



## Quality Management Improvement & Accountability (QMIA)

# YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report

April 2021, Revised 5-6-21





## QMIA Quarterly Report April 2021, Revised

QMIA-Q April 2021 Report includes data from Q2 of SFY 2021 (Oct, Nov, Dec 2020), Year to date (Q1 and Q2), and trends for previous SFYs

# Table of Contents

### Overview

#1 2021 Estimated number of children and youth who will qualify for YES	page 4
#2 Number of children and youth assessed using the CANS	page 7
#3 Number of YES eligible children and youth based on the CANS	page 8
#4 Characteristics of children and youth assessed using the CANS	page 9
Age, Gender, Race/Ethnicity, County	
#5 YES Medicaid Service Utilization	page 13
Optum services	
Medicaid Inpatient utilization	
Children's Medicaid Placement Requests (PRTF)	
#6 YES DBH Service Utilization	page 37
Vouchered Respite	
Wraparound	
Parenting with Love and Limits	
Residential	
State Hospital	
20-511A	
Family and Community Services (FACS)	page 40
State Department of Education (SDE)	page 40
Idaho Department of Juvenile Corrections (IDJC)	page 42
#7 YES Family Perception of Quality of Care and Satisfaction	page 44
#8 YES Outcomes	page 52
#9 YES Medicaid Expenditures	page 53
#10 YES Supplemental Quality data	page 55
Appendices	page 61



## QMIA Quarterly Report April 2021, Revised

**QMIA-Q April 2021 Report includes data from Q2 of SFY 2021 (Oct, Nov, Dec 2020), Year to date (Q1 and Q2), and trends for previous SFYs**

### Overview of YES QMIA Quarterly Report

The goal of Idaho's Youth Empowerment Services (YES) program is to develop, implement, and sustain a child, youth and family-driven, coordinated, and comprehensive children's mental health delivery system. This enhanced child serving system will lead to improved outcomes for children, youth, and families who are dealing with mental illness.

The Quality Management Improvement and Accountability (QMIA) Quarterly Report is a critical aspect of YES monitoring based on data collected by the YES partners, which include 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 QMIA Quarterly Report is assembled with information about the children, youth, and families accessing mental care in Idaho primarily through the Medicaid/Optum Network and the Division of Behavioral Health (DBH) Children's Mental Health (CMH) Regional clinics. A majority of the data is from Medicaid or DBH as these two child serving systems provide most of the mental health care for children and youth. Data in the report includes children and youth who have Medicaid, and children whose family's income is over the Medicaid Federal Poverty Guideline, children having trouble in school as a result of mental illness, children under court orders for mental health services including child protection, and children with developmental disabilities and co-occurring mental illness.

The QMIA Quarterly Report includes data from Q2 of SFY 2021 (Oct, Nov, Dec 2020), Year to date (Q1 and Q2), and trends for previous SFYs. Based on input from a variety of Stakeholders the initial edition of the QMIA Quarterly Report published in April 2021 has been revised to correct errors.

The QMIA Quarterly Report is available to all stakeholders on the YES website and delivered to all YES workgroups to support decision making related to plans for system improvement by building collaborative systems, developing new services, and creating workforce training plans.

The QMIA Council is continuing to identify data needs to ensure that YES services are provided in accordance with Jeff D Settlement Agreement. Beginning in this edition of the QMIA-Q report the Council has included some recommendations for system improvement and has also included some additional analysis of what the data tells us.

If information provided within this QMIA-Q report evokes questions or an interest in additional data collection, please contact [YES@dhw.idaho.gov](mailto:YES@dhw.idaho.gov) with your questions, concerns, or suggestions. For Medicaid-specific questions or concerns, please contact [YESProgram@dhw.idaho.gov](mailto:YESProgram@dhw.idaho.gov).

## **1: SFY 2021 Estimated Number of Children and Youth who will qualify for YES- updated 3-1-2021**

**Background:** Based on the Jeff D Agreement an annual estimate for number of children and youth who may qualify for YES must established.

**Report:** There is no single national report or survey that definitively estimates the prevalence of serious emotional disturbance (SED) in the US. As a result, the estimated number of children and youth who may qualify for YES services is based on an estimate of prevalence of SED and several population estimates. This estimated range is based on the following population data and calculations:

Population numbers utilized for estimated number who will qualify for YES:

- 481,604<sup>1</sup> children and youth ages 0-18 in Idaho in 2019.
- 189,249 Medicaid members in Idaho ages 0-17 (Medicaid members number updated as of 3-1-2021<sup>2</sup>).
- 199,139 children and youth in living in poverty in Idaho according to the National Center for Children in Poverty in 2018 (see [http://www.nccp.org/profiles/ID\\_profile\\_6.html](http://www.nccp.org/profiles/ID_profile_6.html)).<sup>3</sup>

Estimated prevalence of SED for children and youth who may qualify for YES:

To create the range of expected number of children and youth to be served in SFY 21, two methods (previously used by Boise State University (BSU) and Optum) for establishing the prevalence rate were utilized. The first method is the expected prevalence of mental illness (6%) based on the estimated percent of children with extreme impairment according to the Substance Abuse and Mental Health Services Administration (SAMHSA<sup>4</sup>). ([See the validation of this method in BSU's report on prevalence estimates](#).) The second method is based on Optum trends in service utilization data for SFY 2020, which indicates that based on rate per thousand Medicaid members we are currently serving more than 6% and indicates that in Idaho the projected prevalence may be higher than the national prevalence, 6.9% (see SED Prevalence chart in Section 10 showing rate per thousand members). The additional use of a third method, prevalence in the poverty population, was considered as well as it added a dimension of the estimating prevalence that was not calculated in the past (11.7%). The QMIA Council has also included the expected prevalence rate of 8% as this was a number used historically in the Jeff D lawsuit to estimate the number of children and youth in need of mental health services.

Based on the three methods of predicting the number of the children and youth who may meet the criteria to be eligible for YES services, the range of the number of children and youth in Idaho who may qualify for YES services in SFY 2021 is approximately 13,000<sup>5</sup> to 33,000<sup>6</sup> (see chart below, numbers are rounded to nearest 1,000).

*Table 1: Methods used for estimation of need of mental health services*

Population estimate based on:	Population	6%	6.9%	8%	11.7%
Total # of children in Idaho under 18	481,604	28,896	33,231	38,528	NA
Total number of Medicaid Members under 18	189,249	11,355	13,058	15,140	22,142
Total number of children living in poverty	199,139	11,948	13,741	15,931	23,299

It has been noted that the estimated range of number of children and youth who need YES services is too broad. The QMIA Council recognizes that the Interagency Governance Team (IGT) would like to have a better-defined measure of

<sup>1</sup> The data in this report of 481,604 children and youth has been updated as the number reported last month was incorrectly understated.

<sup>2</sup> The number of Medicaid members varies monthly - see Appendix B for updated details on Medicaid Members for Dec 2020 .

<sup>3</sup> Poverty is a strong predictor of mental health needs in children and youth. (Farmer et al. 2001). According to the National Survey of America's Families (NSAF), 11.7 percent of poor children have an emotional/behavioral issue using parent reports from the Child Behavior Checklist, while only 6.4 percent of nonpoor children have such issues (Howell 2004).

<sup>4</sup> SAMHSA report from 2017 noted the prevalence range between 6.8 and 11.5 % (Page 20, [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ismicc\\_2017\\_report\\_to\\_congress.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ismicc_2017_report_to_congress.pdf))

<sup>5</sup> 189,249 Medicaid members X 6.9% =13,058 or approximately 13,000

<sup>6</sup> 424,000 children and youth in Idaho X 6.9% = 33,231 or approximately 33,000

compliance with the Jeff D Settlement Agreement. While further work is in progress to define/determine the target for successful completion of requirements in the Jeff D Settlement Agreement, the QMIA Council will utilize the target of providing services to **23,000** children and adolescents (70% of 33,000) so that an initial analysis of gaps in services may be assessed.

#### Estimated need per region

In addition to the estimate of the number of children and youth statewide who may qualify for YES the QMIA Council requested an analysis of estimated needs by region.

To establish estimates for the number of children and youth that need services in each region the percent of children and youth in each region was multiplied by the estimated target of children who may qualify for YES (23,000) and rounded to the closest 50. The Regional Estimated Target will be used as a rough but serviceable benchmark to assess regions current service delivery.

*Table 2: Estimated annual target number for SFY 2021 who need services by region:*

	1	2	3	4	5	6	7	Total
Idaho youth Population 2019	56,753	25,631	85,805	130,947	59,547	53,627	69,294	481,604
Percent of region population vs state	11.78%	5.32%	17.82%	27.19%	12.36%	11.14%	14.39%	100%
Regional Estimated Target <sup>7</sup>	2,700	1,200	4,100	6,250	2,850	2,550	3,300	23,000

To determine if there were gaps in regional services the total number of all children and youth with Medicaid who were served in SFY 2020 was multiplied by the percentage thought to be eligible for YES (70%). The estimated YES eligible served was then compared to the Regional Estimated Target.

*Table 3: Estimated gaps and variance by Region*

SFY 2020	1	2	3	4	5	6	7	Total
Total Unduplicated Number served 2020 <sup>8</sup>	3,451	1,023	6,727	7,117	2,953	3,057	5,323	29,672
Estimated YES eligible served <sup>9</sup>	2,415	716	4,709	4,982	2,067	2,140	3,726	20,770
Regional Estimated Target <sup>10</sup>	2,700	1,200	4,100	6,250	2,850	2,550	3,300	23,000
Estimated Variance <sup>11</sup>	-285	-484	609	-1268	-783	-410	426	2195
Estimated Percent below target <sup>12</sup>	-10.6%	-40.3%	NA	-20.3%	-27.2%	-16.1%	NA	-9.6%

Statewide the estimated number of children and youth eligible for YES who received services is 20,770 which is 9.6% less than the statewide estimated target of 23,000. Based on these Regions 3 and 7 appear to be serving at least the target number to be served. However, it is notable that based on these estimated targets regions 1, 2, 4, 5 and 6 appear to be underserved- with region 2 as the highest percent.

**QMIA Council Recommendation:** The QMIA Council recommends that YES partners develop a plan for increasing service availability and access in all 7 regions with a goal to increase access statewide by 5 % in SFY 2022 and another 5% in SFY 2023 for a total 10% increase with no reductions in any region. This will allow YES services to reach the target of 23,000 receiving services by the end of 2023. The following table is the QMIA Council recommendation for targeted increases for each region.

<sup>7</sup> Estimated Target = 23,000 which is 70% of the high range (70% X 33,000 = 23,000).

<sup>8</sup> Total number served through Optum SFY 2020 as reported in the QMIA Quarterly report published in Sept 2020.

<sup>9</sup> Regional estimates are based the percent of those eligible (70%) and not eligible for YES (30%) as noted in Section 3 of the QMIA report multiplied times the estimated target by region.

<sup>10</sup> See footnote #6

<sup>11</sup> Estimated Variance = Difference between Estimated target and Estimated YES eligible served

<sup>12</sup> Estimated Percent below target= Estimated Variance / Estimated Target

This targets included in this recommendation are still to be determined and may be revised.

It is likely that there will continue to be variances between the target for services in each region. Variations in percentage of increase by region are intentional to create more equitable access to services in each region. These targets will allow for equalization of variances across the regions.

*Table 4: Recommended targets for Statewide 10% increase by end of SFY 2023*

SFY 2020	1	2	3	4	5	6	7	Total
Regional Estimated Target	2,700	1,200	4,100	6,250	2,850	2,600	3,300	23,000
Estimated YES eligible served 2020 <sup>13</sup>	2,415	710	4,700	5,000	2,100	2,150	3,725	20,770
SFY 2022 Plan for increase 5% statewide <sup>14</sup>	25	225	50	375	225	100	50	1,050
Regional Target for SFY 2022 <sup>15</sup>	2,440	935	4,750	5,375	2,325	2,250	3,775	21,825
SFY 2023 Plan for increase 5% statewide <sup>16</sup>	60	170	50	365	295	150	50	2,100
Regional Target for SFY 2023 <sup>17</sup>	2,500	1,105	4,800	5,750	2,620	2,400	3,825	23,000
Remaining variance by region <sup>18</sup>	200	95		500	230	200		1,225
% variance <sup>19</sup>	7.4%	7.9%		8.0%	8.0%	7.7%		

*Note: All numbers are rounded for simplicity*

<sup>13</sup> See footnote 8.

<sup>14</sup> SFY 2022 Plan for increase numbers served 5% statewide= proposed numbers to move reach region toward more equitable access.

<sup>15</sup> New targets by region reflecting proposed increases for SFY 2022 to achieve 5% increase statewide.

<sup>16</sup> SFY 2023 Plan for increase of additional numbers served 5% statewide= proposed numbers to move reach region toward more equitable access.

<sup>17</sup> New targets by region reflecting proposed increases for SFY 2023 to achieve 5% increase statewide.

<sup>18</sup> Variance = Difference between Regional estimated Target and increased numbers served.

<sup>19</sup> % variance= number remaining to be served / Regional Estimated target.



## **2. Number of Children and Youth with an Initial CANS**

**Background:** To ensure that children and youth with mental health needs may be appropriately identified, Idaho implemented the use of the Child and Adolescent Needs and Strengths (CANS) assessment instrument.

**Report:** SFY 2020 was the first full fiscal year in which the CANS was required by all children's mental health providers and 14,746 initial CANS were completed by the end of the year (Table 5). It is notable that in SFY 2020, the number of children and youth receiving an initial CANS was greater than the low targeted range (14,746 vs 13,000), and was 64% of the target of SFY 2021 target of 23,000 kids needing YES services.

A child or youth may have an initial CANS in any of the three entities (DBH, Liberty and/or Optum Network providers) and it would still be counted as an initial CANS. Grand total is unduplicated across all agencies.

The expectation is that a majority of initial CANS will be completed by the Optum Provider Network which is evidenced by the data..

*Table 5: Children and Youth with Initial CANS SFY 2020*

SFY 2020	DBH	Liberty	Optum Providers	Grand Total*
Unduplicated clients by agency	452	1,423	13,460	14,746
%	2.9%	9.3%	87.8%	

During the 2<sup>nd</sup> quarter of SFY 2021, 5,321 unduplicated children and youth had received at least one initial CANS (Table 6). The number of initial CANS is not expected to be equal to the targeted number of children and youth who meet criteria for YES as many children and youth will already be receiving services and will receive a CANS update rather than an initial CANS. The number completed by quarter will be reported in each successive QMIA-Q so that over time quarterly trends in number of initial CANS may be established. Quarterly data should not be added to previous quarters as there may be duplication from quarter to quarter.

*Table 6: Children and Youth with Initial CANS SFYTD 2021 (rolling total for SFY)*

SFYTD 2021-	DBH	Liberty	Optum Providers	Grand Total*
Unduplicated clients by agency	57	428	4,911	5,321
%	1.1%	8.0%	92.3%	

**QMIA Council Recommendation:** The QMIA-Q will continue to track the number of children with an initial CANS but it is expected this data element will likely vary each quarter. Over several quarters, it may be possible to develop trends that will be helpful in assessing if there are an appropriate number of children and youth being identified as needing mental health services through an initial CANS

### 3. Number of YES eligible children and youth based on initial CANS

**Background:** An algorithm based on the CANS was developed for Idaho to support identification of YES members. The algorithm results in a rating of 0, 1, 2, or 3. Based on that algorithm, all children who have a CANS rating of 1 or greater are considered to meet the criteria for eligibility for YES membership. Children and youth with a rating of “0” on the CANS may still have mental health needs and are still provided mental health services but they do not meet the eligibility criteria established in the Jeff D. Settlement Agreement to be considered a class member of the Jeff D. Lawsuit.

**Report:** Of all the initial CANS completed in SFY 2020, 70% met the criteria for eligibility for YES (CANS 1,2, or 3 rating) and 30% did not meet the criteria (CANS rating of 0).

Table 7: CANS Rating – Agencies completing CANS: SFY 2020

Assessment score	DBH		Liberty		Optum Providers		Grand Total*	
	#	%	#	%	#	%	#	%
0	25	5%	29	2%	4,560	33%	4,611	30%
1	116	26%	397	28%	6,417	46%	6,853	44%
2	59	13%	317	22%	1,382	10%	1,733	11%
3	252	56%	680	48%	1,540	11%	2,326	15%
Total #	452		1,423		13,460*		14,746*	

\*Total numbers from chart on page 5

Of all the initial CANS completed in so far in SFY 2021 (July – Dec 2020), 71% met the criteria for eligibility for YES (CANS 1, 2, or 3 rating) and 29% did not meet the criteria (CANS rating of 0). The percentages of those found eligible vs those found not eligible across time continues to be fairly consistent, which indicates that there is reliability in the percent of children and youth who will likely qualify for YES (e.g. it is expected that approximately 70% of children accessing services would meet criteria to be YES eligible).

Table 8: CANS Rating – Agencies completing CANS: SFY 2021 Year to Date

Assessment score	DBH		Liberty		Optum Providers		Grand Total*	
	#	%	#	%	#	%	#	%
0	5	9%	7	2%	1,613	33%	1625	31%
1	15	26%	101	24%	2,428	49%	2539	48%
2	9	16%	101	24%	412	8%	519	10%
3	28	49%	219	21%	551	11%	778	15%
Total #	57		428		4,911		5321	

Predicted target by CANS score:

Based on the percentage of CANS ratings of 1, 2, or 3 compared to the targeted number of children to be served a rough prediction can be made as to the number of children and youth that may be eligible for YES services. While targets have not yet been determined this rough prediction can be used to begin assessing the amount and types of services needed.

Table 9: Predicted prevalence by CANS ratings compared to the targeted goal of 23,000

CANS Rating	YES Eligible	Percent of total eligible	Predicted Prevalence Needing Services*
1	1245	67%	15,400
2	246	13%	3,000
3	374	20%	4,600
Total #	1865		23,000

\*Numbers are rounded to nearest 50

**QMIA Council Recommendation:** The QMIA Council will develop a plan to assess service needs based on CANS scores to identify YES success measures and targets that will be utilized in future QMIA-Q reports.



#### 4. Characteristics of children and youth assessed using the CANS

**Background:** The characteristics of the children and youth who were assessed are noted by age, gender, race/ ethnicity, and geographic distribution by county. The goal of assessing those who have received an initial CANS assessment is to identify if there may have been any disparities compared to the population of Idaho or compared to previous years.

**Report: By Age- data includes SFY 2020 and July-Dec 2021:**

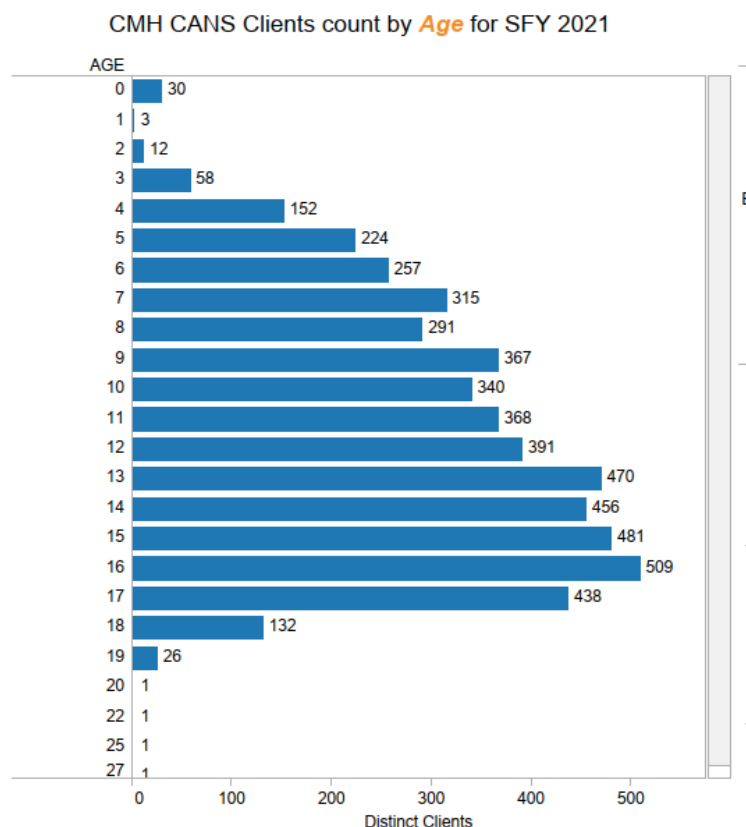
Table 10: Ages of children and youth who received a CANS

Age range	CANS	%SFY2020	CANS	% SFYTD 2021
3-4	493	3.4%	210	4.17%
5-6	1260	8.7%	418	8.27%
7-8	1775	12.2%	606	11.99%
9-11	3318	22.8%	1075	21.27%
12-14	3753	25.8%	1317	26.05%
15-17	3961	27.2%	1428	28.25%
	14,560		5,054	

The reported percentages in the table above exclude children under the age of 3 and over the age of 17 from the bar chart below. There has been a slight trend through the year toward a higher percentage of children assessed using the CANS between the ages of 3 to 4. This may be the result of improving methods for identifying needs or due simply to more children being assessed.

Note: DBH is continuing research as to why children under the age of 3 received a CANS- and specifically why 30 children under the age of 1 received a CANS.

Chart 1



### Report By Gender: July-Dec 2021:

Report: The number and percentage of children and youth with at least one completed CANS completed for SFYTD 2021 is approximately reflective of the percentages of the states population. There was a slight increase from Q1 to Q2 in the percentage of females receiving a CANS.

Table 11: Gender of children and youth who received a CANS

	Female	Male	Refused	Transgender Female	Transgender Male	Unknown	Grand total
Unduplicated clients	2,614	2,669	3	8	20	7	5,321
% by Gender	47.13%	50.16%	0.06%	0.15%	0.38%	0.13%	
% of Idaho's Population	48.87%	51.13%	NA	Unknown	Unknown	NA	

Note: State level census data does not track or report on percent of Idaho's children and youth identifying as Transgender Male or Female.

### Report By Race and Ethnicity: July-Dec 2021:

The number and percentage of children and youth with at least one completed CANS by Race/Ethnicity for SFYTD 2021 indicates that there may be some disparities in the children and youth being assessed with the CANS. Black/African American and Hispanic children and youth appear to be served at or above the general population percentage in Idaho. Asian children and youth appear to be underserved. Also notable is that 15% of CANS entered into the ICANS system had either unknown or other as the race or ethnicity of the child or youth served. DBH CANS Trainers continue to address the importance of noting race and ethnicity accurately in CANS Training.

Table 12: Race and Ethnicity of children and youth who received a CANS:

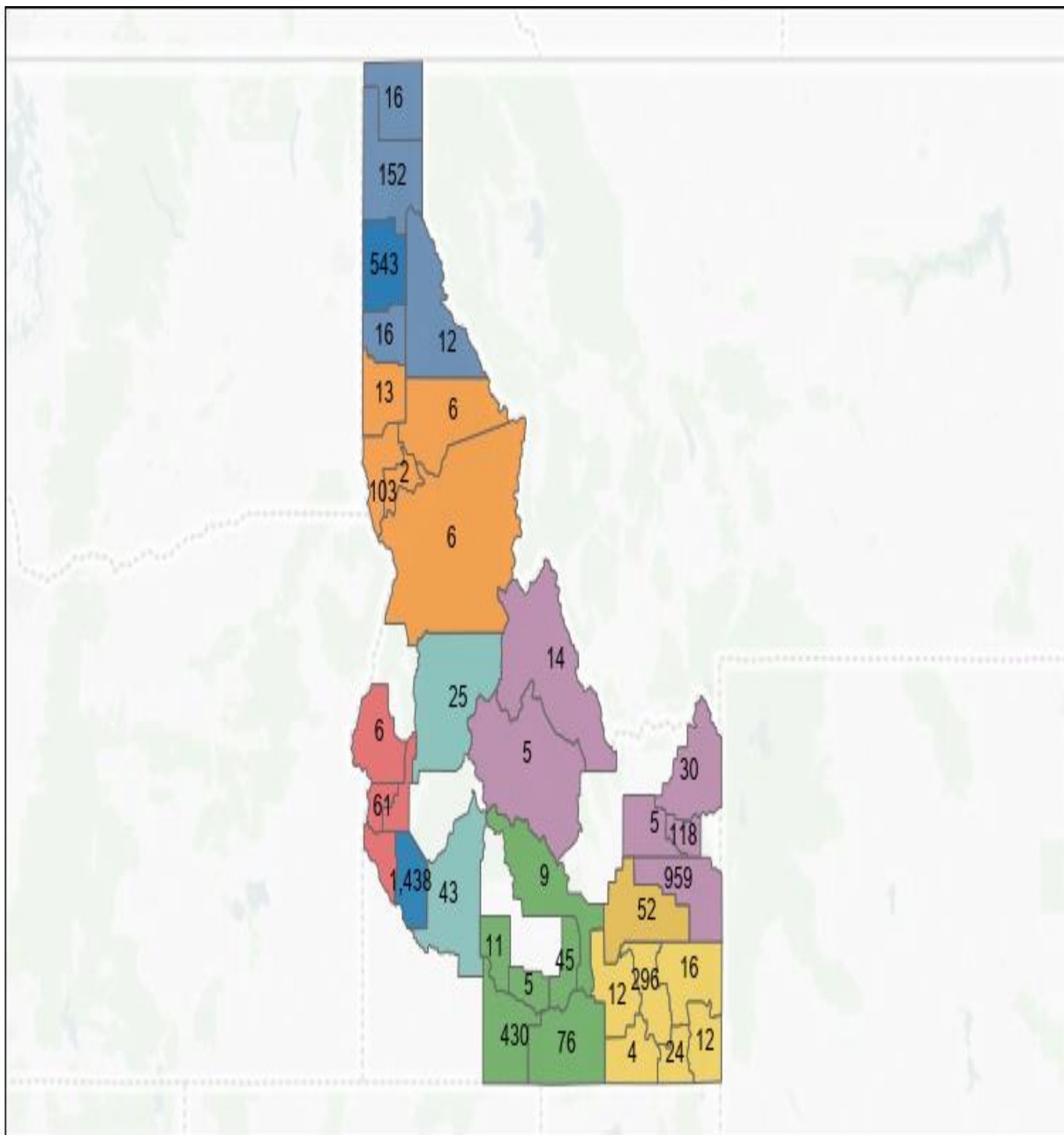
	Asian	Black/ African American	Hispanic/ Latinx	More than one race	Native American	Pacific islander	White	Total
Unduplicated Clients	22	84	932	163	78	7	3,245	4531
% by Race Ethnicity	0.49%	1.85%	20.57%	3.60%	1.72%	0.15%	71.62%	
% of Idaho's population	1.6%	0.9%	12.7%	2.5%	1.7%	0.2%	93%	

### Report By County: July-Dec 2021:

Report: As can be seen in the map below showing the number of completed CANS provided in SFYTD 2021, there are 8 counties with "0" completed CANS: Adams, Boise, Butte, Clark, Camas, Lincoln, Owyhee, and Teton. This is a slight improvement over the 10 counties reported in Q1 of SFY 2021. When compared to regional populations the gap in CANS assessments is most evident in Region 2

Table 13: CANS Assessments by Region

Number of CANS assessments completed by Region			
Region	# Unduplicated Clients	% Clients	% population
1	735	13.81%	11.78%
2	143	2.69%	5.32%
3	878	16.50%	17.82%
4	1,506	28.30%	27.19%
5	567	10.66%	12.36%
6	416	7.82%	11.14%
7	1,125	21.14%	14.39%
Other	3	0.06%	NA
Total	5,321		



The following table shows the comparison between the number of CANS to the population under 18 in each county. In addition to the 8 counties in which there were no CANS (noted in red font) , there were several counties (5) with less than .20% penetration: Blaine, Idaho, Jefferson, Jerome, Latah (noted in orange font). This comparison indicates that there are gaps in access to CANS in both rural and frontier counties throughout the state.

