



Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report, Sept 2021

State Fiscal Year 2021, 4th Q 2021



Published Sept. 30th, 2021



YES, QMIA Quarterly Report SFY21, 4th Q

YES QMIA-Q SFY 2021, 4th Q includes data from April, May, June 2021,
SFY 2021 (Q1-Q4), and trends for previous SFYs.

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YES, QMIA Quarterly Report SFY 2021, 4th Q

YES, QMIA Quarterly Report SFY 2021, 4th Q includes
data from Q4th of SFY 2021 (April, May, June 2021), SFY 2021 (Q1- Q4)
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 of care. 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 Quarterly Report (QMIA-Q) 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-Q is assembled with information about the children, youth, and families accessing mental health care in Idaho primarily through the Medicaid/Optum Network and DBH's Children's Mental Health (CMH) Regional clinics. Most of the data is from Medicaid or DBH as these two child serving systems provide most of the outpatient 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 because 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-Q Sept. 2021 includes data from Q4 of State Fiscal Year (SFY) 2021 (April, May, June of 2021), SFY to date 2021 (Q1, Q2, Q3, and Q4), and trend data from previous SFYs. The QMIA-Q Sept. 2021 includes some additional analysis of what the data tells us to assist readers in understanding the data (see boxes labeled "What is this data telling us?")

The QMIA-Q is available publicly 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.

YES QMIA -Q Summary:

A newer section of the QMIA-Q has been added into this edition, which is a summary of the notable results of the data and associated analysis, QMIA Council recommendations, and action items. Action items are tasks that the QMIA Council will work on. Recommendations are projects that may be adopted by the Council or other YES committees or workgroups. A summary of the action items and recommendations is noted below:

Notable results:

Results of Child and Adolescent Needs and Strengths CANS assessment continue to be very consistent with approximately 30% assessed as meeting criteria as a Class Member for YES and 70% assessed as meeting criteria (page 6).

There were still 7 counties in which there were no CANS: Boise, Butte, Clark, Camas, Lincoln, Owyhee, and Teton, and 6 counties with less than 0.50% penetration: Blaine, Idaho, Jefferson, Jerome, Lewis, Washington. (pages 10-12).

Children and youth in Regions 2 and 5 are receiving fewer services and fewer types of services compared to other regions in the state. (pages 15-50).

CANS Outcomes analysis indicates that Strengths are being built (pages 68-69).

Medicaid expenditures per person for Q4 by region vary from \$1198.00 in Region 1 to \$627.00 in Region 3 and \$642.00 in Region 2 (page 72)

QMIA Council Recommendations to YES Partners through Defendants Workgroup and Interagency Governance Team (IGT)

- Request YES partners develop a plan to assess why Asian and Native American children and youth appear to be underserved (QMIA Q Section #4, page 9).
- Request YES partners work 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 .50% penetration. (QMIA Q Section #4, page 12).
- Request YES partners develop a plan for increasing service availability and access in all 7 regions with a goal to increase access statewide (QMIA- Q Section 5, page 50).
- Request YES partners to develop a plan for increasing access to services for children 5-11 QMIA- Q Section 7, page 62).
- Request YES partners to evaluate variances in expenditures by region (QMIA- Q Section 9, page 72).

QMIA Council Action Items: Council with proposed dates for deliverables:

- Council to finalize a method for establishing the range expected number of YES eligible children and youth (QMIA Q Section #1, page 5) by Dec 2021.
- Council to set a goal for number of children and youth accessing YES services in collaboration with IGT (QMIA- Q Section #1, page 5) by March 2022.
- Council to continue to track the number of children with an initial CANS quarterly and develop trend analysis 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. (QMIA-Q Section #4, page 10)- on-going.
- Council to work with Plaintiffs and consultants (Praed, BSU, UnionPoint) to establish YES performance measures regarding YES services (QMIA- Q Section 5, page 51) by June 2022.
- Council to continue work on improving information on how to create an effective Safety/Crisis Plan QMIA- Q Section 7, page 60) to be 4completed by June 2022.

QMIA-Q Due dates for SFY 2022

YES QMIA-Q SFY 2022 Timelines	<i>Published on YES Website</i>
1 st quarter- July- Sept + Annual YES projected number	January 4
2 nd quarter- Oct-Dec	March 30
3 rd quarter Jan- March	June 29
4 th quarter and year end April- June and full FY	September 28

Questions?

If information provided within this QMIA-Q creates 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: SFY 2021 Number of potential Class Members estimated

Background: Based on the Jeff D. Settlement Agreement ([Jeff D. Settlement Agreement](#) Sections 24 and 71. A.) the defendants must establish, and annually update, the range of expected Class Member service utilization.

Report for SFY 2022: The annual update for SFY 2022 will be developed and published in the next published QMIA-Q on Jan. 4th, 2022.

2. Identification and Screening of Potential Class Members

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: To identify and screen children and youth for YES services, a child or youth may have an initial CANS in any of three YES entities (DBH, Liberty and/or Optum Network providers). Data is reported below for all three entities.

Table 1: SFY 2020- Children and Youth with Initial CANS

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

Table 2: SFY 2021 (Q1- Q4) Children and Youth with Initial CANS

SFY 2021	DBH	Liberty	Optum Providers	Unduplicated Total*
Distinct clients by agency	300	890	9,819	10,711
%	2.7%	8.09%	89.21%	

Note: There in SFY 2020 there were 15,335 initial CANS, and 14,746 of those were unduplicated across all agencies- this indicates that 589 (3.8%) of the initial CANS were completed on a child/youth who had already had an initial CANS completed within that SFY. In SFY 2021, there were a total of 11,009 initial CANS completed and 10,711 of those which were unduplicated across all agencies - this indicates that 298 (2.70%) of the initial CANS were completed on a child/youth who had already had an initial CANS completed within this SFY. This is substantial decrease in the number of duplicated initial CANS.

What is the data telling us?

This data indicates that the mental health needs of 10,711 children and youth were assessed and identified. using the CANS. There were fewer children and youth receiving an initial CANS in 2021 than in 2020. The number of initial CANS completed by quarter will be reported in each successive QMIA-Q so that over time, quarterly and/or annual trends in the number of initial CANS may be established.

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 and 2021 (Q1-Q4), approximately 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). The percentages of those found eligible vs. those found not eligible across time continues to be consistent, which indicates that there may be crude reliability in the percentage of children and youth who are assessed who likely qualify for YES (e.g. it is expected that approximately 70% of children accessing mental health services would meet criteria to be YES eligible).

