



Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES Quarterly Report

September 2020



QMIA Q report- 10-26-2020



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QMIA Quarterly Report - July 2020

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 or 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, 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. Additional information from FACS, IDJC and SDE are included when available.

The QMIA Quarterly Report is available to all stakeholders on the YES Website and delivered to YES workgroups to support decision making related to plans for system improvement by building collaborative systems, developing new services, and creating workforce training plans. If information provided within this report evokes questions or an interest in additional data collection, please contact YES@dhw.idaho.gov with your questions, concerns or suggestions. For Medicaid-specific questions or concerns, please contact YESProgram@dhw.idaho.gov.

1: Estimated Number of Children and Youth who qualify for YES

The estimated number of children and youth who qualify for YES services is based on several population estimates and on the expected prevalence of mental illness.

Population estimates included:

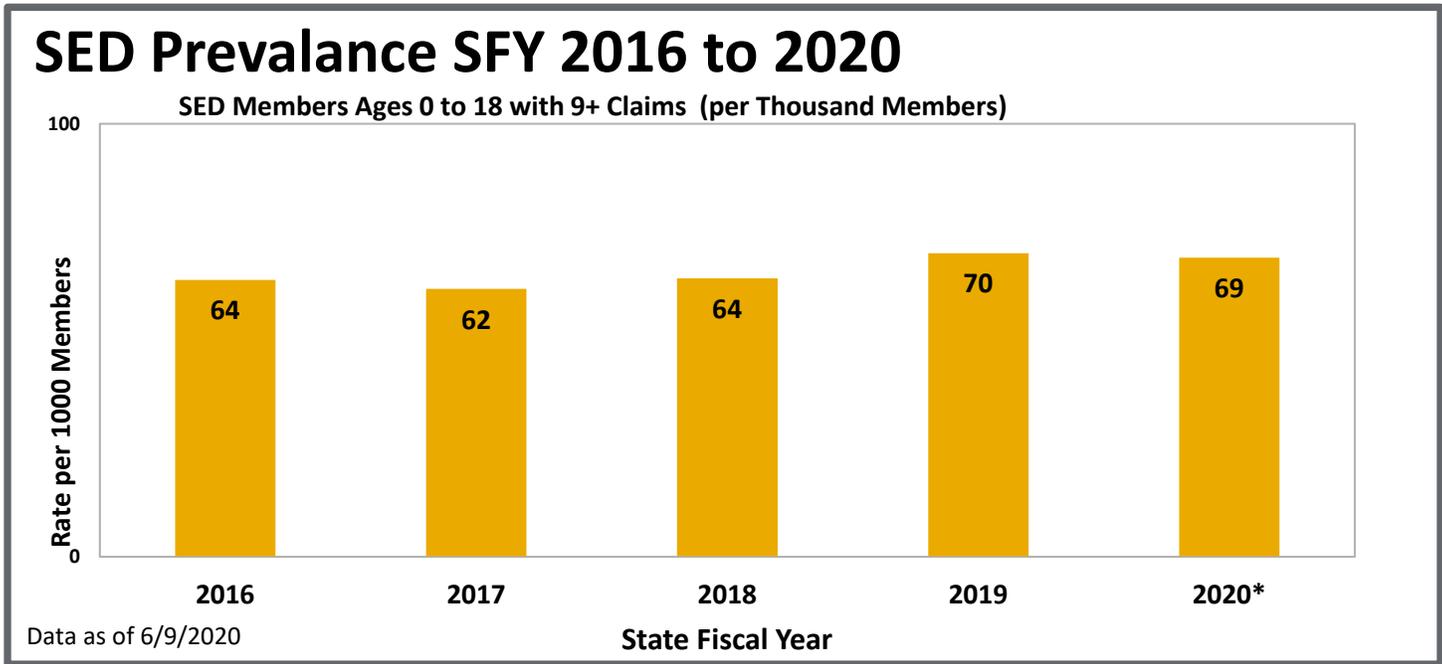
- There were 424,000 children and youth ages 0-18 in Idaho in 2019 .
- There were 199,257 Medicaid members in Idaho ages 0-17¹
- There were 199,139 children and youth in living in poverty in Idaho according to the National Center for Children in Poverty in 2018 (see http://www.nccp.org/profiles/ID_profile_6.html).²

Prevalence of mental illness:

¹ This number of Medicaid members can vary based on which report is used. Current data from Optum indicates that the number has decreased to 199,257 at the end of Q4 of SFY 2020.

² - 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).

To create the range of expected number of children and youth to be served, two methods of establishing the prevalence rate were utilized. The first method is the expected prevalence of mental illness (6%) based the estimated percent of children with extreme impairment according to the Substance Abuse and Mental Health Services Administration (SAMHSA). [See Boise State University's \(BSU's\) report on prevalence estimates](#)³. The second method is based on Optum service utilization data, which indicates that in Idaho there may be a projected prevalence of 6.9% (see SED Prevalence chart showing rate per thousand members) .



Based on the population estimates and the expected prevalence rate, the range of the number of children and youth in Idaho who may qualify for YES services is approximately 14,000⁴ to 29,000⁵ with an estimated target range of 18,000 to 22,000.

2. Number of Children and Youth assessed using the CANS

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. The CANS is a standardized assessment created by the Praed Foundation and used widely throughout the U.S.

By the end of 2020, 14,746 unduplicated children and youth had received at least one initial CANS. Over 91% of the initial CANS had been completed by the Medicaid Network.

³ Prevalence rates vary widely based on which study, which state, economic factors, and which age grouping is used.

⁴ 199,257 Medicaid members X 6.9% =13,749 or approximately 14,000

⁵ 424,000 children and youth in Idaho X 6.9% = 29,256 or approximately 29,000

CMH CANS Clients Served by Agency for SFY 2020

Grand Total is unduplicated count of clients regardless of they may be served in multiple agencies.

		DBH Regon 1	DBH Regon 2	DBH Regon 3	DBH Regon 4	DBH Regon 5	DBH Regon 6	DBH Regon 7	Liberty He althcare	Optum Providers	Grand Total
Distinct Clients	FY 2020	39	12	59	115	78	22	126	1,423	13,460	14,746
%	FY 2020	0.26%	0.08%	0.40%	0.78%	0.53%	0.15%	0.85%	9.65%	91.28%	100.00%

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

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. Agreement to be considered a member of the Jeff D. Lawsuit.

Of all the initial CANS completed in SFY 2020 69% met the criteria for eligibility for YES and 31% did not meet the criteria

CMH CANS Clients Count at Initial Status Assessment by Assessment Score and Agency for SFY 2020

AGENCY_NAME

ASSESSMENT_SCORE	DBH Regon 1	DBH Regon 2	DBH Regon 3	DBH Regon 4	DBH Regon 5	DBH Regon 6	DBH Regon 7	Liberty Healthcare	Optum Providers	Grand Total
0	3		3	5	2	2	10	29	4,560	4,611
1	11	4	8	36	12	9	36	397	6,417	6,853
2	4		4	15	14	3	19	317	1,382	1,733
3	21	8	44	59	51	8	61	680	1,540	2,326
Grand Total	39	12	59	115	78	22	126	1,423	13,460	14,746

4. Characteristics of children and youth assessed using the CANS

The characteristics of the children and youth who were assessed are noted by age, gender, race and ethnicity.

By Age:

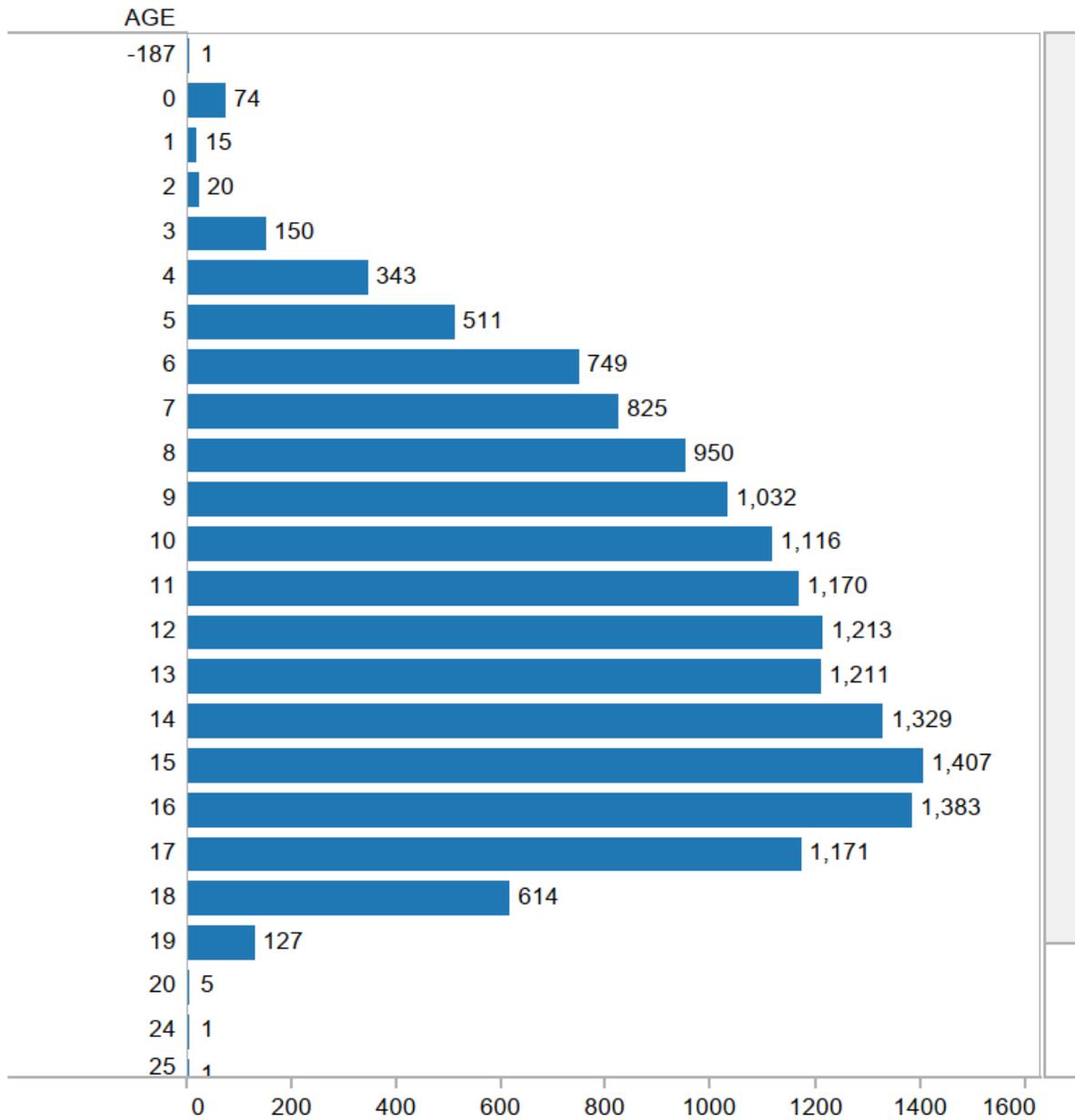
A review of the ages of children and youth who received a CANS indicates that most children and youth are in their teens:

