

Youth Empowerment Services support families' journeys toward mental health



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When Amy's teenage son tried to end his life on Christmas Day, 2017, she worried — amid all the heartache and pain — about his care and its cost. His four previous psychiatric hospitalizations — including one for another suicide attempt — had exhausted outpatient care under the family's private insurance plan.

"We were at the end of our rope," recalls Amy.

Thankfully, Idaho's new system of mental health care for children and adolescents was being introduced just days later. As part of this new Youth Empowerment Services (YES) system of care, the Medicaid income limits were increased for children with serious emotional disturbance (SED). This change allowed more children — like Amy's son — to qualify for Medicaid's full array of services and supports.

For Amy's family, the YES system of care was an unexpected lifeline in every sense. And they grabbed it, immediately starting the YES Medicaid program's application process.

Serious emotional disturbance

Amy's family is not alone in their struggles.

Many children have SED — a combination of a mental health diagnosis and a substantially impaired ability to function socially, academically and emotionally at home, at school or in the community.

In Idaho, it's estimated that anywhere from 35,000 to 40,000 children may have SED.¹ For these children, early and appropriate intervention is vital. Their mental health improves. Hospitalizations decline. And fraying family dynamics mend and become stronger.



The YES system of care and the YES Program

The **YES system of care** refers to all of the mental health services and supports for children and adolescents in Idaho's Youth Empowerment Services. Children outside of the Medicaid system access services through the Division of Behavioral Health's Children's Mental Health Program. To learn more about the overall system of care, please visit [yes.idaho.gov](https://www.yes.idaho.gov).

As part of this system, Medicaid's **YES Program** improves mental health services for youth with serious emotional disturbance; it also raises the financial eligibility limits, enabling families whose income would be too high to enroll their children with SED in Medicaid.

Studies show that these children tend to do better as adults. Unfortunately, not all children with SED get help. Stigma associated with mental illness, failure to identify children with such disorders, and limited access to treatment often prevent them from getting this essential care.

"In recent years, recognition of the complex needs of children with mental illness as well as barriers to treatment has grown," says Dennis Woody, Clinical Program Consultant for Optum. "Better systems of care have evolved. More children with serious mental illness are receiving treatment tailored to their developmental needs."

Working with Optum, the contractor for Idaho's Medicaid behavioral health plan, as well as with many family and provider stakeholders, the state has revamped its system of care to identify and reach more children in emotional distress. The new system leverages a focus on the needs of the child and family to develop an individualized plan; that plan is shared with key individuals in the child's life, including community members, health care providers and child-serving agencies, as appropriate.

Amy's family journey

Medicaid's YES Program's higher income limits helped Amy's children qualify for Medicaid. They also helped correct what she saw as a critical inequity in her family.



In addition to the teenage son and two other biological children, the family included five more children who had been adopted through Idaho's foster care program. They were covered not only by the private insurance plan of Amy's husband, but also the state's Medicaid program because of their foster status. So, the adopted children enjoyed broader coverage than Amy's three biological children — all of whom were found to have SED.

"I could see the difference from what my adopted kids could access and what my biological children could access," Amy says. "Why is their life more important than my biological children's," she asked. "The only thing that stood between my son getting the help he needed to stay alive was money," she says.

Most families are referred to YES either through their pediatrician, Idaho 211 (Idaho's resource information line), or through Medicaid. While advocating for her own children, Amy learned about it from another involved parent.

If a child or youth does not already have Medicaid, or has Medicaid and wishes to access Medicaid-paid respite services, the first step to access the YES system of care involves arranging an assessment with the Independent Assessor to determine if the child has SED.

The Independent Assessor completes a Child and Adolescent Needs and Strengths (CANS) evaluation. The CANS tool gathers information from child and parent about how the child behaves at home, at school, with peers and in the community. It focuses on the child's strengths and needs as well as the family's resources and needs.