Table 3: SFY 2020 CANS Rating – by Agency completing CANS

Assessment score	DBH		Liberty		Optum Providers		Unduplicated Total*	
	# of CANS	% of CANS	# of CANS	% of CANS	# of CANS	% of CANS	# of CANS	% of CANS
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 # of CANS	452		1,423		13,460*		14,746*	

*Total numbers from Table 1 on page 5

Note: The percent of CANS completed by each entity and variations in ratings are in accordance with YES system of care expectations. The expectation is that majority of children and youth will access the YES system by having an initial CANS through their Optum provider, so those numbers are much higher, and the ratings vary more than for DBH or Liberty. Only children who do not have Medicaid or need respite will have their CANS through Liberty, so the numbers for Liberty are lower, and the ratings are higher.

Table 4: SFY 2021 (Q1- Q4) CANS Rating – by Agency completing CANS:

Assessment score	DBH		Liberty		Optum Providers		Unduplicated Total*	
	# of CANS	% of CANS	# of CANS	% of CANS	# of CANS	% of CANS	# of CANS	% of CANS
0	17	5.67%	9	1.01%	3,366	34.28%	3,390	31.65%
1	75	25.00%	233	26.18%	4,904	49.94%	5,187	48.43%
2	42	14.00%	205	23.03%	871	8.87%	1,108	10.34%
3	166	55.33%	443	49.78%	1,004	10.23%	1,534	14.32%
Total # of CANS	300		890		9,819		10,711	

*Noted: Denominators for calculation of percentage is based on actual number of CANS not distinct number of children and youth.

What is the data telling us?

This data indicates that children and youth are being assessed as eligible for YES services using the CANS. Of all CANS completed in SFY 2021, only 31.65% are found as not eligible for YES. As the system continues to develop it is expected that more of the children and youth will be assessed by Optum providers than by DBH or Liberty as the CANS has become the standardized method for assessing all children and youth who are entering the mental health system of care. 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.

Predicted target to be served based on historic 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 of 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 5: Proposed predicted prevalence by CANS ratings compared to the QMIA Council proposed target goal of 23,000

CANS Rating	YES Eligible SFY 2021	Percent of total eligible	Predicted Prevalence Needing Services*
1	5,150	66%	15,200
2	1,100	14%	3,250
3	1,550	20%	4,550
Total #	8,500		23,000

*Numbers are rounded to nearest 50

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: Strengths and Needs at initial assessment:

Table 6: Strengths and Needs based on the CANS

Strengths:		
	Number of CANS with strengths identified	Percentage of total
Legal Permanency	10,061	89%
Relationship Permanence	9,388	83%
Cultural Identity	9,144	81%
Talents and Interests	8,628	76%
Involvement with Care	8,473	75%
Needs:		
	Number of CANS with needs identified	Percentage of total
Emotional and/or Physical Regulation	5,984	53%
Anxiety	5,531	49%
Attention/Concentration	4,473	40%
Family Life Functioning	4,230	37%
Anger Control	4,197	37%

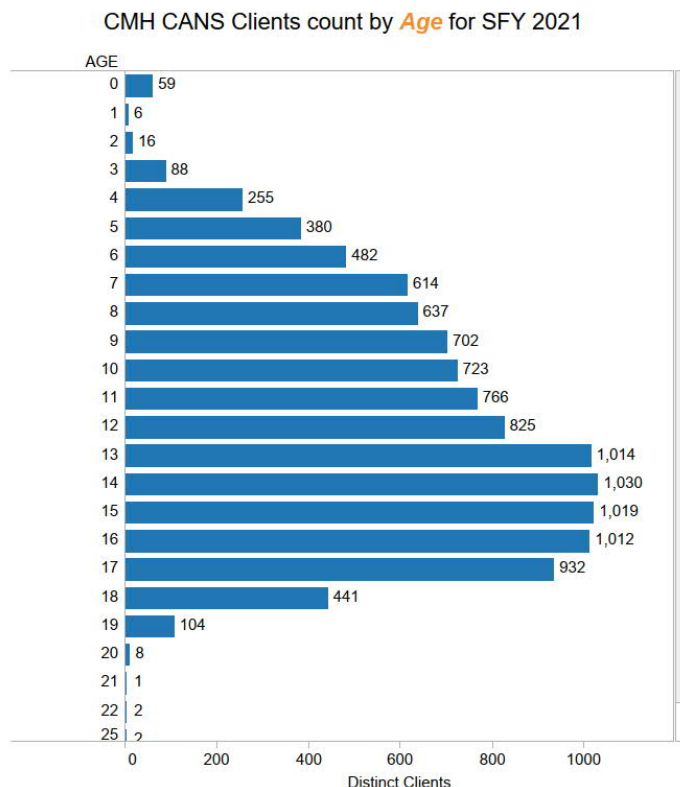
Report: By Age- data includes comparison of SFY 2020 and SFY 2021 (Q1-Q4):

Table 7: Ages of children and youth who received an initial CANS - summary

Age range	# SFY 2020	%SFY 2020	# SFY 2021	% SFY 2021
3-4	493	3.4%	343	3.5%
5-6	1,260	8.7%	862	8.8%
7-8	1,775	12.2%	1251	12.7%
9-11	3,318	22.8%	1,559	15.8%
12-14	3753	25.8%	2869	29.1%
15-17	3961	27.2%	2963	30.1 %
Ages 3-17	14,560		9,847	

Note: There has been a big drop in the percentage of 9-11-year old's who received an initial CANS, from 22.8 % in SFY 2020 to only 15.8% in SFY 2021

Chart 1: Ages of children and youth who received an initial CANS



Report by Gender: SFY 2021 (Q1- Q4):

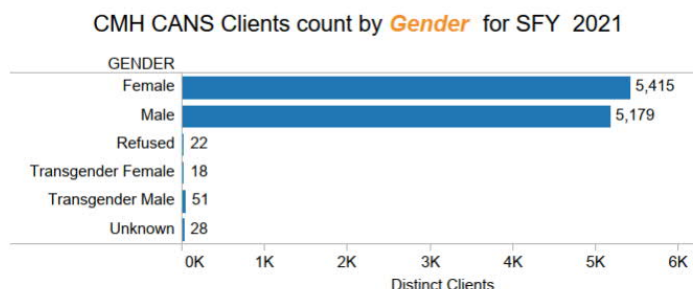
Report: The number and percentage of children and youth based on the initial CANS for SFY 2021 is approximately reflective of the percentages of the states population. To date, there has been an increase this SFY in the percentage of females receiving a CANS.