Table 14

COUNTY	Population	CANS	Penetration rate
Ada County	118,078	1438	1.22%
Adams County	794	0	0.00%
Bannock County	23,615	296	1.25%
Bear Lake County	1,625	12	0.74%
Benewah County	2,113	16	0.76%
Bingham County	14,445	52	0.36%
Blaine County	5,138	9	0.18%
Boise County	1,384	0	0.00%
Bonner County	9,247	152	1.64%
Bonneville County	37,498	959	2.56%
Boundary County	2,776	16	0.58%
Butte County	632	0	0.00%
Camas County	277	0	0.00%
Canyon County	67,475	777	1.15%
Caribou County	2,038	16	0.79%
Cassia County	7,671	76	0.99%
Clark County	182	0	0.00%
Clearwater County	1488	6	0.40%
Custer County	789	5	0.63%
Elmore County	7,185	43	0.60%
Franklin County	4,530	24	0.53%
Fremont County	3,411	30	0.88%
Gem County	4,153	34	0.82%
Gooding County	4,193	11	0.26%
Idaho County	3,308	6	0.18%
Jefferson County	10,680	5	0.05%
Jerome County	7,554	5	0.07%
Kootenai County	38,656	543	1.40%
Latah County	7,785	13	0.17%
Lemhi County	1,526	14	0.92%
Lewis County	855	2	0.23%
Lincoln County	1,562	0	0.00%
Madison County	10,536	118	1.12%
Minidoka County	5,931	45	0.76%
Nez Perce County	8,581	103	1.20%
Oneida County	1,313	4	0.30%
Owyhee County	3,075	0	0.00%
Payette County	6,350	61	0.96%
Power County	2,498	12	0.48%
Shoshone County	2,737	12	0.44%
Teton County	2,964	0	0.00%
Twin Falls County	24,114	430	1.78%
Valley County	2,124	25	1.18%
Washington County	2,352	6	0.26%

Red font= 0 CANS

Orange Font = <.20%

Black font = > .20%

**QMIA Council Recommendation:** The QMIA Council recommends that DHW should consider working with both Liberty and Optum to identify root cause of gaps in CANS assessments in the counties with no CANS and those with less than .20% penetration. Additionally based on Table 12 regarding Race/Ethnicity of those being assessed with the CANS, DHW may need to assess why Asian children and youth appear to be underserved.

## 5. YES Medicaid Service Utilization

**Background:** The Jeff D Settlement Agreement requires all services listed in Appendix C to be available to children and youth with SED

**Report:** In SFYTD 2021 Q2, by the end of December the number of children and youth who had received outpatient mental health service from Medicaid/Optum under the 1915(i) waiver was 2,036 and with other Medicaid was 13,785.

**Table 15: 1915 (i) Medicaid accessing Services by Quarter - Ages 0 to 17 Only**

Description: This table displays the distinct count of Medicaid Members (counted by Medicaid ID), by quarter, who have been identified as having an SED and utilized services at any time between 7/1/2018 to 12/31/2020.

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)
Region 1	98	106	114	129	164	204	232	246	255	241
Region 2	45	48	55	65	65	66	76	76	86	87
Region 3	64	73	99	142	199	222	237	269	294	310
Region 4	90	131	179	232	310	346	388	439	494	517
Region 5	49	55	70	98	123	139	152	145	155	144
Region 6	47	51	57	84	91	112	133	149	161	174
Region 7	301	314	346	384	447	488	514	529	570	560
Region 9/Out of State	6	3	0	3	4	1	2	6	6	3
<b>Total</b>	<b>700</b>	<b>781</b>	<b>920</b>	<b>1,137</b>	<b>1,403</b>	<b>1,578</b>	<b>1,734</b>	<b>1,859</b>	<b>2,021</b>	<b>2,036</b>

It can be seen clearly that more children and youth who have been identified as meeting YES criteria via the waiver are receiving mental health services each successive quarter. There are however variances by region.

**Table 16: All other Medicaid Members accessing Services by Quarter - Ages 0 to 17 Only**

Description: This table displays the distinct count of all other Medicaid Members (counted by MID) who were NOT identified as 1915 (i), by quarter, and utilized services at any time between 7/1/2018 to 12/31/2020.

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)
Region 1	1,841	1,840	1,983	1,963	1,745	1,732	1,813	1,608	1,601	1,642
Region 2	594	575	624	560	508	509	546	447	498	466
Region 3	3,521	3,578	3,829	4,013	3,594	3,647	3,621	2,930	2,952	3,038
Region 4	4,009	4,161	4,307	4,274	3,816	3,816	3,787	3,182	3,185	3,311
Region 5	1,506	1,541	1,534	1,562	1,472	1,455	1,575	1,297	1,389	1,500
Region 6	1,549	1,584	1,609	1,636	1,555	1,602	1,613	1,491	1,412	1,314
Region 7	2,693	2,776	2,827	2,885	2,776	2,789	2,778	2,597	2,466	2,481
Region 9/Out of State	37	40	43	61	70	45	43	40	56	33
<b>Total</b>	<b>15,750</b>	<b>16,095</b>	<b>16,756</b>	<b>16,954</b>	<b>15,536</b>	<b>15,595</b>	<b>15,776</b>	<b>13,592</b>	<b>13,559</b>	<b>13,785</b>

The number of children with other Medicaid (not related to the 1915(i) waiver) who are receiving mental health services has trended down in the last 3 quarters. This may be due to the impact of COVID -19.

**Table 17: The total number of children served by quarter**

This table combines the number of children and youth who received Medicaid via the 1915(i) waiver and those with other types of Medicaid (regular Medicaid, Foster Care Medicaid, etc.) who accessed mental health services.

Region.	SFY19- Q1 (Jul to Sep)	SFY19- Q2 (Oct to Dec)	SFY19- Q3 (Jan to Mar)	SFY19- Q4 (Apr to Jun)	SFY20- Q1 (Jul to Sep)	SFY20- Q2 (Oct to Dec)	SFY20- Q3 (Jan to Mar)	SFY20- Q4 (Apr to Jun)	SFY21- Q1 (Jul to Sep)	SFY21- Q2 (Oct to Dec)
<b>Total 1915(i)</b>	<b>700</b>	<b>781</b>	<b>920</b>	<b>1,137</b>	<b>1,403</b>	<b>1,578</b>	<b>1,734</b>	<b>1,859</b>	<b>2,021</b>	<b>2,036</b>
<b>Total Medicaid</b>	<b>15,750</b>	<b>16,095</b>	<b>16,756</b>	<b>16,954</b>	<b>15,536</b>	<b>15,595</b>	<b>15,776</b>	<b>13,592</b>	<b>13,559</b>	<b>13,785</b>
<b>Total</b>	<b>16,450</b>	<b>16,876</b>	<b>17,676</b>	<b>18,091</b>	<b>16,939</b>	<b>17,173</b>	<b>17,510</b>	<b>15,451</b>	<b>15,580</b>	<b>15,821</b>

The total number of children and youth accessing mental health services peaked in the last quarter of SFY 19 (18,091) and has trended downward for the last three quarters. The total number of children served in Q2 of 2021 is lower than the number served in Q1 of SFY19, and lower than Q2 of SFY 2019 and 2020. This drop is possibly a result of impacts related to COVID 19.

Utilization by services covered by Optum is included for each of the following YES services:

- Psychotherapy
- CANS Assessment
- Targeted Care Coordination
- Substance Use Disorder
- Skills Building (CBRS)
- Respite
- Psychological and Neuropsychological testing
- Medication Management
- Youth Support Services (Youth Peer)
- Skills Training and Development (STAD)
- Family Psychoeducation
- Partial Hospitalization (PHP)
- Intensive Home and Community Based Services
- Day Treatment
- Crisis Services
- Child and Family Interdisciplinary Team
- Behavior Identification
- Adaptive Behavior Treatment

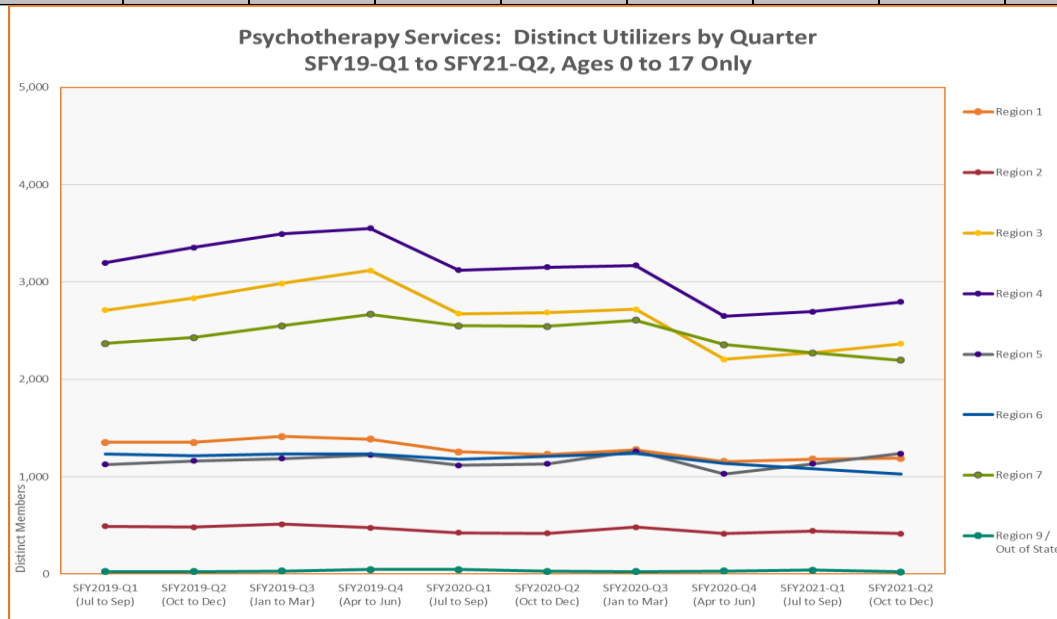


## Psychotherapy Services

### Psychotherapy - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	1,352	490	2,711	3,198	1,127	1,231	2,369	26	12,420
SFY2019-Q2	1,353	480	2,834	3,355	1,162	1,213	2,430	25	12,784
SFY2019-Q3	1,413	512	2,985	3,494	1,187	1,232	2,549	31	13,316
SFY2019-Q4	1,386	474	3,117	3,552	1,221	1,235	2,669	47	13,594
SFY2019 Distinct Total Utilizers	2,296	791	5,025	5,625	2,144	2,092	3,901	91	21,543
SFY2020-Q1	1,255	424	2,675	3,120	1,117	1,177	2,550	46	12,285
SFY2020-Q2	1,228	417	2,685	3,151	1,132	1,207	2,545	29	12,314
SFY2020-Q3	1,278	480	2,719	3,170	1,262	1,238	2,608	25	12,713
SFY2020-Q4	1,157	415	2,206	2,650	1,028	1,136	2,355	32	10,901
SFY2020 Distinct Total Utilizers	2,050	708	4,433	5,109	2,016	1,955	3,849	90	19,832
SFY2021-Q1	1,181	441	2,273	2,696	1,133	1,081	2,273	40	11,030
SFY2021-Q2	1,190	415	2,365	2,794	1,237	1,025	2,195	21	11,113
SFY2021 Distinct Total Utilizers	1,463	548	2,932	3,472	1,507	1,321	2,686	50	13,725



#### What is the data telling us?

In SFY 2019, almost 94% of kids with Medicaid received psychotherapy (21,543/ 23,000\*), and in SFY 2020 86% of kids received psychotherapy (19,832/ 23,000). Overall, statewide the percent is trending downward. The first two quarters of SFY 2021 are lower than each of the previous years' first two quarters. Comparing quarter to quarter by region, all of the regions except Region 5 have trended downward.

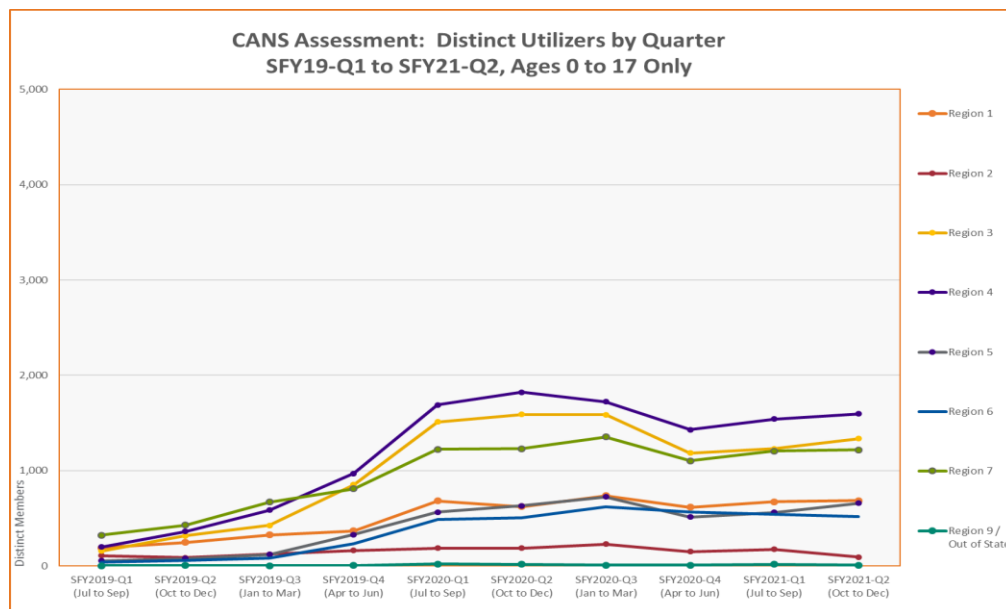
\*Using the goal of 23,000 which is the new goal established in 2021.

## Child and Adolescent Needs and Strengths (CANS) Assessment

### CANS Assessment - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	189	107	155	199	52	37	322	2	1,063
SFY2019-Q2	248	85	317	361	77	55	429	4	1,576
SFY2019-Q3	324	123	424	586	120	82	669	3	2,329
SFY2019-Q4	367	163	853	969	327	235	808	5	3,724
SFY2019 Distinct Total Utilizers	736	308	1,180	1,365	489	321	1,402	10	5,779
SFY2020-Q1	682	187	1,511	1,690	563	487	1,222	19	6,357
SFY2020-Q2	622	185	1,589	1,823	631	507	1,230	16	6,602
SFY2020-Q3	738	228	1,587	1,722	724	618	1,353	8	6,976
SFY2020-Q4	615	151	1,183	1,430	514	563	1,102	8	5,565
SFY2020 Distinct Total Utilizers	1,415	422	3,160	3,584	1,401	1,199	2,682	35	13,751
SFY2021-Q1	674	173	1,228	1,541	560	539	1,206	18	5,934
SFY2021-Q2	684	94	1,335	1,594	657	516	1,217	7	6,100
SFY2021 Distinct Total Utilizers	974	224	1,860	2,292	918	799	1,803	21	8,827



#### What is the data telling us?

In SFY 2019, only 25% of kids received a CANS through a Medicaid Network provider compared to the goal of 23,000 (5,779/23,000\*). This increased in 2020 to almost 60% (13,751/23,000\*). For SFY 2021, there is a downward trend for the first 2 quarters. The downward trend is primarily in Regions 2, 3, and 4 with Regions 1, 5, 6 and 7 remaining either fairly stable or increasing slightly. While the decrease may be mainly due to COVID-19 the goal is for all YES eligible children and youth to have an initial CANS and CANS update every 90 days. This data indicates that there are children and youth who may not be getting a CANS.

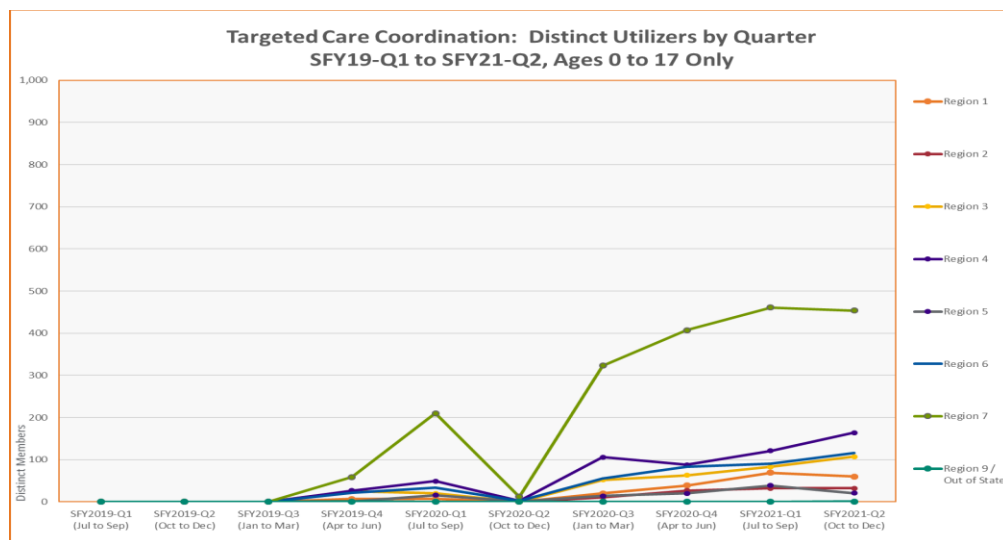
\*Using the new goal of 23,000 set in 2021

## Targeted Care Coordination (TCC)

### TCC - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	7	1	25	27	1	22	59	1	143
SFY2019 Distinct Total Utilizers	7	1	25	27	1	22	59	1	143
SFY2020-Q1	7	0	20	49	16	34	210	0	336
SFY2020-Q2	0	0	0	2	1	2	12	0	17
SFY2020-Q3	20	11	52	106	14	55	323	0	581
SFY2020-Q4	39	27	63	88	20	83	407	0	725
SFY2020 Distinct Total Utilizers	56	28	104	188	44	112	487	0	1,009
SFY2021-Q1	69	32	83	121	39	91	461	0	895
SFY2021-Q2	60	32	107	164	21	116	454	1	947
SFY2021 Distinct Total Utilizers	88	38	125	200	45	132	550	1	1,169



#### What is this data telling us?

All children and youth with Medicaid eligibility under the 1915(i) Waiver should be receiving TCC (e.g. 2,036 members in Q2 of SFY2021) and all other children and youth who meet criteria for YES may receive TCC. As of the end of SFY 2021 Q2 1,169 children and youth had received TCC. This indicates that fewer children and youth who should be receiving TCC are currently receiving the service. It is unclear what the targeted number should be but as compared just to the waived children and youth the percentage served is 57% (1,169 / 2,036) so far in SFY 2021.

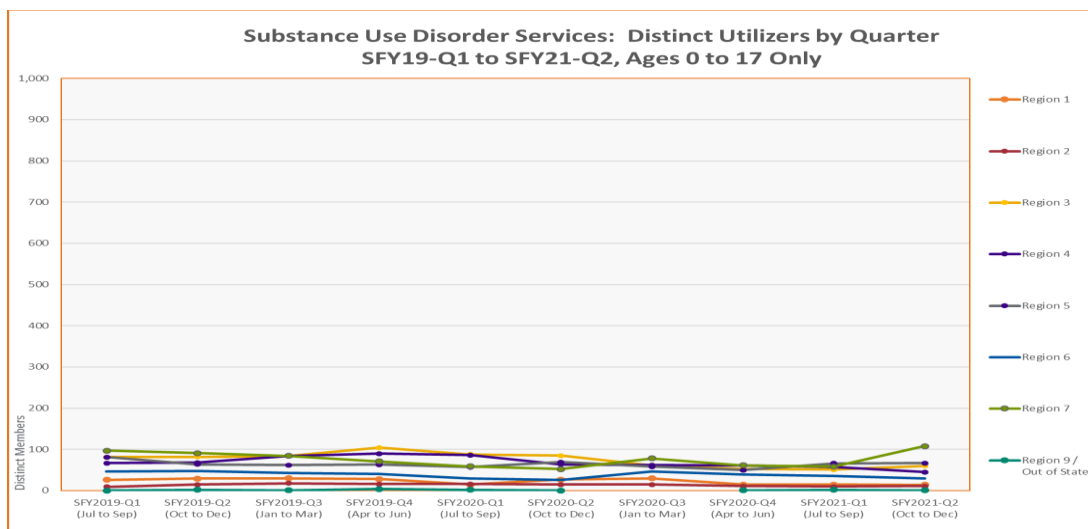
However, it is notable that the number receiving the service has been increasing steadily in every region.

## Substance Use Disorder (SUD) Services

### SUD Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	26	9	81	67	81	47	97	0	407
SFY2019-Q2	29	15	82	68	64	48	91	2	399
SFY2019-Q3	30	18	84	84	62	43	84	1	404
SFY2019-Q4	28	16	104	90	63	40	71	4	408
SFY2019 Distinct Total Utilizers	72	31	198	169	160	91	176	6	891
SFY2020-Q1	15	16	88	86	57	30	59	2	352
SFY2020-Q2	27	15	85	64	69	26	52	0	338
SFY2020-Q3	30	15	61	62	58	46	78		350
SFY2020-Q4	15	11	53	61	50	39	61	1	290
SFY2020 Distinct Total Utilizers	56	28	162	155	131	69	151	3	752
SFY2021-Q1	15	10	51	57	66	36	58	2	294
SFY2021-Q2	14	11	60	45	67	30	108	1	335
SFY2021 Distinct Total Utilizers	24	13	80	78	94	45	141	2	473



### What is this data telling us?

According to the 2018 SAMHSA National Findings Report the projected prevalence of substance use disorder in youth ages 12-17 is 2.7% for drug use and 1.6% for alcohol use disorder. Using these percentages compared to the number of Medicaid Members it is expected that 5130 youth would be predicted to have issues with substance use disorders and 3,040 youth would be predicted to have issues with alcohol use disorders.

(<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>)

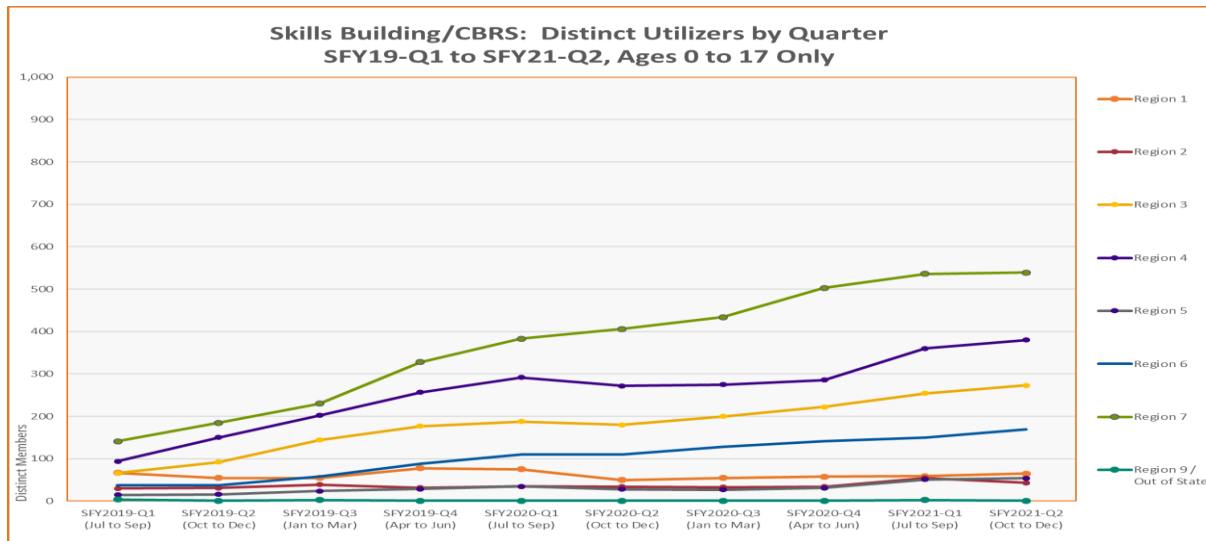
While there may be youth receiving SUD services through other providers the number receiving SUD services is less than 20% of the number who may need the services ( $473 / 5130 = 9\%$ , and  $473 / 3040 = 15.5\%$ ). This could be due to how providers bill or could indicate a need for more focus on SUD services.