- 27.2% 15 to 17
- 25.8% 12 to 14
- 22.8% 9 to 11
- 12.2% 7 to 8
- 8.7% 5 to 6
- 3.4% 3 to 4

The reported percentages exclude children under the age of 3 and over the age of 17. Note: DBH is continuing research as to why children under the age of 3 received a CANS- and specifically why 74 children under the age of 1 received a

CANS. It is assumed that this was incorrect data entry. There has been a slight trend through the year toward a higher percentage of children between the ages of 3 to 4, and 5 to 6

CMH CANS Clients count by Age for SFY 2020



By Gender:

The number and percent of children and youth with at least one completed CANS completed in SFY 2020 is approximately reflective of the percentages based on the states population.

	Female	Male	Refused	Transgender Female	Transgender Male	Unknown	Grand total
Distinct clients	7087	7556	6	17	66	17	14,746
% by Gender	48.06%	51.24%	.04%	.12%	.45%	.12%	
% of Idaho's Population	48.87%	51.13%	NA	UK	UK	NA	

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

By Race and Ethnicity:

The number and percent of children and youth with at least one completed CANS by Race/Ethnicity for SFY 2020 indicates that there may be some disparities in the children and youth being served. Black/African American and Hispanic children and youth appear to be served at or above the general population in Idaho. Asian and Native American children and youth appear to be underserved.

	Asian	Black/ African American	Hispanic	More than one race	Native American	Pacific islander	White	Other and unknown	Total
Distinct Clients	58	225	2822	437	152	26	9,559	1594	14,746*
% by Race Ethnicity	.39%	1.53%	19.14%	2.96%	1.03%	.18%	64.82%	10.81%	
% of Idaho's population	1.6%	0.9%	12.7%	2.5%	1.7%	0.2%	93%	--	

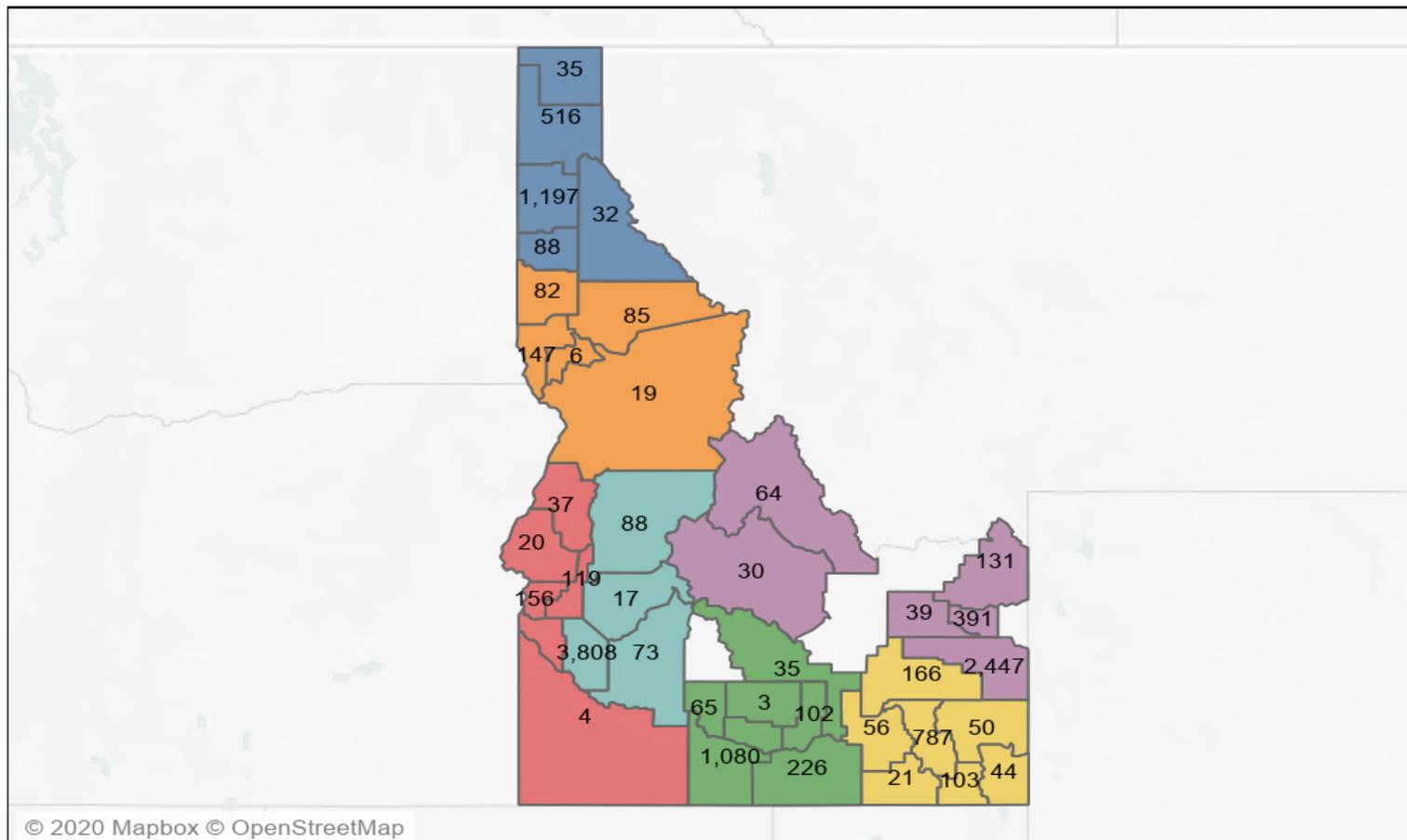
Note: Total number of distinct clients noted in chart does not add up to 14,746 as there were 23 entries in ICANS database that had no entry for race or ethnicity.

Almost 11% of CANS entered into the ICANS system had either unknown or other as the race or ethnicity of the child or youth served. DBH will address the importance of noting race and ethnicity accurately in CANS Training.

CANS by County

As can be seen in the map below showing the number of completed CANS provided in SFY 2020, children in almost every county in Idaho have a completed CANS assessment.

There are four counties with "0" completed CANS: Butte, Clark, Camas, and Teton



By Region and County

ProviderRegi..	Distinct Clients	%
Region 1	1,804	12.23%
Region 2	370	2.51%
Region 3	3,033	20.57%
Region 4	3,981	27.00%
Region 5	1,525	10.34%
Region 6	1,210	8.21%
Region 7	3,067	20.80%
Grand Total	14,746	100.00%

5. YES Service Utilization

Number served- Medicaid/Optum

Access to care is one of the primary goals for YES. The number of children and youth who would meet criteria for YES services is projected to be 18,000 to 22,000. In SFY 2020, by the end of June the number receiving outpatient mental health service from Medicaid/Optum was:

Region	1	2	3	4	5	6	7	9	Total
# Served	3,451	1,023	6,727	7,117	2,953	3,057	5,323	36	29,672

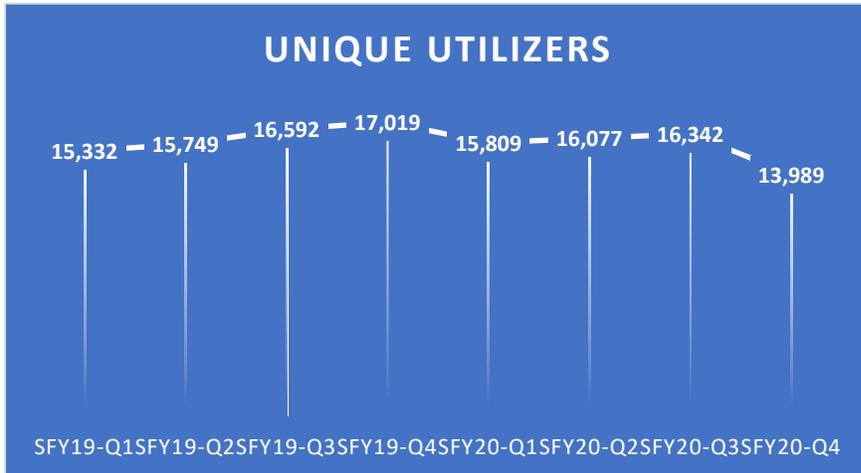
Note: The total number of children served represented in this chart includes children who are Medicaid members and who are receiving mental health services but who may not meet the criteria for YES (e.g. they have a CANS rating of 0).

Optum Unique Utilizer Count - SFY2019-SFY2020								
	SFY19-Q1	SFY19-Q2	SFY19-Q3	SFY19-Q4	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4
Member Region	Distinct Utilizers							
Region 1	1,817	1,841	1,973	1,961	1,788	1,825	1,910	1,706
Region 2	594	579	641	587	533	533	570	468
Region 3	3,354	3,389	3,672	3,911	3,513	3,629	3,631	2,921
Region 4	3,825	4,026	4,199	4,260	3,847	3,892	3,868	3,209
Region 5	1,408	1,462	1,497	1,546	1,472	1,462	1,589	1,265
Region 6	1,490	1,515	1,573	1,620	1,573	1,601	1,615	1,488
Region 7	2,803	2,899	2,998	3,079	3,014	3,091	3,123	2,895

Other	41	38	39	55	69	44	36	37
Total	15,332	15,749	16,592	17,019	15,809	16,077	16,342	13,989

*Unique utilizer count *should be* a unique number of members, ages 0-17, utilizing services within a quarter.