Table 8: Gender of children and youth who received a CANS

	Female	Male	Refused	Transgender Female	Transgender Male	Unknown	Grand total
Distinct clients	5,415	5,179	22	18	51	28	10,711
% by Gender	50.56%	48.35%	0.21%	0.17%	0.48%	0.26%	
% of Idaho's Population	48.87%	51.13%	NA	Unknown	Unknown	NA	

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

Chart 2: CANS by Gender



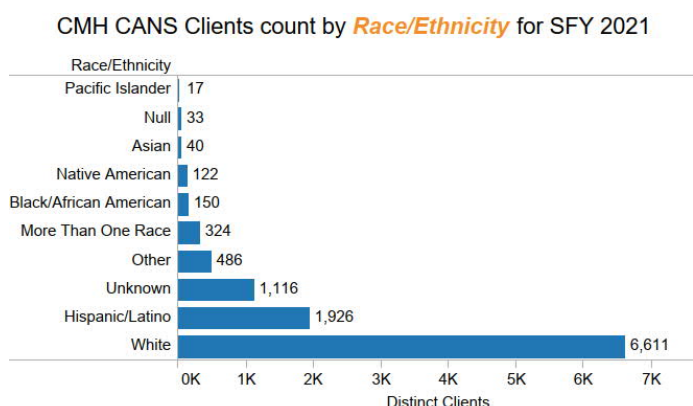
Report by Race and Ethnicity: SFY 2021 (Q1- Q4):

The number and percentage of children and youth based on the initial CANS by Race/Ethnicity for SFY 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 assessed at a higher rate than the general population percentage in Idaho. Asian and Native American children and youth appear to be underserved. Also notable is that approximately 15% of CANS that continue to be entered into the CANS tracking system (ICANS) had either unknown or other as the race or ethnicity of the child or youth served (see graph).

Table 9: 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
Distinct Clients	40	150	1,926	324	122	17	6,611
% by Race and Ethnicity	0.44%	1.63%	20.96%	3.53%	1.33%	0.18%	71.94%
% of Idaho's population	1.6%	0.9%	12.7%	2.5%	1.7%	0.2%	80.4%

Chart 3: CANS by Race Ethnicity



QMIA Council Recommendations:

Recommendation - Request YES partners develop a plan to assess why Asian and Native American children and youth appear to be underserved.

Report by County: SFY 2021 (Q1- Q4):

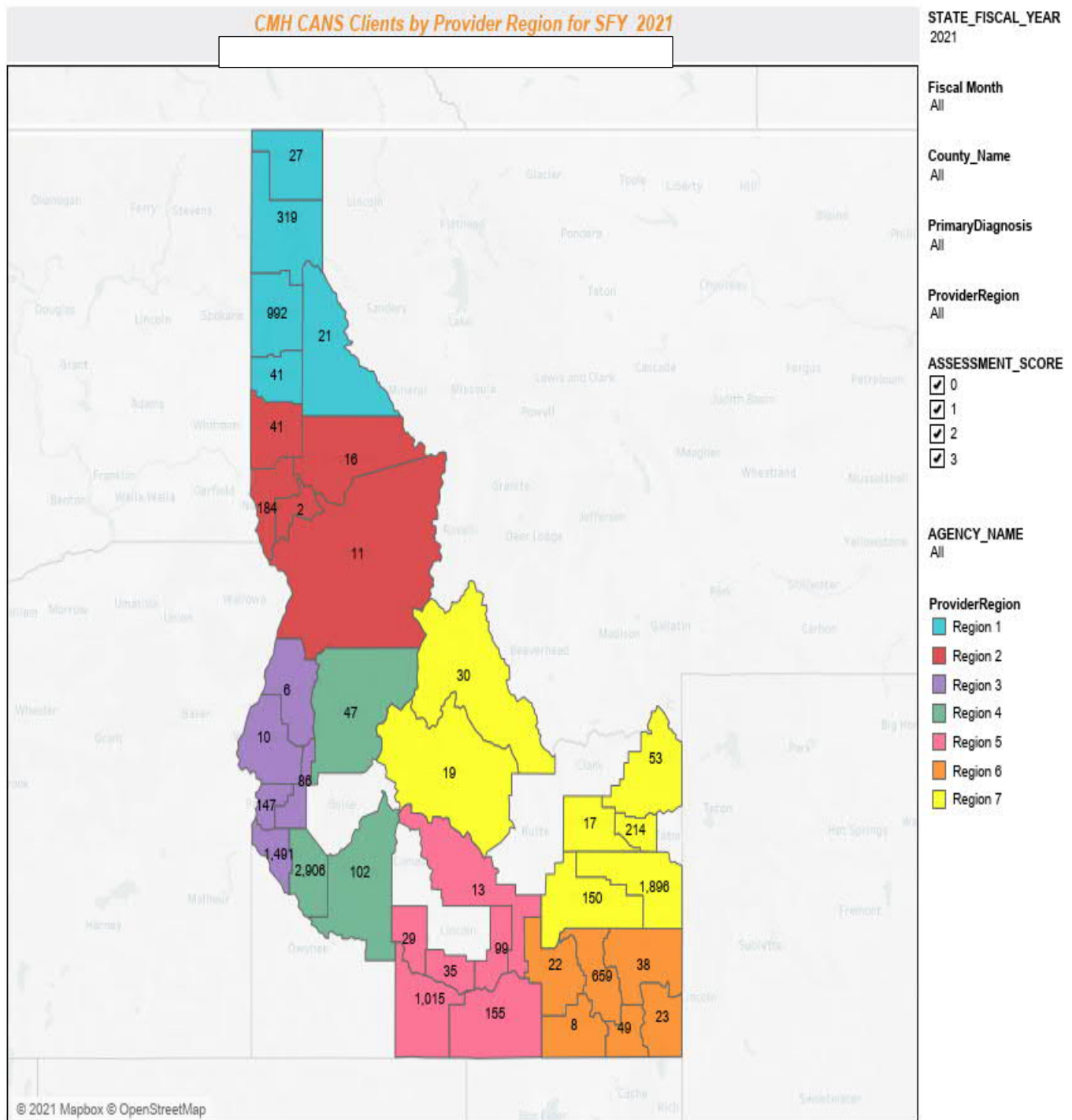
Report: As can be seen in Table 9 when compared to regional populations, the gap in locations where CANS are completed is most evident in Regions 2, 3 and 6.

Table 10: Initial CANS Assessments by Region

Region	# CANS completed	Q4 % of CANS completed	% population	Variance
1	1,400	12.8%	11.8%	1.0%
2	254	2.3%	5.3%	-3.0%
3	1,740	15.9%	17.8%	-1.9%
4	3,055	27.9%	27.2%	.7%
5	1,346	12.3%	12.4%	-.1%
6	795	7.3%	11.1%	-3.9%
7	2,379	21.7%	14.4%	7.3%

Note: The location of the CANS is the providers location which may differ from the location of the client's home.

As can be seen in the map below showing the number based on the initial CANS provided in SFY 2021, there are still 7 counties with "0" completed CANS: Boise, Butte, Clark, Camas, Lincoln, Owyhee, and Teton. This is a slight improvement over the 10 counties reported in Q1 and 8 counties in Q2 of SFY 2021. When compared to regional populations, the gap in CANS assessments is most evident in Region 2.



