

Executive Summary

of the

Youth Empowerment Services (YES)

Quality Review Pilot

Recommendations

Provided by:

Union Point Group, LLC

for the

Idaho Department of Health and Welfare

Division of Behavioral Health

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Executive Summary

In the fall of 2020 and spring of 2021, the Idaho Department of Health and Welfare's Quality Assurance Department piloted a Quality Review of community treatment for youth and families served in the public behavioral healthcare system. The methodology and results of that effort are laid out in detail in the report, *Quality Review of Youth Empowerment Services (YES)*. For the purpose of this summary a succinct overview of the Quality Review methodology and sampling is provided on the next page.

This document provides:

- a summary of the key recommendations from the Quality Review,
- how the recommendations were established, and
- incremental action steps to address the recommendations.

This document is organized by Recommendation. Each section walks through select file review, interview, focus group, and survey data contributing to each recommendation. Incremental action steps are provided for each recommendation. To be effective and sustainable, these actions need to be connected to ongoing system planning and development activities. These may include the ongoing definition of the goals and actions of the Behavioral Health Authority, and the development of Centers of Excellence.

Key Recommendations:

- 1) Work with diverse youth, advocates and providers to create standards for existing and new care;
- 2) Create and publicly report on care helpfulness, timeliness, dose, and duration standards for existing and new care;
- 3) Address the need for more appropriate care by developing higher intensity, evidence based community treatment services;
- 4) Identify root causes of current, serious concerns about Wraparound care experiences before scaling it further.

Methodology

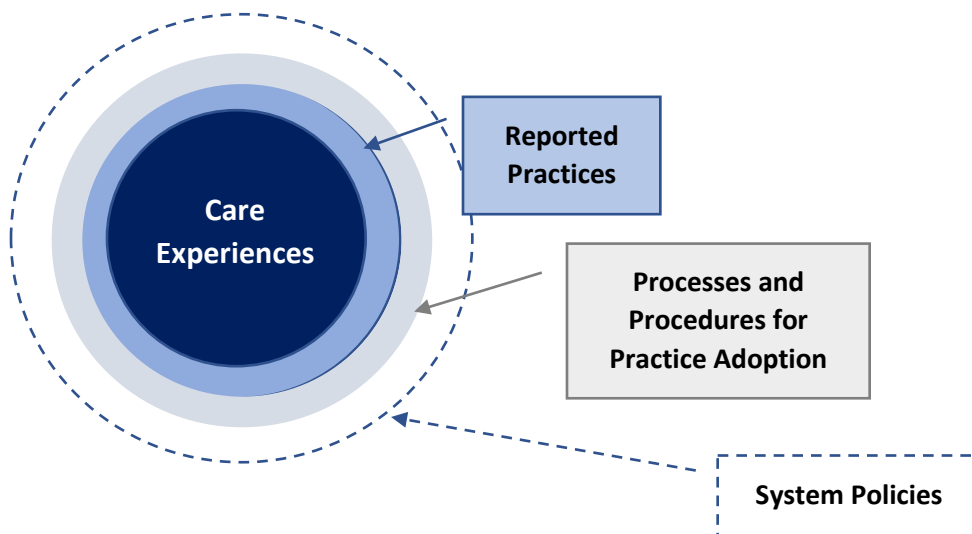
Quality Review Measures.

Care experiences were assessed using a structured interview of the youth and caregivers' most recent episode of care. Three focus groups were also conducted, covering the respondents' most recent episode of care.

Reported practices were rated using a file review system which has been shown to predict care outcomes. Key clinical and care coordination practices were assessed by raters trained to code reliably.

Processes and procedures for YES practice adoption were assessed using an abbreviated version of a measure used across states to identify capability for high quality care. The **care continuum** offered at each agency was assessed using a measure based on Optum Idaho's Provider Manual descriptions of care offerings. **System policies** were assessed indirectly, based on information gathered across methods and informants.

Figure 1. **Assessing the Ecology of Idaho's Youth Empowerment Services**



Sampling Processes.

Interviews and file reviews were conducted with 14- to 18-year old youth who had spent at least six months in care, and their caregivers. Youth had at least two completed CANS assessments at the agency; agencies were among the highest volume providers in their respective region (4, 5, and 7). **Focus group participants** were recruited by the Idaho Federation of Families, and the Department of Health and Welfare. They were convenience samples of participants. **Agency representatives** surveyed were recruited based on an Optum-provided list of providers, which was de-duplicated and cross-referenced with records of providers who had completed CANS assessments in the iCANS system within the past 6 months.

Recommendation #1. Work with diverse youth, advocates and service providers to create helpfulness, timeliness, dose, and duration standards for care.

Evidence Summary. The equity analyses conducted as part of this Quality Review found that diverse youth did not have the same care experience, practices, or outcomes of their majority-culture peers.

Focus groups with parents indicated that there is a segment of parents and youth who consistently have negative experiences with each key process of care (access, assessment, treatment planning, care selection, treatment, crisis prevention and response, and transition from care).