SFY19-Q1	SFY19-Q2	SFY19-Q3	SFY19-Q4	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4
15,332	15,749	16,592	17,019	15,809	16,077	16,342	13,989



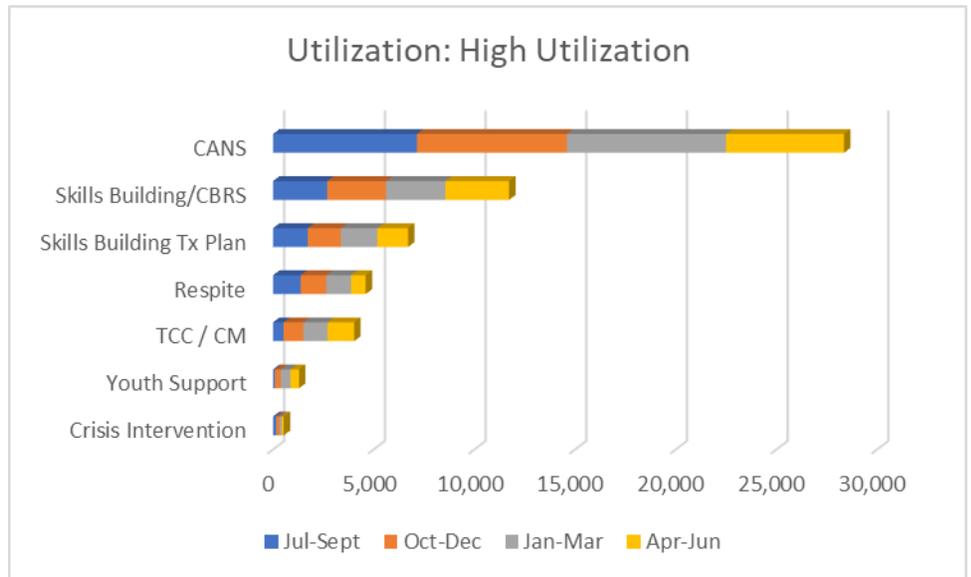
Note: Numbers of utilizers served in each month are unduplicated but may be duplicated in any or all of the months included in the report. Region 9 is not a region in Idaho per se but does include services provided by providers that are not in the Medicaid/Optum Network but who may have a single case agreement, or who are out of state.

Utilization of YES services are reported by both Medicaid and DBH.

Medicaid service utilization:

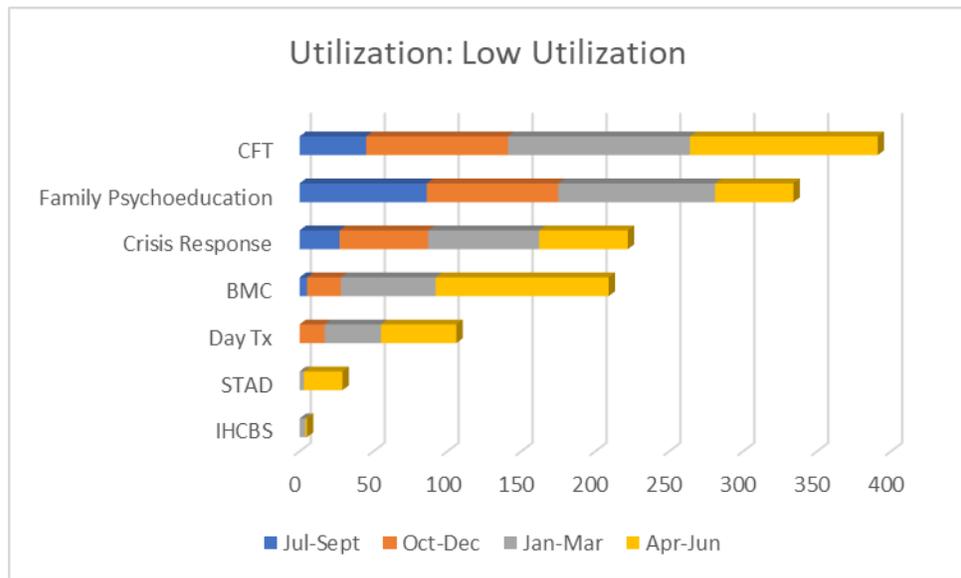
The Medicaid YES services that were accessed the most in SFY 2020 included:

- Respite provided by Optum Network
- Individualized Skills Building Treatment Plan
- Skills Building/CBRS services
- CANS Assessments
- Targeted Care Coordination Case Management (TCC/CM)
- Youth Support
- Crisis Intervention



Average utilization of lesser utilized Medicaid YES services during SFY 2020:

- Behavior Modification (BMC)
- Day Treatment (Day TX)
- Crisis Response
- Family Psychoeducation
- Child and Family Team (CFT)
- Skills, Training and Development (STAD)
- Intensive Home and Community Based (IHCBS)



Children’s Medicaid Placement Requests

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 FMS 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 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):

1. PRTF Application Approvals/Denials/Withdraws or Closures

	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
A	17	16	7	7	11	11	8	10	12	6	9	11	125
D	3	13	11	26	18	16	15	23	21	7	10	8	171
W/C	9	4	9	9	9	5	9	12	6	5	7	6	90
Total	29	33	27	42	38	32	32	45	39	18	26	25	386

During SFY 2020, Medicaid received 386 requests for Children’s Medicaid PRTF placement. Of the applications received, 125 were approved (32%), 171 were denied (44%), 90 were withdrawn or closed for technical reasons (23%), .

2. PRTF Admits and discharges per month

	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

3. **Average length of stay for the time period:** 141.66 Days

4. **Total Number of applications** 386; Applications, unduplicated members: 351

Medicaid hospitalization

1. Admits per month

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
141	132	172	168	184	171	201	231	198	184	211	186	2179

2. Discharges per month

Unavailable – not reported to Telligen

3. **Average length of stay for the time period:** 6.77 Days

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

4. **Number of unduplicated members with acute psych stays:** 1799

Optum Services

The following tables are the total number of children and youth who received services through the Medicaid Network in CFY 2020 by region and by quarter. More details about services including total of services in CFY 2019, and number of services utilized can be found at [\(will place a link here when the addendum is ready\)](#)

**Unique Members by Region per Quarter
Number of Members Served (0-17)**

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	1,788	1,825	1,910	1,706	7,229
Region 2	533	533	570	468	2,104
Region 3	3,513	3,629	3,631	2,921	13,694
Region 4	3,847	3,892	3,868	3,209	14,816
Region 5	1,472	1,462	1,589	1,265	5,788
Region 6	1,573	1,601	1,615	1,488	6,277
Region 7	3,014	3,091	3,123	2,895	12,123
Region 9	69	44	36	37	186
Grand Total	15,809	16,077	16,342	13,989	62,217

Note: Grand Totals are Unduplicated

CANS

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	773	733	823	714	1,666
Region 2	161	166	191	113	366
Region 3	1,268	1,277	1,390	1,058	2,873
Region 4	2,150	2,334	2,123	1,699	4,507
Region 5	642	737	811	569	1,600
Region 6	419	431	555	498	1,103
Region 7	1,551	1,520	1,603	1,316	3,299
Region 9	116	92	108	43	237

Grand Total	7,045	7,261	7,578	5,984	15,290
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Targeted Care Coordination

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	13	13			23
Region 2			11	24	25
Region 3	9	15	28	40	64
Region 4	62	126	178	203	353
Region 5	15	17	19	16	49
Region 6	19	26	34	61	80
Region 7	228	344	345	423	588
Grand Total	346	541	615	766	1,177

Child and Family Inter-disciplinary Team Meeting

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	19	24	28	33	104
Region 2	11	5	10	22	48
Region 3	5	5	10	13	33
Region 4	9	31	25	23	88
Region 5	12	11	7	13	43
Region 6	3	8	15	14	40
Region 7	3	30	60	66	159
Grand Total	62	114	155	184	515

Psychotherapy

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	1,623	1,571	1,694	1,479	2,728
Region 2	379	407	435	347	652
Region 3	2,357	2,449	2,526	2,054	4,200

Region 4	3,745	3,689	3,717	2,961	6,064
Region 5	1,246	1,261	1,373	1,087	2,192
Region 6	1,078	1,123	1,144	1,058	1,891
Region 7	2,850	2,834	2,892	2,562	4,258
Region 9	259	207	299	208	521
Grand Total	13,164	13,342	13,835	11,594	21,410

Note: Grand Totals are Unduplicated Counts

Psychological and Neuro-Psych Testing

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	98	86	91	71	341
Region 2	2	9	10	3	23
Region 3	39	37	33	4	102
Region 4	280	267	253	104	842
Region 5	63	62	63	26	185
Region 6	202	186	141	111	529
Region 7	194	175	153	143	655
Region 9	8	5	2	7	22
Grand Total	886	827	746	469	2,693

Med Management

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	154	152	152	123	231
Region 2	57	49	51	44	88
Region 3	393	407	372	328	676
Region 4	1,168	1,199	1,267	1,012	1,934
Region 5	157	178	192	111	274
Region 6	336	325	305	282	573
Region 7	502	503	550	501	880
Region 9	82	92	94	86	169
Grand Total	2,843	2,887	2,973	2,477	4,725

Substance Use Services

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	23	26	36	26	64
Region 2	14	15	14	12	25
Region 3	37	47	30	29	88

Region 4	87	73	77	72	170
Region 5	45	47	51	39	102
Region 6	18	13	32	33	45
Region 7	52	49	60	49	109
Grand Total	275	269	299	260	596

Note: Grand Totals are Unduplicated Counts in all charts

Family Psychoeducation

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	53	34	36	15	78
Region 2		1			1
Region 3		1	2		3
Region 4	1		13	5	19
Region 5	18	23	19	17	75
Region 7	4		10	6	20
Region 9			2		2
Grand Total	76	59	82	43	198

Skill building- CBRS

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	119	91	100	112	189
Region 2	29	35	34	36	63
Region 3	175	168	159	168	313
Region 4	313	292	319	337	537
Region 5	35	23	25	28	57
Region 6	71	73	83	90	140
Region 7	425	449	479	564	775