The following table (Table 10) shows the comparison between the number of initial CANS to the population under 18 in each county. In addition to the 7 counties in which there were no CANS, there were still several counties (6) with less than .0.50% penetration: Blaine, Idaho, Jefferson, Jerome, Lewis, Washington. The counties with the highest rate of CANS completions (over 3.00% penetration) are: Bonner (Region 1), Twin Falls (Region 5), and Bonneville (Region 7).

Table 11- Initial CANS (colors below match to map above)

Region/COUNTY	CANS	Population	Penetration rate	Region/COUNTY	CANS	Population	Penetration rate
Region 1				Region 5			
Benewah	41	2,113	1.94%	Blaine	13	5,138	0.25%
Boundary	27	2,776	0.97%	Camas	0	277	0
Bonner	319	9,247	3.45%	Cassia	155	7,671	2.02%
Kootenai	992	38,656	2.57%	Gooding	29	4,913	0.59%
Shoshone	21	2,737	0.77%	Jerome	35	7,554	0.46%
				Lincoln	0	1,562	0
Region 2				Minidoka	99	5,931	1.67%
Clearwater	16	1,488	1.08%	Twin Falls	1015	24,114	4.21%
Idaho	11	3,308	0.33%				
Latah	41	7,785	0.53%	Region 6			
Lewis	2	855	0.23%	Bannock	655	23,615	2.77%
Nez Perce	184	8,581	2.14%	Bear Lake	23	1,625	1.42%
				Caribou	38	2,038	1.86%
Region 3				Franklin	49	4,530	1.08%
Adams	6	794	0.76%	Oneida	8	1,313	0.61%
Canyon	1491	67,475	2.21%	Power	22	2,498	0.88%
Gem	86	4,153	2.07%				
Owyhee	0	3,075	0	Region 7 (yellow section of Map)			
Payette	147	6,350	2.31%	Bingham	150	14,445	1.04%
Washington	10	2,352	0.43%	Bonneville County	1896	37,498	5.06%
				Butte County	0	632	0
Region 4				Clark County	0	182	0
Ada	2,906	118,078	2.46%	Custer County	19	789	2.41%
Boise	0	1,384	0	Fremont County	53	3,411	1.55%
Elmore	102	7,185	1.42%	Jefferson County	17	10,680	0.16%
Valley	47	2,124	2.21%	Lemhi County	30	1,526	1.97%
				Madison County	214	10,536	2.03%
				Teton County	0	2,964	0

What is the data telling us?

There are wide disparities between counties and statewide in the rate of CANS completions. It is unclear if the issue is related to primarily resources (such as CANS assessors) or other barriers that are not known. Several of the counties are quite rural and include frontier areas.

QMIA Council Recommendation:

- Request YES partners work 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 .50% penetration.

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 SFY 2021 Q4, as of the end of June the number of children and youth who had received outpatient mental health services from Medicaid/Optum under the 1915(i) waiver was 2,089 and with Medicaid was 14,932 for a total of 17,021.

Table 12: 1915 (i) Waivered Medicaid Members 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 based on the Liberty CANS assessment and who utilized services at any time between 7/1/2018 to 6/30/2021. Data as of 8/9/2021.

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)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)
1	98	106	114	129	164	204	232	246	256	247	245	220
2	45	48	55	65	65	66	76	76	86	89	89	97
3	64	73	99	142	199	222	237	270	295	320	304	326
4	90	131	179	232	310	346	388	441	496	526	527	517
5	49	55	70	98	123	140	154	145	156	149	147	165
6	47	51	57	84	91	112	133	149	165	179	187	194
7	301	314	346	384	447	488	515	532	573	566	568	566
9	6	3		3	4	1	2	6	6	3	0	4
Total	700	781	920	1,137	1,403	1,579	1,737	1,865	2,033	2,079	2,067	2,089

The data indicates that more children and youth who have been identified as meeting YES criteria for SED via the waiver are receiving mental health services in SFY 2021 than previous years (SFY 2021 average 2,067 per quarter, SFY 2020 average 1,645 per quarter, SFY 2019 average 880 per quarter).

Table 13: All Medicaid Members accessing Services by Quarter - Ages 0 to 17 Only

Description: This table displays the distinct count of all 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 6/30/2021. Data as of 8/9/2021.

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)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)
1	1,841	1,840	1,984	1,963	1,746	1,732	1,817	1,610	1,604	1,671	1,771	1,751
2	594	575	624	560	508	509	546	447	500	474	457	444
3	3,521	3,578	3,830	4,013	3,594	3,647	3,624	2,936	2,964	3,111	3,196	3,183
4	4,009	4,161	4,307	4,274	3,816	3,817	3,788	3,191	3,203	3,404	3,527	3,544
5	1,506	1,542	1,536	1,562	1,472	1,455	1,577	1,303	1,397	1,532	1,721	1,763
6	1,549	1,584	1,609	1,636	1,555	1,602	1,617	1,494	1,424	1,370	1,463	1,493
7	2,694	2,777	2,828	2,885	2,776	2,790	2,780	2,599	2,473	2,555	2,684	2,706
9/OOS	37	40	43	61	70	45	43	41	57	36	25	48
Total	15,751	16,097	16,761	16,954	15,537	15,597	15,792	13,621	13,622	14,153	14,844	14,932

The number of children with Medicaid (not related to the 1915(i) waiver) who are receiving mental health services increased in Q4. It is notable that that average served by quarter is decreasing (SFY 2021 average 14,388 per quarter, SFY 2020 average 15,137 per quarter, SFY 2019 average 16,391 per quarter). This may be due to the impact of COVID -19.

Table 14: 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. Data as of 5/13/21.

	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)	SFY21- Q3 (Jan- March)	SFY21- Q4 (Apr- Jun)
Total 1915(i)	700	781	920	1,137	1,403	1,578	1,736	1,864	2,028	2,067	2,027	2,089
Total Medicaid	15,751	16,097	16,761	16,954	15,537	15,597	15,792	13,621	13,622	14,153	14,844	14,932
Total by Quarter	16,451	16,878	17,681	18,091	16,940	17,175	17,528	15,485	15,650	16,220	16,871	17,021

The total number of children served in Q4 of 2021 is higher than the number served in Q4 of 2020 (17,021 vs 15,650) but lower than the number served in Q4 of SFY19 (18,091). It is notable that the average number of services per quarter is decreasing (SFY 2021 average 16,440 per quarter, SFY 2020 average 16,782 per quarter, SFY 2019 average 17,275 per quarter). This drop is possibly a result of impacts related to COVID-19.