## Skills Building/CBRS

### Skills Building/CBRS - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	67	30	66	94	15	37	141	4	449
SFY2019-Q2	55	31	92	150	16	38	185	1	564
SFY2019-Q3	55	39	144	202	24	58	230	3	749
SFY2019-Q4	78	32	177	257	29	88	328	1	983
SFY2019 Distinct Total Utilizers	119	57	230	330	34	114	406	6	1,271
SFY2020-Q1	75	35	188	292	35	110	383	1	1,113
SFY2020-Q2	50	34	180	272	28	110	406	1	1,073
SFY2020-Q3	55	33	200	275	27	128	434	1	1,147
SFY2020-Q4	58	34	222	286	31	141	503	1	1,271
SFY2020 Distinct Total Utilizers	115	63	369	484	62	215	687	4	1,974
SFY2021-Q1	59	55	254	360	51	150	536	3	1,460
SFY2021-Q2	65	43	273	380	54	169	539	1	1,509
SFY2021 Distinct Total Utilizers	77	62	326	456	77	189	645	4	1,811



### What is this data telling us?

According to the 2018 SAMHSA National Findings Report, evidence based social skills training may be effective for children and youth with anxiety, depression, disruptive behaviors, exposure to trauma and other mental disorders. Since SFY 2019 the number of children and youth receiving Skills Building has been increasing. While last year the highest number served in any one quarter was 1,271 already in this year by the end of Q2 1,811 have received the service ( $1,811 / 23,000 = 7.87\%$ ). The service seems to be accessed most in Region 7 and Region 4.

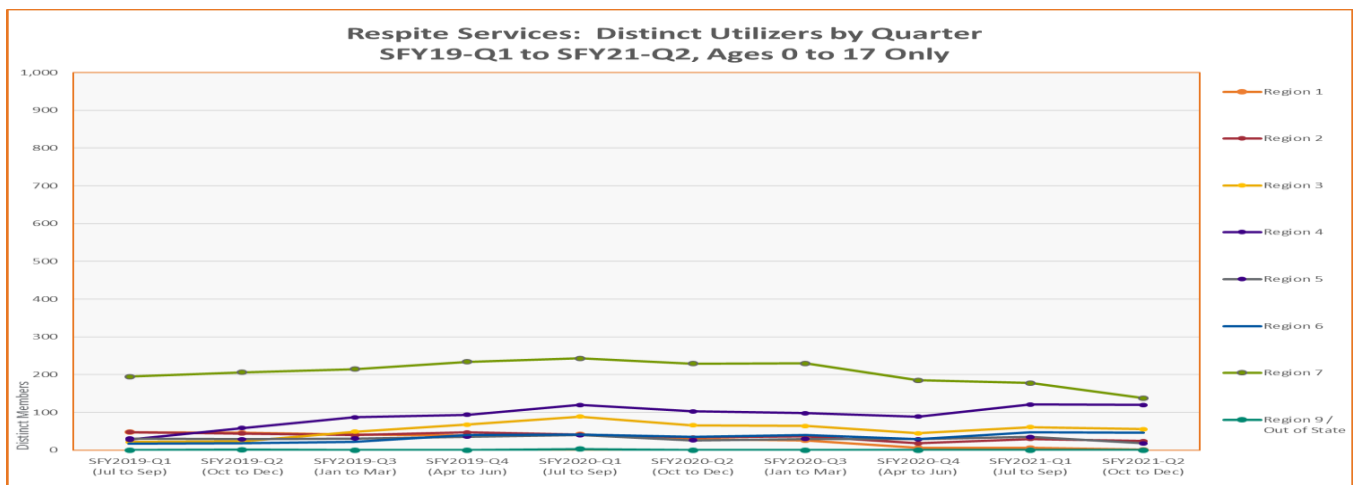
Further analysis is needed to determine how many children and youth could benefit from Skills Building services.

## Respite Services

### Respite Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	48	48	22	28	31	17	195	0	388
SFY2019-Q2	46	44	23	59	29	18	206	1	425
SFY2019-Q3	41	40	49	87	31	22	215	0	485
SFY2019-Q4	39	47	68	94	36	40	234	0	557
SFY2019 Distinct Total Utilizers	66	59	84	134	53	51	297	1	738
SFY2020-Q1	42	41	89	120	40	41	243	3	616
SFY2020-Q2	30	34	66	103	26	36	229	0	524
SFY2020-Q3	26	37	64	98	30	40	230	0	525
SFY2020-Q4	6	18	45	89	29	29	185	0	401
SFY2020 Distinct Total Utilizers	54	50	116	187	63	59	339	3	868
SFY2021-Q1	6	30	61	121	35	48	178	0	476
SFY2021-Q2	1	24	56	120	18	46	138	0	402
SFY2021 Distinct Total Utilizers	6	30	78	147	37	58	208	0	560



### What is this data telling us?

Based on data from the first two quarters of SFY 2021 the use of Respite care through Optum has decreased in SFY 2021. This could be the result of COVID-19 requirements. Respite care through Optum seems most readily utilized in Regions 7 and 4. There is little or no research on predicting the need for Respite care although research in 2000 by Eric Bruns does indicate better outcomes for families receiving Respite. It is notable that while Region 7 and Region 4 have consistently had access to Respite services Region 1 appears to be very underserved.

*Note - respite care is also provided by DBH page 37*

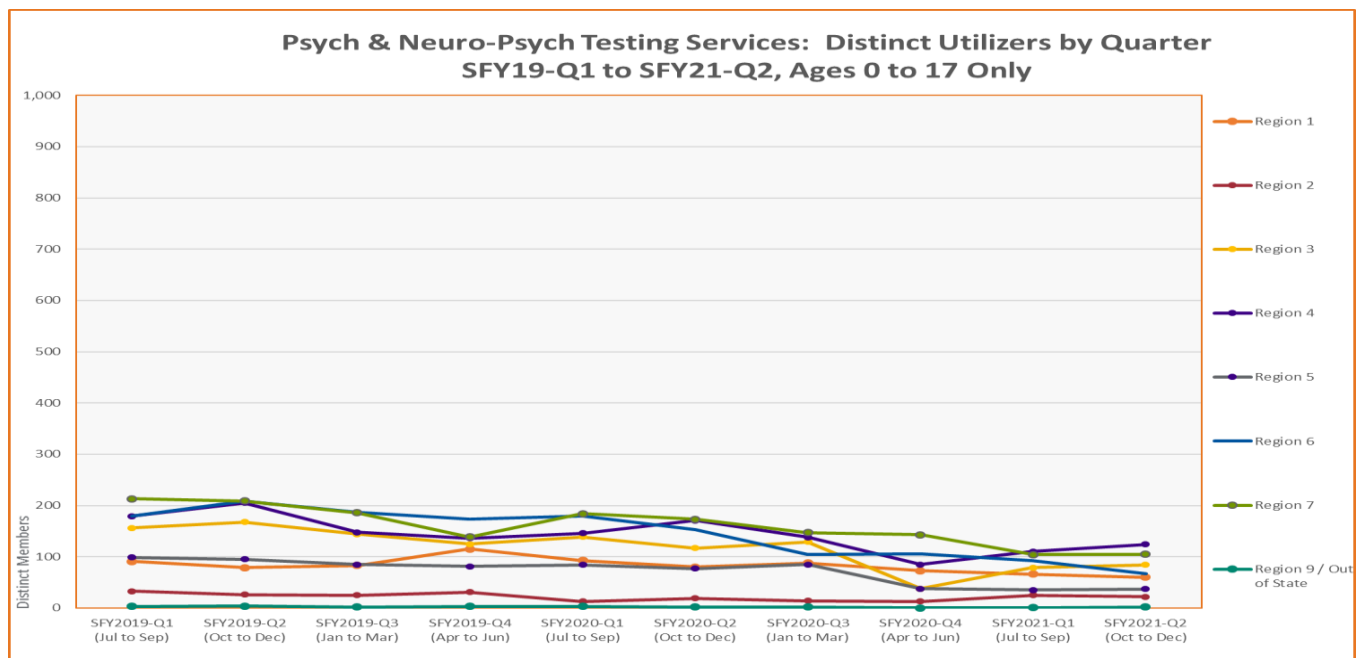


## Psychological & Neuro-Psychological Testing Services

### Psych & Neuro-Psych Testing - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	91	33	156	179	99	179	213	3	948
SFY2019-Q2	79	26	168	205	95	209	209	4	994
SFY2019-Q3	83	25	144	148	85	187	186	2	859
SFY2019-Q4	115	31	125	136	81	173	139	3	801
SFY2019 Distinct Total Utilizers	359	100	545	623	326	567	624	12	3,143
SFY2020-Q1	93	13	139	146	84	180	184	3	842
SFY2020-Q2	80	19	117	171	77	153	173	2	792
SFY2020-Q3	88	14	129	138	85	105	147	2	708
SFY2020-Q4	73	13	38	85	38	106	143	0	495
SFY2020 Distinct Total Utilizers	330	57	403	521	254	461	631	7	2,663
SFY2021-Q1	66	25	79	110	35	93	104	1	513
SFY2021-Q2	60	22	84	124	37	67	105	2	500
SFY2021 Distinct Total Utilizers	124	41	163	233	62	143	205	3	973



#### What is this data telling us?

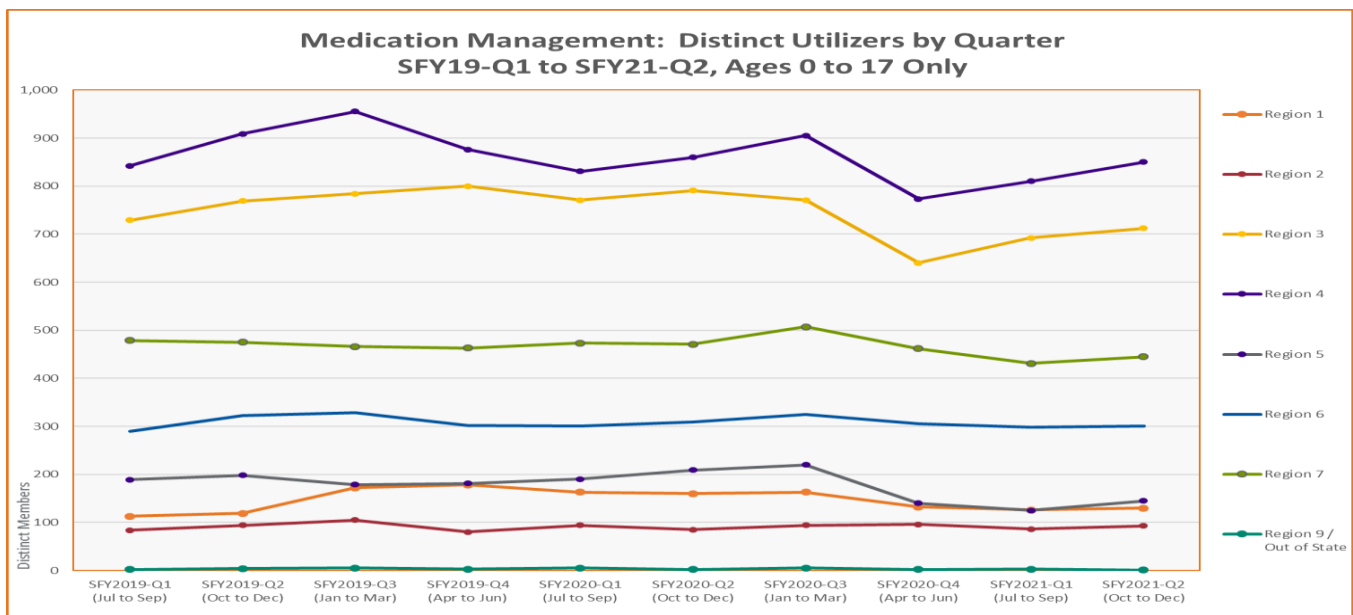
There is little or no research indicating a predicted number of children and youth who should have a psychological or neuropsychological assessment. The most notable issue with Psychological and Neuropsychological assessments for the first 2 quarters of SFY 2021 is that the number of assessment is substantially lower than in the previous 2 years. This change may be due in part to COVID. The QMIA will continue to monitor the trend of the use of Psychological and Neuropsychological assessments.

## Medication Management

### Medication Management - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	113	84	729	842	189	290	479	2	2,720
SFY2019-Q2	119	94	769	909	198	322	475	4	2,886
SFY2019-Q3	172	105	784	955	179	329	466	5	2,987
SFY2019-Q4	178	80	800	876	181	302	463	3	2,879
SFY2019 Distinct Total Utilizers	251	155	1,319	1,528	294	547	816	9	4,841
SFY2020-Q1	163	94	771	831	190	301	473	5	2,820
SFY2020-Q2	160	85	791	860	209	309	471	2	2,881
SFY2020-Q3	163	94	771	905	220	325	507	5	2,984
SFY2020-Q4	132	96	640	773	140	305	462	2	2,543
SFY2020 Distinct Total Utilizers	246	174	1,235	1,435	332	525	829	10	4,706
SFY2021-Q1	126	86	692	810	125	298	431	3	2,561
SFY2021-Q2	130	93	712	850	145	301	445	1	2,662
SFY2021 Distinct Total Utilizers	154	116	916	1,120	192	392	581	4	3,421



#### What is this data telling us?

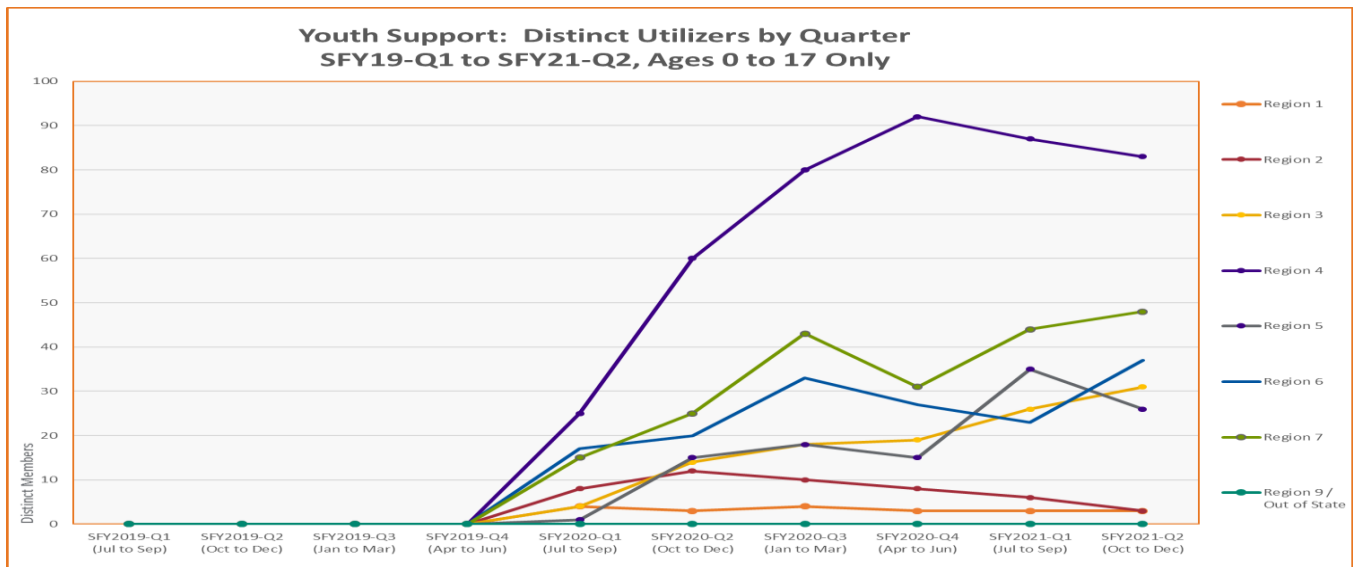
The number of children and youth receiving Medication Management has remained fairly consistent over the past two years. The percentage of children and youth receiving Medication Management in Q2 of SFY 2021 compared to the total number of children receiving mental health service is 21.6%. There is no prediction for number of children and youth who are predicted to need Medication Management. QMIA will continue to monitor the trend of the use of Medication Management.

## Youth Support Services

### Youth Support - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	4	8	4	25	1	17	15	0	74
SFY2020-Q2	3	12	14	60	15	20	25	0	147
SFY2020-Q3	4	10	18	80	18	33	43	0	206
SFY2020-Q4	3	8	19	92	15	27	31	0	195
SFY2020 Distinct Total Utilizers	9	20	29	126	26	57	64	0	329
SFY2021-Q1	3	6	26	87	35	23	44	0	224
SFY2021-Q2	3	3	31	83	26	37	48	0	231
SFY2021 Distinct Total Utilizers	3	6	36	99	40	43	59	0	286



### What is this data telling us?

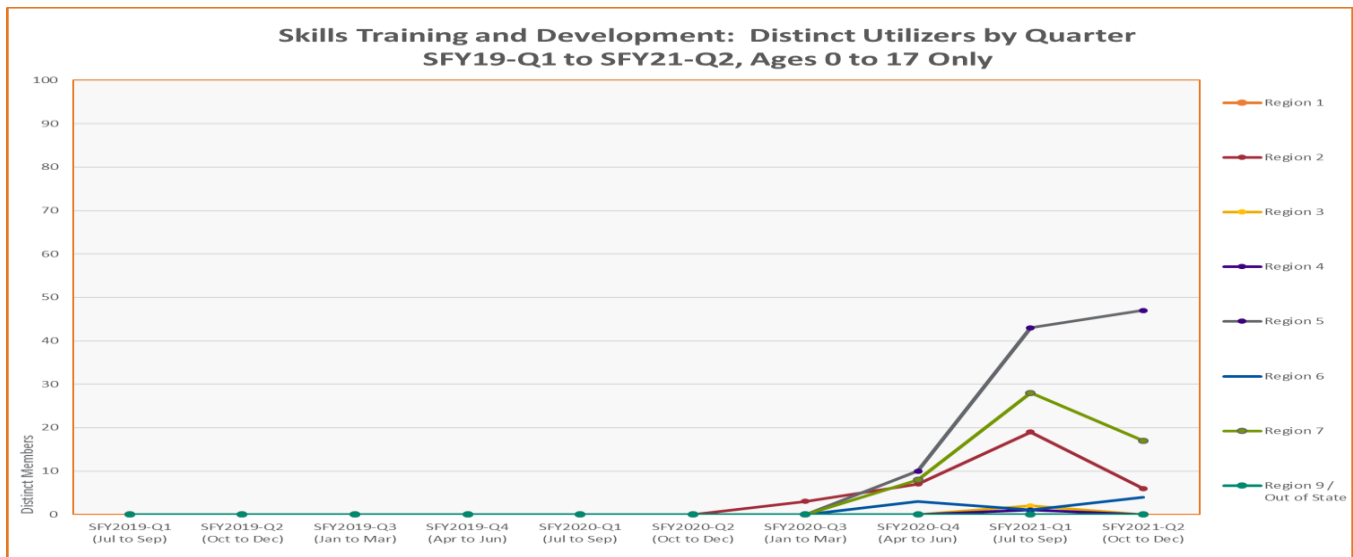
There is no research indicating expected need for Youth Peer Support Services. Youth Peer Support Services began to be available in SFY 2020 and have been utilized in every region, however the amount of services in Regions 1 and 2 seems very limited. It is notable that Youth Support Services have continued to increase in the first two quarters of SFY 2021. QMIA will continue to monitor the trends in use of Peer Support Services.

## Skills Training and Development (STAD)

### Skills Training and Development - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	0	0	0	0	0	0	0
SFY2020-Q3	0	3	0	0	0	0	0	0	3
SFY2020-Q4	0	7	0	0	10	3	8	0	28
SFY2020 Distinct Total Utilizers	0	10	0	0	10	3	8	0	31
SFY2021-Q1	0	19	2	1	43	1	28	0	94
SFY2021-Q2	0	6	0	0	47	4	17	0	73
SFY2021 Distinct Total Utilizers	0	19	2	1	56	4	31	0	112



#### What is this data telling us?

There is no research indicating expected need for STAD. STAD services appear to be very limited across the state—with 0 in Region 1, and only 2 in Region 3, 1 in Region 4, and 4 in Region 6. It is notable that the amount of STAD services is increasing in the first 2 quarters of SFY 2021.

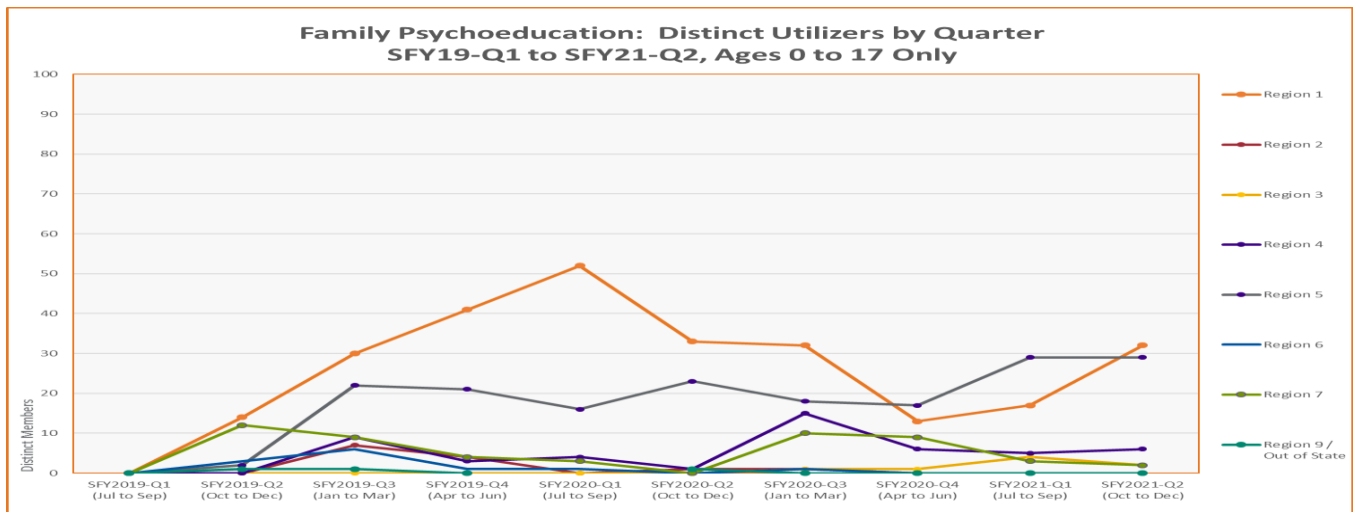
QMIA will continue to monitor the trends in use of STAD.

## Family Psychoeducation

### Family Psychoeducation - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	14	0	0	0	2	3	12	1	32
SFY2019-Q3	30	7	0	9	22	6	9	1	84
SFY2019-Q4	41	4	0	3	21	1	4	0	73
SFY2019 Distinct Total Utilizers	57	10	0	12	45	10	23	1	157
SFY2020-Q1	52	0	0	4	16	1	3		76
SFY2020-Q2	33	1	0	1	23	0	0	1	59
SFY2020-Q3	32	1	1	15	18	1	10	0	78
SFY2020-Q4	13	0	1	6	17	0	9	0	46
SFY2020 Distinct Total Utilizers	73	2	1	24	72	2	22	1	197
SFY2021-Q1	17	0	4	5	29	0	3	0	58
SFY2021-Q2	32	0	2	6	29	0	2	0	71
SFY2021 Distinct Total Utilizers	40	0	6	11	57	0	5	0	119



What is this data telling us:

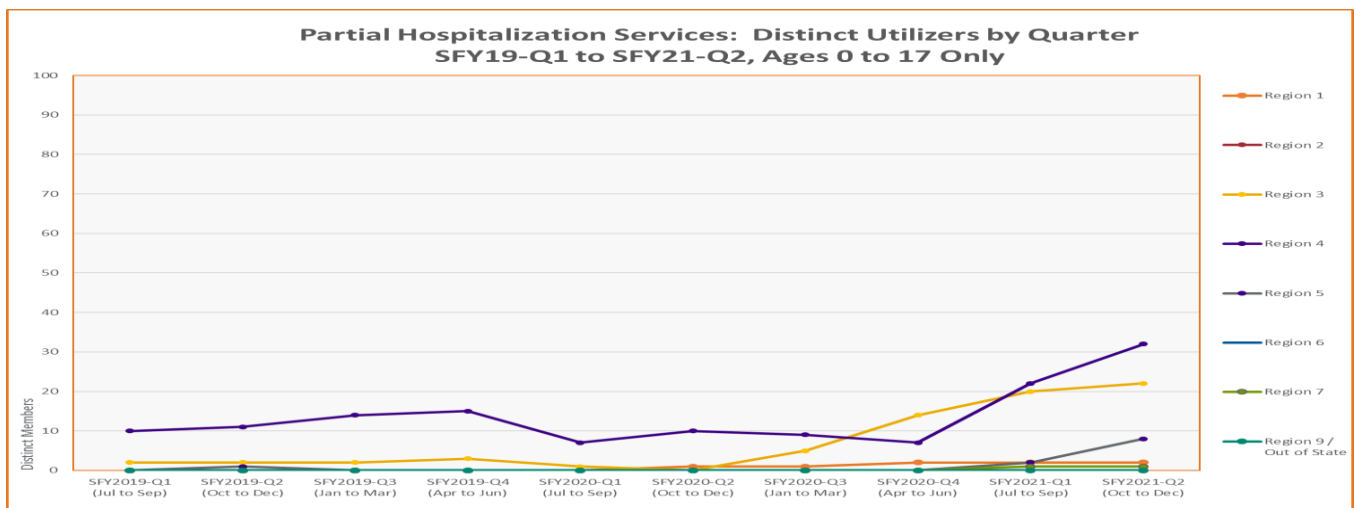
There is no research indicating expected need for Family Psychoeducation. There are no services in Region 2, or 5 and very limited services in 3, 4, 7. QMIA will continue to monitor the trends in use Family Psychoeducation.

## Partial Hospitalization Services (PHP)

### Partial Hospitalization Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	2	10	0	0	0	0	12
SFY2019-Q2	0	0	2	11	1	0	0	0	14
SFY2019-Q3	0	0	2	14	0	0	0	0	16
SFY2019-Q4	0	0	3	15	0	0	0	0	18
SFY2019 Distinct Total Utilizers	0	0	6	36	1	0	0	0	43
SFY2020-Q1	0	0	1	7	0	0	0	0	8
SFY2020-Q2	1	0	0	10	0	0	0	0	11
SFY2020-Q3	1	0	5	9	0	0	0	0	15
SFY2020-Q4	2	0	14	7	0	0	0	0	23
SFY2020 Distinct Total Utilizers	4	0	20	27	0	0	0	0	51
SFY2021-Q1	2	0	20	22	2	0	1	0	47
SFY2021-Q2	2	0	22	32	8	0	1	0	64
SFY2021 Distinct Total Utilizers	3	0	35	47	9	0	1	0	94



What is this data telling us:

There is no research indicating expected need for Partial Hospitalization. There are no services in Region 2, or 6 and very limited services in 1,5, 7. QMIA will continue to monitor the trends in use of Partial Hospitalization.

