



Quality Management Improvement & Accountability

Quality Management Improvement & Accountability (QMIA)

Quarterly Report

Issue # 10 – July 2019



About this Report & Table of Contents

January 1- March 31, 2019

About This Report: The Youth Empowerment Services (YES) Data and Reports Committee is pleased to present the Quality Management Improvement and Accountability Quarterly Report (QMIA-Q). The report is a requirement of the Jeff D. Settlement Agreement and is a critical aspect of the YES project. The QMIA-Q report is assembled with information about children, youth, and families in Idaho and from data collected by the Department of Health and Welfare's Divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS), as well as the Idaho Department of Juvenile Corrections (IDJC), and the Idaho State Department of Education (SDE).

The goal of YES is to develop, implement, and sustain a family-driven, coordinated, and comprehensive children's mental health delivery system. This enhanced system will lead to improved outcomes for children, youth, and families; this quarterly report is one tool being used to monitor and evaluate progress toward achieving these goals.

The QMIA-Q reports will focus on statewide and regional-level data and information to provide stakeholder groups insight into the child-serving system in Idaho, including: Profiles of Idaho's youth, workforce development, access and barriers to care such as gaps in services, youth and family experience and engagement, appropriate use of services, effectiveness of services and quality improvement projects.

The QMIA-Q 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 MedicaidSEDPprogram@dhw.idaho.gov.

Table of Contents

- 1 How are Children, Youth and Families Accessing YES?
- 3 Who Met YES Eligibility Criteria?
- 6 Who We're Serving: The Division of Behavioral Health
- 8 Who We're Serving: The Division of Medicaid
- 10 Supporting the Workforce: CANS Certifications & Trainings
- 12 Youth and Family Experiences: Perception of Care
- 14 Glossary
- 15 Appendix A: Agency Regional Maps
- 16 Appendix B: Presenting Concern Category Descriptions

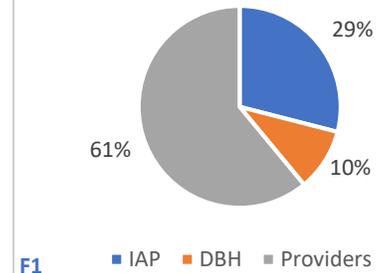


How are Children, Youth and Families Accessing YES?

January 1- March 31, 2019

There are currently three access points within YES where a youth may have an initial Child Adolescent Needs and Strengths (CANS) completed: The Independent Assessment Provider (IAP) Liberty Healthcare, the Division of Behavioral Health (DBH), or with a Medicaid/ Optum Network community provider. **During this reporting period, a total of 1,576 initial CANS were completed for 1,539 youth.** It is important to note that all youth will receive an "Initial CANS" regardless whether they are new to services or an existing client. The designation of "Initial CANS" indicates a youth's first CANS assessment with an assessing agency. It is also important to note that some youth had an initial CANS completed by more than one assessing agency during this reporting period.

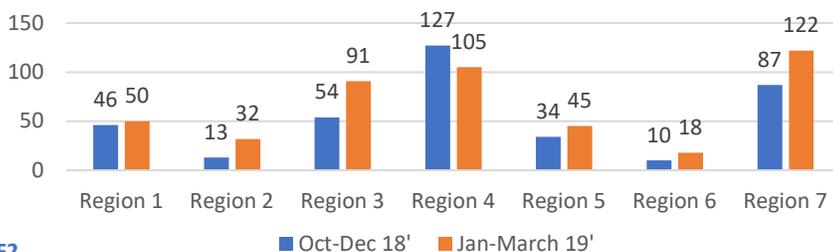
Initial CANS by Assessing Agency



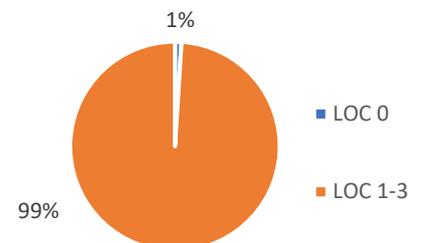
The Independent Assessment Process

To increase access to services, Medicaid eligibility was extended for YES program members with family incomes from 150-300 % of the federal poverty level. A youth who does not have Medicaid coverage, or has Medicaid coverage and would like to access Agency Respite services will be referred to the Independent Assessment Provider (IAP), Liberty Healthcare. The Independent Assessment Provider will complete a Comprehensive Diagnostic Assessment (CDA) and use the CANS tool to determine Youth Empowerment Services eligibility. **During this reporting period, 463 youth had an initial CANS completed through the IAP.** Of these 463 youth, 6 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible for YES. Information about youth who received a LOC of 1-3 will be detailed in the next section of this report. The IAP also completed an update CANS for 7 youth during this reporting period.

Initial CANS Completed by Liberty (#)



Liberty Initial LOC Determination



*Initial CANS only Jan-March

Youth Eligible for Medicaid Coverage: Youth who are determined to be eligible for YES by the IAP and who do not already have Medicaid coverage will be referred to the state's Self Reliance program to apply for Medicaid benefits. More information about Medicaid-eligible youth has been provided in the Medicaid Services section of this report.

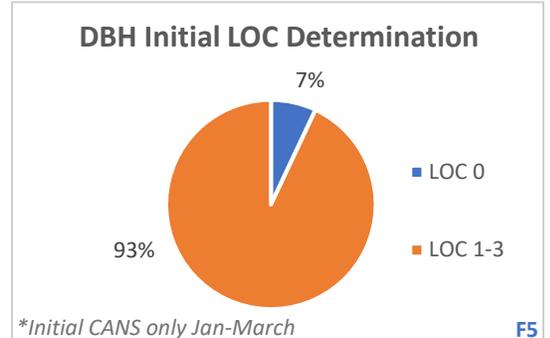
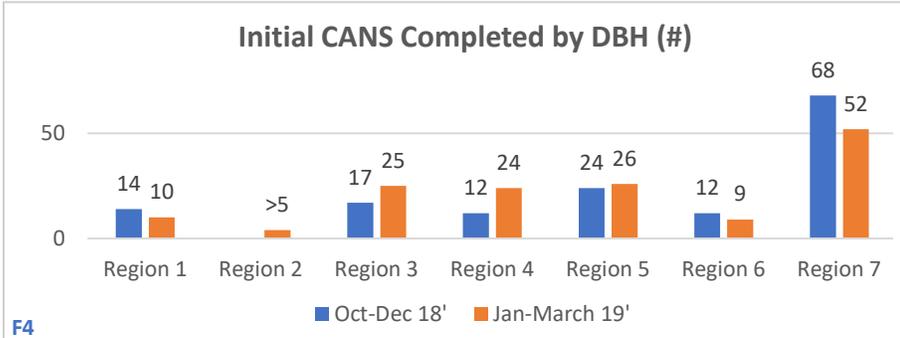
All youth who have been found to be YES- eligible through the Independent Assessment process, are YES Medicaid-eligible, and/or would like to access Agency Respite services will have a **person-centered service plan**. DBH currently works with families to complete these plans. Regional information on new referrals received during the reporting period has been provided in **Table 1**. Data regarding plans completed during this period is not available at this time.