Utilization of YES Services Provided by Optum

The following tables and charts detail the utilization of services covered by Optum for each of the following YES services:

Note:

Scales have been standardized in this quarter's report and now fall in three categories: 15,000, 5,000 and 500

Under 15,000 per quarter:

Psychotherapy

CANS Assessment

Under 5,000 per quarter:

Targeted Care Coordination

Skills Building (CBRS)

Respite

Psychological and Neuropsychological testing

Medication Management

Under 500 per quarter:

Substance Use Disorder

Youth Support Services (Youth Peer)

Skills Training and Development (STAD)

Family Psychoeducation

Partial Hospitalization (PHP)

Intensive Home and Community Based Services (IHBCs)

Day Treatment (Day Tx)

Crisis Services

Child and Family Interdisciplinary Team (CFT)

Behavior Identification

Adaptive Behavior Treatment

Note: Medicaid Services not included in this list (such as inpatient, residential) are reported under the Medicaid section starting on page 52.

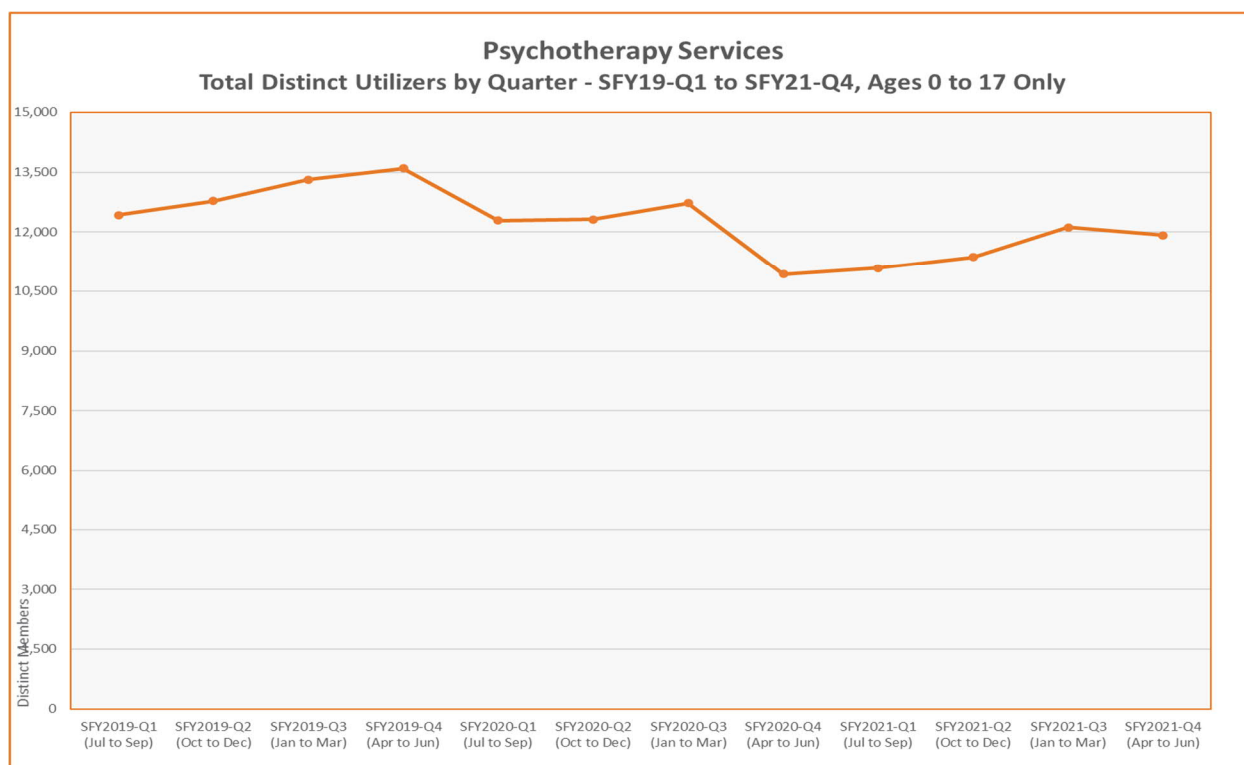
Psychotherapy Services

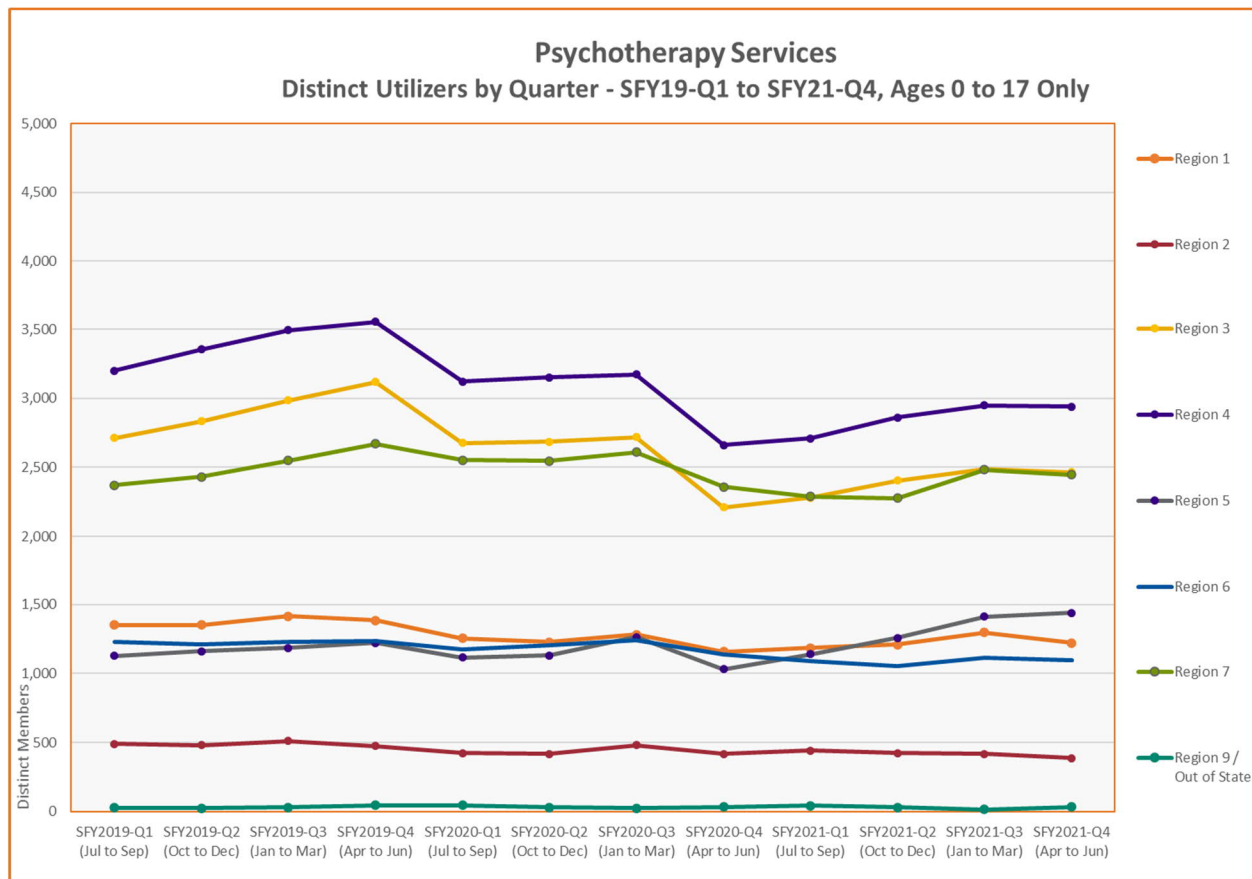
Psychotherapy - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	2,370	26	12,421
SFY2019-Q2	1,353	480	2,834	3,353	1,161	1,213	2,431	25	12,782
SFY2019-Q3	1,414	512	2,985	3,493	1,187	1,232	2,550	31	13,317
SFY2019-Q4	1,386	474	3,118	3,553	1,221	1,235	2,670	47	13,597
SFY2019 Distinct Total Utilizers	2,297	791	5,025	5,625	2,144	2,092	3,902	91	21,545
SFY2020-Q1	1,255	424	2,675	3,120	1,116	1,177	2,551	46	12,285
SFY2020-Q2	1,229	417	2,685	3,151	1,131	1,207	2,545	29	12,314
SFY2020-Q3	1,281	480	2,720	3,172	1,264	1,242	2,609	25	12,726
SFY2020-Q4	1,159	416	2,210	2,661	1,031	1,139	2,359	33	10,926
SFY2020 Distinct Total Utilizers	2,052	708	4,436	5,115	2,019	1,958	3,852	91	19,849
SFY2021-Q1	1,186	442	2,279	2,708	1,140	1,092	2,289	41	11,085
SFY2021-Q2	1,209	423	2,403	2,861	1,257	1,054	2,277	30	11,368
SFY2021-Q3	1,296	417	2,485	2,949	1,412	1,117	2,483	16	12,113
SFY2021-Q4	1,221	387	2,464	2,940	1,438	1,098	2,445	33	11,921
SFY2021 Distinct Total Utilizers	1,964	677	4,055	4,830	2,272	1,806	3,593	97	18,809