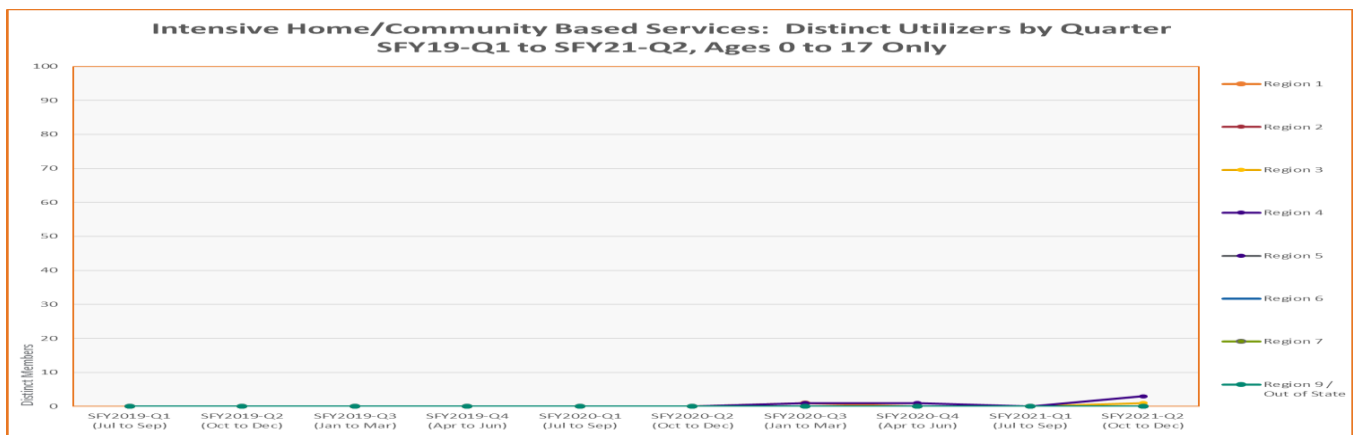


## Intensive Home/Community Based Services (IHCBS)

### IHCBS - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	0	0	0	0	0	0	0
SFY2020-Q3	1	0	0	1	0	0	0	0	2
SFY2020-Q4	0	0	0	1	0	0	0	0	1
SFY2020 Distinct Total Utilizers	1	0	0	1	0	0	0	0	2
SFY2021-Q1	0	0	0	0	0	0	0	0	0
SFY2021-Q2	0	0	1	3	0	0	0	0	4
SFY2021 Distinct Total Utilizers	0	0	1	3	0	0	0	0	4



#### What is this data telling us:

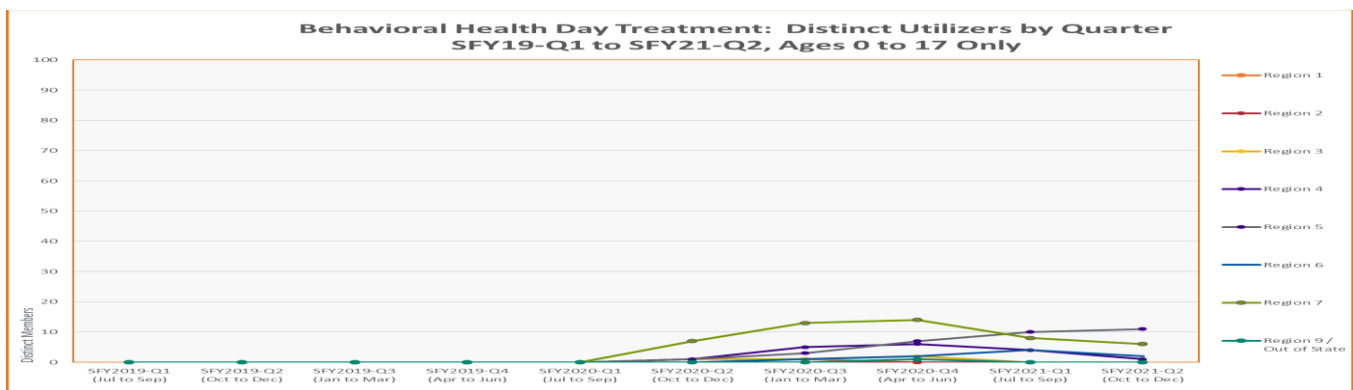
There is no research indicating expected need for Intensive Home/Community Based Services. There are very limited services in across the state. QMIA will continue to monitor the trends in use of Intensive/Home and Community based services.

## Behavioral Health Day Treatment

### Day Treatment - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	1	1	1	0	7	0	10
SFY2020-Q3	1	0	1	5	3	1	13	0	24
SFY2020-Q4	0	0	2	6	7	2	14	1	31
SFY2020 Distinct Total Utilizers	1	0	2	7	8	3	20	1	41
SFY2021-Q1	0	0	0	4	10	4	8	0	26
SFY2021-Q2	0	0	0	1	11	2	6	0	19
SFY2021 Distinct Total Utilizers	0	0	0	5	16	4	13	0	37



What is this data telling us:

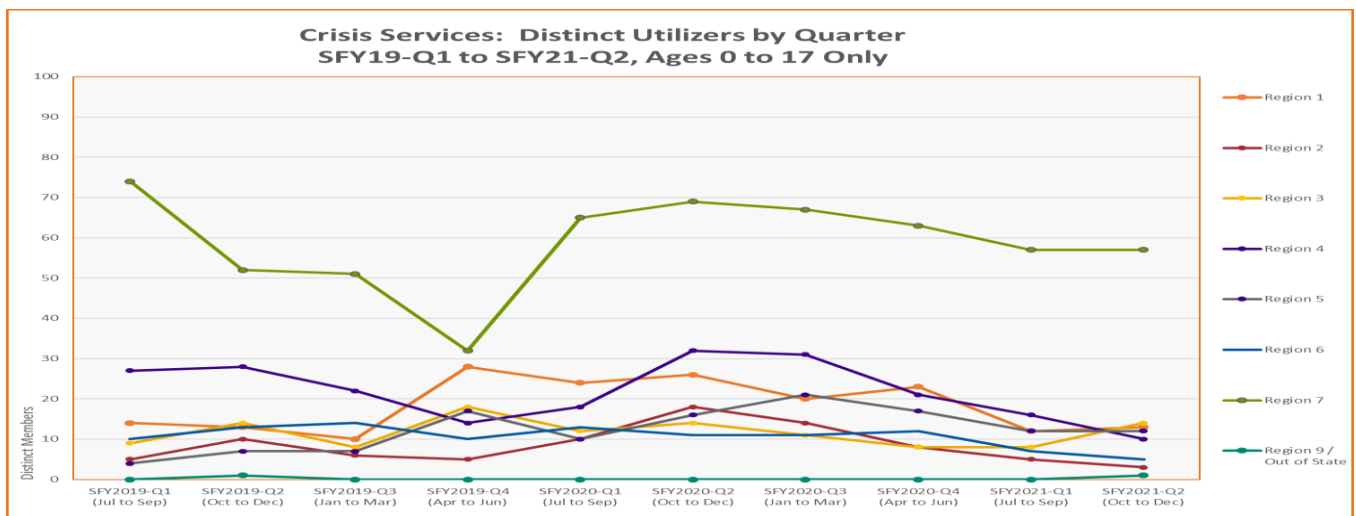
There is no research indicating expected need for Day Treatment. There are no services in Regions 1, 2, 3, 4, or 6 and very limited services in 4 and 7. QMIA will continue to monitor the trends in use of Partial Hospitalization.

## Crisis Services

### Skills Building/CBRS - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	14	5	9	27	4	10	74	0	143
SFY2019-Q2	13	10	14	28	7	13	52	1	138
SFY2019-Q3	10	6	8	22	7	14	51	0	118
SFY2019-Q4	28	5	18	14	17	10	32	0	124
SFY2019 Distinct Total Utilizers	56	23	47	73	33	42	180	1	453
SFY2020-Q1	24	10	12	18	10	13	65	0	152
SFY2020-Q2	26	18	14	32	16	11	69	0	186
SFY2020-Q3	20	14	11	31	21	11	67	0	174
SFY2020-Q4	23	8	8	21	17	12	63	0	152
SFY2020 Distinct Total Utilizers	75	43	44	95	61	46	239	0	600
SFY2021-Q1	12	5	8	16	12	7	57	0	117
SFY2021-Q2	13	3	14	10	12	5	57	1	115
SFY2021 Distinct Total Utilizers	25	8	20	26	24	12	113	1	228



#### What is this data telling us:

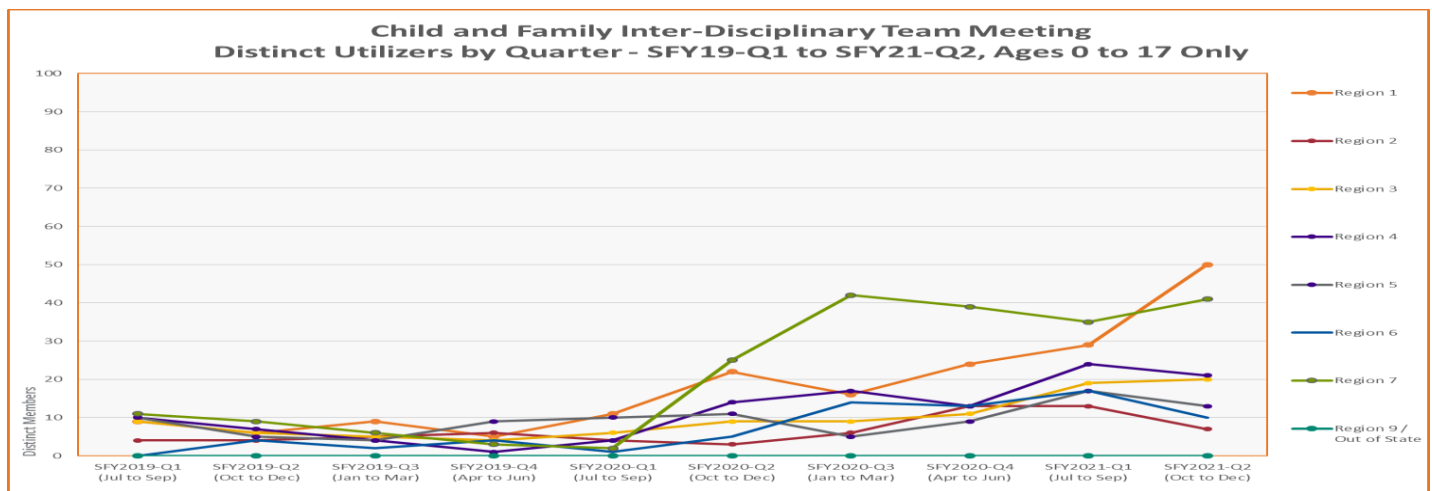
There is no research indicating expected need for Crisis. There are crisis services in every region but they remain very limited and have decreased so far this SFY. QMIA will continue to monitor the trends in use of Crisis Services.

## Child and Family Inter-Disciplinary Team Meeting

### CFT Meeting - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	9	4	9	10	10	0	11	0	53
SFY2019-Q2	6	4	6	7	5	4	9	0	41
SFY2019-Q3	9	5	5	4	4	2	6	0	35
SFY2019-Q4	5	6	4	1	9	4	3	0	31
SFY2019 Distinct Total Utilizers	27	16	20	22	23	8	28	0	143
SFY2020-Q1	11	4	6	4	10	1	2	0	38
SFY2020-Q2	22	3	9	14	11	5	25	0	89
SFY2020-Q3	16	6	9	17	5	14	42	0	109
SFY2020-Q4	24	13	11	13	9	13	39	0	122
SFY2020 Distinct Total Utilizers	59	19	30	41	33	25	105	0	312
SFY2021-Q1	29	13	19	24	17	17	35	0	154
SFY2021-Q2	50	7	20	21	13	10	41	0	162
SFY2021 Distinct Total Utilizers	62	16	39	43	29	25	69	0	280



What is this data telling us:

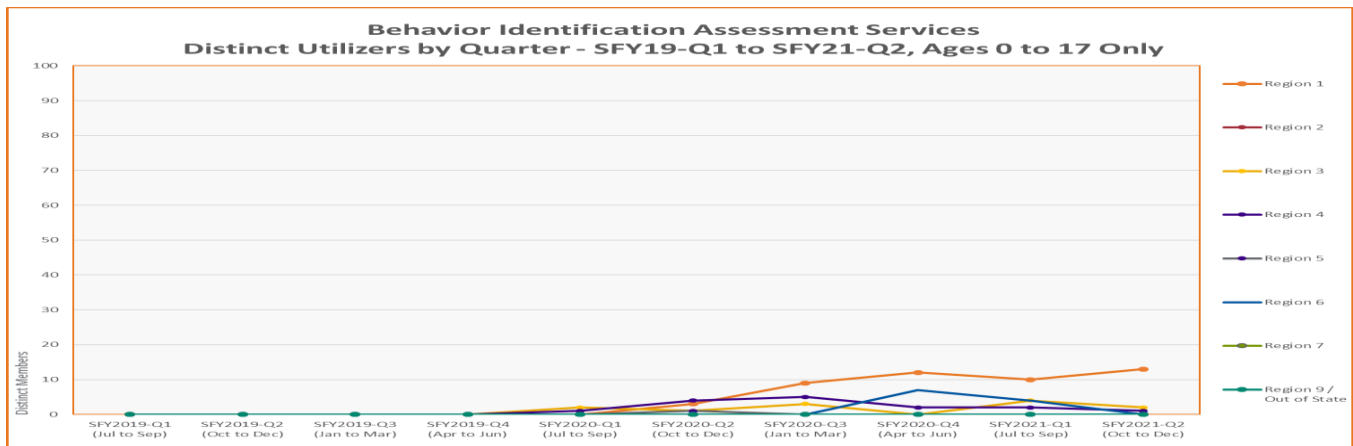
It is expected that all children and youth who meet criteria for YES will receive services that include a Child and Family Team (CFT). It is unclear if this service is not being billed as a CFT or if the teaming process is not happening. QMIA Council will continue to monitor.

## Behavior Identification Assessment Services

### Behavior Identification Assessment Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	2	1	0	0	0	0	3
SFY2020-Q2	3	0	1	4	1	0	0	0	9
SFY2020-Q3	9	0	3	5	0	0	0	0	17
SFY2020-Q4	12	0	0	2	0	7	0	0	21
SFY2020 Distinct Total Utilizers	21	0	4	9	1	7	0	0	42
SFY2021-Q1	10	0	4	2	0	4	0	0	20
SFY2021-Q2	13	0	2	1	0	0	0	0	16
SFY2021 Distinct Total Utilizers	22	0	6	3	0	4	0	0	35



What is this data telling us:

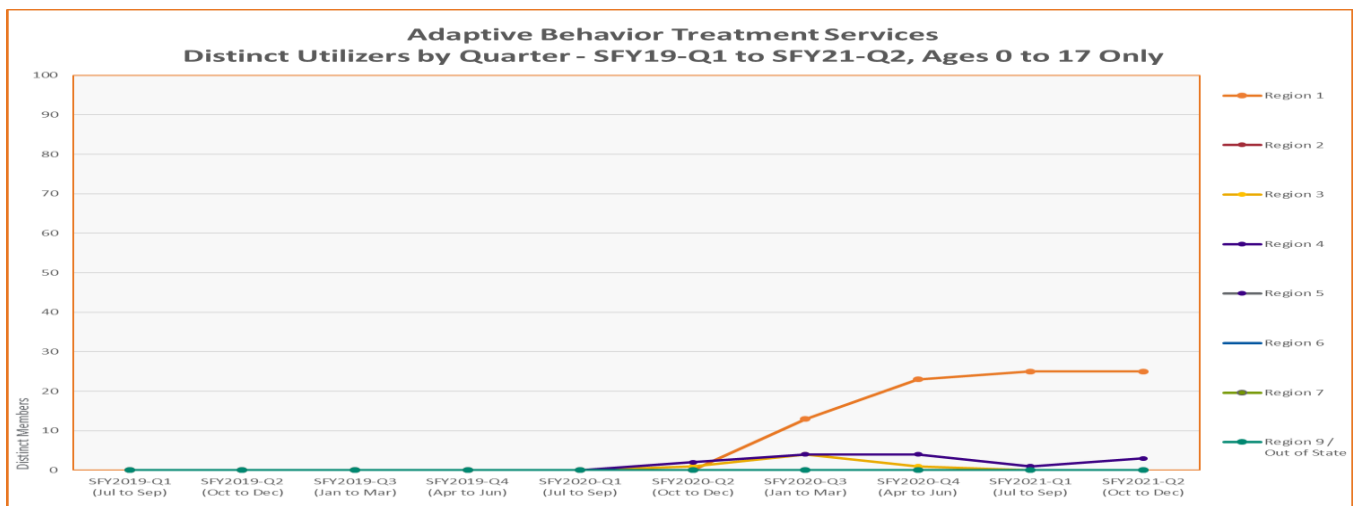
There is no research indicating expected need for Behavior Identification Assessment. There are no services in Region 2, 5, or 7 and very limited services in 3, 4 and 6. QMIA will continue to monitor the trends in use of Partial Hospitalization.

## Adaptive Behavior Treatment Services

### Adaptive Behavior Treatment Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 to 17, by quarter who utilized the indicated service between 7/1/2018 to 12/31/2020. Note: Total distinct utilizer count represents an unduplicated count of utilizers for the given state fiscal year across all quarters and/or regions combined.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
SFY2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	1	2	0	0	0	0	3
SFY2020-Q3	13	0	4	4	0	0	0	0	21
SFY2020-Q4	23	0	1	4	0	0	0	0	28
SFY2020 Distinct Total Utilizers	25	0	4	4	0	0	0	0	33
SFY2021-Q1	25	0	0	1	0	0	0	0	26
SFY2021-Q2	25	0	0	3	0	0	0	0	28
SFY2021 Distinct Total Utilizers	33	0	0	3	0	0	0	0	36



What is this data telling us:

There is no research indicating expected need for Adaptive Behavior Treatment. There are no services in Region 2, 3, 5, 6 or 7 and very limited services in 4. QMIA will continue to monitor the trends in use of Adaptive Behavior Treatment.



## Medicaid

### Children's Medicaid Placement Requests- Psychiatric Residential Treatment Facility (PRTF)

All new Medicaid placement requests received have four potential results, including those that are approved, denied, withdrawn, or technically denied/closed.

- Approved (A) – Approved for placement in Psychiatric Residential Treatment Facility (PRTF); Medicaid works with the member's family to secure a placement in an approved PRTF.
- Denied (D)– Denied placement in PRTF; Medicaid works with the member's representatives and other entities such as Optum Idaho, DBH, or FACS to set up appropriate treatment options.
- Withdrawn (W)– Requestor, such as parent, guardian, or case worker with Children's Developmental Disability (DD), if in state custody, decided not to continue with their request (represented below as W/C).
- Technically Denied or Closed (C)– Additional information requested, but not received (represented below as W/C)

#### Psychiatric Residential Treatment Facility (PRTF):

Chart 2: PRTF Application Requests/ Approvals/Denials/Withdraws or Closures

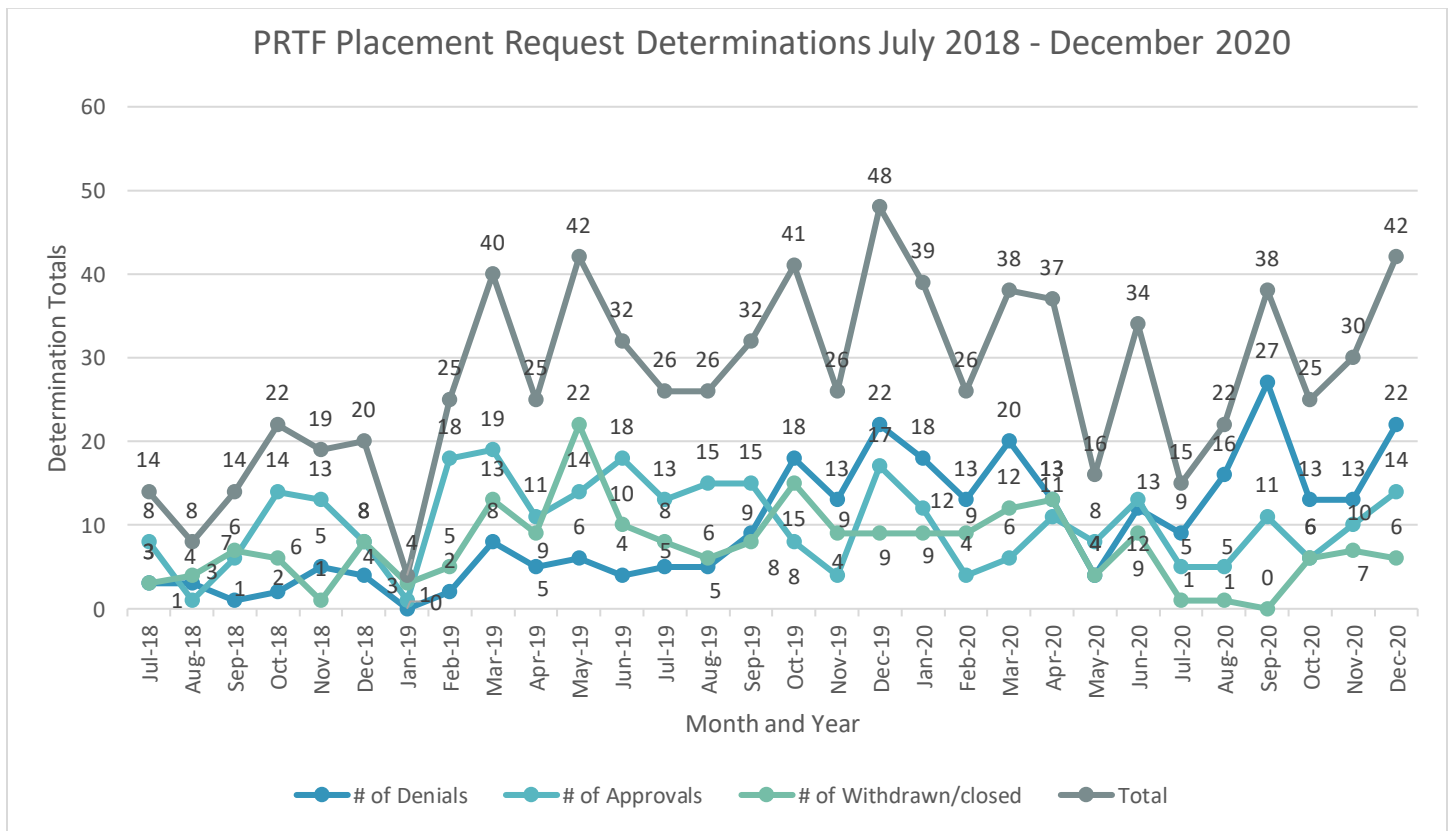


Table 17: PRTF SFY 2019 and 2020

Month	Denials	Approvals	Withdrawn/ Closed	Total	Denials	Approvals	Withdrawn/ Closed	Total
Jul-18	3	8	3	14	5	13	8	26
Aug-18	3	1	4	8	5	15	6	26
Sep-18	1	6	7	14	9	15	8	32
Oct-18	2	14	6	22	18	8	15	41
Nov-18	5	13	1	19	13	4	9	26
Dec-18	4	8	8	20	22	17	9	48
Jan-19	0	1	3	4	18	12	9	39
Feb-19	2	18	5	25	13	4	9	26
Mar-19	8	19	13	40	20	6	12	38
Apr-19	5	11	9	25	13	11	13	37
May-19	6	14	22	42	4	8	4	16
Jun-19	4	18	10	32	12	13	9	34
Total	43	131	91	265	152	113	111	376
Percent of Total	16.2%	49.4%	34.3%		40.4%	30.1%	29.5%	

Table 18: PRTF SFYTD 2021- through Q2

Month	Denials	Approvals	Withdrawn/Closed	Total
Jul-20	9	5	1	15
Aug-20	16	5	1	22
Sep-20	27	11	0	38
Oct- 20	13	6	6	25
Nov-20	13	10	7	30
Dec-20	22	14	6	42
Total	100	51	21	172
Percent of Total	58.14%	29.65%	12.20%	

By the end Q2 of SFY 2021, Medicaid had received a total of 207 requests for Children's Medicaid PRTF placement. During that period there were 172 determinations: 51 were approved (30%) 100 were denied (58%), 21 were withdrawn or closed for technical reasons (12%). There were 35 applications for which there had not yet been a determination.

### What is this data telling us?

There has been a trend over the past 2 plus years of both increasing applications and an increasing percentage of denials. These increased number of applications may be due to increases in the population and/or increased information available on how to access services. The root cause of the increase in the percentage of denials has not been analyzed.