Table 1: Person-Centered Service Plans

Region	New Referrals	% of Total
Region 1	42	10%
Region 2	26	7%
Region 3	74	19%
Region 4	87	23%
Region 5	41	11%
Region 6	18	5%
Region 7	95	25%
State	383	100%

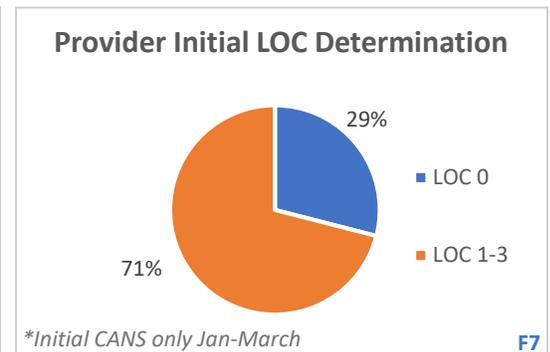
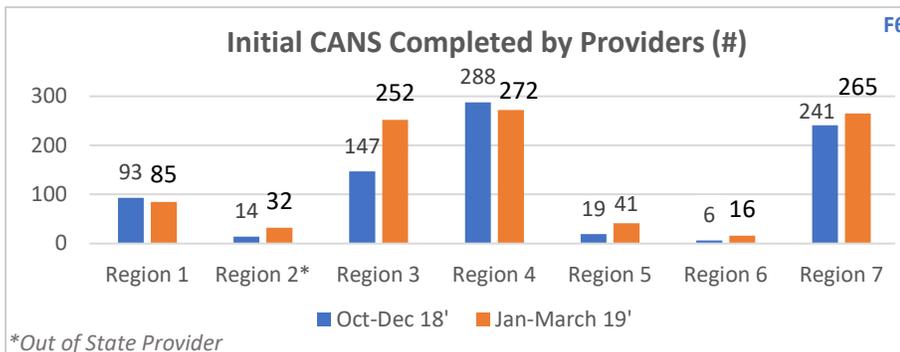
CANS Completed by the Division of Behavioral Health

Youth who receive a CANS through the Division of Behavioral Health (DBH) are typically youth who are involved in court-ordered services, are enrolled in a wraparound program, or are not Medicaid-eligible. **During this reporting period, 150 youth had an initial CANS completed through DBH.** Of these 150 youth, 10 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible for YES. Information on youth who received a LOC of 1-3 will be detailed in the next section of this report. DBH also completed 152 update CANS and 80 transition (discharge) CANS during this reporting period.



CANS Completed by Community Providers

Youth who receive a CANS through a community provider are youth who are Medicaid-eligible. **During this reporting period, 963 youth had an initial CANS completed through a community provider.** Of these 963 youth, 279 received a CANS recommended Level of Care (LOC) of 0 and were therefore not eligible for YES. Information on youth who received a LOC of 1-3 will be detailed in the next section of this report. It is important to note that some youth had an initial CANS completed by a community provider as well as another assessing agency during this reporting period and to avoid duplication will only be represented once in the report sections to follow. It is also important to note that use of the CANS tool is not mandatory for Medicaid/ Optum providers until July 2019. Community providers also completed 665 update CANS and 28 transition (discharge) CANS during this reporting period.



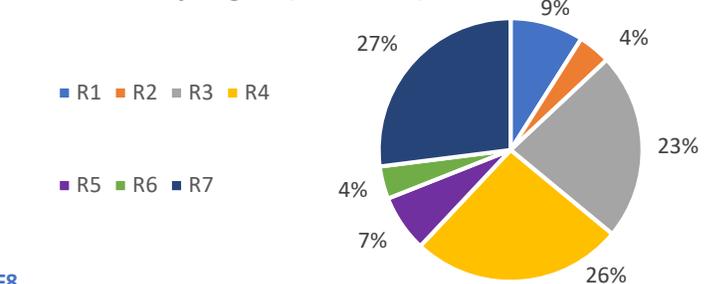
Statewide: Initial CANS Completed by Region

Of the 1,539 youth who received an initial CANS assessment within the reporting period, over 60% were in Regions 3, 4 and 7. Regions 2 and 6 had the lowest percentages of CANS completed.

Level of Care information for these youths has been provided below and will be detailed in the section to follow.

LOC 0	LOC 1	LOC 2	LOC 3
19%	39%	15%	27%

Initial CANS by Region (% of Total)





Who Met YES Eligibility Criteria?

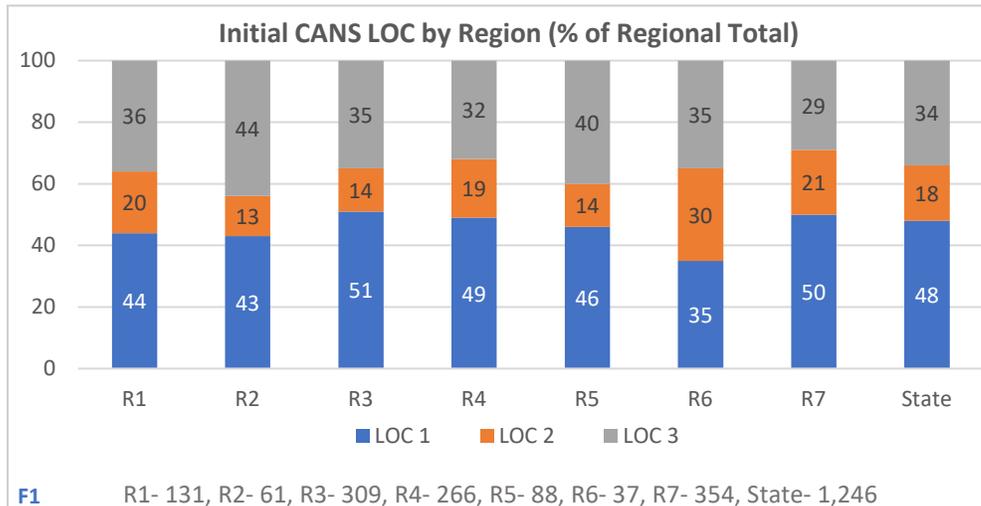
January 1- March 31, 2019

Eligibility for the YES program is determined by a qualifying mental health diagnosis and a recommended level of care (LOC) of 1-3 on the Child Adolescent Needs and Strengths (CANS). Reviewing information about the youth who have screened in as eligible can help us better understand the youth and families we are serving as well as identify potential population gaps. This section will provide information about the **1,246** youth who received a recommended LOC of 1-3 on their initial CANS during the reporting period. These CANS were completed by either the Independent Assessment Provider (IAP), the Division of Behavioral Health (DBH), or a Medicaid/Optum contracted community provider.

Recommended Levels of Care

1	SED identified. Services should be coordinated, but functioning is stable
2	SED identified. Youth may be involved in multiple systems and require extensive service collaboration
3	SED identified. Youth is considered to have high treatment needs and is at risk of out-of-home placement

Recommended Levels of Care (LOC)

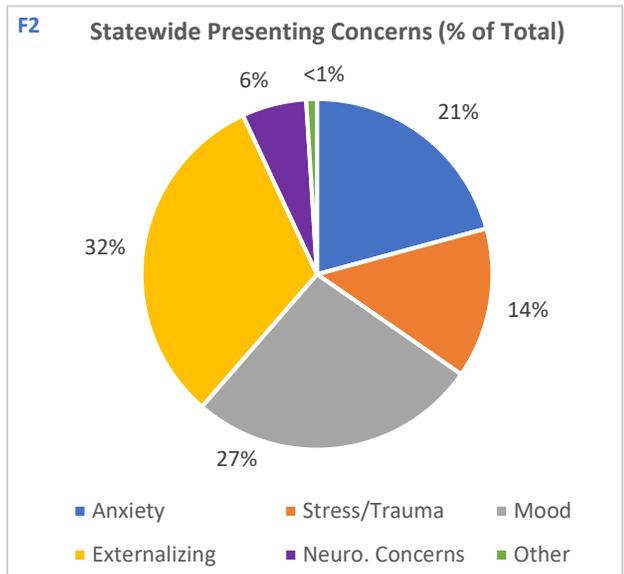


Overall, the majority of the youth statewide who had a CANS completed during this reporting period received a recommended LOC of 1. Regional variances in all recommended levels of care were minimal. Region 7 had the lowest percentage of CANS with a LOC of 3 and almost the highest percentage of CANS with a LOC of 1. Region 6 appears to be an outlier with an even distribution of all LOC outputs, however it is important to note that Region 6 has the smallest sample size in this data set.