Grand Total	1,166	1,131	1,198	1,334	2,059
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Respite

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	43	30	26	5	54
Region 2	40	36	39	20	51
Region 3	72	51	50	36	93
Region 4	134	110	109	93	205
Region 5	40	26	30	28	62
Region 6	35	30	31	19	45
Region 7	254	241	240	197	359
Grand Total	616	524	524	398	865

Crisis Services

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	25	30	20	25	84
Region 2	10	16	12	8	39
Region 3	9	12	9	8	37
Region 4	19	33	27	17	90
Region 5	10	15	19	14	56
Region 6	10	8	9	7	34
Region 7	68	78	78	69	262
Region 9	2		2	1	5
Grand Total	153	192	176	149	606

Youth Support

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	5	15	16	15	31
Region 2	8	12	10	8	20
Region 3	8	13	14	17	27
Region 4	21	60	83	94	127
Region 5	1	15	18	15	26
Region 6	15	14	28	23	50
Region 7	17	30	50	35	72
Grand Total	75	159	219	207	352

Behavioral Modification

Region	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 1			10	21	21
Region 3			1		1
Region 4	3	6	10	5	14
Region 5		1			1
Region 6				6	6
Grand Total	3	7	21	32	43

Intensive Home and Community Based (IHCB)

Region	SFY20-Q3	SFY20-Q4	Grand Total
Region 1	1		1
Region 4	2	1	2

Grand Total	3	1	3
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Day Treatment

Region	SFY20-Q2	SFY20-Q3	SFY20-Q4	Grand Total
Region 4			1	1
Region 5	1	3	7	8
Region 7	9	20	23	31
Grand Total	10	23	31	40

Skill Training and Development (STAD)

Region	SFY20-Q3	SFY20-Q4	Grand Total
Region 2	3	7	10
Region 5		9	9
Region 6		1	1
Region 7		10	10
Grand Total	3	27	30

Partial Hospitalization (PHP)

Region	SFY20 - Q3	SFY20 - Q4	Grand Total
Region 4	14	20	34

Region 9	1		1
Grand Total	15	20	35

DBH Services Utilization

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)

Vouchered Respite⁶-

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. During SFY 2020, 233 vouchers were issued serving 184 unduplicated youth.

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, 376 children and families have received WInS. The number of new cases opened in March, April, May and June was lower than the preceding months primarily due to the impact of COVID. DBH is working to increase the capacity of Wraparound by providing additional training in SFY 2021.

⁶ DBH is working with Vouchered Respite contractor to track and report data by region in the future

Wraparound Enrollment by Month for SFY 2020

Criteria: Unduplicated new Clients count by month who enrolled in any wraparound program ('Pre-Wraparound', 'Wraparound', 'Wraparound - Phase 1', 'Wraparound - Phase 2', 'Wraparound - Phase 3', 'Wraparound - Phase 4') and Program Start Date on or after 7/1/2019 and on or before 06/30/2020 and domain is children mental health and agency is region 1 to 7.

Unique Clients Enrolled in any Wraparound program by Month
 Note: Grand total is unduplicated clients counts among all reported month

Total Unduplicated Clients ever Served in wraparound programs including those no longer active as of 6/30/2020

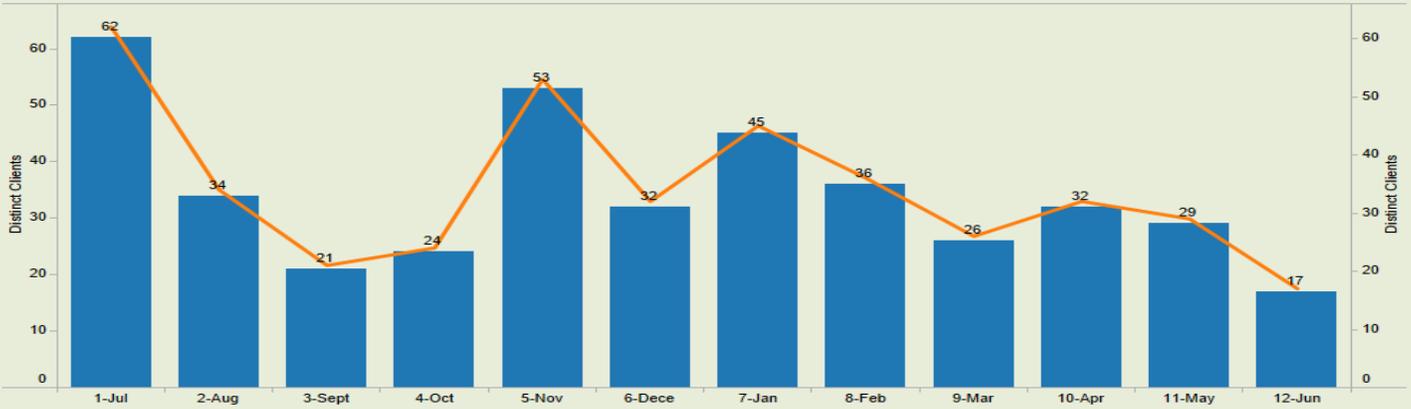
SFY 2020

State Fiscal Month													Grand..
1-Jul	2-Aug	3-Sept	4-Oct	5-Nov	6-Dece	7-Jan	8-Feb	9-Mar	10-Apr	11-May	12-Jun	Grand..	
62	34	21	24	53	32	45	36	26	32	29	17	250	

Total Unduplicated Clients Counts 359

State Fiscal Month All

Unique Clients Enrolled in any Wraparound program by State Fiscal Month for SFY 2020



Parenting with Love and Limits DBH-

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.

PLL Enrollment by Month for SFY 2020

Criteria: **Unduplicated new Clients count by month** who enrolled in any PLL program (CMH-PLL (CMH Qualified) and CMH-PLL (Waiver)) and Program Start Date on or after 7/1/2019 and on or before 06/30/2020 and domain is children mental health and agency is region 1 to 7.

Unique Clients Enrolled in CMH-PLL (CMH Qualified) and CMH-PLL (Waiver) program by Month

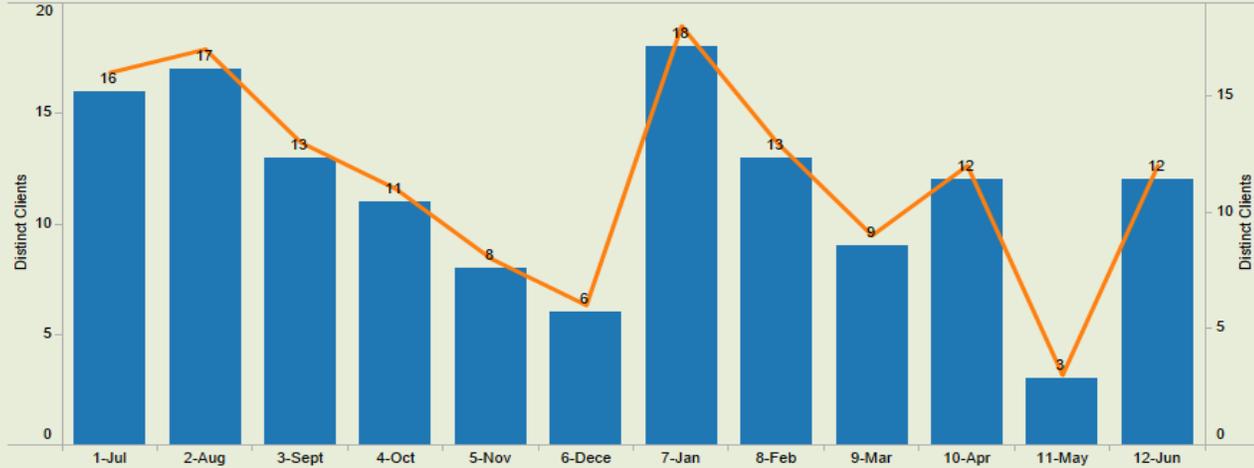
Note: Grand total is unduplicated clients counts among all reported month

SFY 2020

State Fiscal Month												
1-Jul	2-Aug	3-Sept	4-Oct	5-Nov	6-Dece	7-Jan	8-Feb	9-Mar	10-Apr	11-May	12-Jun	Grand T..
16	17	13	11	8	6	18	13	9	12	3	12	137

State Fiscal Month All

Unique Clients Enrolled in CMH-PLL (CMH Qualified) and CMH-PLL (Waiver) program by State Fiscal Month for SFY 2020



DBH Residential placements:

A total of 17 children and youth were placed in residential care by DBH in SFY 2020. (The total number this may include some Medicaid members who were not approved for Children’s Medicaid PRTF placement).

Note: The chart shows the number of children and youth receiving services each month (not just those admitted during the month) so numbers should not be added across months. The number is **not the number of admits but the number placed or in placement.**

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	SFY Undup
CMH-Residential	8	3	4	3	2	2	4	4	6	6	6	8	17

DBH State Hospital South (SHS):

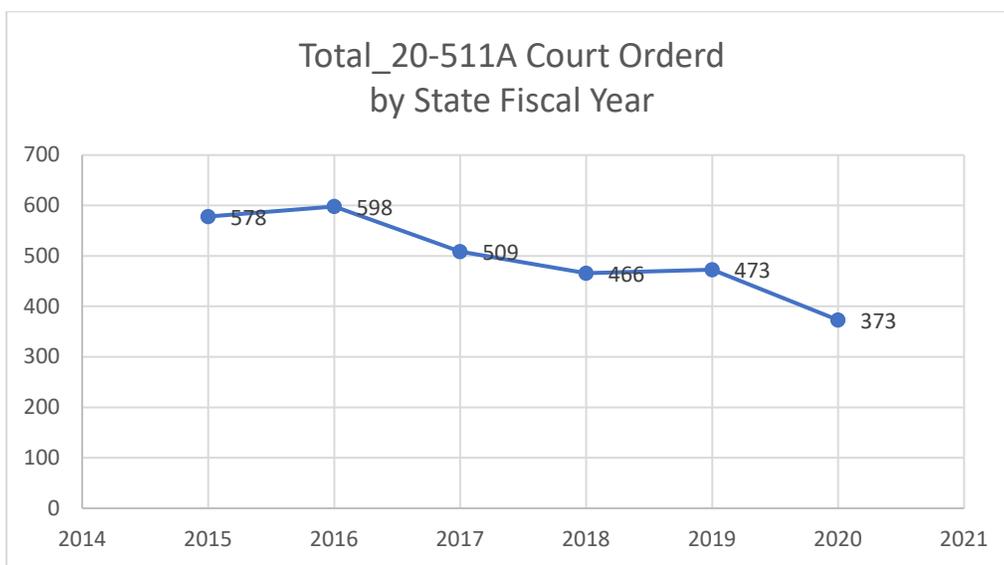
A total of 94 children and youth received services from SHS by June 30, 2020. (The number served may include Medicaid members).

