare Jeff D Population by Age Group

Region	0 - 4			5 - 9			10 - 13			14 - 17			Total	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Children	Families
1	4	6	10	7	4	11	6	7	13	13	13	26	60	47
2	3	1	4	2		2		2	2	6	1	7	15	11
3	11	7	18	22	10	32	14	12	26	22	32	54	130	77
4	13	15	28	16	13	29	9	15	24	22	27	49	130	97
5	8	4	12	11	10	21	11	11	22	16	11	27	82	55
6	4		4	2	4	6	1	4	7	10	7	17	34	22
7	4	3	7	10	8	18	5	7	10	7	7	14	49	33
State	47	36	83	70	49	119	46	58	104	96	98	194	500	342

Note: 1. Children's age was determined based on the date July 1st, 2015.
2. Total Families refers to the number of families that had children removed from their homes.

Source: iCARE, 11/22/2016

Family and Community Services (FACS): Adoptions *

SFY 2016

SFY 2016 Child Welfare Adoptions*						
DHW Region	Age at Removal					Total
	0 - 3	4 - 6	7 - 9	10 - 13	14 - 17	
Region 1	21	8	6	4	2	41
Region 2	9					9
Region 3	22	9	2	3	3	39
Region 4	18	9	7	5	1	40
Region 5	16	7	2	2	1	28
Region 6	8	5	2	1		16
Region 7	8	7	5	1	1	22
State	102	45	24	16	8	195

Note: The information is for all adoptions in SFY 2016. It is unknown if the children reported on this slide are SED or presumed class members, however the number has been included in this report as adopted children are at greater risk of having SED and a percent of these children may also be class members.

Source: iCARE, 11/22/2016

Questions

If you have questions or suggestions about the report, or data included in the report, please contact:

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Definitions:

- **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 who are under the age of eighteen (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. ED refers to a level of an emotional disturbance that causes an inability to learn, inability to build or maintain satisfactory relationships with peers or teachers, inappropriate behavior, pervasive mood of unhappiness, or unreasonable fears

- **IEP:** The Individualized Education Program (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.

- **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 the a child, or youth who is currently receiving publically funded mental health services and who may meet the criteria to be a Jeff D class member based on proxy indicators.

Definitions:

- **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.
- **Plaintiff's**: 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 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.
- **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.

Definitions:

- **System of Care:** An organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of 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