What is the data telling us?

In SFY 2019, the percentage of youth accessing psychotherapy through Medicaid was 94% of the QMIA Council proposed targeted total number of children and youth (21,543/ 23,000*), and in SFY 2020 this percentage decreased to 86% (19,832/ 23,000). In SFY 2021, overall the statewide the percentage was 82% (18,809/23,000). The number served in Q4 of 2021 was higher than the previous year, but the three previous quarters were lower.

*Using the goal of 23,000, which is the QMIA Council's proposed goal for YES services. The goal is only a proposed goal at this time and a final goal will be determined in collaboration with the IGT.

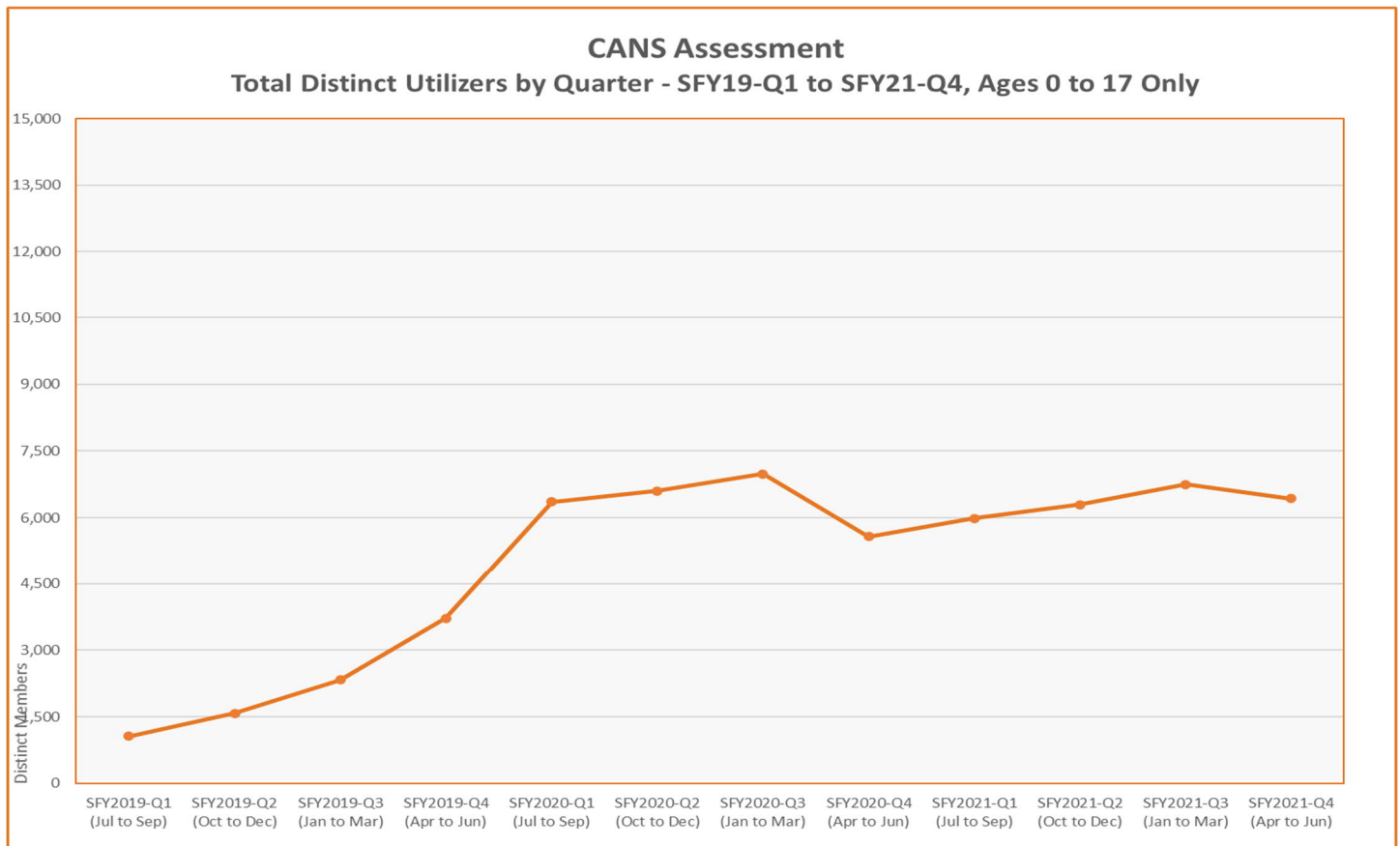
Child and Adolescent Needs and Strengths (CANS) Assessment

