Youth Empowerment Services

Idaho's YES Quality Review

IDAHO DEPARTMENT OF
HEALTH & WELFARE

6-30-2022

Idaho's YES partners use a Quality Review (QR) process to assess and evaluate current clinical practices within the YES service system, based upon the YES Principles of Care and Practice Model (POCPM). The QR process is an interactive learning process allowing the YES partners to discover what is working and what is not working in practice and why. The primary areas of focus are access, engagement, appropriateness, effectiveness, and linkage to other services. The QR process uses the intensive review of a small number of cases to identify systemic barriers to care and actionable solutions.

The Purpose of QR

The purpose of QR is to improve clinical practice for families and children through:

- Objective systemwide assessment of clinical practice and program effectiveness

- Identification of program strengths and needs

- Development of actionable clinical data/information- concrete and specific around changes in practice (the why things happen- for example limited access to care – for example - limiting intake hours, providers know that certain services aren't available)- capacity- incentives, contracts limits at clinical level.

- Note: QR is not an audit. It is not a tool used for compliance

The QR protocol assesses the character and quality of the interaction between helping professionals and children, youth and families. The items in this review assess a series of decisions and processes which lead to the achievement of an individual's functional improvement, symptom reduction and strength development goals.

Building on periodic Quality Management Improvement and Accountability (QMIA) reports, the review has three primary data sources which it uses to identify effective practices:

- CANS[1]-based ratings of treatment needs and outcomes
- File review data on day-to-day treatment and care coordination practices
- Multi-level stakeholder data on individual and organizational supports for effective care

CANS data are captured electronically in the iCANS[2] electronic record system. All CANS Assessments, Reassessments / Assessment Updates and Discharge Assessments for a given episode of care are printed from the iCANS system and attached to the YES-QR ratings.

File review data are obtained by careful rating of individual encounter notes in a child or youth's file. Protocols for file review and encounter coding sheets are provided in a Rater Manual. Multi-level stakeholder data are obtained through interviews, surveys and discussion group facilitation.

The quality review is organized by the flow through care, and what care each type of practitioner provides. There are separate sections in the QR dedicated to understanding the practices of care coordinators, therapists or other treatment providers, and family and youth support providers. This organization parallels the layout of the Practice Manual adopted by the state of Idaho for YES service recipients, which focuses on understanding performance at key, sequential decision points in care. This organization allows us to identify when certain interactions lead to negative, neutral, or positive treatment trajectories and outcomes.

---

[1] CANS is the Child and Adolescent Needs and Strengths assessment used by Idaho's children's mental health system.

[2] iCANS is the electronic, Internet-based system used to administer and manage CANS assessments in Idaho.

Targeted Review Indicators:

Access: Opportunity to be identified, screened, and initially get access to needed services; services availability in urban, rural, and frontier settings; equitability of access by race/ethnicity and-or gender; timeliness of access; care and case management availability and effectiveness; system barriers, including unavailability of categories of services, or levels or acuity of care.

Engagement: Degree to which the child and family or those supporting the child and family are involved in assessment processes, teaming with formal and informal supports, assessing strengths and needs, establishing goals, selecting care; the youth and family's personal experience of the system of care, including treatment and transitions.

Appropriateness: Services provided based on the youth's and family's individualized strengths and needs; services needed but not provided; timeliness of, and distance to care; adjusting care based on clinical progress; availability and use of prevention measures including respite and flexible home and community-based services; crisis planning, and care provided to individuals that may need crisis care.

Effectiveness: Care outcomes such as strength development, change in risk to self or others, changes in impairment and level of care; indicators of system outcomes such as reduced delinquency, avoided foster placements, success in school, reduced institutionalization; adoption and use of evidence-based or evidence-informed care.

Linkages: Transition process for those leaving care or moving to a different level of care; clear, achievable, and timely goals and plans for transition; coordination among formal and informal supports and agencies; effective communication among team members

System gaps or strengths: Clear written protocols, policies, and standards; uptake of YES principles and policies; service gaps; administrative and financial barriers to care; workforce education, training, and supervision issues that impact care.