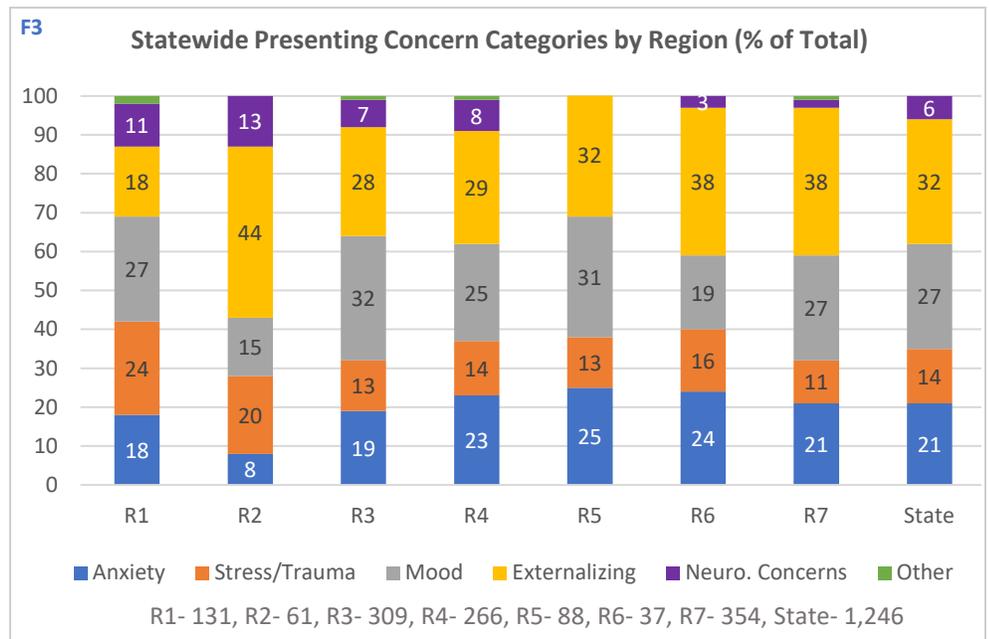
Presenting Concerns: Primary Diagnoses

The primary diagnosis for each of the youth who had an initial CANS completed within the reporting period has been placed into one of five presenting concern categories: *Anxiety, Stress or Trauma, Mood, Externalizing, and Neurological Concerns*. These categories allow for a high-level view of the concerns youth are presenting with, both statewide and by region. Information about the presenting concern categories such as which diagnoses are grouped into which category can be found in Appendix B of the full report.

Statewide, it appears that the majority of youth who had an initial CANS completed during this period presented with a primary diagnosis in the Externalizing category, followed closely by the Mood category. Presenting concern categories Anxiety and Stress/Trauma appear to be less prevalent, however a significant percentage of youth were represented. Regional presenting concern information has been included on the following page of this report.



When viewing the presenting concern categories by region, there are some similarities as well as significant variations. Regions 3, 4, 6 and 7 appear to be fairly similar to the overall state presentation. Regions 1 and 2 saw a higher percentage of youth with a primary diagnosis in the Stress or Trauma category. Region 2 also saw the highest percentage of youth with primary diagnoses in the Externalizing category, but a much lower percentage of youth with a primary diagnosis in the Mood category. It is again important to note the vast differences in numbers of youth served in each region and interpret the data with this in mind.



CANS Indicators for Measurement

Some of the core goals of YES are to keep youth safe, in their own homes, in school, and to avoid delinquency and commitment to the juvenile justice system to receive needed mental health services.

The QMIA Data and Reports Subcommittee spent several months developing a method to determine how these goals can be measured and monitored. Currently, there isn't a mechanism within the YES system available to directly measure these elements. With support from the Praed Foundation, the following CANS items were selected to serve as proxy measures for monitoring and reporting on these goals. The below items were initially identified by DBH Quality Assurance staff with guidance from the Data and Reports Subcommittee, vetted through Idaho CANS Subject Matter Experts, and reviewed by the Praed Foundation.

The following tables include the 11 CANS items that will be used initially for measuring and monitoring the goals identified above. It is expected that this list will evolve over time as we learn more about the CANS and the youth that we are serving, and to introduce *Strengths* items. For the 1,246 youth with an initial CANS during this reporting period, these tables show the percent of youth who identified the need as actionable (rating of 2 or 3 on the item).

SAFE CANS ITEM	Youth with Actionable Need (%)			
	LOC 1	LOC 2	LOC 3	ALL
Suicide Watch: This rating describes both suicidal and significant self-injurious behavior. This item rates thoughts and efforts on the part of a child or youth to end their life.	3%	7%	21%	10%
Non-Suicidal Self-Injurious Behavior (Self-Mutilation): This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the individual.	5%	4%	24%	11%
Other Self-Harm (Recklessness): This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy.	3%	7%	33%	14%
Runaway/Flight Risk: This item describes the risk of running away or actual runaway behavior.	1%	2%	16%	6%
Danger to Others: This item rates the individual's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.	4%	17%	49%	21%

For the items identified to represent and measure if youth are **safe**, it appears that the item identified the most by youth and families as a concern was *Danger to Others*. As expected, youth with a LOC of 3 on the CANS had the highest percentage for this item, with almost half of the youth in this LOC endorsing *Danger to Others* as an actionable need. There appears to be a significant increase in percentage of endorsement with all items in the safe category from youth with a LOC 1-2 to youth with a LOC of 3.

AT HOME	Youth with Actionable Need (%)			
CANS ITEM	LOC 1	LOC 2	LOC 3	ALL
Living Situation: This item refers to how the Individual is functioning in the Individual's current living arrangement, which could be with a relative, in a foster home, etc.	19%	38%	55%	34%
Family (Life Functioning Domain): This item rates the individual's relationships with those who are in their family (who the individual describes as their family).	43%	76%	77%	60%

For the items identified to represent and measure if youth are **at home**, or living at home status is at risk, the item identified the most by youth and families as a concern was *Family*. Youth with both a LOC of 2 and 3 on the CANS had a high rate of endorsement for this item, with over 2/3 of youth in both LOCs endorsing *Family* as an actionable need.

IN SCHOOL	Youth with Actionable Need (%)			
CANS ITEM	LOC 1	LOC 2	LOC 3	ALL
School Attendance: This item rates issues of attendance in school. *66 CANS had N/A indication for this item, sample for this item is 1,180.	11%	22%	33%	20%
School Behavior: This item rates the behavior of the individual in school or school-like settings. *74 CANS had N/A indication for this item, sample for this item is 1,172.	24%	43%	61%	40%

For the items identified to represent and measure if youth are **in school**, or in school status is at risk, the item identified the most by youth and families as a concern was *School Behavior*. Youth with a LOC 3 on the CANS had a high rate of endorsement for this item, with over half of youth with the LOC of 3 endorsing *School Behavior* as an actionable need.

JUVENILE JUSTICE	Youth with Actionable Need (%)			
CANS ITEM	LOC 1	LOC 2	LOC 3	ALL
Legal Issues: This item indicates the individual's level of involvement with the juvenile justice system.	10%	14%	28%	16%
Delinquency: This item includes both criminal behavior and status offenses that may result from individual failing to follow required behavioral standards. If caught, the individual could be arrested for this behavior.	3%	8%	20%	9%

For the items identified to represent and measure if youth are involved or at risk of being involved in the **Juvenile Justice** system, the item identified the most by youth and families as a concern was *Legal Issues*. Youth with a LOC 3 on the CANS had the highest rate of endorsement for this item, doubling the percentage identified by youth with a LOC of 2.