File review data from all sampled youth indicate that their documented care practices are currently inconsistent with best practices and the principles outlined in the YES Practice Manual.

	Minority Youth	Majority Youth
Helpfulness of Access Process	50%	67%
Helpfulness of Care Selection Process	55%	69%
Treatment Hours per Week	0.3	0.6
Sessions with Supporter	12%	26%
90-Day Increase in Strengths	0.1	0.2
90-Day Reduction in Level of Care	0.0	0.8

Despite these findings, **providers reported** having robust quality improvement processes and capabilities in place for the YES program. This is likely due to the lack of explicit, numerical standards for YES care. Without a numerical standard for comparison, providers cannot identify the extent to which they meet or fall short of the practice and outcome targets expected of them.

Actions to Consider.

- Engage diverse stakeholders to create care standards. Only with their full participation will more inclusive, appropriate standards for performance be crafted. Work with them to identify needed supports for full participation. These may include participation options outside of traditional business hours, ready availability of interpreters, translation of workgroup documents into multiple languages. Provide all necessary supports for diverse voices' full participation.
- Check with key stakeholders between scheduled meetings, in order to insure that voices are being heard and represented. Persons who do not have a history of system-level advocacy may be unsure of how to best participate, and leery of consequences for what they may say or do.
- Elicit care standards both in terms of numerical benchmarks for care practices, and the desired experience of care.
- Consult with experts with a history of working successfully with both advocates and system employees in order to create standards that are written in clear, non-technical language and are easily assessed and tracked.

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Recommendation #2. Publicly report on care helpfulness, timeliness, dose, and duration standards for existing and new care.

Evidence Summary. Youth, families, and providers all indicated that greater transparency is needed to be able to work together in a trusting, collaborative manner. **Families and youth reported** having little information about access to care, and great frustration with the process of matching care to their specific goals and needs.

Providers reported that the development of the continuum of care needs to be more inclusive and transparent. Evidence that the system is developing in a transparent, rational manner requires clear care standards and public tracking of performance on those standards over time.

State and local administrators greatly benefit from having up-to-date care information publicly available and at their fingertips. A State of Oregon auditor's report noted that Washington's public data "has allowed the state to identify service gaps in the mental health system to inform legislative requests aimed at improving access for under-served populations" (Oregon Secretary of State Auditor's Report, 2020, p. 20-21).

California, another neighboring state, has created automated, public dashboards that provide county- and state-level data on care access, engagement, duration, and intensity. These efforts help foster buy-in to the system and provide families, advocates and providers with information about how their county and state are developing an accessible continuum of care.

Actions to Consider.

Care reporting needs to:

- be based on care standards that explicitly achieve the YES Principles of Care and Practice Model, per families, advocates and providers;
- show people the link (using data) between care practices and youth and family experiences;
- use data which are regularly updated so that decisions can be made based on current performance;
- be easily accessed by the public.

"...State agencies and departments develop meaningful, measurable methods to monitor system improvements and outcomes."

- YES Principles of Care
("Outcome Based")

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helping systems help people.

Recommendation #3. Develop higher intensity, evidence-based community treatment services.

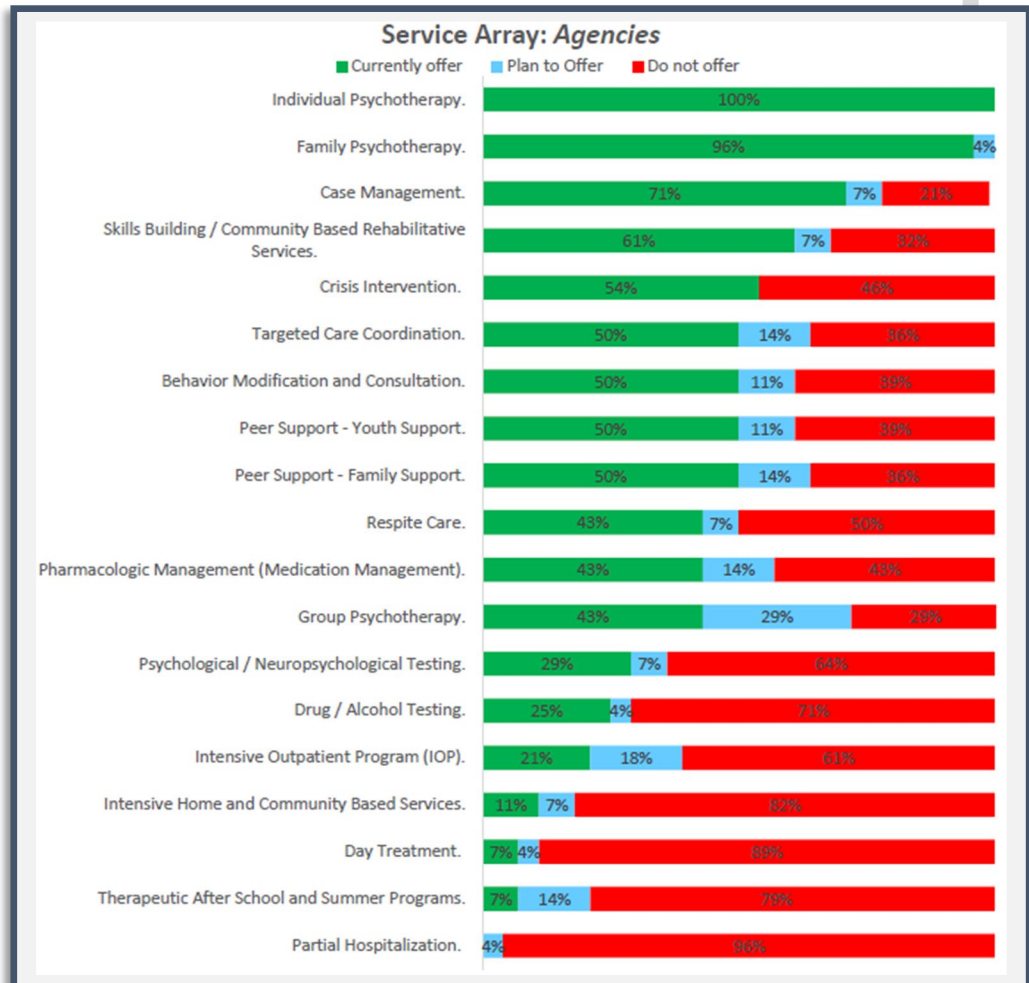
Evidence Summary. Forty percent of youth who completed an Initial CANS during the Quality Review sampling period had needs identified as Level 2 or Level 3.