Note The chart shows the number served each month for the year so the numbers should not be added across months (not just those admitted during the month). Some children were placed at SHS for consecutive months.

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	SFY Undup
CMH-SHS	17	20	18	18	22	21	21	23	25	24	25	21	94

DBH 20-511A:

The number of 20-511A court ordered cases has dropped overall from a high of 598 in 2016 to 373 in 2020. The number of 20-511A court orders for 2020 (373) is a drop of 21% compared to 2019.



7. YES Family Perception of Service Quality and Satisfaction

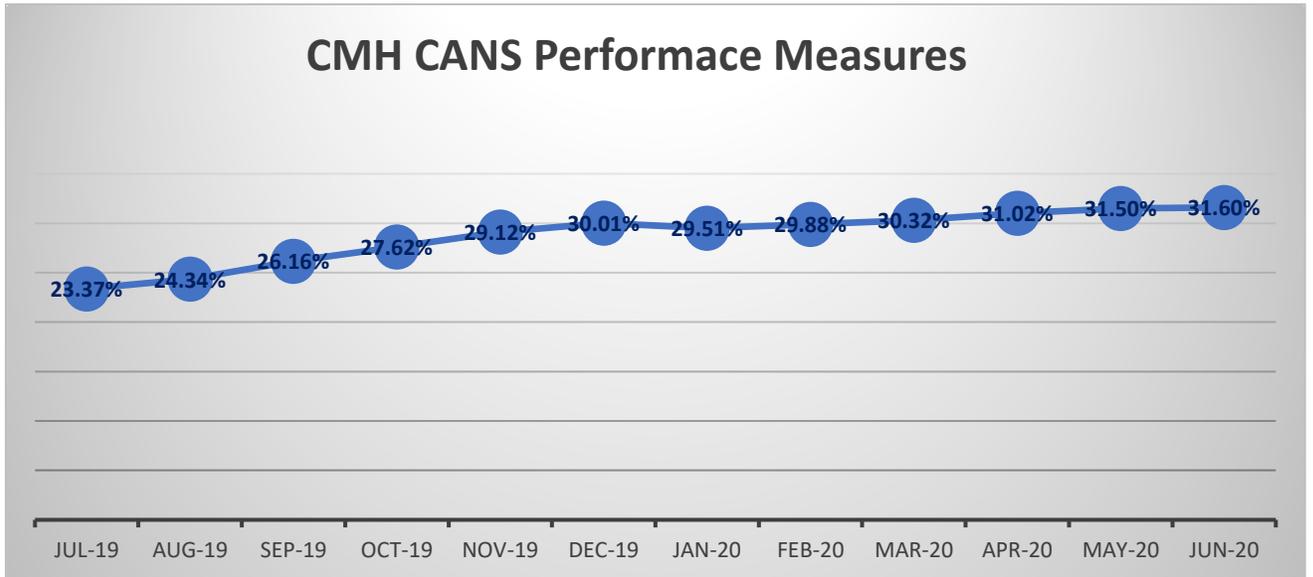
In the spring of 2020 The following is an excerpt from a survey Boise State University (BSU) conducted a survey on behalf of YES partners to assess the experience of care based on family input. Surveys were sent to almost 4000 households and 352 caregivers responded. The results of the survey point out both areas of strength and areas in which improvement is needed. The QMIA Council is working on the development of a quality improvement project related to the results of the survey.

The Executive Summary is included as Appendix E. The whole report can be found at:

<https://youthempowermentservices.idaho.gov/ProjectInformation/tabid/4798/Default.aspx?QuestionID=928&AFMID=19170>

8. YES Outcomes

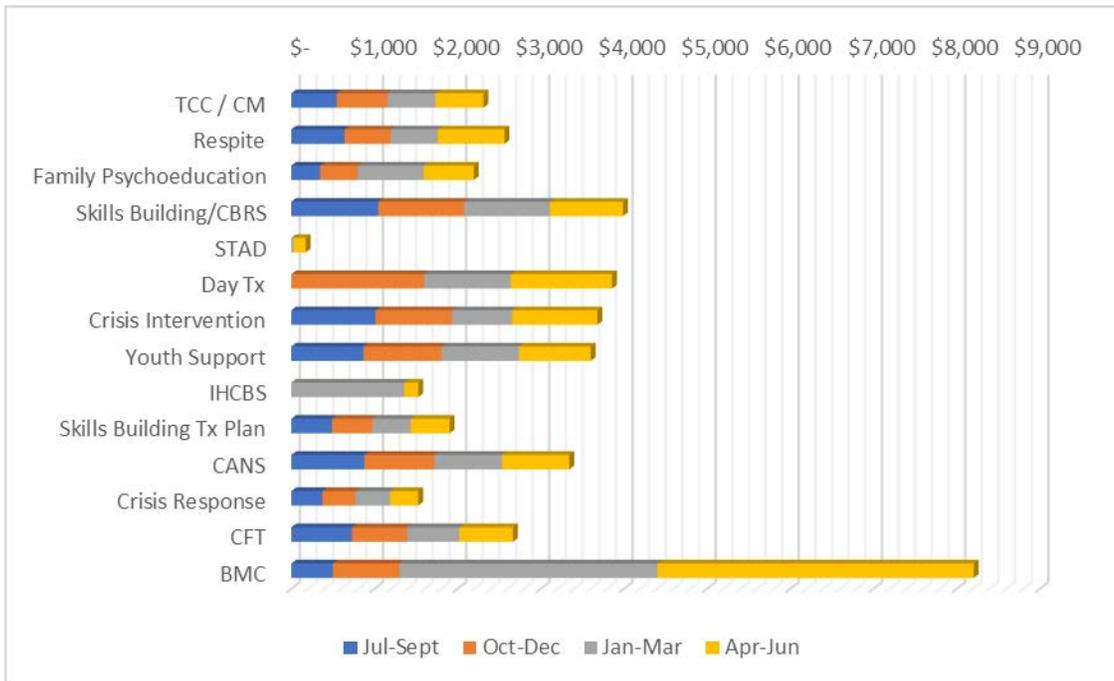
A measure of outcomes of the YES system is the number of children that have had at least three CANS assessments and have shown a reduction in need as evidenced by a change (decrease) in the overall CANS rating. Between July and June, the percent of children whose CANS ratings improved increased from 23.37% to 31.60%.



9. YES Medicaid Expenditures

Medicaid spending for mental health services for children and youth in SFY 2020.

Service Costs – SFY 2020					
Region	July- Sept 2019	Oct-Dec 2019	Jan- March 2020	April- June 2020	SFY total
Region 1	\$ 1,506,251	\$ 1,620,926	\$ 1,837,772	\$ 2,054,183	\$ 7,019,132
Region 2	\$ 320,376	\$ 347,238	\$ 330,554	\$ 316,210	\$ 1,314,378
Region 3	\$ 2,190,164	\$ 2,255,299	\$ 2,353,389	\$ 2,198,142	\$ 8,996,994
Region 4	\$ 2,704,848	\$ 2,856,955	\$ 2,745,305	\$ 2,620,628	\$ 10,927,736
Region 5	\$ 890,938	\$ 1,013,006	\$ 1,097,967	\$ 938,810	\$ 3,940,722
Region 6	\$ 1,043,418	\$ 1,075,029	\$ 1,144,559	\$ 1,211,336	\$ 4,474,342
Region 7	\$ 2,867,231	\$ 2,901,650	\$ 2,942,708	\$ 3,069,575	\$ 11,781,165
Region 9	\$ 8,577	\$ 8,198	\$ 6,061	\$ 5,496	\$ 28,331
Total	\$ 11,531,802	\$ 12,078,302	\$ 12,458,315	\$ 12,414,380	\$ 48,482,799



10. About the 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. 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.

Other data about Idaho Urban.org: www.urban.org/sites/default/files/publication/29126/412207-state-mental-health-systems-for-children-a-review-of-the-literature-and-available-data-sources

Access to YES- Medicaid/Optum SFY 2020

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

Rate per 1,000

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	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

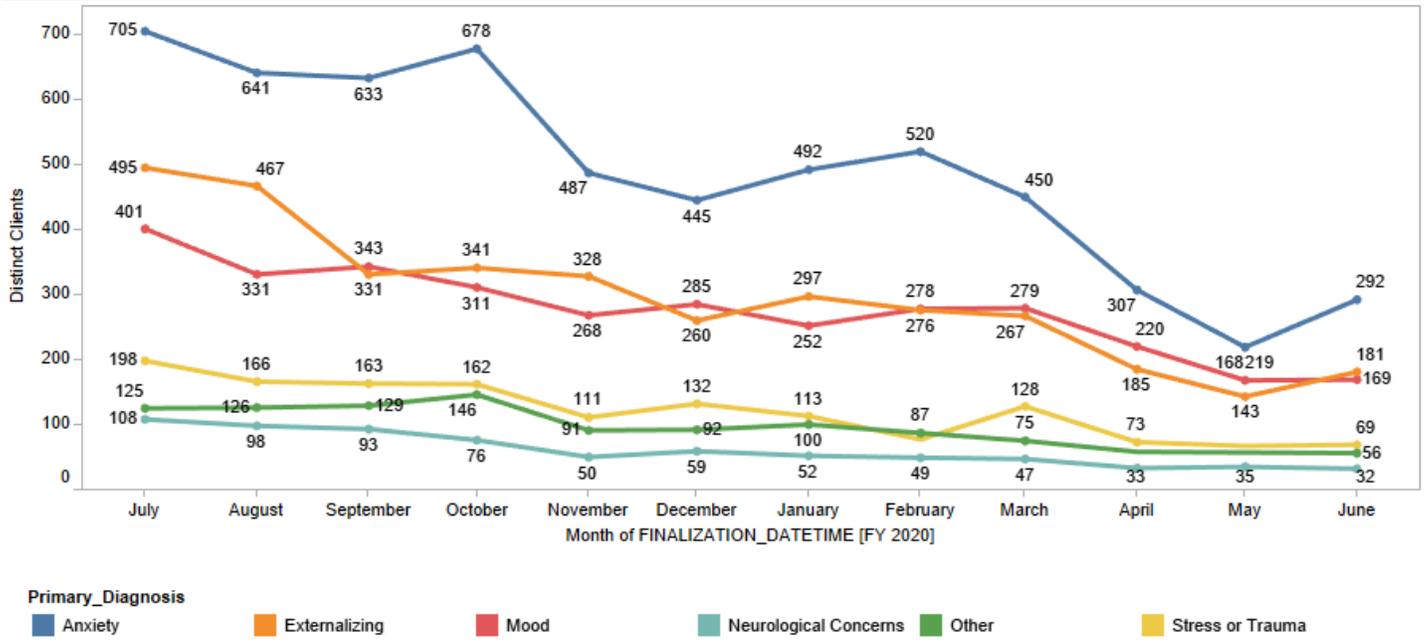
*Note Census estimate is based on 0-18 while YES serves 0-17. **Diagnosis and Needs**