CANS Item	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	State
Suicide Watch	5%	7%	7%	14%	22%	22%	8%	10%
Non-Suicidal Self-Injurious Behavior (Self-Mutilation)	14%	8%	13%	11%	14%	14%	8%	11%
Other Self-Harm (Recklessness)	8%	7%	19%	22%	9%	14%	9%	14%
Runaway/ Flight Risk	10%	3%	5%	10%	10%	11%	3%	6%
Danger to Others	14%	31%	27%	23%	22%	14%	17%	21%
Living Situation	51%	48%	24%	37%	22%	38%	38%	34%
Family (Life Functioning Domain)	67%	75%	56%	59%	49%	59%	66%	60%
School Attendance*	14%	16%	18%	19%	24%	27%	26%	20%
School Behavior*	40%	66%	38%	46%	41%	41%	34%	40%
Legal Issues	15%	15%	10%	21%	34%	24%	15%	16%
Delinquency	8%	8%	6%	12%	15%	3%	9%	9%

R1- 131, R2- 61, R3- 309, R4- 266, R5- 88, R6- 37, R7- 354, State- 1,246 *School item percentages adjusted for N/A responses

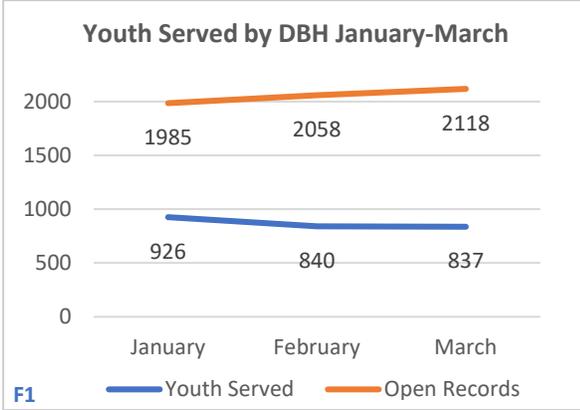
Table 1 shows the percentage of youth in each region who identified the CANS indicator items as an actionable need. This percentage was calculated against each region's total number of initial CANS completed. There are some significant variations between regions as well as when comparing the regions to the overall state presentation, however *Family* appears to be the most frequently identified item regionally and statewide.

With these initial items identified, the QMIA Data and Reports Subcommittee is planning to develop a method to monitor outcomes by measuring change in item endorsement over time. This analysis and progress toward achieving positive outcomes will be included in future reports.



Who We're Serving: The Division of Behavioral Health January 1- March 31, 2019

The Division of Behavioral Health (DBH) has traditionally provided services to youth in one of the three circumstances: crisis, youth involved in court-ordered services, and voluntary clients who are not Medicaid-eligible. With the implementation of Youth Empowerment Services, DBH has taken on additional roles: person-centered service planning for youth who are newly Medicaid-eligible or would like access to respite services, and Wraparound. Figure 1 shows the number of youth served by DBH staff in the months of January, February and March. The orange line indicates the number of youth records open, while the blue line indicates the youth was served within the month as determined by case notes. Many of the youth represented only in orange are youth who received a Person-Centered Service Plan from DBH and received services through a community provider. These youths are categorized under client type 'YES' below. Completion of the person-centered service plans will be transitioning from DBH to the Optum Idaho network in the upcoming months.

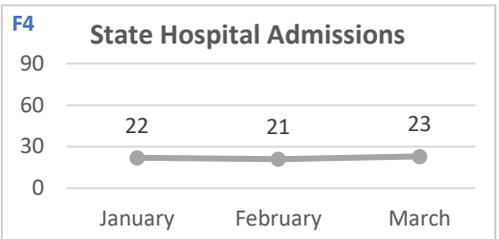
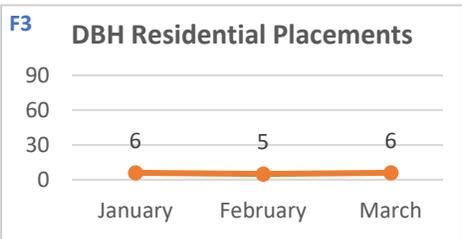
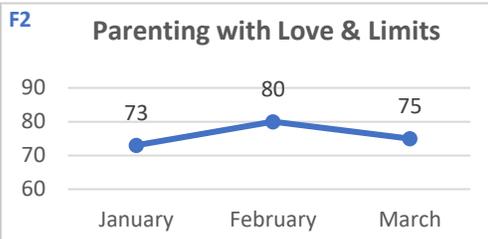


Region	Region 1			Region 2			Region 3			Region 4			Region 5			Region 6			Region 7		
	J	F	M	J	F	M	J	F	M	J	F	M	J	F	M	J	F	M	J	F	M
# Served	106	88	85	39	59	33	146	135	155	188	181	182	105	98	98	69	79	64	274	202	221
Crisis	<5%	<5%	<5%	5%	<5%	6%	10%	12%	11%	11%	12%	10%	7%	8%	8%	20%	25%	17%	<5%	6%	<5%
Court Ordered	40%	34%	38%	8%	5%	6%	34%	33%	30%	55%	57%	56%	60%	61%	56%	29%	25%	27%	28%	38%	28%
Voluntary	14%	13%	13%	28%	25%	33%	6%	5%	5%	7%	8%	5%	8%	12%	9%	25%	20%	28%	46%	28%	29%
YES	43%	50%	46%	59%	66%	55%	50%	50%	55%	28%	23%	29%	26%	18%	27%	26%	30%	28%	23%	28%	29%

Table 1 is displaying the number of youth served by each region during the reporting period and the percentage of each client type that was served. It is important to reiterate that DBH began assisting youth and families with the Person-Centered Service Planning process in 2018 and the "YES" client-type designation in the chart above is representative of this work.

TRENDS: It appears that in regions 2 and 3, over 50% of the youth served were in the "YES" client type designation for all three months. Similarly, Region 1 primarily served youth with the "YES" client type, but also served a high percentage of court-ordered youth. In Regions 4 and 5, over 50% of youth served were court-ordered consistently during the 3-month period. Region 6 appears to have served a fairly even percentage of all client types during the reporting period, a similar pattern was seen in Region 7, excluding the crisis client-type.

Program Enrollments: Figures 2-4 show the number of youth who were assigned the designated program enrollment in January, February and March.



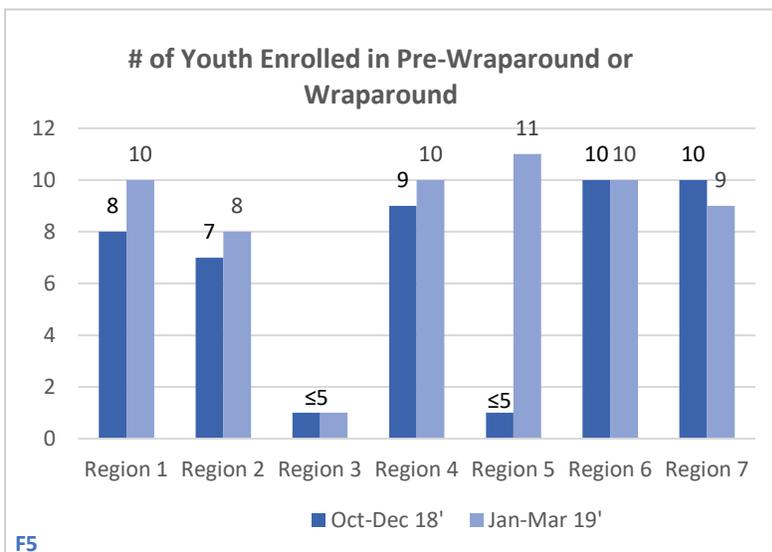
Note: Youth may have multiple program enrollments during a time-period.

Unduplicated Count: Within the reporting period, 95 youth were enrolled in the Parenting with Love and Limits Program, 7 youth were in a DBH-funded residential placement, and 41 youth were served by State Hospital South.