The CANS informs care and goals for the child in a variety of settings — schools, mental health, child welfare, juvenile justice and early intervention efforts. Updated regularly, the CANS assessment is a "living document," shared with members of a child's care team.

The CANS record also helps families avoid retelling negative life events and other disappointments at intake appointments with new providers. "That process retraumatizes everyone involved," says Christy, a nurse with children in YES.

More about SED

SED is the combination of a diagnosed mental illness and a functional impairment that substantially interferes with a child's ability to function at home, school and in the community. Some common disorders associated with SED are:²

- **Mood disorders:** Major depression, dysthymia and bipolar
- **Anxiety disorders:** Generalized anxiety, panic, agoraphobia, phobia, social phobia, separation anxiety, post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder
- **Behavioral disorders:** ADHD, conduct disorder and oppositional defiant disorder
- **Eating disorders**



Does your child need a mental health assessment?

- To discuss, call the Division of Behavioral Health's Children's Mental Health office at **1-833-644-8296**.
- Use the Mental Health Checklist for Families: youthempowermentservices.idaho.gov/Portals/105/Documents/MHChecklist10172018.pdf.
- In Spanish: youthempowermentservices.idaho.gov/Portals/105/Documents/MHChecklistBrochureSpanish.pdf.
- Talk to your doctor and take a mental health screening.

If the Independent Assessor determines that a child has SED, the family may apply for Medicaid with increased income eligibility limits. Once their application is approved, families find a provider that accepts Medicaid. Since the providers for Amy's son were also in the Medicaid network, they were able to keep caring for him.

Team approach

A key part of the YES system of care and the overall Medicaid system for mental health care is the "Child and Family Team": people with the most influence in a struggling child's life — a coach, teacher, neighbor, pediatrician, therapist, clergy member, staff from a child-serving agency, and most importantly, parents and caregivers. Together, they come up with a coordinated care plan for the child that identifies services, supports and goals.

Families say the approach gives them a significant voice in their child's care, including what will work for them. Frequently, families are stressed as they try to meet the needs of a child with SED while juggling the demands of raising their other children.

"The coordinated care plan, created by the Child and Family Team, allows the family to say I can't work on 10 goals at a time," explains Laura, a parent with a child in the YES system of care who helped bring family voice to Medicaid's new system of mental health care for youth. "It's all about creating goals that work for the family as a unit."

Supporting the family

For many families who have children with serious mental health concerns, every day is a challenge. Crises, large and small, erupt at home and school on a regular basis. Through genetics, some families are vulnerable to psychological disorders and may have several children with SED, like Amy's biological children. Too often, the relentless stress frays family relationships. Parents may divorce. And siblings of children with SED may react by developing their own behavioral health concerns — anxiety, depression, post-traumatic stress disorder or an eating disorder. Families caring for children with developmental disabilities tend to have similar experiences.

A cornerstone of Idaho's new behavioral health system for Medicaid's youngest participants is supporting their family. In the YES system of care, where children have the most intense behavioral issues, family supports by necessity tend to be more extensive and engaged.

"One of the most important things that they are looking at is how parents are coping in the home," says Christy. "No one understands how overwhelming it is as a parent when you have these things going on in your house."

Counseling for parents

Parents of children in the YES program, for example, are offered counseling to cope. "It's pretty awesome," says Christy. With their private insurance plan, they paid \$5,000 out of pocket for similar services.

The program also provides a "family support partner," a parent already skilled in accessing resources and overcoming common obstacles for children with SED.

"They come into your home," says Amy. "They mentor you as a parent. They go to Individualized Education Plan (IEP) meetings at school. It's made a huge difference to realize that I'm not alone learning to navigate multiple systems."

How to set up an Independent Assessment

Call Liberty Healthcare at 1-877-456-1233

Applying for Medicaid

If your child is diagnosed with SED, apply for Medicaid.

Call 1-877-456-1233

Go to idalink.idaho.gov

Respite care — a break for everyone



And then there's Medicaid-paid respite care, a benefit available to families in the YES Program.