Table 19: PRTF **Admits** and discharges **per month**

#### SFY 2020

	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	Total
Admits	5	9	10	10	5	7	15	11	5	6	10	5	98
Discharges	3	3	3	4	2	9	1	2	6	8	9	5	55

Admit and Discharge Data is not available for Q1 or Q2 SFY 2021- will report Q1 and Q2 in next QMIA-Q

#### 1. **PRTF Average length of stay (ALOS) for the time period:** SFY 2020= 141.66 Days

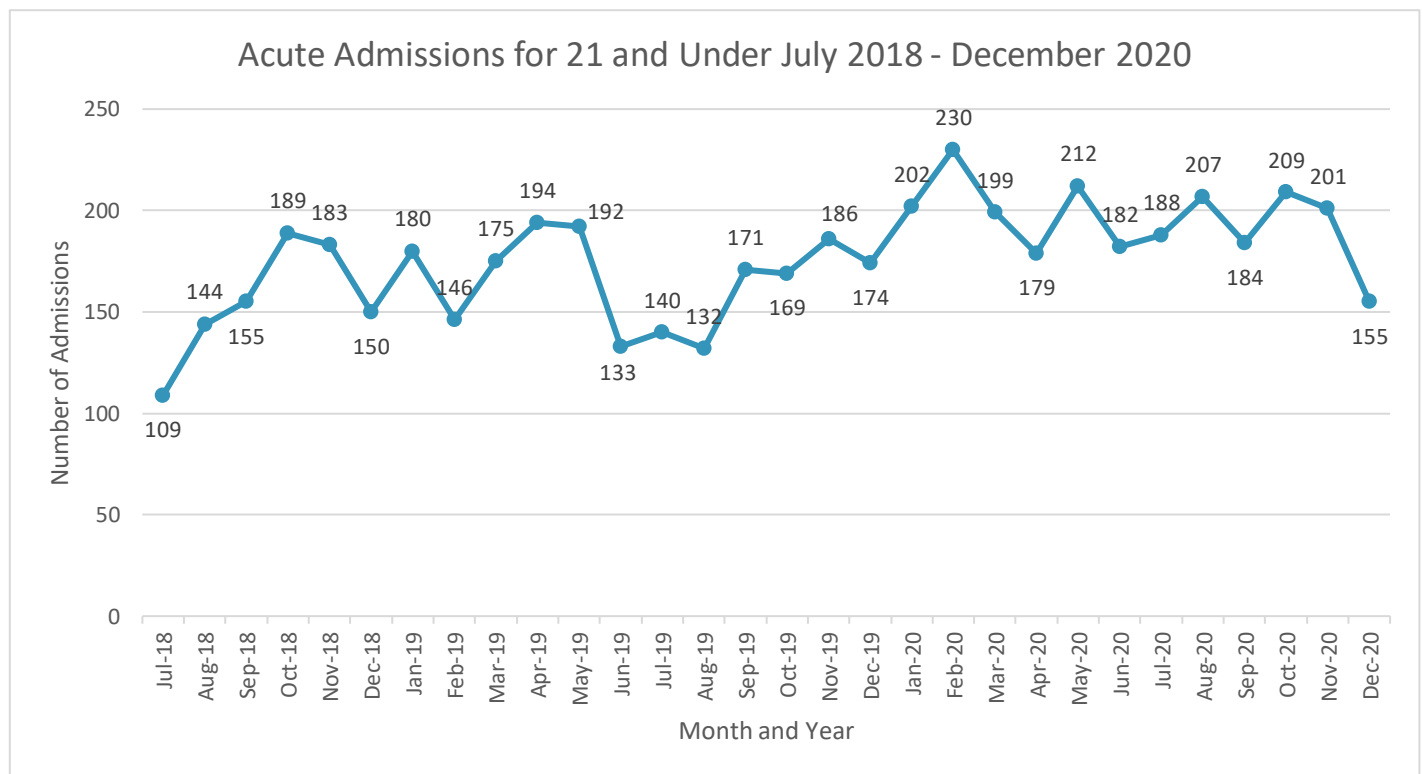
ALOS Data is not available for Q1or Q2 SFY 2021- Medicaid will report Q1 and Q2 in next QMIA-Q

Table 20: Medicaid hospitalization

**Hospitalization Admits per month (Medicaid is reporting hospital admits for 21 years of age and under)**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
SFY 2019	109	144	155	189	183	150	180	146	175	194	192	133	<b>1950</b>
SFY 2020	140	132	171	169	186	174	202	230	199	179	212	182	<b>2176</b>
SFYTD 2021	188	207	184	209	201	155							

Chart 3: Acute Admissions



On average there has been a notable trend for more admissions per month:

- SFY 2019  $1,950 / 12 = 163$
- SFY 2020  $2,176 / 12 = 181$
- SFYTD 2021  $1,144 / 6 = 191$

This may be due partially to increases in population

It is notable that the average from March through Dec 2020 was 213, which is substantially higher than the previous 2 years SFY averages

#### Hospital Discharges per month

Unavailable – not reported to Telligen

#### Hospital Average length of stay (ALOS) for the time period:, SFY 2020 6.77 Days

(This is approved length of stay. It may not be actual length of stay.)

ALOS Data is not available for Q1 or Q2 SFY 2021- Medicaid will report Q1 and Q2 in next QMIA-Q

## 6. YES DBH Service Utilization

Background: DBH provides some children's mental health services not currently provided by Medicaid/Optum: Vouchered Respite, Wraparound, Parenting with Love and Limits (PLL), State Hospital South (SHS), and residential placements paid for by DBH (for children and youth who are not Medicaid eligible or who have Medicaid but were denied placement in PRTF).

### DBH Vouchered Respite

The Children's Mental Health Voucher Respite Care program is available to parents or caregivers of youth with serious emotional disturbance to provide short-term or temporary respite care by friends, family, or other individuals in the family's support system. Through the voucher program, families pay an individual directly for respite services and are then reimbursed by the division's contractor. A single voucher may be issued for up to \$600 for six months per child. Two vouchers can be issued per child per year.

Table 21

Region	July	Aug	Sept	Oct	Nov	Dec	Total
1	9	6	4	5	3	1	28
2	3	1	0	2	2	3	11
3	2	3	3	0	4	8	20
4	16	11	17	3	0	12	59
5	0	0	0	1	0	0	1
6	0	3	4	1	2	4	14
7	36	32	16	35	34	40	193
<b>Total Clients</b>	<b>66</b>	<b>56</b>	<b>44</b>	<b>47</b>	<b>45</b>	<b>68</b>	<b>326</b>

### DBH Wraparound Intensive Services (WInS)

It is estimated that approximately 1,350 children and youth in Idaho may need Wraparound services. During SFY 2020, 359 children and youth received Wraparound services and since the initial implementation of Wraparound in Idaho, in January of 2018, 429 children and families have received WInS.

Table 22: WInS

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total
SFY 2020	62	34	21	24	53	32	45	36	26	32	29	17	335
SFYTD 2021	19	16	34	23	24	24							109

### DBH Parenting with Love and Limits (PLL)

The evidence-based practice called Parenting with Love and Limits (PLL) is offered through the regional DBH CMH clinics in regions across the state. The total number of children, youth and families who received PLL services between July and June 2020 is 137.

Table 23: PLL

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total
SFY 2020	16	17	13	11	8	6	18	13	9	12	3	12	137
SFYTD 2021	5	3	6	4	5	5							14

The number of families receiving PLL has trended downward substantially for SFYTD 2021

#### DBH Residential placements:

Table 24: Residential

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total
SFY 2020	8	3	4	3	2	2	4	4	6	6	6	8	18
SFYTD 2021	9	9	14	NA*	13	14							16

- \* Data for Oct is not available as there was a change in how data was being collected.

DBH experienced an increased number of residential placements SFYTD 2021 vs SFY 2020 Quarters 1 and 2. \* Data for October is missing due to a change in the WITS system

#### DBH State Hospital South (SHS):

Table 25:

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	SFY Undup
SFY 2020	17	20	18	18	22	21	21	23	25	24	25	21	101
SFYTD2021	28	24	30	NA*	19	20							48

DBH experienced an increased number of admissions SFY 2021 Q1 vs SFY 2020 Q1. Admissions for Q2 2021 are very similar to the admissions from 2020.

#### DBH SHS Readmission Incidents (not unique individuals)

Table 25a:

Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021*
Re-admission 30 days or less	0	0	0	1	0
Re-admission 31 to 90 day	5	6	2	3	0
Re-admission 90 to 180 days	4	1	6	2	0
Re-admission 181 to 365 days	5	6	7	4	0
Re-admission more than 365 days	11	9	9	7	2

\* SFY 2021- July 2020- December 2020

DBH is tracking the trend of readmissions incidents for SHS. It is notable that the number of incidents within 30 days has been extremely low. The only year in which there was a readmission within 30 was 2020 and the rate of readmission for that year is still 1% ( $1/101=99\%$ ). The rate for 31-90 days is 4% ( $1 + 3 / 101 = 3.96\%$ ). It is also notable that the number of readmission incidents has declined steadily over the past 4 years.

#### DBH 20-511A:

The number of 20-511A court ordered cases dropped overall from an annual high of 598 in 2016 to 373 in 2020.

The number of 20-511A court orders for SFY 2020 (373) is a drop of 21% compared to SFY 2019.

Chart 4: Annual # of Court Ordered 20-511A, SFY 2015- 2020

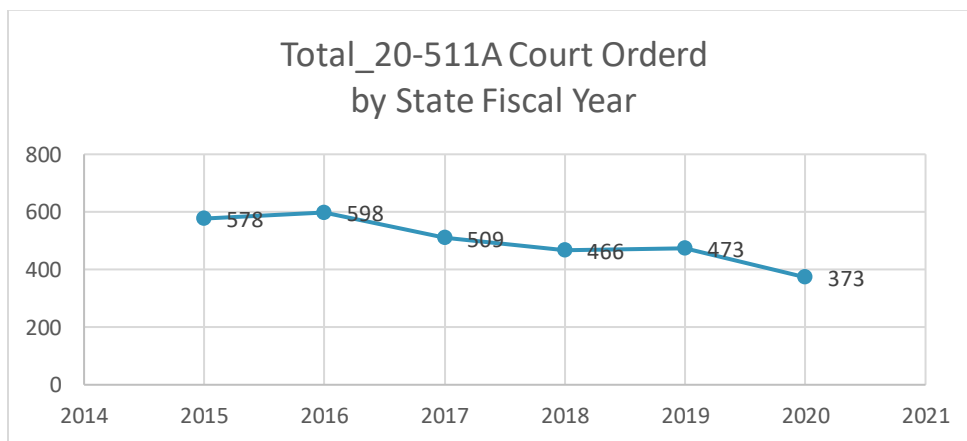


Table 26: 20-511A SFYTD 2021 as of end of Q2

Region	SFYTD Total
1	20
2	3
3	11
4	25
5	20
6	8
7	31
Total	118

## **Family and Community Services (FACS)**

DBH and FACS are working together on a plan for including data on children and youth in foster care in future QMIA-Q reports. We will be collaborating on data that will allow us to assess children in foster care who have had a CANS. The data is delayed this quarter based on a major change in FACS data systems but will be included in the Q3 report..

Table 27: # of Children in Foster Care by month

Month	July	August	September	October	November	December
Children in Care in the Month	1,640	1,648	1,600	1,609	1,757	1,764

## **State Department of Education (SDE)**

The SDE has recently published a report in response to the 2020 Idaho Legislative Session called “Student Behavioral Health Services Evaluation Report”. A couple of the charts in the report are included below in the QMIA-Q

*Figure 12: Specific BHWS programs schools provide to K–12 general education students (school administrators only, N = 209) <sup>7</sup>*

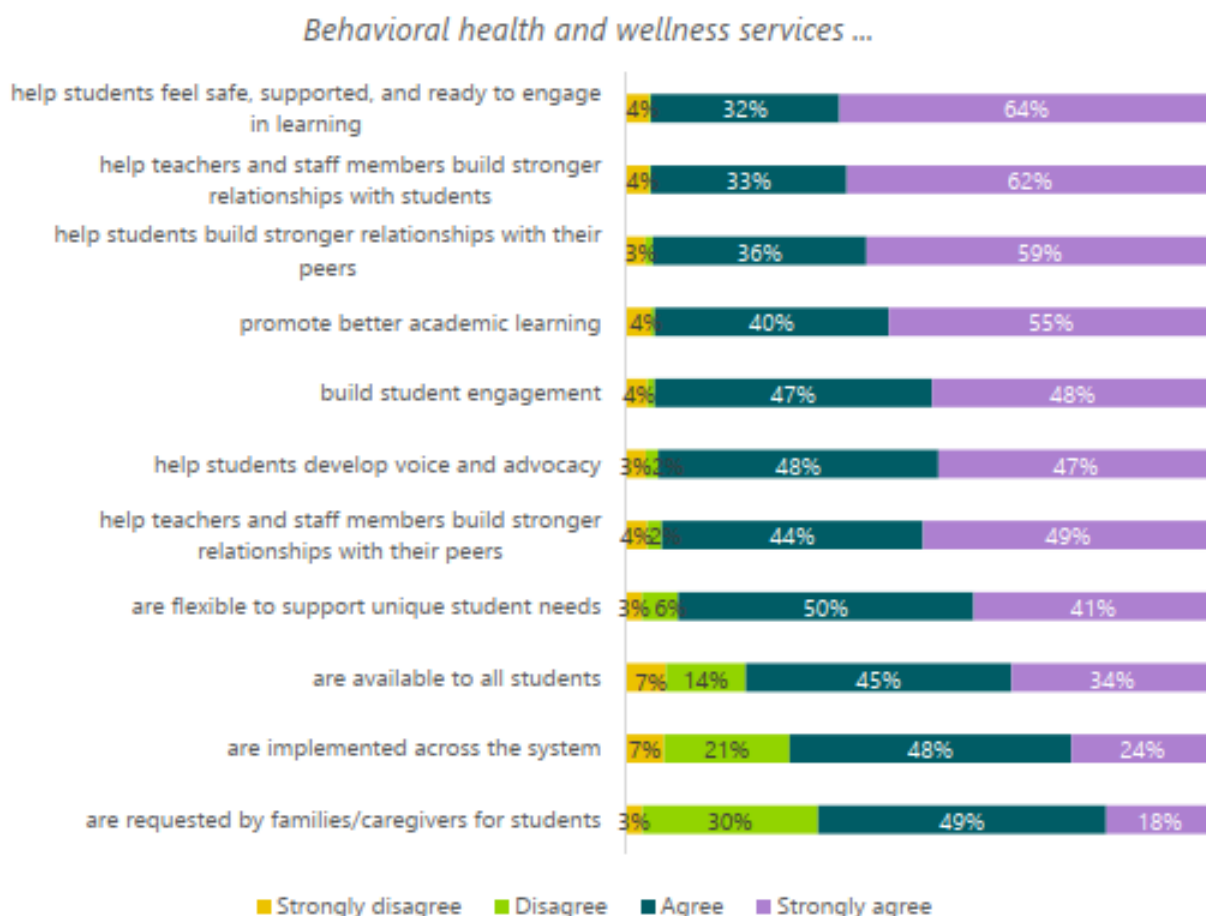


Source: Idaho BHWS survey responses from school administrators only

Note: Respondents were asked to select all that apply and therefore may have selected multiple approaches.



Figure 18: Percentage of survey respondents who agreed with statements about BHWS (district and school administrators, N = 324)



Source: Idaho BHWS survey responses from district and school administrators

Note: Respondents were asked to select all that apply and therefore may have selected multiple approaches.

The full report is available upon request from SDE.

## **Idaho Department of Juvenile Corrections (IDJC)**

The Idaho Department of Juvenile Corrections (IDJC) reviewed Commitments and Releases for **Q2 of SFY 2021**. Upon state commitment, IDJC Clinicians are provided information about the juvenile from the juvenile's probation officer, one piece of information that helps IDJC identify YES class members is if the juvenile has had a CANS Assessment administered and if they were identified with a SED prior to commitment. Included juveniles are those that were under 18 at date of commitment and those that were under 18 at date of release that were identified as having a SED.

- SFY Q2 - Quarterly Data (October 1, 2020 – December 31, 2020):
  - Under 18 years of age at date of commitment that had an SED – 10

- Gender Breakdown:

Gender	Percentage
Male	60.0%
Female	40.0%

- Race/Ethnicity Breakdown:

Race/Ethnicity	Percentage
White	60.0%
Hispanic	30.0%
Black	10.0%
American Indian	0.0%
Other	0.0%

- Under 18 years of age at date of release that had an SED – 8

- Gender Breakdown:

Gender	Percentage
Male	62.5%
Female	37.5%

- Race/Ethnicity Breakdown:

Race/Ethnicity	Percentage
White	75.0%
Hispanic	12.5%
Black	0.0%
American Indian	0.0%
Other	12.5%

- Under 18 years of age at date of release – Post-Release Outcomes:
    - Progress Assessment / Reclassification (PA/R) tool helps the IDJC document progress made and thus helps justify recommendations for release or transfer to lower levels of custody and care or to provide a clear basis for override. The PA/R is completed by their case manager and reviewed by the appropriate clinical supervisor. The PA/R measures the level of risk that a juvenile has at the time of scoring based upon information from both static and dynamic risk/need factors.
      - PA/R Score Level 1/2 – 100.0%
    - After a juvenile is released from IDJC custody we have a data-sharing agreement with the State Department of Education to check on whether a released eligible juvenile returned to an Idaho school (online included). Eligible juveniles are under 19 that didn't complete their high school diploma (HSD) or General Education Development (GED) while attending the accredited school at IDJC.
      - Returned to Public School – N/A (Available every other quarter)
      - Completed their HSD / GED while in custody – 25.0%
    - Number of Juveniles that were identified with a SED at commitment but over 18 years of age at time of release – 4

- SFY Year 2020 (July 1, 2019 – June 30, 2020):
  - Under 18 years of age at date of commitment that had an SED – 53

- Gender Breakdown:

Gender	Percentage
Male	67.9%
Female	32.1%

- Race/Ethnicity Breakdown:

Race/Ethnicity	Percentage
White	75.5%
Hispanic	17.0%
Black	3.8%
American Indian	0.0%
Other	3.8%

- Under 18 years of age at date of release that had an SED – 17

- Gender Breakdown:

Gender	Percentage
Male	52.9%
Female	47.1%

- Race/Ethnicity Breakdown:

Race/Ethnicity	Percentage
White	76.5%
Hispanic	17.6%
Black	0.0%
American Indian	5.9%
Other	0.0%

- Under 18 years of age at date of release – Post-Release Outcomes:

- Progress Assessment / Reclassification (PA/R) tool helps IDJC document progress made and helps justify recommendations for release or transfer to lower levels of custody and care or to provide a clear basis for override. The PA/R is completed by their case manager and reviewed by the appropriate clinical supervisor. The PA/R measures the level of risk that a juvenile has at the time of scoring based upon information from both static and dynamic risk/need factors.
      - PA/R Score Level 1/2 – 88.2%
    - After a juvenile is released from IDJC custody we have a data-sharing agreement with the State Department of Education to check on whether a released eligible juvenile returned to an Idaho school (online included). Eligible juveniles are under 19 that didn't complete their high school diploma (HSD) or General Education Development (GED) while attending the accredited school at IDJC.
      - Returned to Public School – 100.0% of those eligible
      - Completed their HSD / GED while in custody – 17.6%
    - Number of Juveniles that were identified with a SED at commitment but over 18 years of age at time of release – 18

## **7. YES Family Perception of Service Quality and Satisfaction**

### **The QMIA Family Advisory Subcommittee (Q-FAS)**

The Q-FAS presents an opportunity to gather and learn from families stories. Q-FAS solicits family members' and family advocates' first-hand input on families experiences accessing and utilizing YES services. The feedback received about successes, challenges, and barriers to care is used to identify areas that need increased focus and to prioritize quality improvement projects. This subcommittee helps to guide YES partners work, providing children, youth, and families in Idaho access to appropriate and effective mental health care.

A new section of the Quarterly Rights and Resolution report will be to report issues raised by the QFAS. While these issues may or may not be associated with actual data, it is believed that the issues should be noted and tracked as part of QMIA. At the December meeting of the Q-FAS, family advocates discussed concerns about the time between approval for EPSDT services and other high intensity care, such as Wraparound, and the actual timing of placement. It was noted that for some individuals/families this can be weeks or even months and families may have few to no resources to help them during this wait time. The QMIA Council requested information be reported and the data is noted below:

### **Children's Medicaid Timeliness Data SFY 2021 Q1, Q2: July 1- December 31, 2020**

*The below data set represents 157 applications received between July 1-December 31 with final decision of "approved" or "denied". There were 50 additional applications received during this time frame that were closed, withdrawn or deemed technical denials. Total applications received: 207.*

<b>Approvals <i>n=55</i></b>	
<b>Days (cal) from completed EPSDT application received to NOD<sup>1</sup> sent</b>	
<b>Days</b>	<b># Applications</b>
0-30	32 (1 SR <sup>2</sup> )
31-60	19 (3 SR <sup>2</sup> )
61-90	3 (2 SR <sup>2</sup> )
91-120	1 (1 SR <sup>2</sup> )
<b>Days (cal) from approval NOD<sup>1</sup> sent to placement admit date</b>	
<b>Days</b>	<b># Applications</b>
0-30	22 (2 SR <sup>2</sup> )
31-60	9 (2 SR <sup>2</sup> )
61-90	5 (2 SR <sup>2</sup> )
91-120	2
Placed prior to approval by FACS/ private insurance	10
Pending placement	7 (1 SR <sup>2</sup> )
<b>Denials <i>n=102</i></b>	

<sup>1</sup>A Notice of Decision (NOD) is sent out on the date the parent/guardian is informally notified of the decision via phone call.

<sup>2</sup>A Second Review (SR) occurs when it is discovered (following a denial, usually at the treatment team meeting) that there may be additional information to demonstrate medical necessity and potentially lead to an approval. When a second review is requested, this can add length to the application process.

Additionally, the QMIA Council asked information parent advocates to seek more information about family experience with the EPSDT process. As noted a survey was created and sent out - a summary of the results of that survey are noted here and more detail is included in Appendix F, page 68:

## **Parent Experiences with EPSDT/PRTF Application Process February 2021**

At the January QMIA Council meeting it was requested that recent parent experiences related to the EPSDT/PRTF application process be gathered and shared at the February 2021 meeting.

A total of eight parents who were known by parent advocates to have recently interacted with the EPSDT process were invited to share their EPSDT/PRTF application experiences using a brief survey on Google Forms. Four parents who had gone through the EPSDT/PRTF process in the past year responded to the survey. Information from their responses can be found below. A copy of the survey questions is attached for reference.

### **Summary of Application Information:**

Two of these parents had experienced the application process the year prior with another child.

Two of them also mentioned they had to go through the application process more than once for the same child (both due to a denial and then failure of the lower level treatment that was attempted).

Parents indicated waiting approximately 4-6 weeks for initial approval, but then waiting another 4-6 months for placement.

### **Summary of Support Information:**

**Parents reported receiving no support from the Medicaid/EPSDT team during the waiting time.** It's important to recognize that this doesn't mean the Medicaid/EPSDT team didn't provide support, it's just that any support provided wasn't perceived as being supportive by the parents. (see question 4)

**The clinical/agency supports families typically received during the waiting time period were ones they already had in place prior to their application.** Even when it was attempted (by either parents or professionals) to find new supports for the family/youth, due to lack of provider availability and/or instability of the youth it was rare for that to actually happen. (question 5)

**All of the families reported they DID NOT have regular team meetings** during the time they were waiting for a PRTF placement after receiving EPSDT approval. (question 7)

**During the waiting time period families reported the following experiences** (question 8):

- calling a crisis number - 75%
- inpatient hospitalization - 75%
- physical harm to youth or family member - 100%
- ER visit - 100%
- interaction with law enforcement - 75%
- involvement with juvenile justice system - 75%
- involvement with child welfare - 50%
- extreme emotional stress for yourself or other family members - 100%

## IDJC Exit Surveys

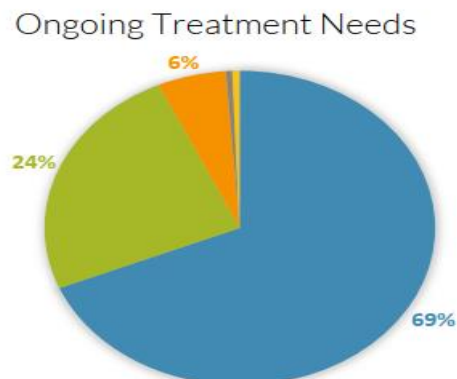
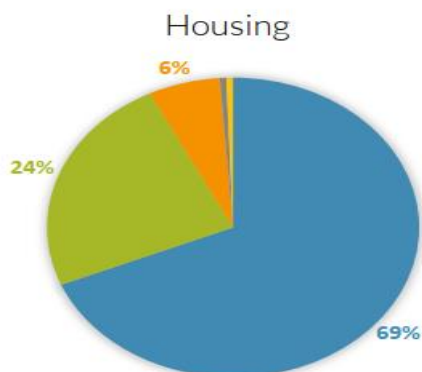
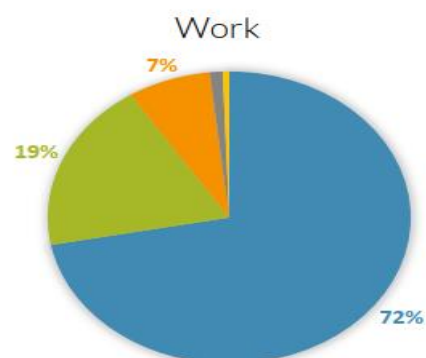
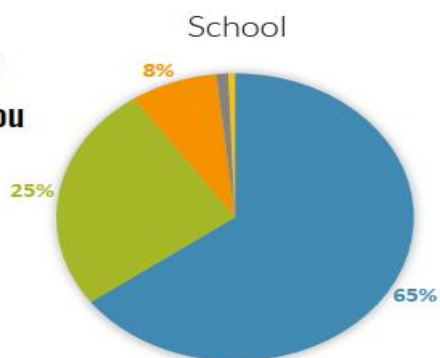
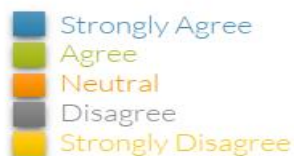
In addition to the demographic data IDJC has also provided response data (pages 43- 47) from the exit surveys of youth and families who received services. **Note: The exit surveys were distributed to all youth and their families therefore the data is not exclusive to youth with SED.**

### Juvenile Exit Survey Summary

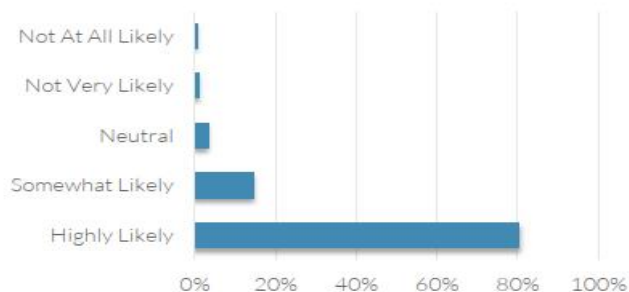
November 2020

When a youth leaves a state facility they are asked to complete a questionnaire specific to the program which they are exiting. Below is a summary of those responses.