Wraparound

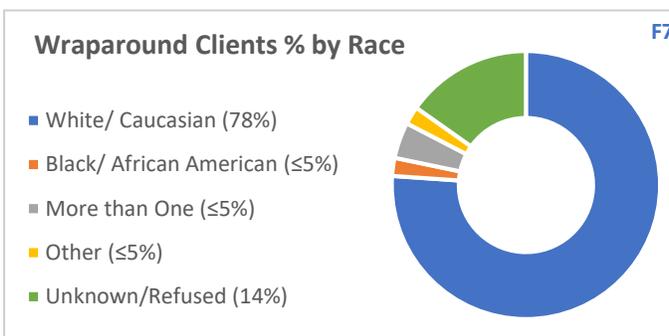
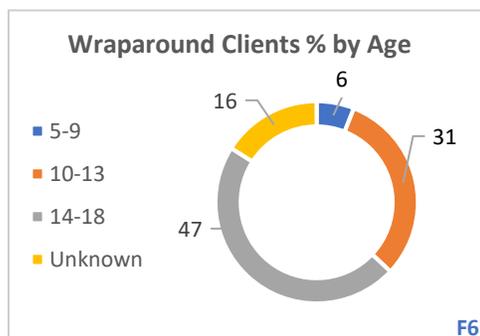
A Wraparound utilization report was completed by the Boise State University (BSU) School of Social Work in February of 2018 to estimate the number of youth who are likely to need and use Intensive Care Coordination (ICC). BSU's report suggested that 1,350 Idaho youth would have benefitted from Intensive Care Coordination in 2016. This report provided target estimates for three Wraparound program maturity phases: Emerging, Evolving, and Established. For an emerging program, in a pilot phase or in the early stages of implementation, the target goal recommended by BSU was for Idaho to serve around 280 youth per year¹. The full report, titled "Estimated Need for Intensive Care Coordination among Idaho Youth" is posted on the YES Website ([link](#)). ¹*It is important to note that this estimate was derived based on 2016 Idaho population data. To update this estimate and account for a growing population, additional data collection and analysis would need to be completed.*

The Division of Behavioral Health began enrolling currently served youth into Wraparound programs in February of 2018. As of March 31st, 2019, there were a total of 63 youth enrolled in a Wraparound or Pre-Wraparound program, 27 of these youths were enrolled during this reporting period. Last

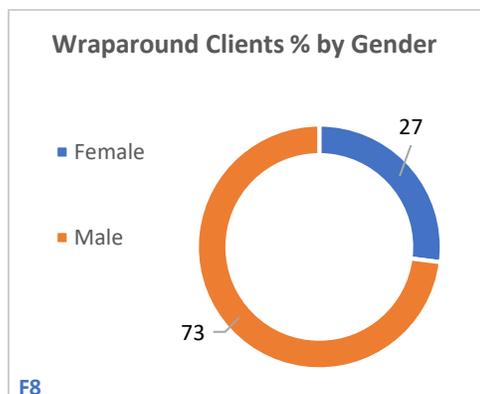


The Pre-Wraparound program designation is used when families are considering Wraparound or have agreed to Wraparound but have not started yet. To remove duplication, youth who had both a Pre-Wraparound and then a Wraparound enrollment during the reporting period were counted under Wraparound.

quarter, it was reported that 41 youth were enrolled in Wraparound (excluding pre-Wraparound enrollments). As of March 31st, there were 49 youth enrolled in Wraparound, an increase of 8 youth in wraparound this quarter. Demographic information for the 49-youth enrolled in Wraparound at the end of the reporting period has been provided below.



84% of youth were not of Hispanic or Latino origin. 6% reported to be Hispanic or Latino. The race of the remaining 10% was either unknown or the family/ youth chose not to disclose.



WRAPAROUND CARE COORDINATORS

Presently, there are 29 care coordinators trained in wraparound throughout the state. There are 6 supervisory individuals trained that do not have a caseload.

Region 1	4	Region 2	4	Region 3	4	Region 4	3
Region 5	5	Region 6	3	Region 7	5	FACS DD	1

FACS DD= Family and Community Services; Developmental Disabilities Program



Who We're Serving: The Division of Medicaid
 October 1, 2018- March 31, 2019¹

As of March 2019, there were 1,153 YES Medicaid eligible Members. Of these, 397 had the *rate code 44*, which refers to children that obtained Medicaid over the standard Federal Poverty Limit. An additional 756 YES-eligible children had the *YES condition code*, which refers to children that previously had Medicaid. The number of YES-eligible members increased by 192 Members throughout the January-March Quarter.

Preparation for New Services

The Division of Medicaid has primarily focused on preparing to launch the remaining services through Optum Idaho. The next round of services will launch in June 2019, with Targeted Care Coordination coming on June 1, 2019. Targeted Care Coordination training is occurring throughout the state with in-person trainings, as well as a designated module on Relias, Optum's online training system. The Division of Medicaid is also diligently working with Optum Idaho to prepare for additional services to launch on June 30, 2019. These services include: Behavior Modification and Consultation, Youth Support, Therapeutic After School and Summer Program, Intensive Home and Community Based Services Program, and Day Treatment.

Service Utilization

¹Medicaid YES Program service utilization data is provided for the time period of October through December 2018. There is a three (3) month lag in data, as all utilization data is based off claims data.

Figure 1 shows the number of providers each month that provide the above listed services. For most services, the chart shows a steady growth in the number of providers providing services to Members. These provider numbers are a compilation of all regions.

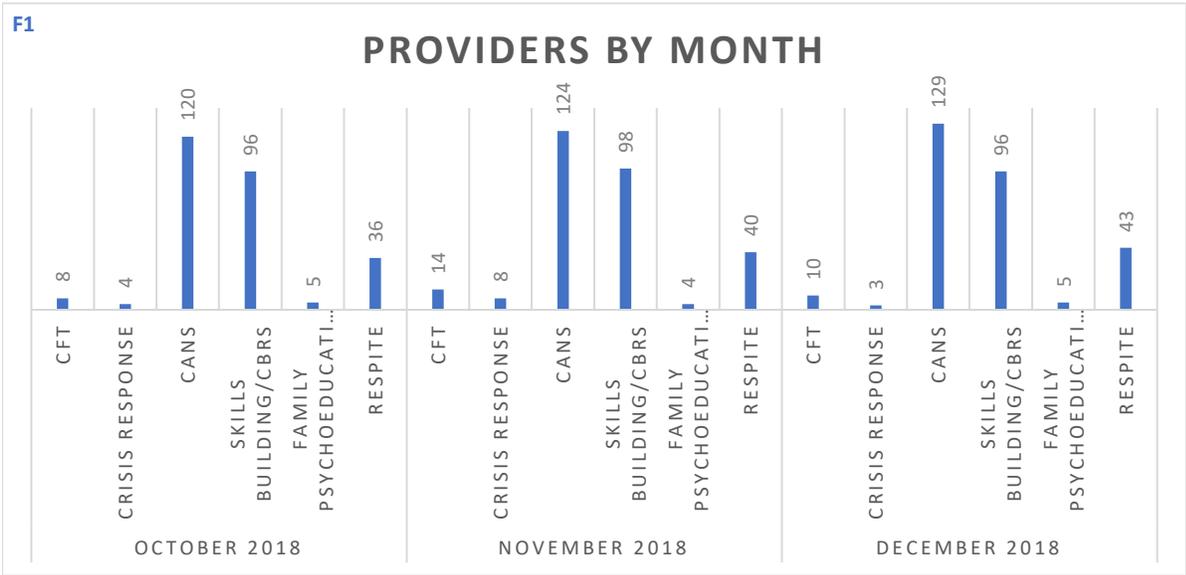


Figure 2 shows the number of Members utilizing services each month. These utilization numbers are a compilation of all regions.