The largest number of children and youth are being rated as level 1 (6,853 or 46%) on the CANS and second largest number is level 0 (4,611 or 31%). This distribution approximately matches expectations and as more CANS are completed for all children and youth accessing mental health services in the children's system of care it is expected that the percent of children and youth with a rating of 0 or 1 will continue to increase.

CMH CANS Unique Client Count by Assessment Score and Primary Diagnosis for SFY 2020

ASSESSMENT..	Primary_Diagnosis						Grand Total
	Anxiety	Externalizing	Mood	Neurological Concerns	Other	Stress or Trauma	
0	2,361	765	707	165	388	256	4,611
1	2,626	1,475	1,415	313	489	669	6,853
2	469	477	411	101	111	179	1,733
3	337	759	702	133	140	329	2,326
Grand Total	5,693	3,354	3,144	700	1,109	1,389	14,746

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

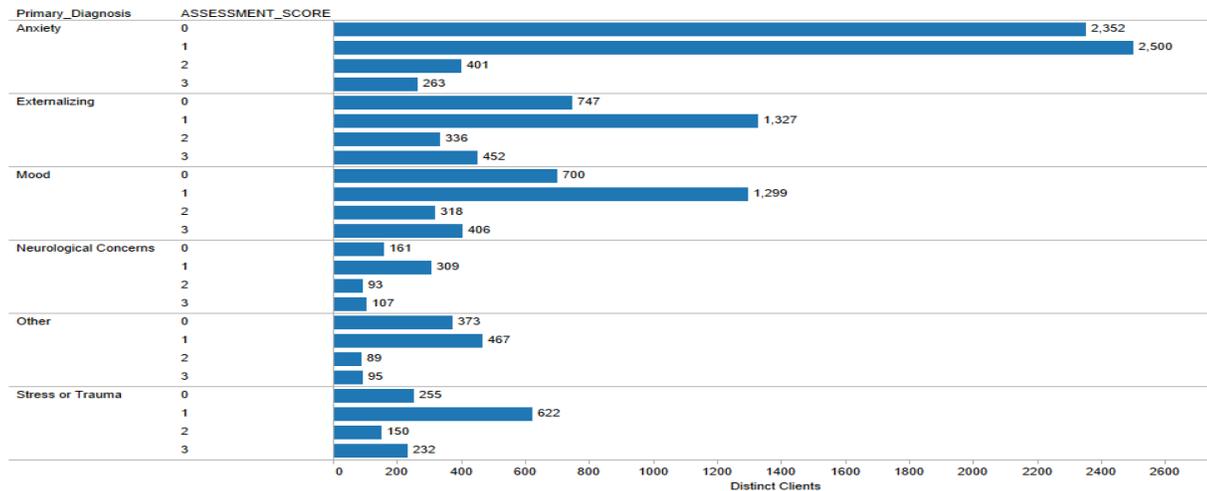


Diagnosis by Medicaid/Optum Network-

The largest number by far are children and youth with a diagnosis of Anxiety with CANS assessment ratings of 0 or 1.

STATE_FISCAL_YEAR: 2020 | State Fiscal Month: All | AGENCY_NAME: Optum Providers | Primary_Diagnosis: All | ASSESSMENT_SCORE: All

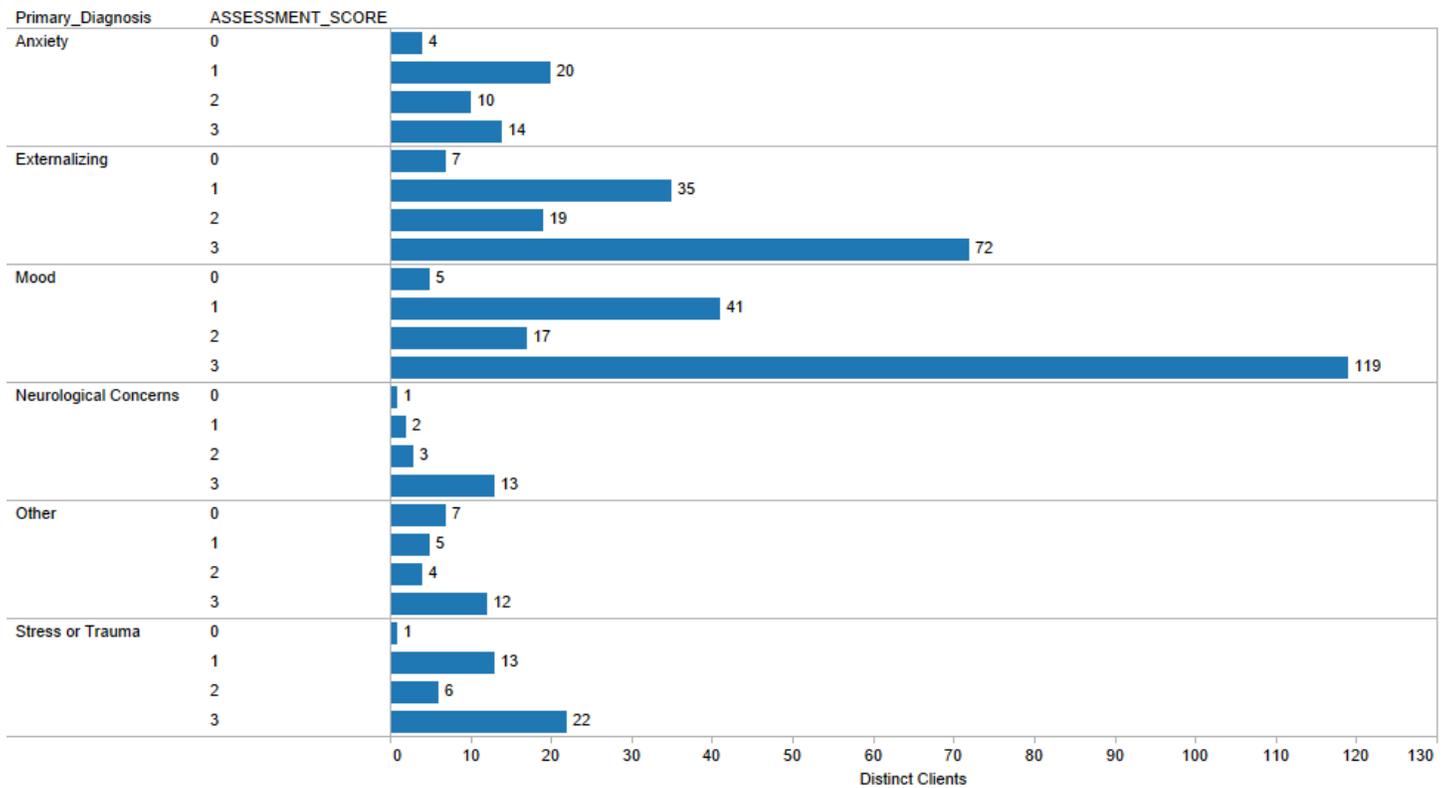
CMH CANS Unique Client Count by Primary Diagnosis and Assessment Score for full SFY 2020 (Optum Providers)
 Hover the mouse over Primary_Diagnosis column to see + sign, click on + to see diagnosis with codes



Diagnosis by DBH

The largest number of children and youth are in CANS Level 3 with Mood or externalizing DX, very few with 0

CMH CANS Unique Client Count by Primary Diagnosis and Assessment Score for full SFY 2020 (IDHW Regions 1 to 7)
Hover the mouse over Primary_Diagnosis column to see + sign, click on + to see diagnosis with codes



Distinct Clients for each ASSESSMENT_SCORE broken down by Primary_Diagnosis. The data is filtered on AGENCY_NAME, REPORT_STATE_FISCAL_YEAR and FINALIZATION_DATETIME Month. The AGENCY_NAME filter keeps 7 of 9 members. The REPORT_STATE_FISCAL_YEAR filter keeps 2020. The FINALIZATION_DATETIME Month filter keeps multiple members. The view is filtered on ASSESSMENT_SCORE and Primary_Diagnosis. The ASSESSMENT_SCORE filter keeps 0, 1, 2 and 3. The Primary_Diagnosis filter keeps 6 of 6 members.

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.

The first chart shows the results of the items on the CANS related to “safety” and risk at the t the CANS was completed.