QR Process:

<u>Case selection:</u>

Cases are randomly selected using the following criteria:
- Service provided to children/youth by agencies from several of the seven regions or all regions
- Children and youth with an initial CANS and at least 1 update within 90 days with overall rating of 2 or 3 on the CANS which are provided within a specified timeframe
- Cases chosen allow comparison between children and youth who get adequate care and those that don't through methodology of assessing providers with better outcomes vs providers with less positive outcomes

6-30-2022
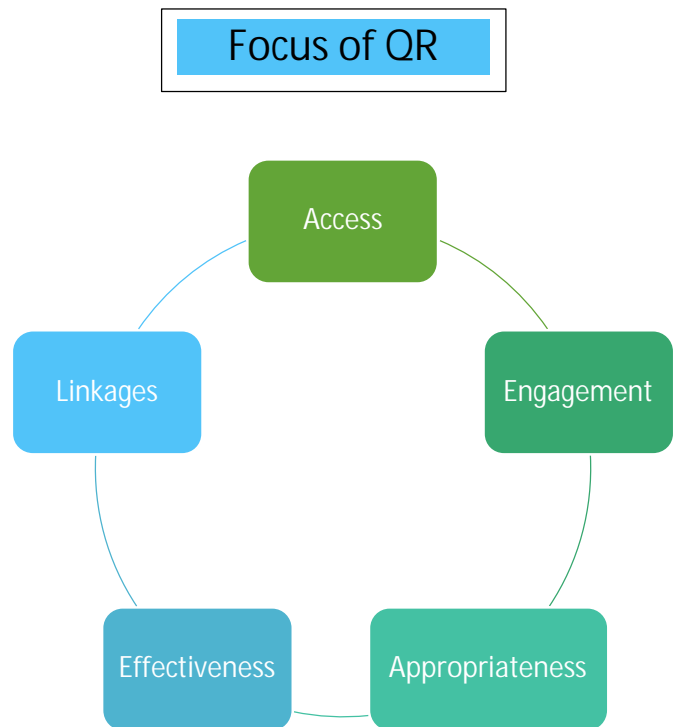
- Additional criteria may be chosen in the future such as
  - Children or youth in institutional care or who have been in institutional care previously
  - Children or youth with multi-system involvement
  - Children with high needs who may not be receiving care, including children served by juvenile justice, education, foster care, substance use or developmental disabilities agencies, LGBTQ or homeless youth

<u>Child, youth, and Family Interviews</u>:

Interviews with children or youth and their families who agree to participate in the process, Child and Family Team (CFT) members as identified by the youth or family, and others associated with the Class Members who might have relevant information about the Class Members' experience of care.

<u>File reviews</u>:

Record reviews of service provided based on objectives noted – using CANS or treatment planning info

<u>Clinician and supervisor interviews</u>:

Interviews with clinicians and their supervisors to assess what actually happened in practice

<u>Case summaries</u>:

Case summaries of information gathered for a QR are provided to the participating agencies

<u>Reviewers</u>:

Evaluation of the case samples through interviews and record review will be completed by trained team of reviewers, (for SFY 2022 this will be the DBH QA team) and includes an independent, neutral monitor. The team undergoes training and testing to assure inter-rater reliability. Independent neutral monitor will listen to at least one call by each review team, and will review at least one case record review by each reviewer to strengthen consistency.

Scoring Protocol

There are two primary types of ratings in this review. They are presence / absence of an event or characteristic, and the quality of the interaction during an event. The first, presence or absence of a characteristic, is typically based on whether an encounter has been recorded, a document signed, or a timeliness deadline met.

The second type of rating refers to the quality of an interaction. Consistent with YES principles of care, we rate the extent to which the interaction is a collaborative exchange between a professional and family member or youth. Collaborative interactions are more likely to reflect a working therapeutic alliance, and family- or youth-directed care. The quality of an interaction is rated on this four-point scale:

3: Documenter describes how their collaborative process, and the family's response. Must include <u>both</u> the description of what the documenter did, and the family's response.

2: Documenter describes their collaborative process but does not provide the youth or caregiver response to that process. OR only the family's response is described, and not what the documenter did to evoke that response.

1: Documenter uses a term that refers to the process, but the process is not described. OR a description of a process that has a serious flaw and is clearly not collaborative.

6-30-2022

0: No documented evidence that this collaborative process has occurred.

Each specific interaction's scoring anchors are defined in terms of how we would expect collaboration to look in that interaction. Rather than focusing on a particular phrase or element, reviewers will be encouraged to to refer back to this more general rating heuristic.

Quality Improvement Process:

Quality Management Improvement and Accountability (QMIA) Council, Interagency Governance Team (IGT), YES Sponsors, and YES Agencies will utilize QR results to help identify best practices and promote quality improvement through a continuous quality improvement cycle (see below) in clinical practice and program performance by:

- Providing feedback of clinical and program experience and data to clinicians, supervisors, and managers
- Identifying effective treatment practices and teaching those practices to clinicians, supervisors, and managers;
- Identifying "lessons learned" from the QRs with recommendations regarding steps to be taken, to improve clinical and program quality.