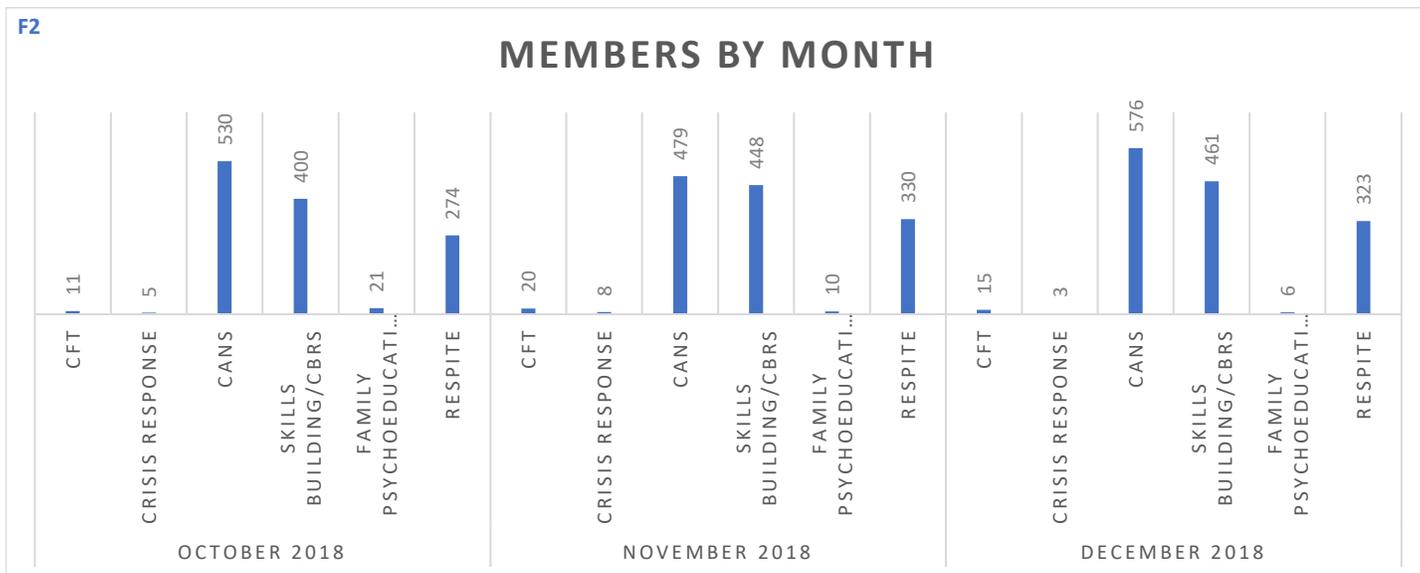


Table 1 shows the number of Members utilizing services by Region. These figures include data from October 2018 through December 2018.

Region	CFT	Crisis Response	CANS	Skills Building / CBRS	Family Psychoeducation	Respite
Region 1	7	1	240	137	16	102
Region 2	4	4	84	67	0	86
Region 3	4	1	328	218	0	46
Region 4	7	6	377	330	0	126
Region 5	9	2	70	38	2	59
Region 6	3	1	53	92	3	27
Region 7	12	1	426	425	16	479
Region 9	0	0	3	2	0	0
Other	0	0	4	0	0	2
Total	46	16	1,585	1,309	37	927

Note: Region 9 includes small portions of counties located in other states. Region "Other" contains agencies that have not been designated to a certain Region or are provided services under an out-of-network agreement.

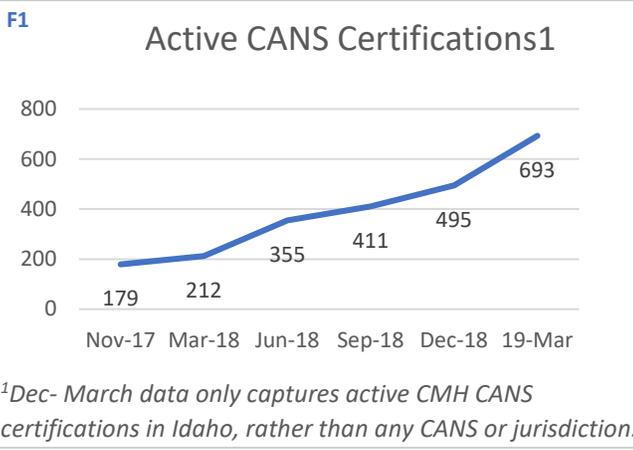


QMIA Quarterly Report - Issue # 10 - July 1, 2019

Supporting the Workforce: CANS Certifications & Trainings

January 1- March 31, 2019

The CANS tool is designed to facilitate an engaging and collaborative partnership between the provider, youth and family to inform planning, support decisions, and monitor outcomes. When a provider becomes CANS certified, they are trained on the TCOM Fundamental Tenets: 1) A required focus of a shared vision of the children and families receiving services, 2) Collaboration of multiple partners, 3) Communication facilitation among partners, including youth and families, 4) Shared commitment to serving youth and families despite differences, 5) Collective accountability to the youth and family. *The number of providers and key individuals who are CANS certified represents system progress toward improved youth and family engagement practices and meaningful change.*



ICANS Trainings: During the reporting period, the Division of Behavioral Health (DBH) hosted **28** ICANS training webinars for community partners and providers (144 attendees) as well as division staff (1 attendee) and agency administrators (41 attendees). An ICANS User Group support call also took place in March which had 40 attendees.

Coaching & Support: *Wraparound Care Coordinators and DBH staff working with families to complete person-centered service plans participate in weekly support calls:*

Wraparound	12 calls during report period	Average 25 attendees
Person-centered planning/ CANS Clinical Support	7 calls during report period	Average 40 attendees

In addition to the weekly support calls, 7 hub-based clinical Wraparound coaching calls were offered. An in-person Wraparound Intensive Coaching Observation also took place.

DBH, Family and Community Services, State Department of Ed. and the Idaho Federation of Families helped support the following learning opportunities for [family members](#) during the reporting period: *Collaboration for the Greater Good of our Children* and *A Gift of Love- Helping Your Child Practice Mental Health Wellness*. These trainings were delivered via webinar and had 58 attendees.

CANS and Cultural Sensitivity: DBH Regional staff participated in a culture-focused call with CANS founder Dr. Lyons 1/24.

Optum Idaho Provider Training

Throughout the reporting period, a total of 620 providers attended a variety of in-person and online trainings. Training topics included Child Adolescent Needs and Strengths (CANS), Transformational Collaborative Outcomes Management (TCOM), YES Navigation series, and Crisis Prevention Institute (CPI). Optum also provided additional trainings for providers, including Psychoeducation, an informational training on the Family Psychoeducation service modality— an individual or group modality that provides education, support, and problem-solving skills for members and their families. Optum Idaho provided Family Psychoeducation training for **one** provider. Skills Building SRF and Treatment Planning is an informational training outlining key components of successful Skills Building services, which focus on providing training to build a youth’s competency and confidence to increase functioning and decrease behavioral health symptoms. There were **21** providers that attended the Skills Building SRF / Treatment Planning training.

CANS Trainings: CANS in-person trainings included CANS General Certification, CANS Booster, and CANS in Practice sessions. A total of **144** providers attended these trainings. The trainings were to introduce providers to the purpose and use of TCOM and the CANS, to enhance understanding of the role of structured assessments in the behavioral health system, and to prepare providers for the online CANS certification test.

YES Navigation Series

Optum continually updates the YES Navigation series to orient providers to new developments in implementation of the YES System of Care. There was a combined total of **117** attendees to the YES Navigation trainings.

Navigation Series Part 3: Part 3 provided via live Webinar, then recorded and placed on Relias, provided a review of the YES System of Care, including the Practice Model, Principles of Care, and Access Model. Services that went into effect July 1, 2018 (CANS, Case Consultation, Child and Family Interdisciplinary Team Meetings, Skills Building/CBRS, and Respite) were reviewed, as were the two new services initiated on October 1, 2018 (Crisis Response and Family Psychoeducation).