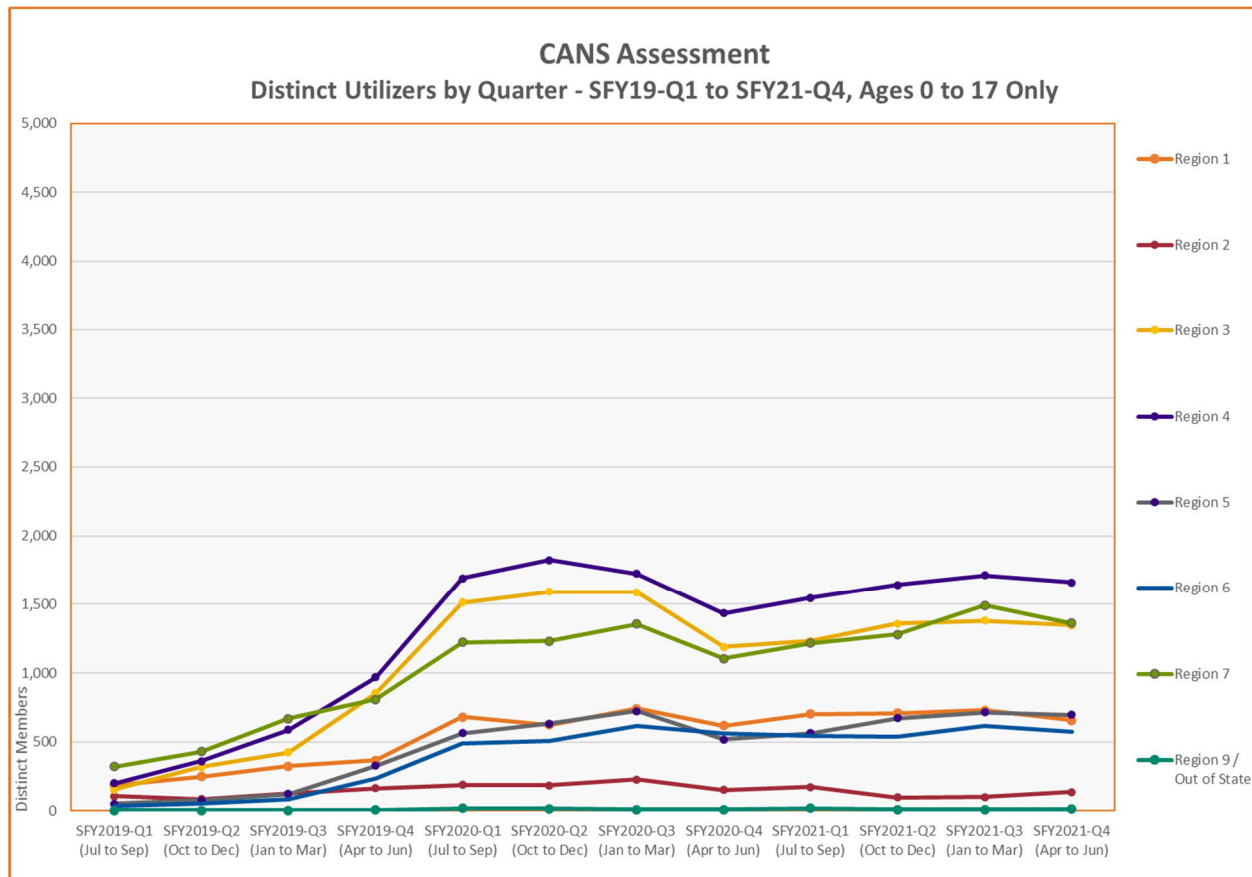
CANS Assessment - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	1,590	1,823	631	507	1,230	16	6,603
SFY2020-Q3	740	228	1,587	1,723	724	618	1,355	8	6,981
SFY2020-Q4	616	151	1,190	1,433	516	564	1,104	8	5,581
SFY2020 Distinct Total Utilizers	1,416	422	3,163	3,587	1,402	1,199	2,682	35	13,758
SFY2021-Q1	701	173	1,230	1,547	563	546	1,216	18	5,989
SFY2021-Q2	707	97	1,358	1,641	673	540	1,278	8	6,298
SFY2021-Q3	730	101	1,379	1,711	715	613	1,491	9	6,748
SFY2021-Q4	655	135	1,347	1,659	697	574	1,360	12	6,432
SFY2021 Distinct Total Utilizers	1,392	321	2,713	3,456	1,547	1,266	2,794	40	13,347





What is the data telling us?

In SFY 2019, only 25% of the targeted number of YES class members received a CANS through a Medicaid Network provider (5,779/23,000*). This increased in 2020 to almost 60% (13,751/23,000*). For SFY 2021, it was 58% (13,347/23,000). There was a slight upward trend statewide in Q2 and 3. There is still a downward trend in Regions 2 and 3 with Regions 1, 4, 5, 6 and 7 remaining stable. 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.

Note: This CANS data is based on claims data and includes both claims for both initial and updated CANS

*Using the QMIA Council proposed goal of 23,000 set in 2021.