Per the **provider survey** results (see Service Array table), the current continuum of care has not yet developed an array of readily available, high-intensity treatment options for these youth. **Youth and caregivers interviewed** remarked on the lack of fit between their needs and services offered, including both the intensity of care available and the specialization of that care. **Interview and file**

review data indicated that youth and caregivers experience behavioral health crises at fifteen times the rate reported by treatment providers.

Actions to Consider.

- Identify the types of clinical and functional needs experienced by youth qualified for Level 2 and Level 3 services;
- Analyze current treatment intensity of youth by clinical subtype and quantify the types of intensive services needed to be developed;
- Work with Idaho’s Medicaid and their Managed Care Organization to reduce duplication of clinical processes by different providers during the same episode of care;
- Create statewide standards for crisis prevention, detection, and care review;
- Monitor crisis care and develop incentives for effective crisis care.



Recommendation #4. Identify root causes of current, serious concerns about Wraparound care before scaling it further.

Evidence Summary. **Wraparound participants** included in this review experienced modest improvements in functioning, risk behaviors and strength development. However, their reported experience of Wraparound care identified substantial room for improvement in Wraparound practice.

Similarly, **file reviews** of Wraparound practice identified that though some benchmarks are met (such as monthly CFT meetings), care coordinators do not appear to engage multi-sector and community stakeholders. These stakeholders are critical to creating an experience of a coordinated, youth and family-driven system as outlined in the YES Principles of Care and Practice Model.

Furthermore, the lack of intensive community treatment services can create an experience of additional family burden. Families may attend Wraparound meetings, and engage with the Wraparound care coordinator between meetings, without a corresponding increase in access to individualized, high-intensity treatment options. The file review data indicate that, on average, youth receive one-seventh of the treatment hours identified for intensive outpatient treatment (about 45 minutes of treatment per week versus six hours of treatment per week as specified in the Intensive Outpatient Program, per the Optum Provider Manual).

Actions to Consider.

- Identify ongoing feedback mechanisms for families and youth to describe and rate the helpfulness of Wraparound care received;
- Clarify initial training and ongoing coaching requirements of Wraparound care coordinators: create position requirements and track care coordinator fulfillment of these requirements;
- Clarify care coordination quality standards, in terms of treatment procured and stakeholders engaged;
- Identify system and practice interventions needed to improve cross-sector stakeholder and natural support engagement in Wraparound;
- Formalize mechanisms for cross-sector care review and joint action for youth with the most complex needs;
- Prioritize roll-out of Wraparound training and coaching at agencies with a demonstrated ability to provide intensive outpatient treatment.

“[We are] still in Wraparound, though they haven't met for awhile, and still receiving counseling in [the] community, though not for awhile.”

-Parent of Youth in Wraparound

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Related Reports and References.

Full Report.

State of Idaho, Department of Health and Welfare (2021, Spring). *Pilot Quality Review of Youth Empowerment Services*. Boise, ID: Author.

Briefs.

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Optum Idaho (2020, January). *Optum Idaho Provider Manual* (ID-304-2019_01/2020). Boise, ID: Author.

State of Idaho, Department of Health and Welfare (2019). *Youth Empowerment Services Practice Manual*. Boise, ID: Author.

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