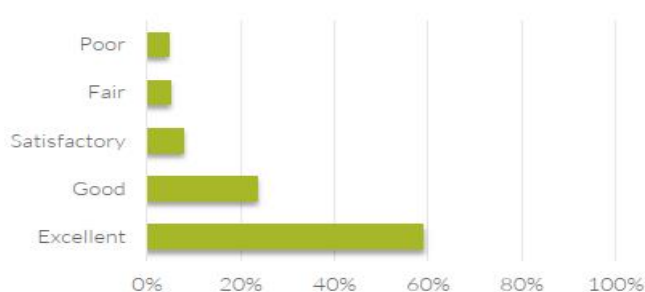
**Are you confident that your reintegration plan will help you with:**



How likely is your RPP going to help you be successful in your community?



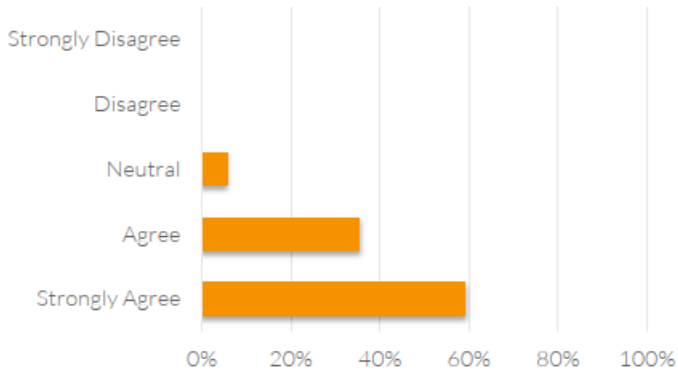
How would you rate your parent/guardian participation in your treatment?



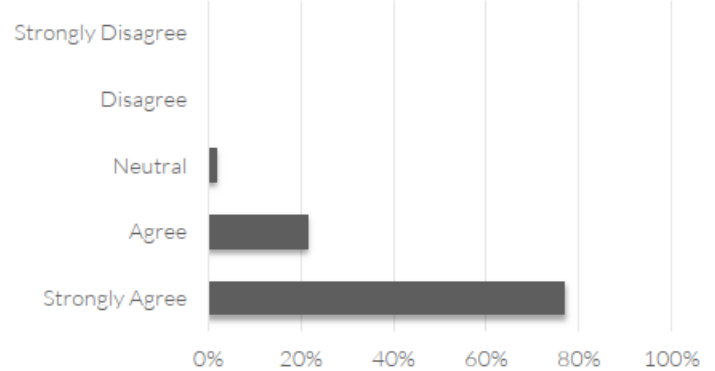
# Juvenile Exit Survey Summary

November 2020

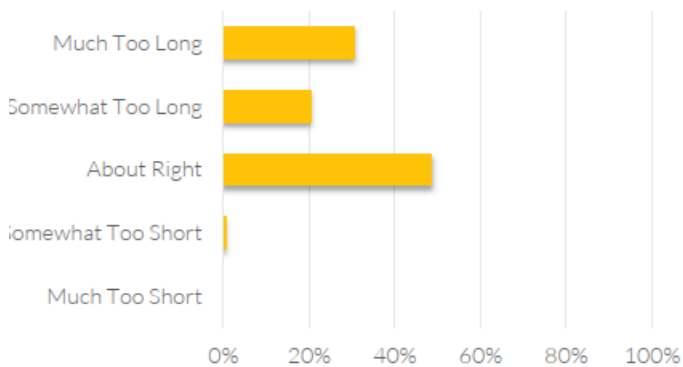
While in Juvenile Corrections custody, do you feel the staff were concerned about your well-being?



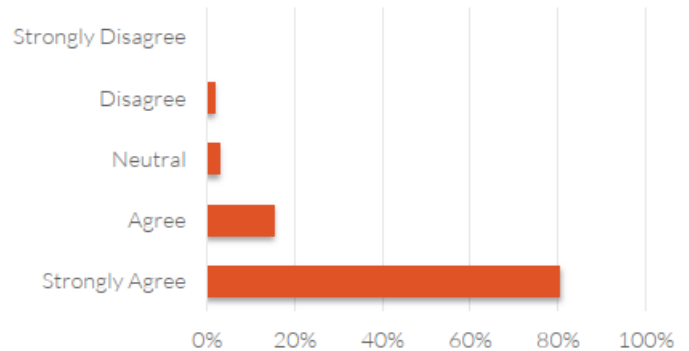
Do you feel you have the skills necessary to establish positive relationships in the community?



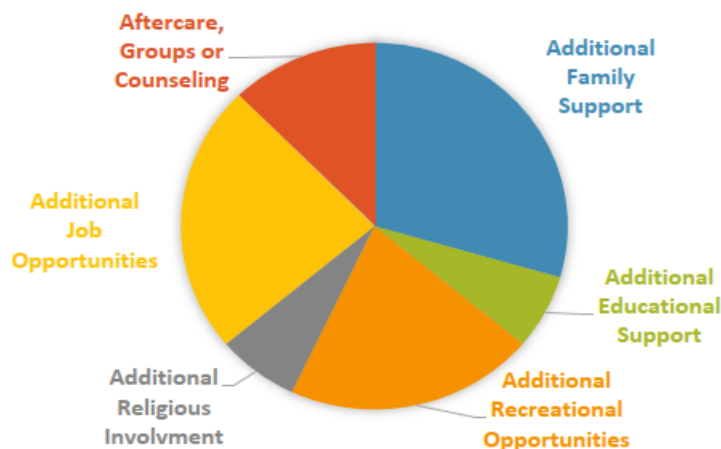
The length of time you have been in Juvenile Corrections custody was:



Do you believe the treatment programs you had while in Juvenile Corrections have reduced your risk to commit a further crime?



What do you believe could help you avoid future contact with law enforcement?

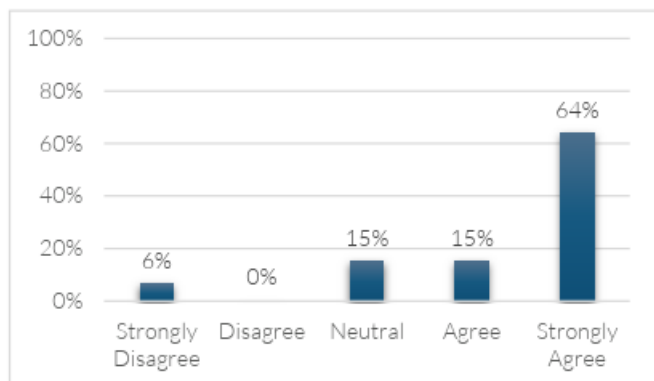




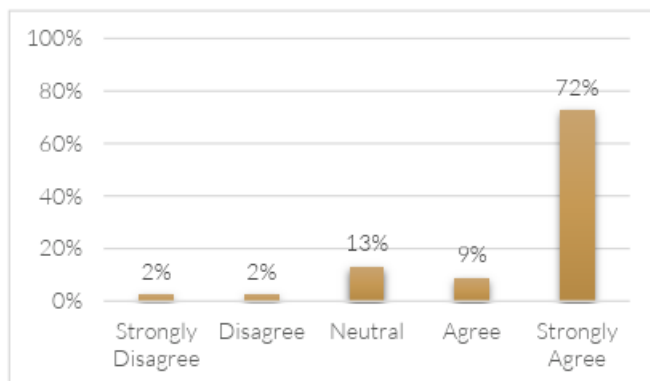
# Family Satisfaction Survey Summary

July 2019 - March 2020

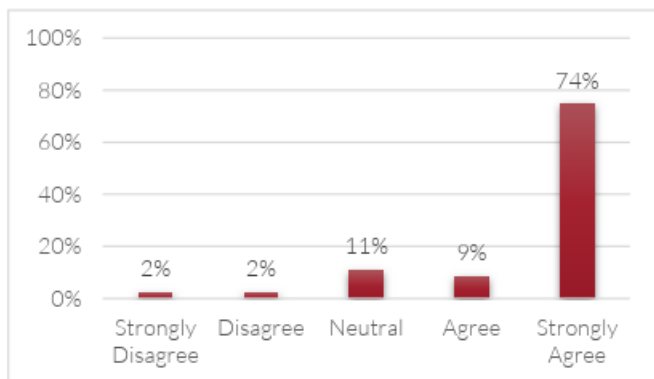
During O&A, staff were receptive to my questions, concerns, comments, and suggestions.



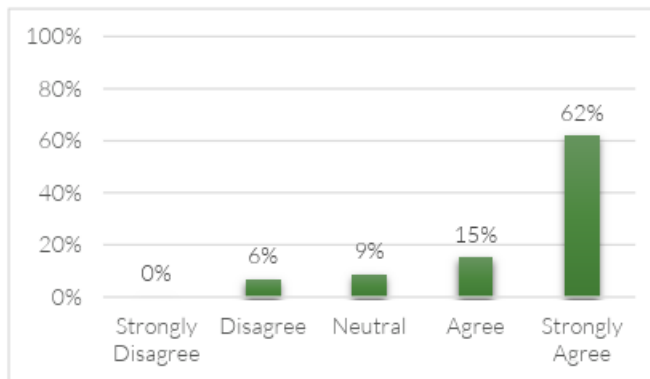
During program, staff were receptive to my questions, concerns, comments, and suggestions.



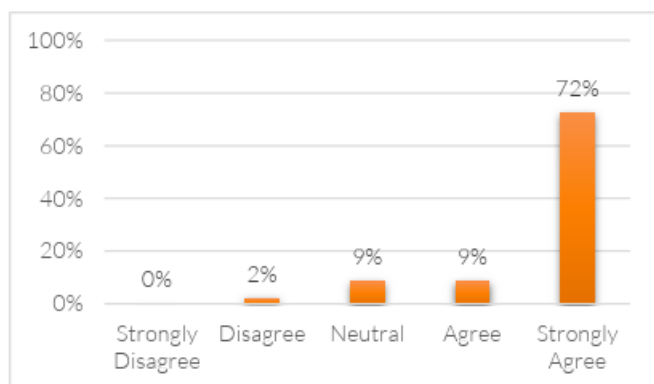
I was aware of my child's goals, progress, and setbacks.



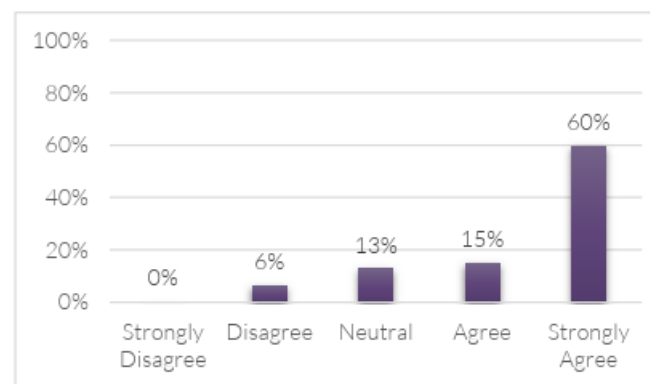
The counseling my child received was helpful and effective.



My child's education needs were met.



My child received sufficient family counseling.

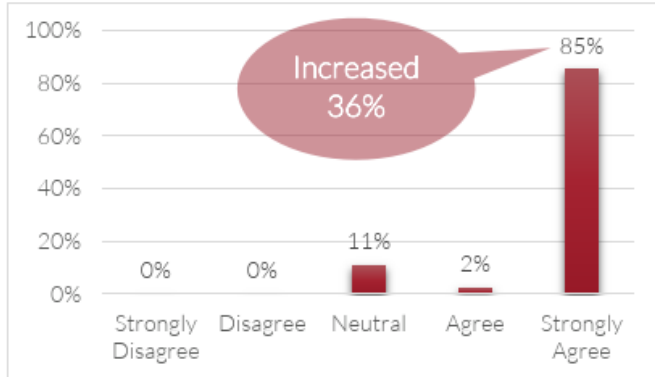




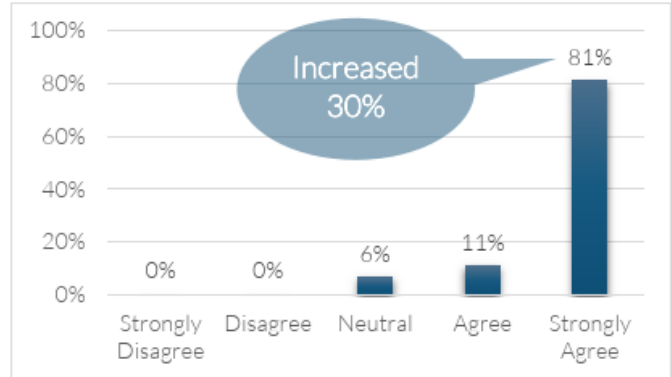
# Family Satisfaction Survey Summary

July 2019 - March 2020

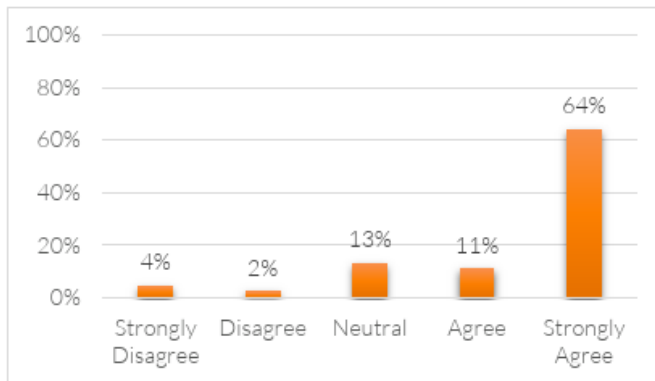
I was satisfied with visitation accommodations.



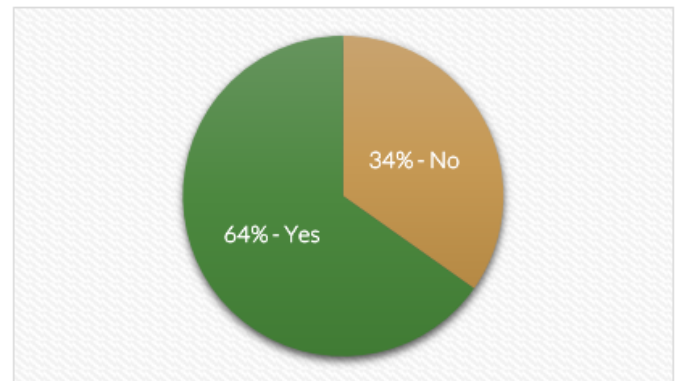
Overall, I was satisfied with services provided during my child's program placement.



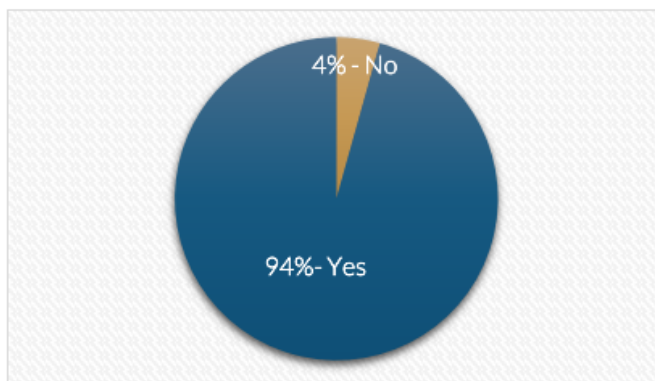
I was satisfied with the aftercare plan that was developed.



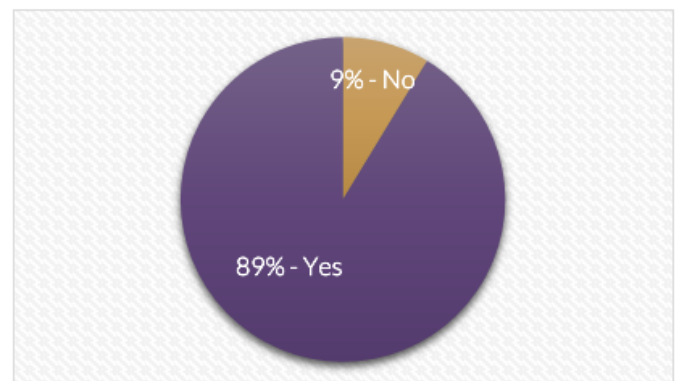
Do you know the name of your child's Juvenile Services Coordinator?



At the time of release or transfer to a program in the community, was your child's risk to offend reduced?



Do you feel the staff promoted your involvement in the process of treatment?



## YES Perception of Care - BSU Survey

In the spring of 2020, Boise State University (BSU) conducted a survey on behalf of YES partners to assess the experience of care based on family input. Surveys were sent to almost 4,000 households and 352 caregivers responded. The results of the survey pointed out both areas of strength and areas in which improvement is needed. The QMIA Council is working on the development of a quality improvement project (QIP) related to the results of the survey:

QIP for BSU Parent Survey Results		
Indicators related to Child's Success	QIP	Notes
Services focus on what my child is good at not just problems	DBH to provide coaching and training	CANS training CANS in Practice Training Coaching for Wraparound
Youth was an active participant in planning	DBH providing training	CANS training CANS in Practice Training Coaching for Wraparound
Provider regularly measures child progress towards goals	DBH providing training	CANS training CANS in Practice Training Coaching for Wraparound
Crisis/safety plan useful in times of crisis		Posted on YES Website Optum Provider Alert
Other identified areas of concern		
Family knows who to contact with concerns and complaints		Provider Alert? Website?
Easily access services my child needs most	Case Management, Care Coordination:	Navigation  Types of services that may not be available or long wait list as an example: Respite, CBRS
CANS helped develop share goals	One Kid, One CANS? DBH providing training	CANS training CANS in Practice Training Coaching for Wraparound
CANS and eligibility for services	One Kid, One CANS? DBH providing training	CANS training CANS in Practice Training Coaching for Wraparound

## YES Complaints:1st Quarter Summary, SFY 2021

The YES Quality Management Improvement and Accountability team believes that each complaint received offers an opportunity to improve the system for youth and families. The complaints system is one of several mechanisms constructed within YES to place youth and families at the center of their care.

*Table 1: Total Complaints and Appeals in 1<sup>st</sup> quarter, State Fiscal Year 2021*

	Division of Behavioral Health\ (DBH)	Division of Medicaid <sup>20</sup>	Division of Medicaid Member Appeals	Department of Juvenile Corrections (IDJC)	Family and Community Services (FACS)	State Department of Education (SDE) <sup>21</sup>	Total
1st Q	0	3	0	7	0	-	11
2 <sup>nd</sup> Q							

In the 1st quarter of SFY 2021, there were eleven YES-related complaints across all YES partners, and 0 (zero) appeals across the system.

- \* Of those seven complaints, seven were submitted by youth, three by parents, and one Other
- \* Issues were identified in the following categories: Service, Access and Clinical [services].

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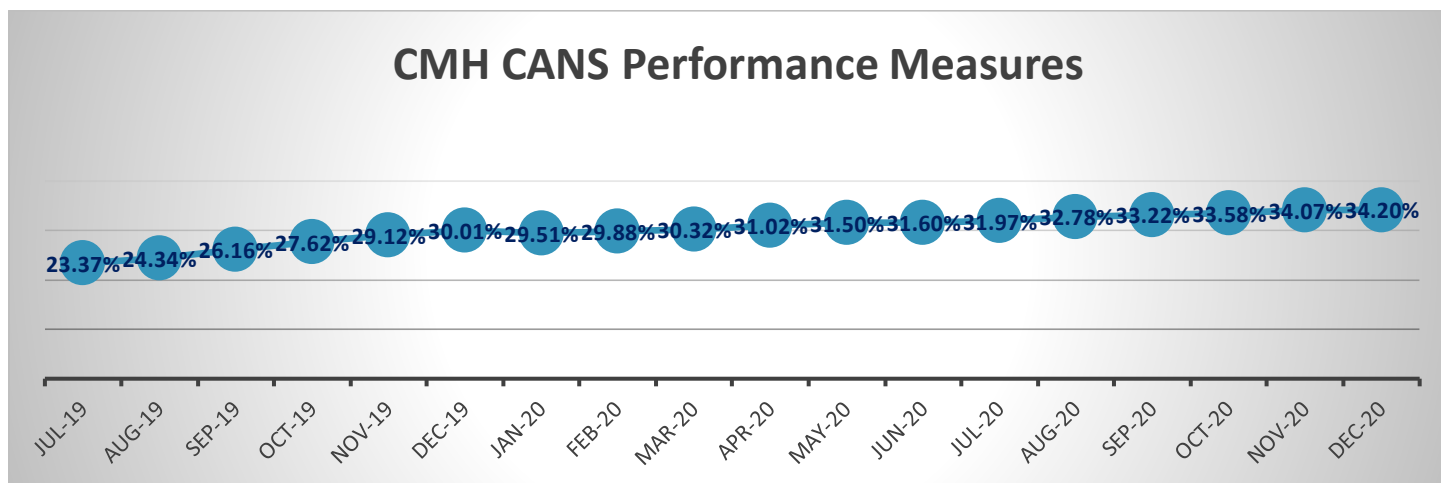
<sup>20</sup> Includes information from Optum Idaho, the Medicaid Idaho Behavioral Health Plan.

<sup>21</sup> Complaints reported by the SDE are not necessarily complaints related to mental health services as their federally required reporting system does not filter complaints based on the child's disability.

## 8. YES Outcomes

**Background:** A measure of outcomes of the YES system is the number of children that have had at least three CANS assessments and have shown a reduction in need as evidenced by a change (decrease) in the overall CANS rating. For example: a child who started with an overall CANS rating of 3 improved to at least a rating of 2 or better over 3 rating periods.

**Report:** Statewide CANS ratings continue to demonstrate improvement.

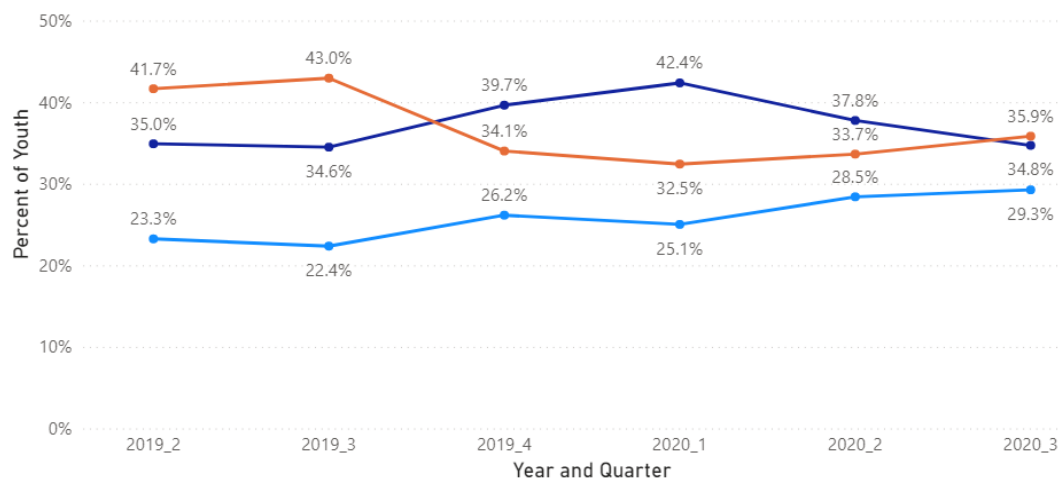


**Note:** Outcomes data includes all children who received outpatient services but may also include children who received other services in addition to outpatient.

In addition to the measure above DBH has worked with the Praed Foundation to develop additional ways to assess YES outcomes. The chart below shows the number and percentage of children and youth who developed strengths while in treatment. This has increased from 23.3 % in 2019 to 29.3% in 2020 (light blue line)

Strength Category at Last Assessment by Year and Quarter

● High Strengths ● Strengths To Develop ● Developed Strengths



### Notes on Graph:

Each point represents the percentage of youth by strengths category for each quarter. To be included in this graph the youth had to have at least 3 assessments, with more than 90 days between their first and last assessment.

Strengths Category	2019_2	2019_3	2019_4	2020_1	2020_2	2020_3	Total
Developed Strengths	38	61	140	295	359	990	1883
High Strengths	57	94	212	499	477	1174	2513
Strengths to Develop	68	117	182	382	425	1212	2386
<b>Total</b>	<b>163</b>	<b>272</b>	<b>534</b>	<b>1176</b>	<b>1261</b>	<b>3376</b>	<b>6782</b>

## 9. YES Medicaid Expenditures

Medicaid spending for mental health services for children and youth in SFY 2021.

**Expenditures:** Total dollars paid for services rendered to members between the ages of 0 to 17 increased by 28.8% when comparing SFY19-Q1 to SFY21-Q2. Similar to information noted in Section 2, SED Utilizers, the increase in expenditures may be attributed to continued awareness of YES Program Eligibility as well as implementation of new services for children and adolescents over this time period.