Results of the QR are also presented to Department of Health and Welfare Administrators, the Director of Idaho Department of Juvenile Corrections (IDJC) and Idaho State Department of Education (SDE), the YES Interagency Governance Team (IGT), child and family advocates, and other community stakeholders.
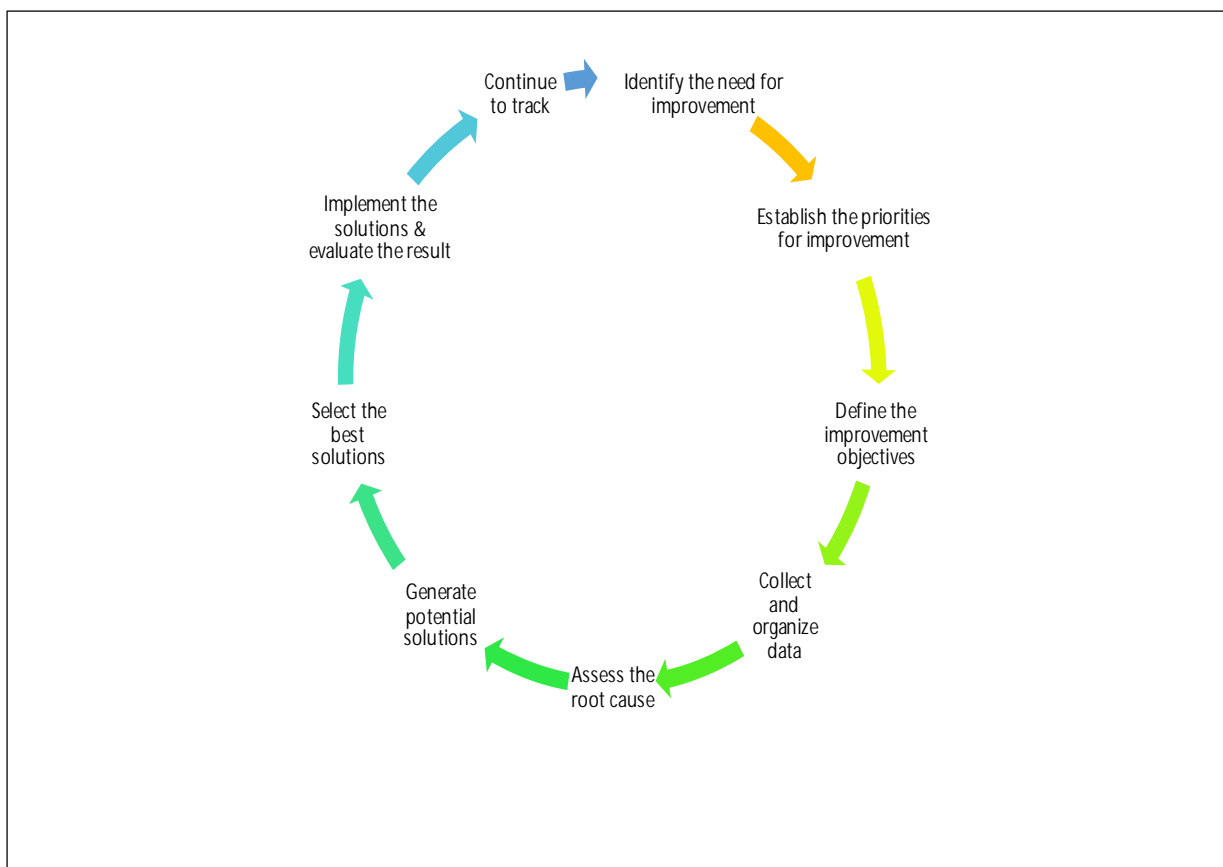
File Review.

Israel, N. (2022). File Review Rater's Guide *for* Idaho Department of Health and Welfare. Boise, ID.

Israel, N. (2022). File Review Tool *for* Idaho Department of Health and Welfare. Boise, ID.

Interviews.

Israel, N. (2022). Caregiver Interview Tool *for* Idaho Department of Health and Welfare. Boise, ID.

Israel, N. (2022). Clinician Interview Tool *for* Idaho Department of Health and Welfare. Boise, ID.

Israel, N. (2022). Youth Interview Tool *for* Idaho Department of Health and Welfare. Boise, ID.

Focus Groups.

Israel, N. (2022). Focus Group Facilitator's Guide: Caregiver Interviews *for* Idaho Department of Health and Welfare. Boise, ID.

Israel, N. (2022). Focus Group Facilitator's Guide: Youth Interviews *for* Idaho Department of Health and Welfare. Boise, ID.

Israel, N. (2022). Focus Group Data Collection Tool: Caregivers *for* Idaho Department of Health and Welfare. Boise, ID.

Israel, N. (2022). Focus Group Data Collection Tool: Youth *for* Idaho Department of Health and Welfare. Boise, ID.

Self-Assessment.

Israel, N. (2022). Provider Self-Assessment Tool *for* Idaho Department of Health and Welfare. Boise, ID.