CMH CANS SAFE/RISK, School Attendance/Behavior and Juvenile Justice at a Glance

Criteria: CMH Initial CANS with Finalized Status

Data as of: 6/30/2020

SAFE/Risk	School Attendance and Behavior	Juvenile Justice
-----------	--------------------------------	------------------

CMH CANS Clients (SAFE)

	SUICIDE_WATCH				Grand Total
	0	1	2	3	
Suicide Watch	11,093	3,270	698	82	14,746
% along SUICIDE_WATCH	75.23%	22.18%	4.73%	0.56%	100.00%

SUICIDE_WATCH Assessment Score
Applies to SUICIDE WATCH Table only

These Filters apply to full dashboard

STATE_FISCAL_YEAR
2020

	DANGER_TO_OTHERS				Grand Total
	0	1	2	3	
Distinct Clients	11,261	2,637	1,258	126	14,746
% along DANGER_TO_O..	76.37%	17.88%	8.53%	0.85%	100.00%

DANGER_TO_OTHERS Assessment Score
Applies to DANGER TO OTHERS Table only

Fiscal Month
All

AGENCY_NAME
All

	SELF_MUTILATION				Grand Total
	0	1	2	3	
Distinct Clients	11,307	2,771	1,063	55	14,746
% along SELF_MUTILATIO..	76.68%	18.79%	7.21%	0.37%	100.00%

SELF_MUTILATION Assessment Score
Applies to SELF MUTILATION Table only

County_Name
All

Race/Ethnicity
All

	SELF_HARM				Grand Total
	0	1	2	3	
Distinct Clients	12,027	2,219	930	89	14,746
% along SELF_HARM	81.56%	15.05%	6.31%	0.60%	100.00%

SELF_HARM Assessment Score
Applies to SELF HARM Table only

AGE
All

GENDER
All

	FLIGHT_RISK				Grand Total
	0	1	2	3	
Distinct Clients	12,475	2,005	529	95	14,746
% along FLIGHT_RISK	84.60%	13.60%	3.59%	0.64%	100.00%

FLIGHT_RISK Assessment Score
Applies to FLIGHT RISK Table only

The second chart shows the results of the items on the CANS related to being “in school” when the CANS was completed:

CMH CANS SAFE/RISK, School Attendance/Behavior and Juvenile Justice at a Glance

Criteria: CMH Initial CANS with Finalized Status

Data as of: 6/30/2020

SAFE/Risk	School Attendance and Behavior	Juvenile Justice
-----------	--------------------------------	------------------

CMH CANS Clients (In School)

These Filters apply to full dashboard

AGENCY_NAME: All STATE_FISCAL_YEAR: 2020 Fiscal Month: All County_Name: All AGE: All GENDER: All Race/Ethnicity: All

SCHOOL_ATTENDANCE (Applies to School Attendance items only)
Assessment Score: All

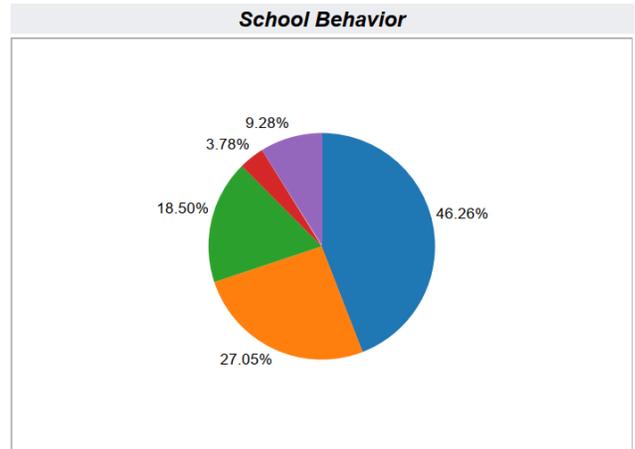
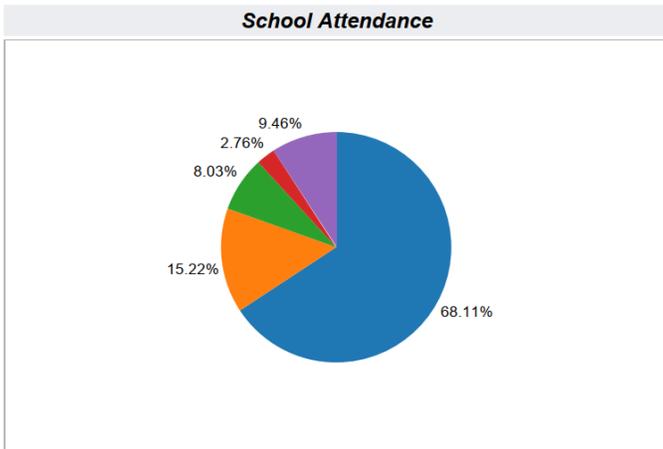
SCHOOL_Behavior (Applies to School Behavior items only)
Assessment Score: All

School Attendance						
	0	1	2	3	N/A	Grand Total
Distinct C..	10,044	2,245	1,184	407	1,395	14,746
%	68.11%	15.22%	8.03%	2.76%	9.46%	100.00%

School Behavior						
	0	1	2	3	N/A	Grand T..
Distinct Clients	6,822	3,989	2,728	557	1,368	14,746
%	46.26%	27.05%	18.50%	3.78%	9.28%	100.00%

SCHOOL_ATTENDANCE Assessment Score
■ 0 ■ 1 ■ 2 ■ 3 ■ N/A

SCHOOL_BEHAVIOR Assessment Score
■ 0 ■ 1 ■ 2 ■ 3 ■ N/A



The third chart shows the results of the items on the CANS related to being “in trouble” at the time the CANS was completed

CMH CANS SAFE/RISK, School Attendance/Behavior and Juvenile Justice at a Glance

Criteria: CMH Initial CANS with Finalized Status

Data as of: 6/30/2020

SAFE/Risk	School Attendance and Behavior	Juvenile Justice
-----------	--------------------------------	------------------

CMH CANS Clients (Juvenile Justice)

These Filters apply to full dashboard

AGENCY_NAME All	STATE_FISCAL_YEAR 2020	Fiscal Month All	County_Name All	AGE All	GENDER All	Race/Ethnicity All
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LEGAL_ISSUES (Applies to Legal Issues items only)

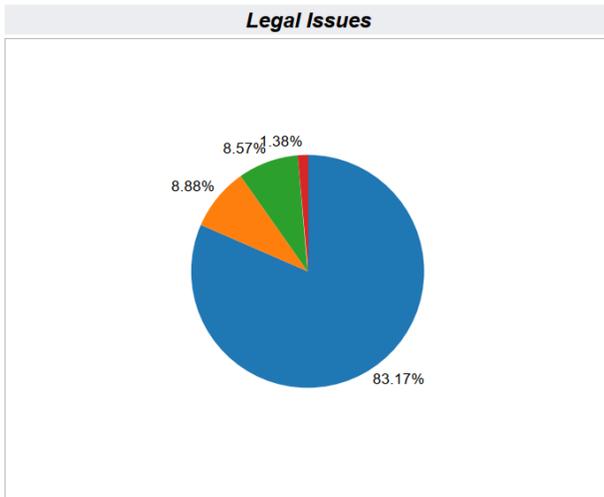
LEGAL_ISSUES

All

Legal Issues					
	0	1	2	3	Grand Tot..
Distinct Clients	12,264	1,309	1,263	204	14,746
% LEGAL_ISSUES	83.17%	8.88%	8.57%	1.38%	100.00%

LIFE FUNCTIONING LEGAL ISSUES

0 1 2 3



RISK_BEHAVIORS_DELINQUENCY (Applies to Delinquency items only)

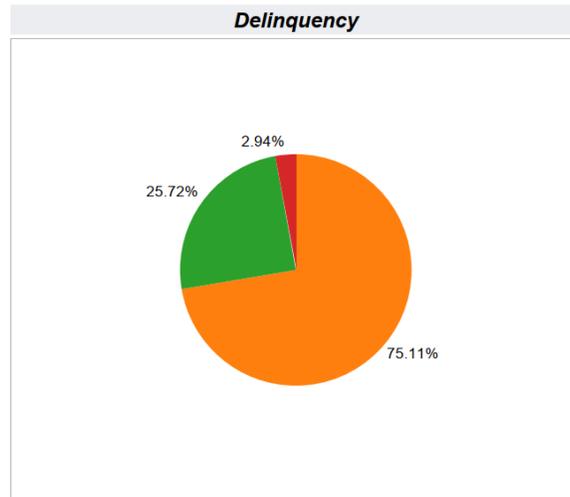
RISK_BEHAVIORS_DELINQUENCY

Multiple values

Delinquency				
	1	2	3	Grand T..
Distinct Clients	1,711	586	67	2,278
% BEHAVIORS_DELINQUEN..	75.11%	25.72%	2.94%	100.00%