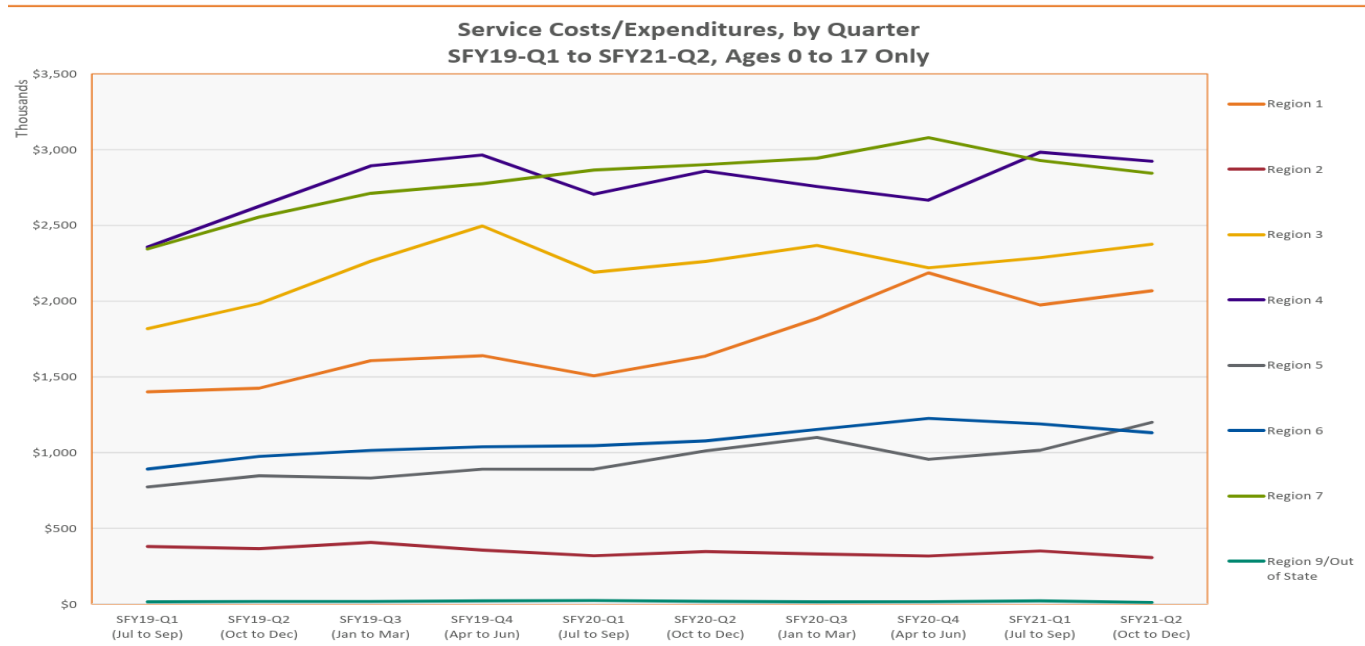
QoQ (SFY21-Q1 to SFY21-Q2): 0.9%

YoY (SFY20-Q2 to SFY21-Q2): 6.2%

### Service Costs - 7/1/2018 to 12/31/2020 - Ages 0 to 17 Only

Description: This table displays the total dollars paid, by quarter, for services rendered to members between the ages of 0 to 17 between service date range 7/1/2018 to 12/31/2020.

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)
Region 1	\$ 1,401,287	\$ 1,424,989	\$ 1,607,563	\$ 1,639,858	\$ 1,507,828	\$ 1,637,717	\$ 1,885,354	\$ 2,186,613	\$ 1,974,746	\$ 2,068,448
Region 2	\$ 380,943	\$ 366,544	\$ 407,471	\$ 356,614	\$ 320,376	\$ 347,238	\$ 331,632	\$ 317,558	\$ 351,072	\$ 307,837
Region 3	\$ 1,818,624	\$ 1,984,375	\$ 2,263,314	\$ 2,496,213	\$ 2,190,269	\$ 2,262,200	\$ 2,367,485	\$ 2,220,093	\$ 2,286,639	\$ 2,375,221
Region 4	\$ 2,357,851	\$ 2,625,806	\$ 2,892,591	\$ 2,963,992	\$ 2,704,842	\$ 2,857,965	\$ 2,756,320	\$ 2,666,684	\$ 2,982,586	\$ 2,923,119
Region 5	\$ 774,183	\$ 847,607	\$ 832,623	\$ 891,094	\$ 890,558	\$ 1,012,012	\$ 1,101,242	\$ 955,947	\$ 1,015,879	\$ 1,200,075
Region 6	\$ 891,966	\$ 975,474	\$ 1,014,995	\$ 1,038,913	\$ 1,045,802	\$ 1,077,831	\$ 1,152,961	\$ 1,225,992	\$ 1,189,554	\$ 1,131,916
Region 7	\$ 2,344,484	\$ 2,554,331	\$ 2,711,917	\$ 2,775,053	\$ 2,865,518	\$ 2,900,557	\$ 2,943,474	\$ 3,078,670	\$ 2,928,752	\$ 2,844,191
Region 9/Out of State	\$ 15,397	\$ 18,085	\$ 17,356	\$ 22,228	\$ 24,778	\$ 19,386	\$ 15,922	\$ 16,371	\$ 21,584	\$ 12,008
<b>Total</b>	<b>\$ 9,984,734</b>	<b>\$ 10,797,213</b>	<b>\$ 11,747,831</b>	<b>\$ 12,183,965</b>	<b>\$ 11,549,969</b>	<b>\$ 12,114,906</b>	<b>\$ 12,554,391</b>	<b>\$ 12,667,929</b>	<b>\$ 12,750,811</b>	<b>\$ 12,862,816</b>



## Cost per member per quarter:

Region	Q1 Number Served			Expenditure Per Region	Q2 Number Served			Expenditure Per Region	Ranking
	Other Medicaid	1915(i)	Total	Quarterly Expenditure/ Total number served	Other Medicaid	1915(i)	Total	Quarterly Expenditure/ Total number served	
1	1,601	255	1,856	\$ 1,063.98	1642	241	1883	\$1098.49	#1
2	498	86	584	\$ 601.15	466	87	553	\$556.67	#7
3	2,952	294	3,246	\$ 704.45	3038	310	3348	\$709.44	#6
4	3,185	494	3,679	\$ 810.71	3311	517	3828	\$763.62	#3
5	1,389	155	1,544	\$ 657.95	1500	144	1644	\$729.97	#5
6	1,412	161	1,573	\$ 756.23	1314	174	1488	\$760.70	#4
7	2,466	570	3,036	\$ 964.67	2481	560	3041	\$935.28	#2
9	56	6	62	\$ 348.13	33	3	36	\$333.57	
<b>Total</b>	<b>13,559</b>	<b>2,021</b>	<b>15,580</b>	<b>\$ 818.41</b>	<b>13,785</b>	<b>2036</b>	<b>15821</b>	<b>\$813.02</b>	

### What is this data telling us?

Cost per member per region based on number of clients served and expenditure by region -For SFY Q2 the average cost statewide is \$813.02. Note that there is substantial difference between regions and \$1,098.49 in Region 1 is highest cost per client and \$556.67 is the lowest cost per client in Region 2. For Q2 of SFY 2021, some regions had increased costs per client compared to Q1 (Regions 1, 3, 5 and 6), some had decreased costs per client (Regions 2, 4, and 7).

**QMIA Council recommendation:** The QMIA Council will continue tracking costs per client per region by quarter to evaluate if variances between regions remain consistent. Conduct an analysis of services provided to determine what is causing the variation. Continue focus on Region 2

## 10. Supplementary Section of the QMIA Quarterly Report:

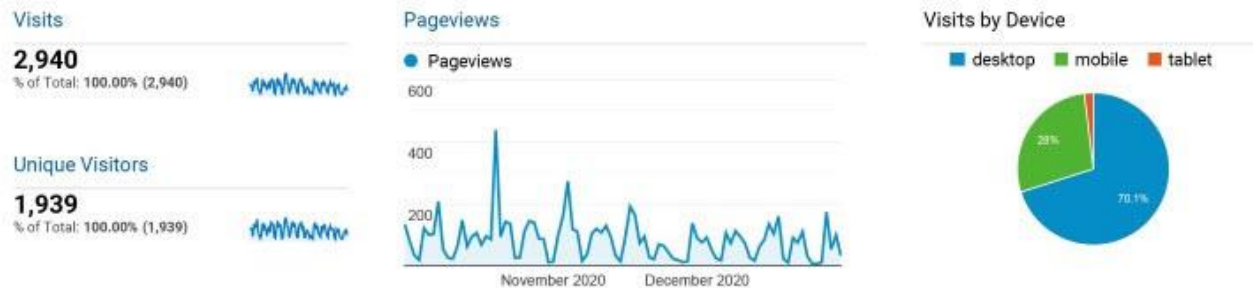
The Supplementary QMIA Report is assembled with information about children, youth, and families in Idaho and from data collected by the Department of Health and Welfare's Divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS), as well as the Idaho Department of Juvenile Corrections (IDJC), and the Idaho State Department of Education (SDE). Data in the Supplementary Report may vary each quarter based on availability. Data in the supplemental portion of the QMIA Quarterly may include more detailed descriptions of youth receiving services, access and barriers to care such as gaps in services, workforce development, youth and family experience and engagement, appropriate use of services, effectiveness of services and quality improvement projects.

### YES Communications

## YES WEBSITE ANALYTICS

Reporting Period: October 1, 2020—Dec. 31, 2020

### VISITORS AND PAGES



### Access to YES- Medicaid/Optum

A comparison across the state compared to the total Idaho population age 0-18\* indicates that the average number of children and youth served in SFY 2020 per thousand is 62. Regions 3 and 7 served more than the average while regions 2, 4, 5, and 6 were below the average. Region 1 was approximately the same as the average. Region 2 had the lowest number served per thousand.

SFY 2020- Rate per thousand regional population\* - total population under 18

Region	1	2	3	4	5	6	7	Total
#'s served	3,451	1,023	6,727	7,117	2,953	3,057	5,323	29,672
Idaho youth Population 2019	56,753	25,631	85,805	130,947	59,547	53,627	69,294	481,604
Number in 1000s	57	26	86	131	60	54	69	482
Rate per 1,000	61	40	78	54	50	57	77	62

\*Note Census estimate is based on 0-18 while YES serves 0-17.

## Diagnosis and Needs

SFYTD 2021: Rate per thousand Medicaid members– total Medicaid members under 18 (includes Medicaid members that do not meet criteria for YES)

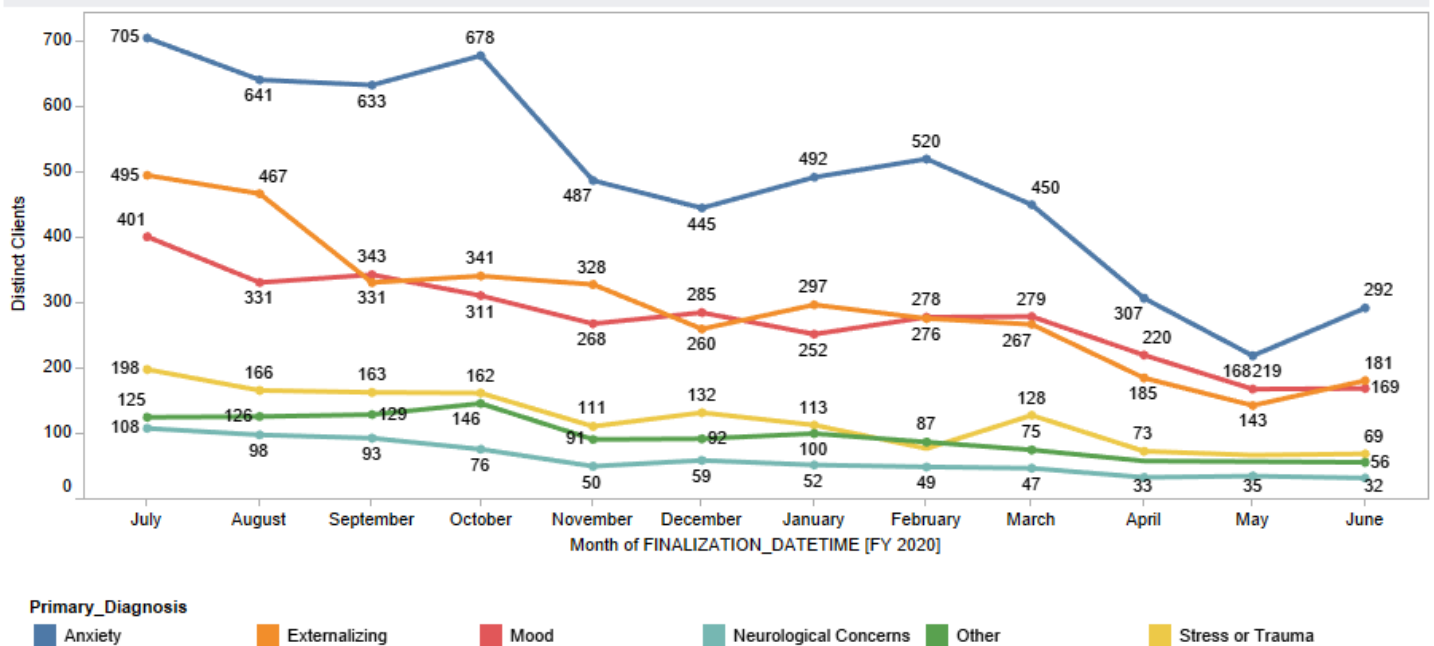
	Q1	Q2 SFY 2019	Q3 SFY 2019	Q4 SFY 2019	Q1 SFY 2020	Q2 SFY 2020	Q3 SFY 2020	Q4 SFY 2020	Q1 SFY 2021	Q2
Total Utilizers		16,450	16,876	17,676	18,090	16,937	17,475	15,322	15,385	
Total Distinct members		200,329	201,411	193,888	196,143	192,454	178,005	181,831	186,163	
Percent Utilizers		8.21%	8.38%	9.12%	9.22%	8.8-%	9.82%	8.43%	8.26%	
Rate Per 1,000		82	84	91	92	88	98	84	83	

## YES Diagnosis

The following charts are based on Diagnosis data from the ICANS system. Anxiety is the most frequent diagnosis, although there may be a downward trend.

Diagnosis SFY 2020

*Clients Served Trends (Unduplicated Client Count) by Diagnosis by Fiscal Month for SFY 2020 for Assessment Type is Initial*



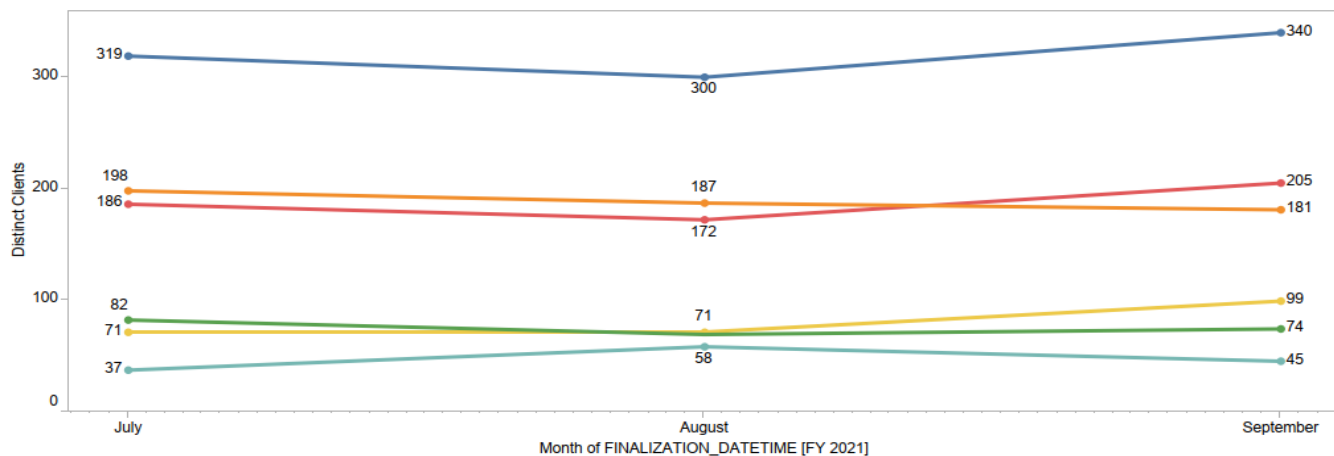


## Diagnosis SFYTD 2021- Q1

### Primary\_Diagnosis

Anxiety Externalizing Mood Neurological Concerns Other Stress or Trauma

*Clients Served Trends (Unduplicated Client Count) by Diagnosis by Fiscal Month for SFY 2021 for Assessment Type is Initial*



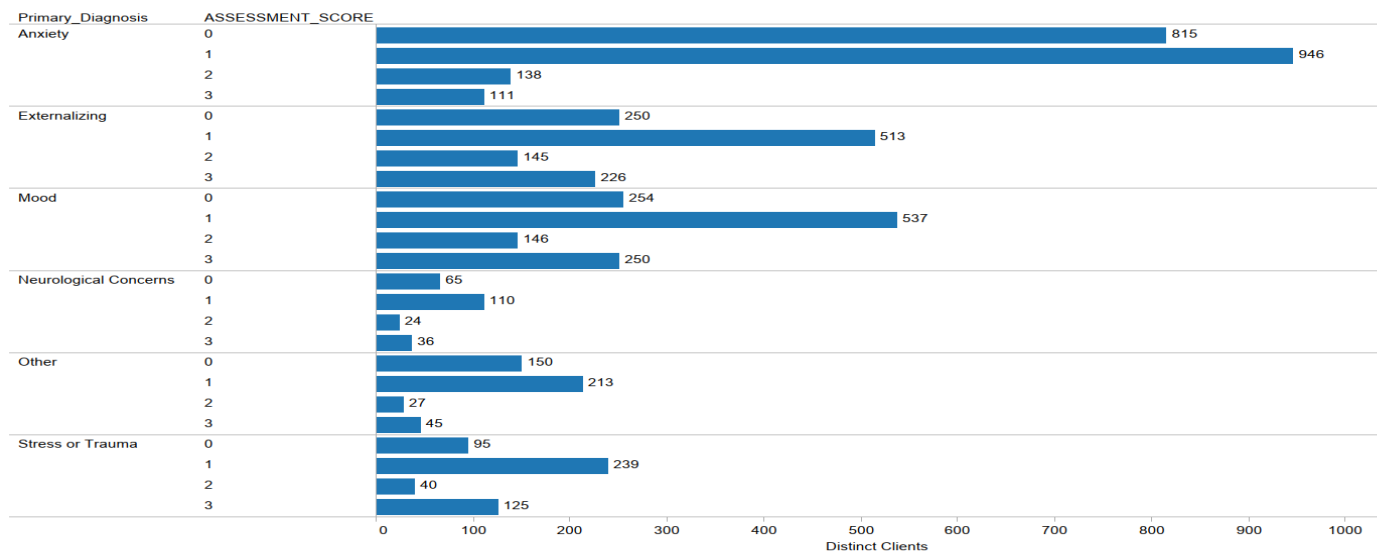
## Diagnosis by month

*Clients Served(Unduplicated Client Count) by Diagnosis by Fiscal Month for SFY 2021 for Assessment Type is Initial*

Month of FINALIZATION\_DATETIME

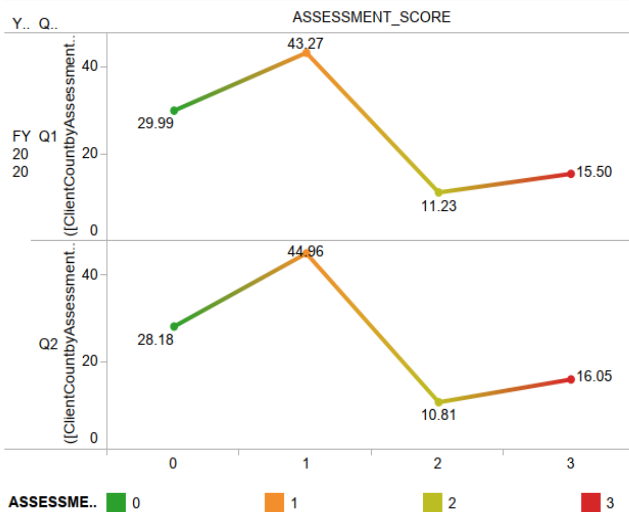
Primary_Diagnosis	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	Grand Total
Anxiety	319	300	340	343	375	339	1,999
Externalizing	198	187	181	205	194	169	1,111
Mood	186	172	205	189	216	227	1,169
Neurological Concerns	37	58	45	32	27	39	233
Other	82	69	74	72	72	69	435
Stress or Trauma	71	71	99	87	90	86	490
<b>Grand Total</b>	<b>889</b>	<b>854</b>	<b>941</b>	<b>925</b>	<b>972</b>	<b>923</b>	<b>5,321</b>

## Diagnosis and CANS scores

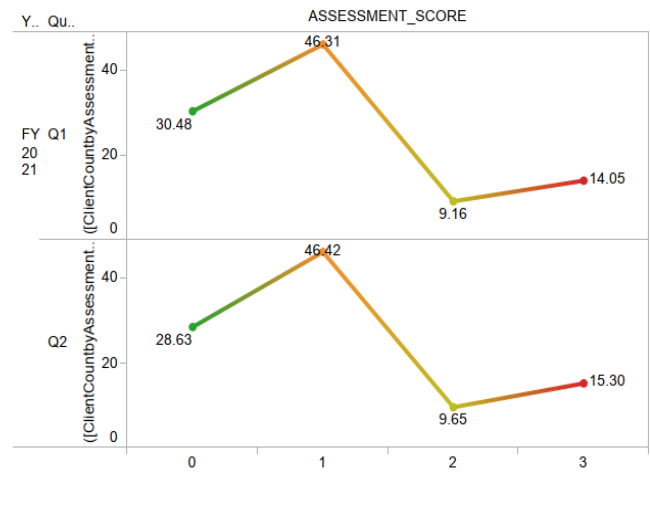


## CANS Ratings

**Client Served % by quarter and by assessment score for Q1 & Q2 SFY 2020**



**Client Served % by quarter and by assessment score for Q1 & Q2 SFY 2021**



## Are children safe, in school and out of trouble?

DBH has begun using the CANS data to assess if children and youth are safe, in school and out of trouble. Each of the following charts is information from the CANS at intake.

Safe:

Q2 SFY 2021

SUICIDE_WATCH					
	Null	0	1	2	3
Suicide Watch	1	3,956	1,136	270	39
% along SUICIDE_...	0.02%	74.35%	21.35%	5.07%	0.73%

**SUICIDE\_WATCH**  
Assessment Score  
Applies to SUICIDE WATCH  
Table only  
All

DANGER_TO_OTHERS					
	Null	0	1	2	3
Distinct Clients	1	4,088	896	401	33
% along DANGER_T...	0.02%	76.83%	16.84%	7.54%	0.62%

**DANGER\_TO\_OTHERS**  
Assessment Score  
Applies to DANGER TO OTHERS  
Table only  
All

SELF_MUTILATION					
	Null	0	1	2	3
Distinct Clients	1	4,053	947	375	19
% along SELF_MUTILA...	0.02%	76.17%	17.80%	7.05%	0.36%

**SELF\_MUTILATION**  
Assessment Score  
Applies to SELF MUTILATION  
Table only  
All

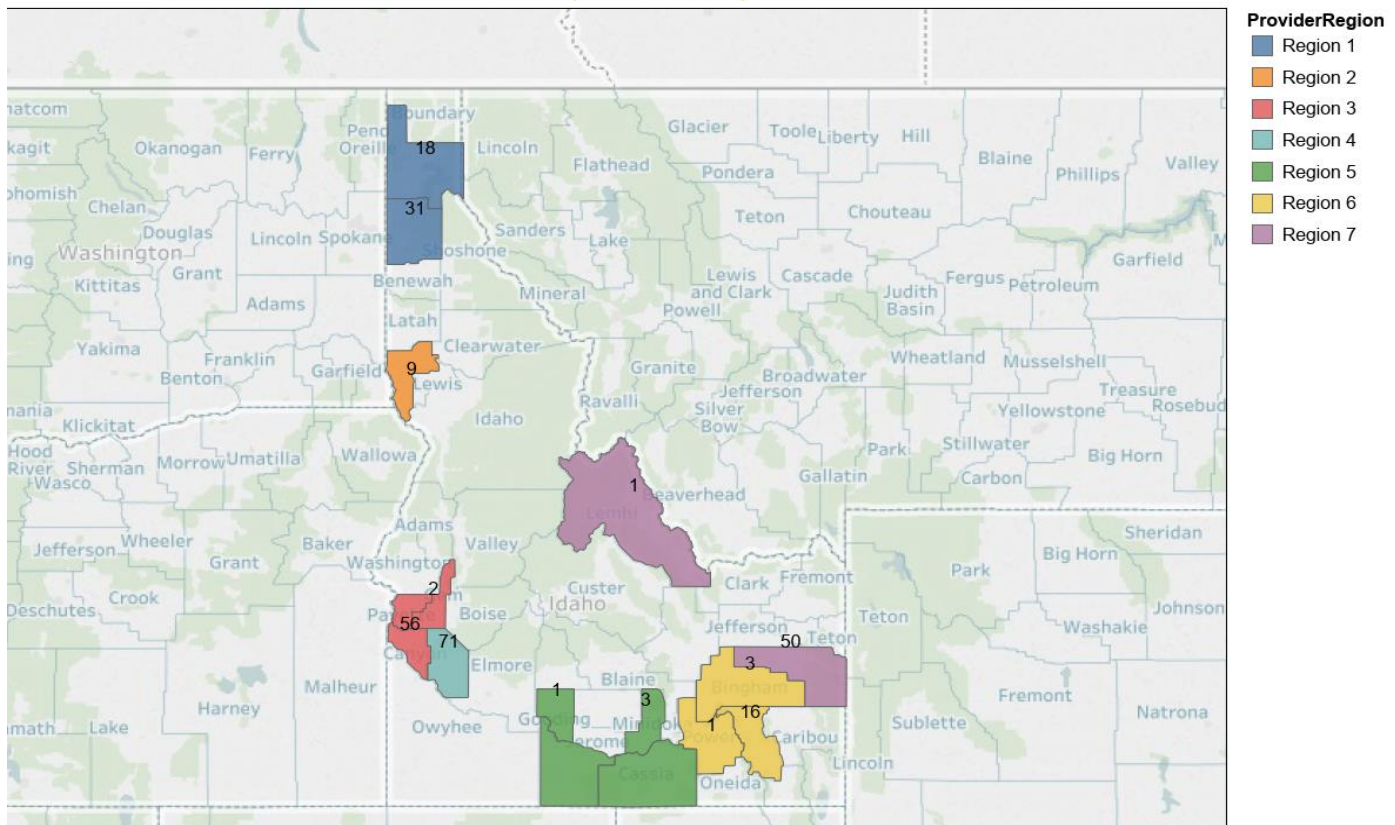
SELF_HARM					
	Null	0	1	2	3
Distinct Clients	1	4,227	871	300	27
% along SELF_HARM	0.02%	79.44%	16.37%	5.64%	0.51%

**SELF\_HARM**  
Assessment Score  
Applies to SELF HARM  
Table only  
All

FLIGHT_RISK					
	Null	0	1	2	3
Distinct Clients	1	4,454	693	203	32
% along FLIGHT_RISK	0.02%	83.71%	13.02%	3.82%	0.60%

**FLIGHT\_RISK**  
Assessment Score  
Applies to FLIGHT RISK  
Table only  
All

## SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2021 Till Dec 2020



## School Issues

### CMH CANS Clients (In School)

These Filters apply to full dashboard

AGENCY\_NAME All STATE\_FISCAL\_YEAR 2021 Fiscal Month Multiple values County\_Name All AGE All GENDER All Race/Ethnicity All