Navigation Series Part 4: Part 4, provided via live Webinar, then recorded and placed on Relias, reviewed the core components of the YES system of Care, services that were implemented in 2018, and new and updated services as of April 1, 2019 (Crisis Response, Crisis Intervention, Integrated Substance Use Disorder (SUD) Treatment, and Case Consultation).

Crisis Prevention Institute (CPI) Training: Across the state, Optum’s Regional Network Team provided Crisis Prevention Institute (CPI) Training to **337** providers. The purpose of the Nonviolent Crisis Intervention Training Program through the Crisis Prevention Institute (CPI) is to ensure that providers have appropriate expertise in managing crisis situations. This training, considered the standard for crisis prevention and intervention training, teaches providers proven strategies to safely and effectively respond to anxious, hostile, or violent behavior while balancing the responsibilities of care.

Looking for more information about trainings?

- YES Training information can be found by visiting the Youth Empowerment Services website [YES Training](#) page.
- For more information about trainings offered by Optum Idaho, visit Optumidaho.com, under Provider Trainings in the “For Network Providers” tab.
- Information about CANS certification and the ICANS can be accessed by clicking [here](#).



Youth and Family Experiences: Perception of Care
January 1- March 31, 2019

As part of the Quality Management, Improvement and Accountability Plan, described in paragraph 52 of the settlement agreement, QMIA is working toward the collection and reporting of data on written notices of action, complaints, and fair hearings requests and outcomes. Provided below is youth-specific complaints data and information from the Division of Medicaid, the Division of Behavioral Health (DBH), the Department of Juvenile Corrections (DJC) and State Department of Education (SDE) for the reporting period of October-December. Family and Community Services (FACS) did not receive any complaints during this reporting period. It is important to note that complaints reported by SDE are not necessarily complaints that are related to mental health, as these systems are not currently set up to filter these types of complaints for reporting purposes. More information about these complaints can be found in the YES Rights and Resolutions report ([link](#)).

A total of 12 complaints were received during this reporting period.

The Division of Behavioral Health received a total of 2 children’s mental health-related complaints between January- March. Both complaints were submitted by family members and primarily related to access. Resolution of the complaint made in March includes a system-wide change that is anticipated to improve access to the CANS, potentially resolving more families’ access barriers.

Division of Behavioral Health: 2 Complaints						
Region	Date	Complainant	Service	Concern Type	Status	Days to Resolve
Central Office	2/25/19	Family	Therapy	Access to Service (multiple concerns)	In Progress	-
1	3/11/19	Family	CANS	Access to Service	Resolved	7 (calendar)

The Division of Medicaid contributes complaints information from two of their contractors; Optum Idaho and Liberty Healthcare. Optum manages outpatient behavioral health services for Medicaid members. Liberty is Medicaid’s Independent Assessment Provider; they determine if youth applying for Medicaid benefits meet YES eligibility criteria. A total of 3 complaints were received by Optum for YES-eligible youth between January and March of 2019. Liberty Healthcare did not receive any complaints during this reporting period.

Optum Idaho: 3 Complaints					
Region	Date	Type of Concern	Status	Resolution	Days to Resolve
4	1/15/19	Dissatisfaction with appointment availability	Resolved-Substantiated	The agency was able to schedule an appointment that met the member's needs.	1 (business)
4	1/18/19	Attitude of provider staff	Resolved-Unsubstantiated	The agency is working to review and improve their policies and communication for client interaction.	5 (business)
3	3/12/19	Benefit authorization process- CANS requirements	Resolved-Substantiated	The member can leave during parts of the assessment process that cause trauma. The CANS reassessment can be completed via Telehealth.	10 (business)

Division of Family and Community Services: FACS did not have any complaints to report between January and March.

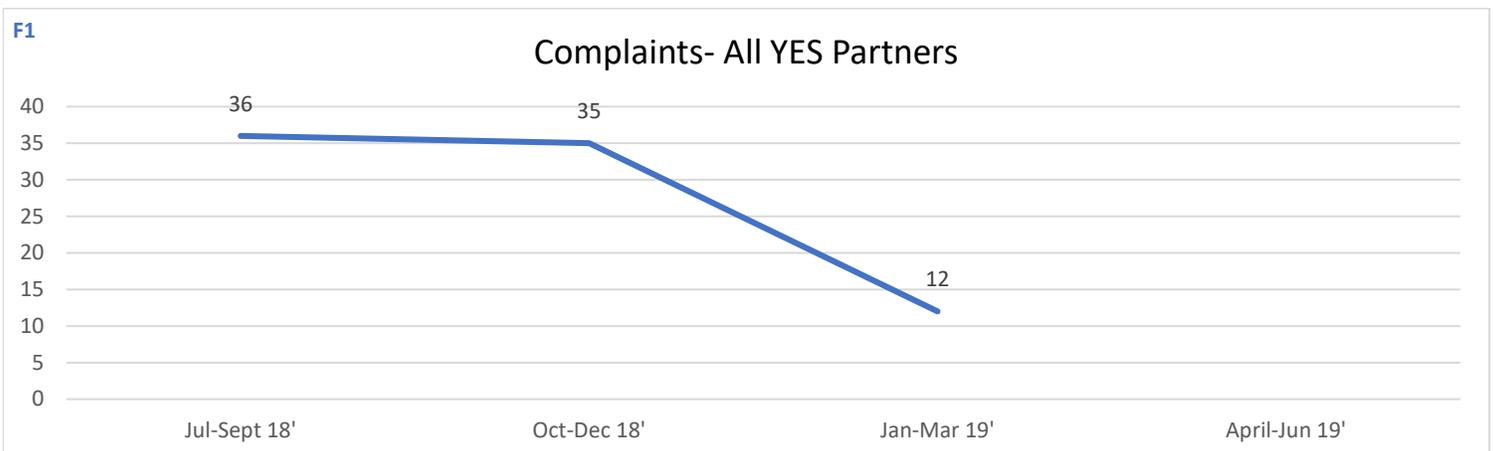
The Department of Juvenile Corrections received 3 complaints between January and March; all have been resolved.

Idaho Department of Juvenile Corrections Complaints/Grievances (YES Class Juveniles/ Families): 3 Complaints					
Region	Date	Concern Type	Status	Resolution	Timeliness to Resolution
3	1/10/19	Group dynamics: youth held accountable by group for manipulating. Told youth he manipulated to get a release.	Resolved	Unit Manager processed the situation with the youth. The youth got angry and showed an authority problem at first but then was able to understand what the Unit Manager was telling him.	12 days
3	3/6/19	Youth stated they had not been getting his snack at night and it's making him sick with the medication he is taking.	Resolved	Unit manager processed with the youth. It was clarified that he did receive his snack that evening. The Group Leader will review with the group that they are not to be refused their food.	14 days
3	3/11/19	Complaint against a staff for trying to control the group. States he is making up fake problems to set up another youth.	Resolved	Youth felt that they processed this with his group and staff and that it is not an issue.	2 days

The State Department of Education received 5 complaints during the reporting period, however one was denied. Within the remaining 4 complaints were 27 allegations. Complaints are made up of allegations, for one complaint there can be one or multiple allegations. A “denied” status refers to a complaint that is not accompanied by sufficient information to investigate.

State Department of Education: 4 Complaints							
Region of Complainant/ District	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
# Total Complaints	1	1	1	-	-	2	5
# Denied	-	-	-	-	-	1	1
# Cases Closed	0	0	0	-	-	0	0
Average Time to Close (days)	-	-	-	-	-	-	-
# Total Allegations	6	5	12	-	-	4	27
# Founded Allegations	2	4	5	-	-	4	15
# Allegations Withdrawn	0	0	0	-	-	0	0

*Complaints reported by the State Department of Education are not necessarily complaints that are related to mental health, as this system is not currently set up to filter these types of complaints for reporting purposes.