RISK_BEHAVIORS_DELINQUENCY

1 2 3



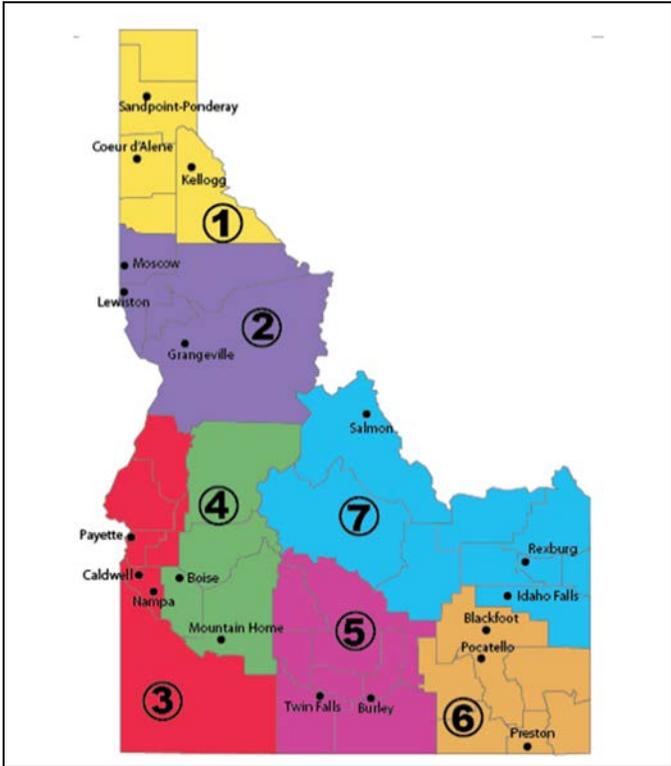
Appendix A: Glossary

Child and	A tool used in the assessment process that provides a measure of a child’s or youth’s needs and
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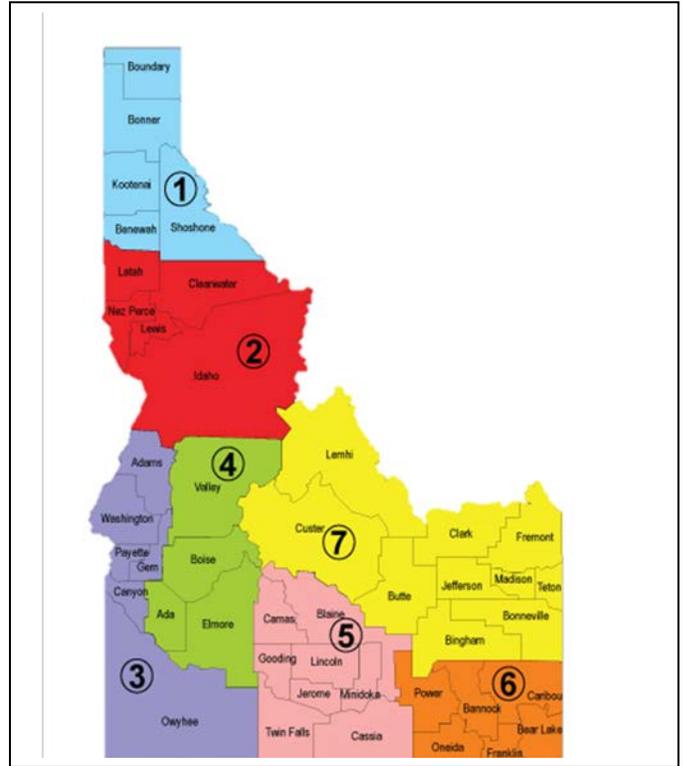
Appendix B- Regional Maps

Class Member	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.
EPSDT	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).
IEP	The Individualized Education Plan (IEP) is a written document that spells out a child or youth’s learning needs, the services the school will provide and how progress will be measured.
Intensive Care Coordination (ICC)	A case management service that provides a consistent single point of management, coordination, and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that such services are coordinated and delivered consistent with the Principles of Care and Practice Model.
Jeff D. Class Action Lawsuit Settlement Agreement	The Settlement Agreement that ultimately will lead to a public children’s mental health system of care (SoC) that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles.
QMIA	A quality management, improvement, and accountability program.
Serious Emotional Disturbance (SED)	The mental, behavioral, or emotional disorder that causes functional impairment and limits the child’s functioning in family, school, or community activities. This impairment interferes with how the youth or child needs to grow and change on the path to adulthood, including the ability to achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills.
SFY	The acronym for State Fiscal Year which is July 1 to June 30 of each year.
System of Care	An organizational philosophy and framework that involves collaboration across agencies, families, and youth for improving services and access, and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children.
TCOM	The Transformational Collaborative Outcomes Management (TCOM) approach is grounded in the concept that the different agencies that serve children all have their own perspectives and these different perspectives create conflicts. The tensions that result from these conflicts are best managed by keeping a focus on common objectives — a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.
Youth Empowerment Services (YES)	The name chosen by youth groups in Idaho for the new System of Care that will result from the Children’s Mental Health Reform Project.
Other YES Definitions	System of Care terms to know: https://youthempowermentservices.idaho.gov/YESTools/TermstoKnow/tabid/4779/Default.aspx#terms YES Project Terms to Know: https://youthempowermentservices.idaho.gov/YESProjectTerms/tabid/4794/Default.aspx

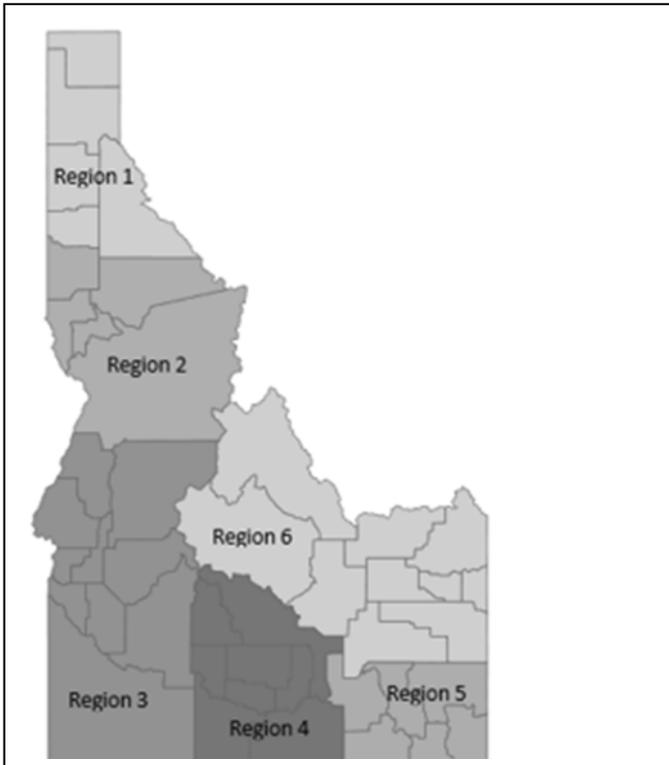
Idaho Department of Health and Welfare: Medicaid,



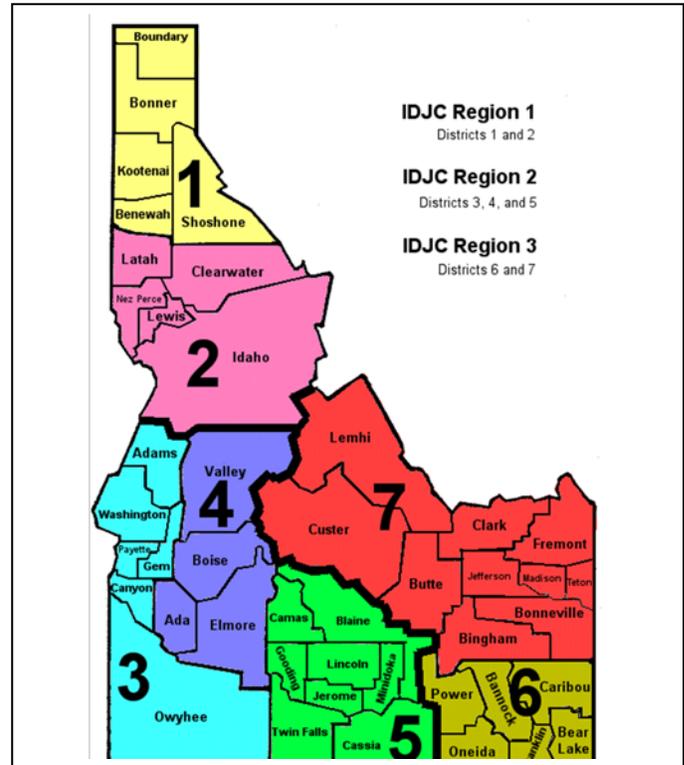
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections



Appendix C- 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 D- 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.² [Read more information on ADHD here.](#)
 - 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.³
 - 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.³
 - 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.³
- **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%).³
 - 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%).³
 - 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%).³
- **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 2011-2012.⁴
 - "Ever having been diagnosed with anxiety" increased from 5.5% in 2007 to 6.4% in 2011-2012.⁴
 - "Ever having been diagnosed with depression" did not change between 2007 (4.7%) and 2011-2012 (4.9%).⁴

Appendix E: BSU Executive Summary (next page)

Executive Summary

Why did we conduct this survey?

The Idaho Department of Health and Welfare, Division of Behavioral Health (DBH) is committed to improving behavioral health services for Idaho youth. With that goal in mind, DBH partnered with Boise State University (BSU) in 2020 to complete a statewide survey designed to assess families' experiences and outcomes of behavioral health care within the Idaho Youth Empowerment Services (YES) system. The YES system is designed to support youth with emotional and behavioral disorders and their families to achieve their goals for well-being. The aim of the 2020 YES family survey was to assess the quality and outcomes of YES behavioral health services from the perspective of families so that areas for quality improvement could be identified.

How did we do it?

Questions on the 2020 YES family survey were designed in partnership with Idaho families, DBH, and BSU investigators. The survey included 41 questions asking about families' experiences of care, services they received, and service outcomes. The survey was delivered via postal mail to a stratified random sample of 3,999 caregivers of youth who had participated in YES behavioral health services from July 1, 2019 to Dec 30, 2019. Caregivers were randomly sampled to ensure adequate representation across all seven DBH Idaho regions. Caregivers were mailed a pre-survey letter informing them about the project. One week later, they were mailed the survey itself with an invitation to complete it and a postage paid envelope to return it. The survey asked about one randomly selected youth within the household who had participate in YES behavioral health services. A total of 352 caregivers responded to the survey (9.4%).

What did we learn?

There are opportunities to increase caregiver engagement with the YES family survey. The response rate of 9.4% for the 2020 YES family survey was low but is fairly typical of mailed surveys completed during the last 10 years. Ideally, the response rate would be as high as 75% or more to increase confidence that the survey results generalize to the entire population. The following steps are recommended to improve the YES family survey response rate:

- (1) Use multiple follow-ups – sending follow-up invitations to the survey using multiple modalities (e.g., postcard, letter, telephone call, text) is an evidence-based approach to improve survey response rates,
- (2) print survey materials on DBH letterhead and use DBH branding to make it clear that the survey is officially sanctioned by DBH – there is evidence that response rates are higher to official government-sponsored surveys,
- (3) conduct pre-survey outreach to families, family advocacy groups, providers, and other stakeholder groups to inform them about the survey and to encourage families to participate,
- (4) inform families about the goals and value of the survey when they initially enroll in services and at annual reviews,
- (5) widely share results of the survey with family advocacy groups and other stakeholders to demonstrate the value of the results for improving services.

Families expressed a need to make behavioral health services for youth more accessible. More than 1 out of every 5 caregivers (21%) indicated they cannot “easily access the services my child needs most.” This suggests essential behavioral health services are not accessible for many families who need them. This is an important finding because caregivers who indicated they could not access services their youth needed also reported their youth had significantly less improvement in well-being and was more likely to be psychiatrically hospitalized or placed in an out-of-home setting in the previous 6 months. Improving access to community-based services that families need can improve youth and family well-being and reduce overall system costs.

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.