Amy's family especially appreciates this feature. The family's eight children also include twins on the autism spectrum. Adopted as 2-year-olds, the twins were later diagnosed with this developmental

disability. Today, they require constant, skilled supervision; one is still not toilet-trained and when frustrated, acts out. "I can't leave them with a regular sitter," Amy says.

Now, she takes them once or twice a week for several hours to a Community Based Rehabilitative Services (CBRS) provider. The providers are experienced in serving children with developmental disabilities and other behavioral health challenges. "They help them with life skills, to interact in the community and at home in relationships," explains Amy. The twins also get to have some fun. One-on-one with an agency aide, they swim at a local pool, walk to a nearby park, or visit a zoo. Since the twins have few friends, the activities allow them a safe opportunity to interact with other kids.

When the family has tried on their own to undertake such outings, disaster has ensued. "There are meltdowns," says Amy. And embarrassment and resentment build among the other children, upsetting their homelife and sparking more strife. "It makes you not want to do anything," she explains.

Respite benefits everyone. Amy enjoys an occasional date with her husband and rare, one-on-one time with each of her other children.

Individual, meaningful goals — maybe even a girlfriend

YES's team approach also helps families set goals that are practical and meaningful. For Laura's teenage son, that goal was to have a girlfriend. To do that, he would have to find better ways to manage his anxiety at school. That anxiety resulted from feeling unheard; too often, it would boil over into an outburst in class. So, with the team's therapist and her son's aide from the developmental disability program, Laura and the high school principal devised a strategy. "Instead of having a public meltdown, he could excuse himself from class and find a designated ombudsman who could help him be heard." The tactic worked. Just knowing that someone was available to listen to him reduced her son's anxiety. It also helped her son learn to advocate for himself. And it became included in his IEP.

The team also tackled the sensitive issue of the teen's less-than-perfect hygiene. His young and affable aide encouraged him to spruce up. And her son did. (The aide also taught him how to talk to girls.)

As for Laura, the team approach took some strain off her relationship with her son. "I got to be the mom. I didn't have to say, 'did you bathe today?' I could say, 'what do you want for dinner?'"



Finding a mental health provider

Contact your regional Children's Mental Health Office. If already receiving Medicaid services, families should call Optum Idaho at **1-855-202-0973**.

Support for the child

Depending on their needs, children in the YES system of care may access help from therapists as well as paraprofessionals at an agency that specializes in Community Based Rehabilitative Services and Skills Building. For Amy's son, that combination made all the difference. After coming home from the hospital, he was depressed and withdrawn. At weekly 45-minute sessions with his therapist, he set goals to get engaged in life again. And at his twice-weekly sessions, with his agency worker by his side, he went out into the community to achieve them in real-life scenarios. "His worker brought him into stores and places where he had to interact with others and ask questions." Amy says. "They talked about ways to get along better with his siblings and ideas of things he can do to keep busy and activities to do with friends. It got him out of the house and gave him someone to talk to in a more relaxed environment."

"You can get a lot done in that three-hour block and make more progress," says Amy.

Life is still difficult for Amy's family. But, she says, "It's a lot better. Not having that constant fear of whether or not today will be the day my child doesn't make it through the night is huge." Her other children with SED have endured crises of their own. Since they had supports already in place with YES, their struggles have been shorter-lived. "Our overall stress level is still higher than most families, but that's to be expected with all the challenges we face."



Visit [optum.com](https://www.optum.com) or contact your Optum representative for more information.

Sources:

1. Youth Empowerment Services. YES class size estimation report, SFY 2019. youthempowermentservices.idaho.gov/Portals/105/Documents/YESClassSizeEstSFY2019.pdf.
2. Substance Abuse and Mental Health Services Administration. *2014 National Survey on Drug Use and Health: DSM-5 Changes: Implications for Child Serious Emotional Disturbance*. June 2016. samhsa.gov/data/sites/default/files/NSDUH-DSM5ImpactChildSED-2016.pdf.



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