SCHOOL\_ATTENDANCE (Applies to School Attendance items only)  
Assessment Score All

SCHOOL\_Behavior (Applies to School Behavior items only)  
Assessment Score All

School Attendance							
	0	1	N/A	2	3	Null	Grand T..
Distinct C.. I..	3,502	763	684	366	116	1	5,321
%	65.81%	14.34%	12.85%	6.88%	2.18%	0.02%	100.00%

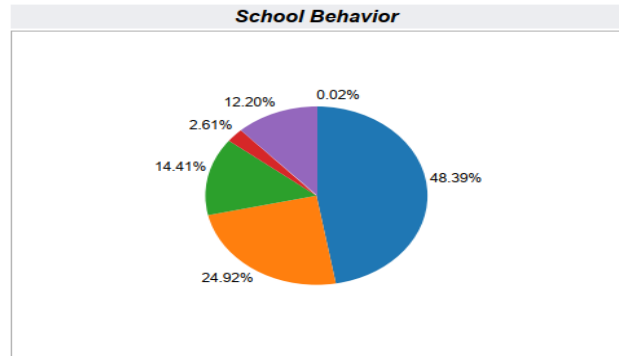
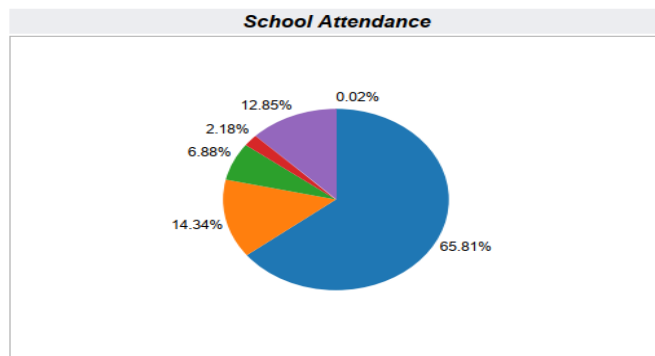
School Behavior							
	Null	0	1	2	3	N/A	Grand ..
Distinct Clie..	1	2,575	1,326	767	139	649	5,321
%	0.02%	48.39%	24.92%	14.41%	2.61%	12.20%	100.00%

SCHOOL\_ATTENDANCE Assessment Score

Null 0 1 2 3 N/A

SCHOOL\_BEHAVIOR Assessment Score

Null 0 1 2 3 N/A



**CMH CANS Clients (Juvenile Justice)**  
*These Filters apply to full dashboard*

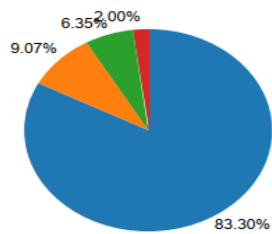
AGENCY\_NAME All     
 STATE\_FISCAL\_YEAR 2021     
 Fiscal Month Multiple values     
 County\_Name All     
 AGE All     
 GENDER All     
 Race/Ethnicity Unknown

LEGAL\_ISSUES ( Applies to Legal Issues items only)  
 LEGAL\_ISSUES  
 All

	0	1	2	3	Grand T..
Distinct Clients	459	50	35	11	551
% LEGAL_ISSUES	83.30%	9.07%	6.35%	2.00%	100.00%

LIFE FUNCTIONING LEGAL ISSUES  
 0 1 2 3

**Legal Issues**

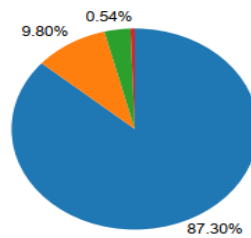


RISK\_BEHAVIORS\_DELINQUENCY ( Applies to Delinquency items only)  
 RISK\_BEHAVIORS\_DELINQUENCY  
 All

	0	1	2	3	Grand ..
Distinct Clients	481	54	19	3	551
% BEHAVIORS_DELINQ..	87.30%	9.80%	3.45%	0.54%	100.00%

RISK\_BEHAVIORS\_DELINQUENCY  
 0 1 2 3

**Delinquency**



# Appendix A: Glossary

<b>Child and Adolescent Needs and Strengths (CANS)</b>	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
<b>Class Member</b>	Idaho residents with serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
<b>EPSDT</b>	Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which is now referred to as Children's Medicaid, 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. (National website Medicaid.gov).
<b>IEP</b>	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.
<b>Intensive Care Coordination (ICC)</b>	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.
<b>Jeff D. Class Action Lawsuit Settlement Agreement</b>	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.
<b>QMIA</b>	A quality management, improvement, and accountability program.
<b>Serious Emotional Disturbance (SED)</b>	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.
<b>SFY</b>	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
<b>SFYTD</b>	The acronym for State Fiscal Year To Date.
<b>System of Care</b>	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.
<b>TCOM</b>	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.
<b>Youth Empowerment Services (YES)</b>	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.
<b>Other YES Definitions</b>	<p>System of Care terms to know:  <a href="https://youthempowermentservices.idaho.gov/YESTools/TermstoKnow/tabid/4779/Default.aspx#terms">https://youthempowermentservices.idaho.gov/YESTools/TermstoKnow/tabid/4779/Default.aspx#terms</a></p> <p>YES Project Terms to Know:  <a href="https://youthempowermentservices.idaho.gov/YESProjectTerms/tabid/4794/Default.aspx">https://youthempowermentservices.idaho.gov/YESProjectTerms/tabid/4794/Default.aspx</a></p>

## Appendix B- Medicaid Members under the age of 18

### Medicaid Eligible Members

**Section 1 Eligible Members:** Medicaid eligible members (0-17) continues to remain fairly stable over the report time period (SFY19-Q1 to SFY21-Q2), with positive growth over the last three quarters across all regions. The most recent quarter increase of Total Members grew by 1.5% Quarter over Quarter (QoQ) (SFY21-Q1 to SFY21-Q2). Year over Year (YoY) (SFY20-Q2 to SFY21-Q2), membership did not experience much variation, with a decrease of 0.4%.

No region over the last three quarters has experienced a decrease in eligible members, except for Region 9.

QoQ (SFY21-Q1 to SFY21-Q2): 1.5%

YoY (SFY20-Q2 to SFY21-Q2): -0.4%

**Table 1: Medicaid Eligible Members as of 12/31/2020 (snapshot on 12/31/2020)**

Description: This table displays the distinct count of Medicaid Members (counted by MID) that were eligible as of 12/31/20 and was between the ages of 0 to 17 on that date.

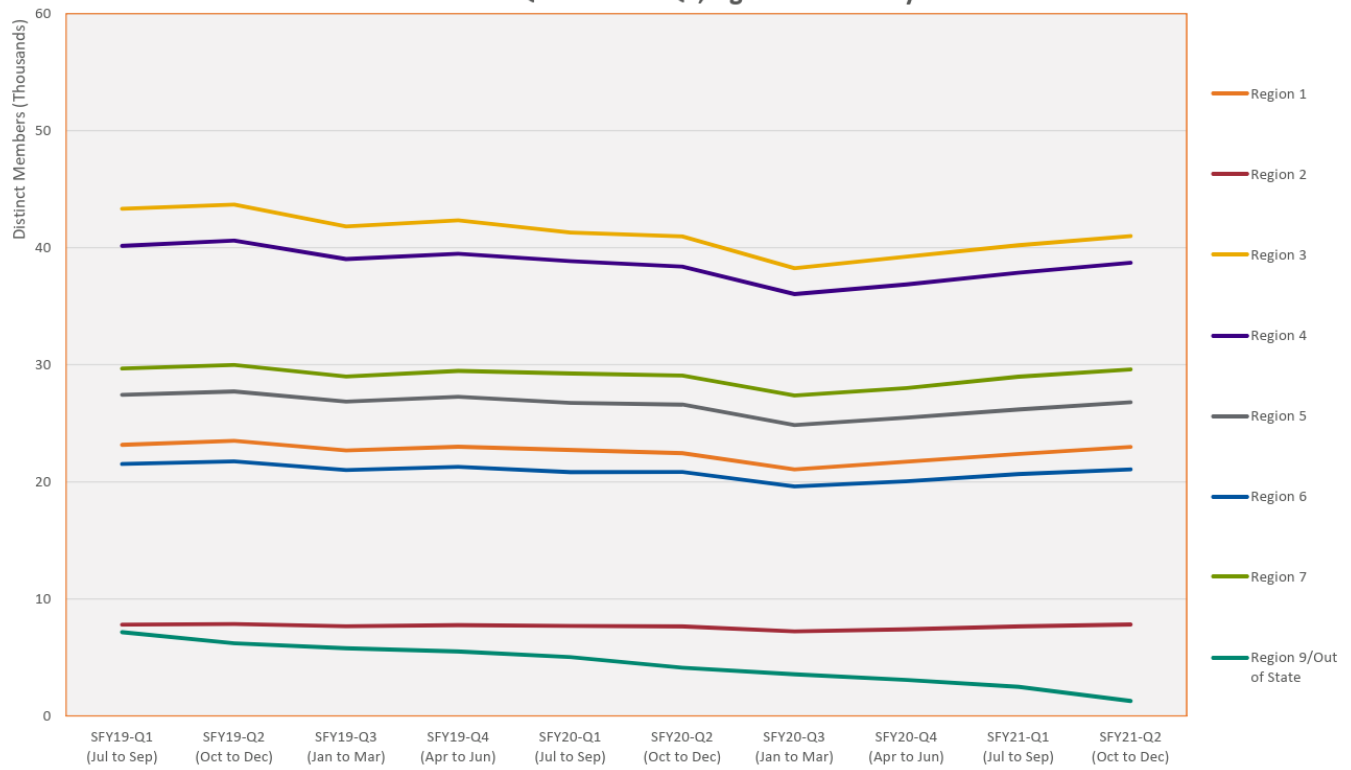
	Ages 0 to 17
	Total Distinct Members as of 12/31/2020
Region 1	22,702
Region 2	7,712
Region 3	40,806
Region 4	38,538
Region 5	26,699
Region 6	20,997
Region 7	29,612
Region 9/Out of State	455
Total	187,521

**Table 2: Medicaid Eligible Members by Quarter - Ages 0 to 17 Only**

Description: This table displays the distinct count of Medicaid Eligible Members between the ages of 0 to 17, by quarter, during the period between 7/1/2018 to 12/31/20. Members are counted by MID and age was under 18 as of the last day of each quarter.

<b>Region.</b>	<b>SFY19-Q1 (Jul to Sep)</b>	<b>SFY19- Q2 (Oct to Dec)</b>	<b>SFY19- Q3 (Jan to Mar)</b>	<b>SFY19- Q4 (Apr to Jun)</b>	<b>SFY20- Q1 (Jul to Sep)</b>	<b>SFY20- Q2 (Oct to Dec)</b>	<b>SFY20- Q3 (Jan to Mar)</b>	<b>SFY20- Q4 (Apr to Jun)</b>	<b>SFY21- Q1 (Jul to Sep)</b>	<b>SFY21- Q2 (Oct to Dec)</b>
<b>Region 1</b>	23,159	23,503	22,692	22,989	22,723	22,444	21,057	21,715	22,376	22,969
<b>Region 2</b>	7,806	7,858	7,664	7,761	7,694	7,646	7,227	7,404	7,646	7,813
<b>Region 3</b>	43,324	43,690	41,810	42,336	41,284	40,952	38,246	39,222	40,205	40,997
<b>Region 4</b>	40,162	40,603	39,030	39,478	38,847	38,388	36,038	36,871	37,866	38,717
<b>Region 5</b>	27,441	27,715	26,856	27,273	26,753	26,594	24,854	25,486	26,184	26,804
<b>Region 6</b>	21,525	21,749	21,011	21,284	20,822	20,850	19,600	20,051	20,660	21,061
<b>Region 7</b>	29,669	29,990	28,997	29,472	29,257	29,082	27,381	27,995	28,983	29,610
<b>Region 9/Out of State</b>	7,159	6,217	5,775	5,497	5,035	4,119	3,561	3,088	2,485	1,278
<b>Total</b>	<b>200,245</b>	<b>201,325</b>	<b>193,835</b>	<b>196,090</b>	<b>192,415</b>	<b>190,075</b>	<b>177,964</b>	<b>181,832</b>	<b>186,405</b>	<b>189,249</b>

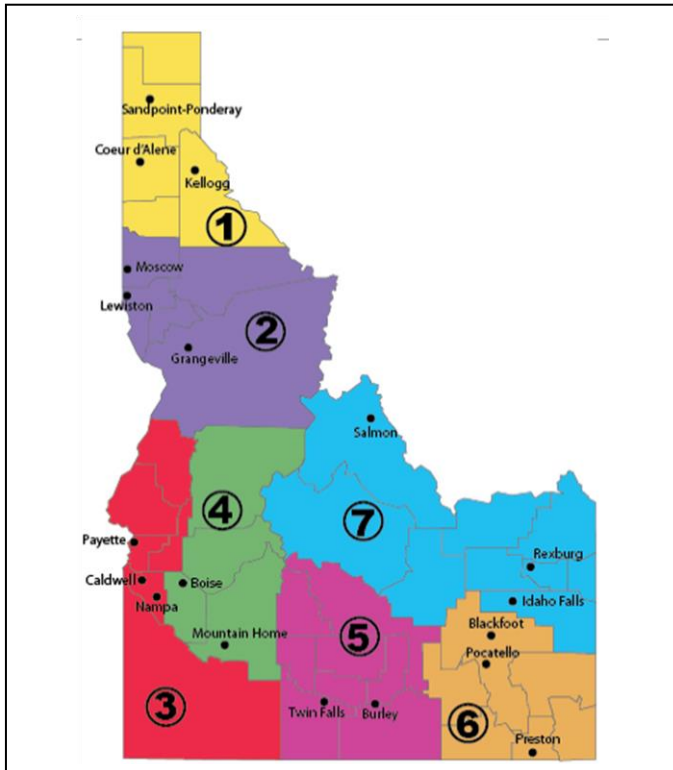
**Distinct Eligible Medicaid Members by Quarter**  
**SFY19-Q1 to SFY21-Q2, Ages 0 to 17 Only**



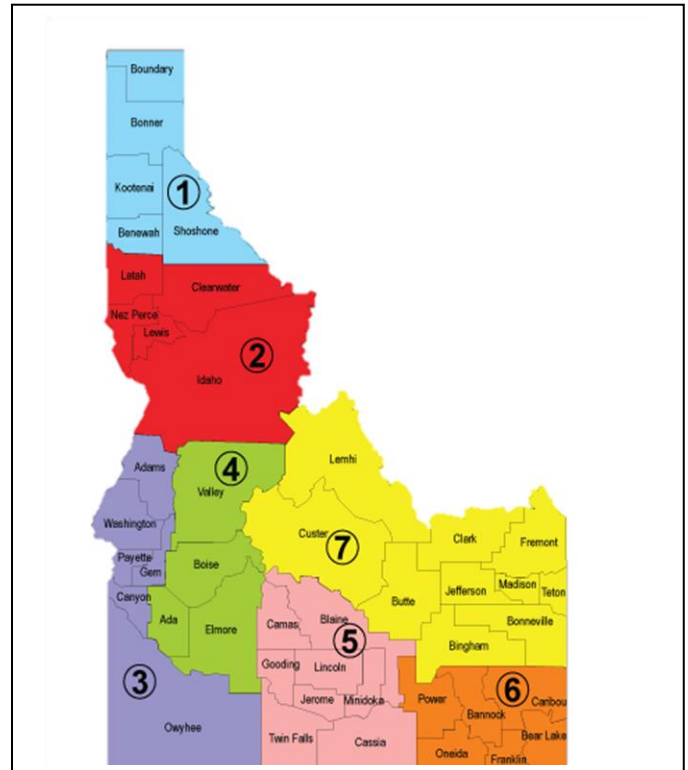


# Appendix C- Regional Maps

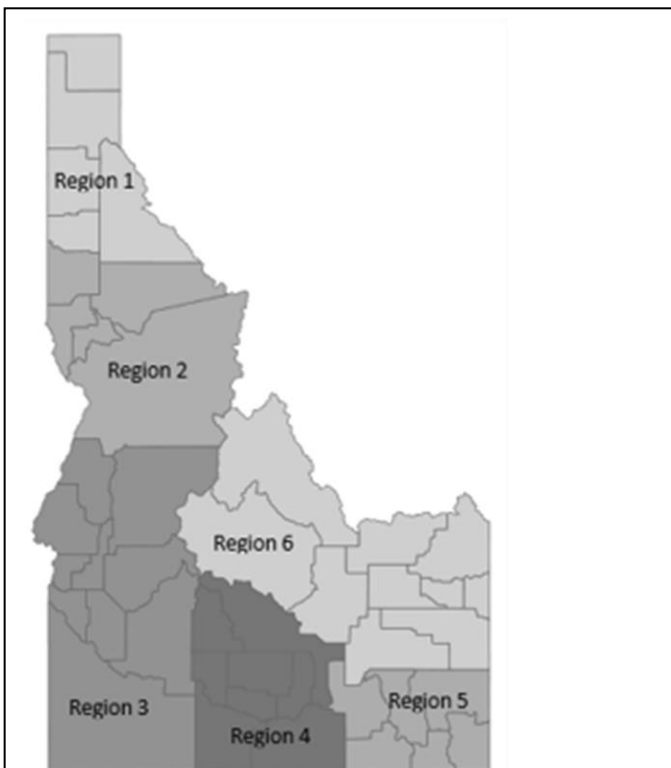
Idaho Department of Health and Welfare: Medicaid,



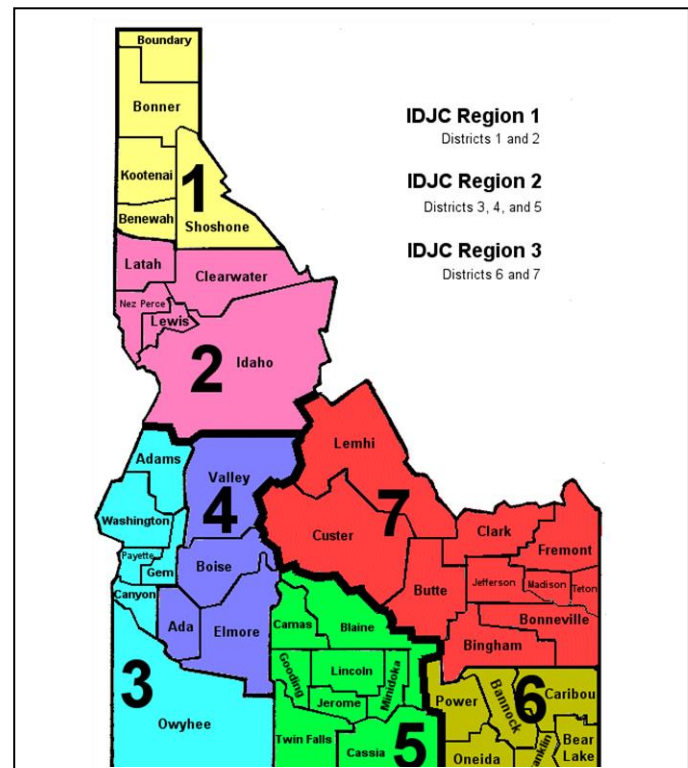
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections



## Appendix D- 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.

## Appendix E- CDC Prevalence info

Data and statistics on Children's Mental Health issues from the Centers for Disease Control (CDC):

- **ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children**
  - 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.<sup>2</sup> [Read more information on ADHD here.](#)
  - 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.<sup>3</sup>
  - 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.<sup>3</sup>
  - 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.<sup>3</sup>
- **Some of these conditions commonly occur together. For example:**
  - Having another disorder is most common in children with depression: about 3 in 4 children aged 3-17 years with depression also have anxiety (73.8%) and almost 1 in 2 have behavior problems (47.2%).<sup>3</sup>
  - For children aged 3-17 years with anxiety, more than 1 in 3 also have behavior problems (37.9%) and about 1 in 3 also have depression (32.3%).<sup>3</sup>
  - For children aged 3-17 years with behavior problems, more than 1 in 3 also have anxiety (36.6%) and about 1 in 5 also have depression (20.3%).<sup>3</sup>
- **Depression and anxiety have increased over time**
  - "Ever having been diagnosed with either anxiety or depression" among children aged 6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012.<sup>4</sup>
  - "Ever having been diagnosed with anxiety" increased from 5.5% in 2007 to 6.4% in 2011–2012.<sup>4</sup>
  - "Ever having been diagnosed with depression" did not change between 2007 (4.7%) and 2011-2012 (4.9%).<sup>4</sup>

## Appendix F- Detailed information from “Parents Experiences with EPSDT/PRTF- Feb 2021

**There is a need to improve behavioral health crisis response services for youth in Idaho.** Less than half of caregivers (48%) who believe their youth needs a safety/crisis plan have been helped to make one by their behavioral health provider and one-third of caregivers (33%) do not believe their family's current plan will be useful in times of crisis. These are important deficits in families' YES experiences, especially since having a safety/crisis plan that the family felt confident in was associated with significantly lower risk of youth psychiatric hospitalization and improved youth outcomes in the last 6 months.

In addition to improving safety/crisis planning, there is also evidence that access to face-to-face crisis support services needs to improve for youth in Idaho. Of the 20 youth whose caregivers indicated they were psychiatrically hospitalized in the last 6 months, 72% never received a face-to-face visit from a behavioral health professional at the time and location of the behavioral health crisis. This suggests a need to improve access to crisis intervention services within the YES system.

**The availability of Wraparound services for youth is increasing in Idaho, however, there is more work to be done.** Beginning in 2019, Idaho began scaling up Wraparound, a community-based service designed to support youth with the most severe behavioral health needs to live successfully in their home and community. Overall, 5.6% of caregivers ( $n = 19$ ) indicated their youth had participated in Wraparound during the last six months. Of the 32 youths who experienced an out-of-home placement in the last 6 months, 78% did not participate in Wraparound. This suggests a need to continue improving access to Wraparound services for youth with the most pressing behavioral health needs in Idaho.

**There is evidence that some service experiences are good predictors of improved youth outcomes and reduced out-of-home placements; steps could be taken to make these experiences more common for families.** Our analyses identified four questions on the YES 2020 family survey that were robust predictors of improved youth well-being, reduced out-of-home placements (including reduced psychiatric hospitalizations), and improved caregiver empowerment. Youth who scored high on these items were 10 times less likely to experience an out-of-home placement compared to youth who scored low on these items. Working to improve families' experiences of care in these four areas may support improved youth outcomes. The four items assessed:

- (1) the extent to which services focused on the youth's strengths (“The services my child/youth receives focus on what he/she is good at, not just on problems”),
- (2) the extent to which the youth was an active participant in service planning (“My child/youth is an active participant in planning his/her services”),
- (3) the extent to which the provider and family routinely measured and monitored progress toward the youth and family's goals (“The provider often works with our family to measure my child/youth's progress toward his/her goals”), and
- (4) the adequacy of safety/crisis planning (“I feel confident that my family's safety/crisis plan will be useful in times of crisis”).

**Many families indicated their services were family-centered; however, there were important disparities for youth of color.** A large majority of caregivers indicated that the services they received were respectful of their family's language, religion, race/ethnicity, and culture (92%); however, scores on this item were significantly lower for caregivers of youth of color. Caregivers of youth of color also reported significantly worse experiences with regard to being listened to by the provider, having a central voice in decision-making about their child's services, and services being available at times and locations that are accessible. These responses point to the need for additional assessment of the service experiences of youth of color in order to develop strategies for closing this gap.

**Families reported concerns regarding the Child and Adolescent Needs and Strengths (CANS) tool.** In 2019, Idaho implemented the CANS assessment statewide as the primary tool for assessing youths' behavioral health needs and strengths, determining eligibility for behavioral health services, and monitoring change in youth well-being. All caregivers who responded to the 2020 YES family survey had one or more CANS assessment completed on their youth as evidenced by DBH records; however, results from the survey suggest there is room for improvement with the CANS tool. About 1 out of every 3 caregivers (35%) who reported on their experience with the CANS did not feel that the CANS accurately reflected their youth and family's needs. A similar percentage of caregivers (32%) also indicated that the CANS assessment did little



to help their youth. About 1 in 5 caregivers (21%) indicated the CANS did not help them develop a positive shared vision for the future with their provider and a similar percentage were also not made aware of the services their youth was eligible for after completion of the CANS. Further evaluation is also needed to understand why 35% to 40% of caregivers indicated they were unable to report on their experience of their youth's most recent CANS. These findings suggest many families are not seeing value in the CANS assessment as it is currently used in the YES system. Working to improve implementation of the CANS or changing the way it is used in the system (e.g., use it as an initial assessment or annual assessment and rely on other measures to monitor change in well-being) may help improve services in this area.

**Empowering caregivers is an important step on the way to improving youth well-being and actions should be taken to improve caregiver supports in the YES system.** In this survey, an important predictor of improvement in youth well-being and reduced out-of-home placements was the extent to which caregivers felt that they had improved in the last 6 months in their ability to effectively access the services and supports their youth needs. This finding highlights the importance of empowering caregivers to access services and supports. Ways of doing this may include: changing system processes and structures so that caregivers can more easily access services their youth needs (that is, system-level change), increasing supports such as service coordination which are designed to assist caregivers in navigating systems, and working directly with caregivers to improve their skills and confidence in advocating for and accessing services their youth needs.

**Caveats.** Although the 2020 YES family survey was designed to generate a representative picture of the experiences of care of Idaho families who participated in YES services, the low response rate of 9% makes it difficult to determine how generalizable these results are. The survey results reflect the experiences and perceptions of the 352 Idaho caregivers who responded; however, it is unknown to what extent these caregivers' experiences are representative of the experiences of the other caregivers and families who did not respond to the survey. These data are best interpreted as helpful information to *begin* a conversation about improving the quality of behavioral health services for youth in Idaho.

## Conclusion

Results from this survey reflect the experiences and perceptions of caregivers of Idaho youth who participated in YES behavioral health services in 2019 and who elected to share their experiences by responding to the survey. These results highlight potential areas of strength in Idaho's YES system as well as areas of potential need for growth and improvement. It is our hope that these results can support the improvement of services for Idaho youth who experience emotional and behavioral challenges and their families.