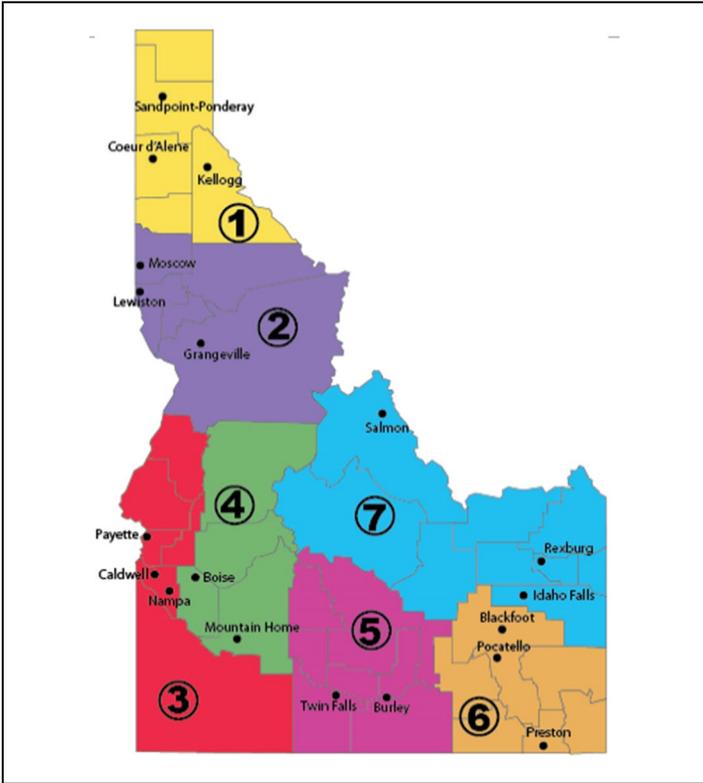
Regional Reporting Differences: The Department of Juvenile Corrections categorizes geographic location using three regions- Region 1: Lewiston, Region 2: Nampa, Region 3: St. Anthony. The State Department of Education’s geographic regions also differs from that of the Department of Health and Welfare. The Division of Behavioral Health, although part of the Department of Health and Welfare has a slight difference in regional makeup. All regional maps have been provided in the Appendix.

Glossary

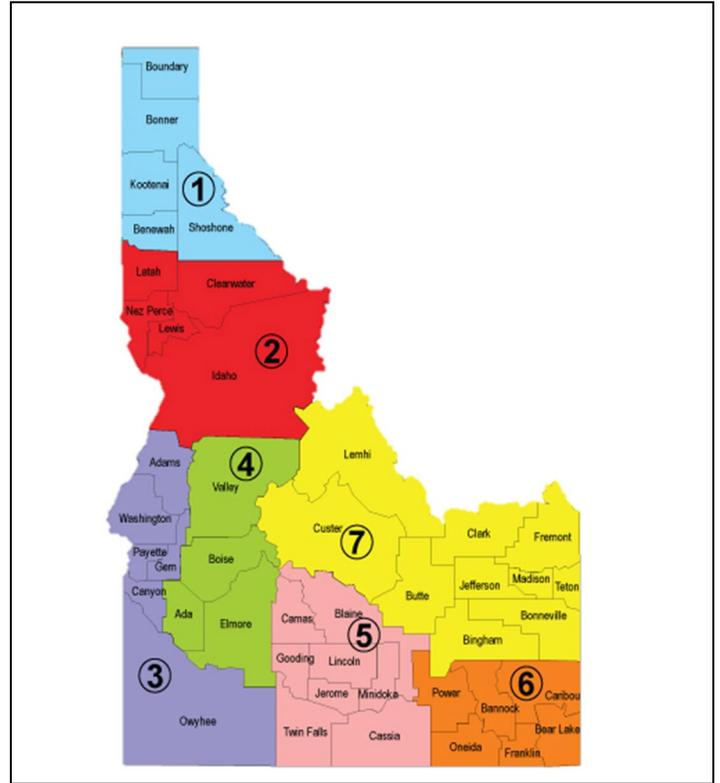
Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child’s or youth’s needs and strengths.
Class Member	Idaho residents with a serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
EPSDT	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 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	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 A- Regional Maps

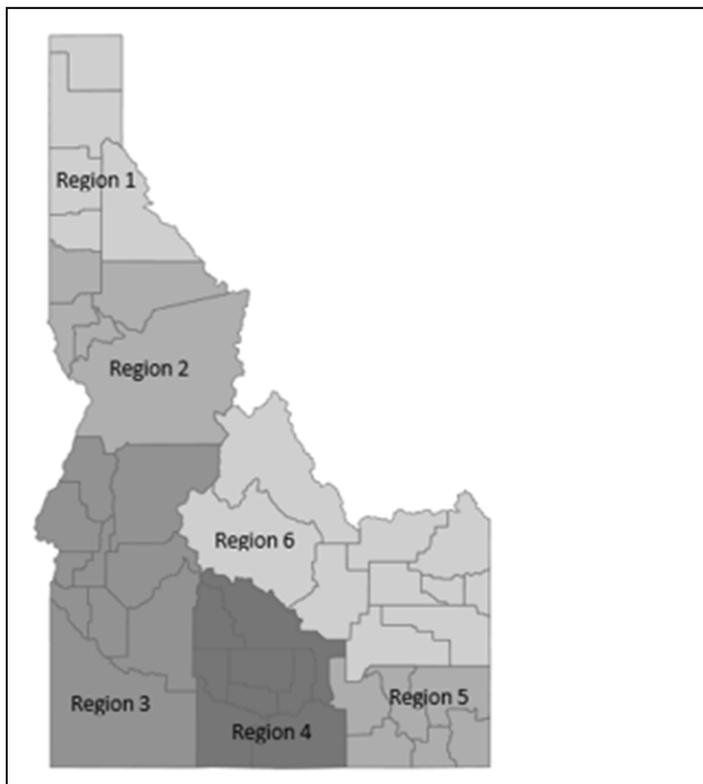
Idaho Department of Health and Welfare: Medicaid, FACS



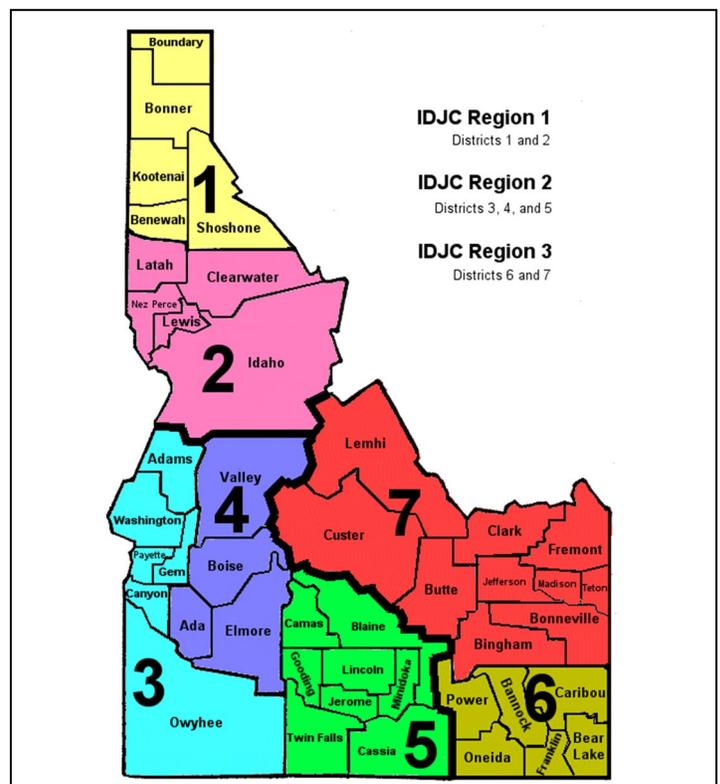
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections



Appendix B- 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.