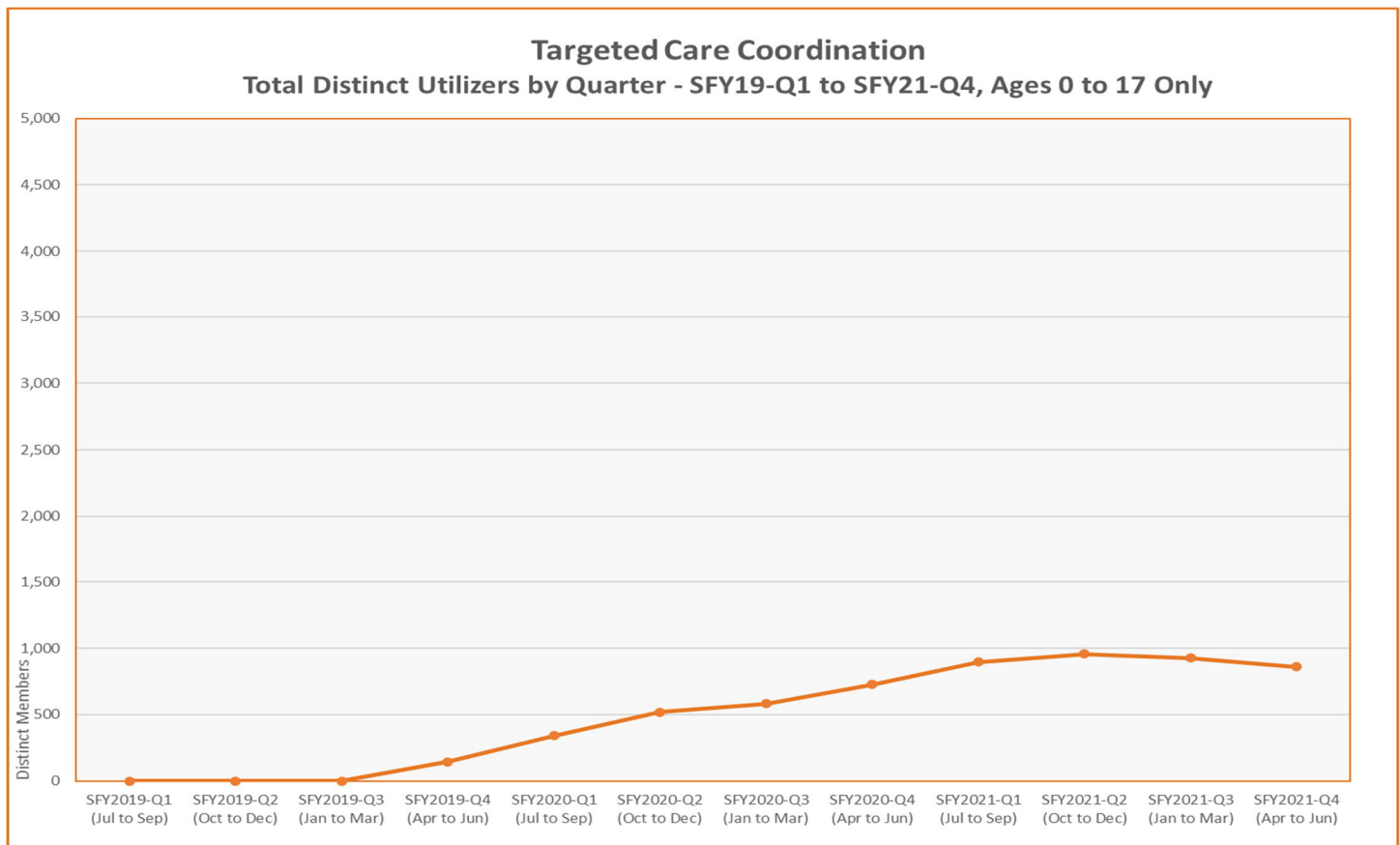
Targeted Care Coordination (TCC)

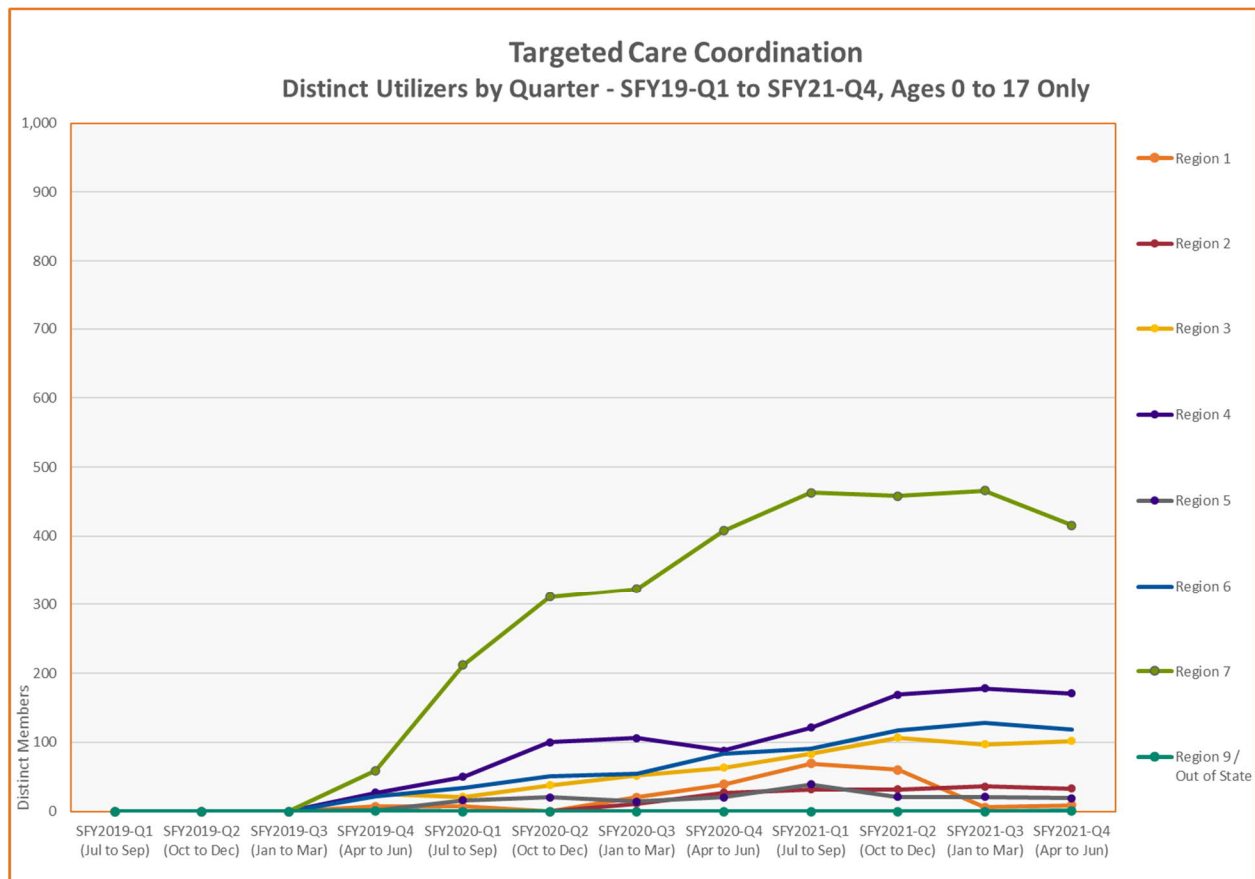
TCC - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	21	50	16	34	212	0	340
SFY2020-Q2	0	0	38	100	20	51	311	0	519
SFY2020-Q3	20	11	52	106	14	55	323	0	581
SFY2020-Q4	39	27	63	88	20	83	408	0	726
SFY2020 Distinct Total Utilizers	56	28	113	219	54	122	545	0	1,126
SFY2021-Q1	69	32	83	121	39	91	463	0	897
SFY2021-Q2	60	32	107	169	21	117	458	0	956
SFY2021-Q3	6	36	97	178	21	128	466	0	927
SFY2021-Q4	9	33	102	171	19	119	416	1	861
SFY2021 Distinct Total Utilizers	92	53	167	292	70	203	646	1	1,494





What is this data telling us?

All children and youth with Medicaid eligibility under the 1915(i) Waiver should be receiving TCC (e.g. 2,089 members in SFY 2021) and all other children and youth who meet criteria for YES may receive TCC. As of the end of SFY 2021, a total of 1,474 children and youth had received TCC. This indicates that some children and youth who should be receiving TCC are currently not 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 72% (1,494/ 2,089) in SFY 2021. However, it is notable that the number receiving the service has continued to increase steadily in every region.

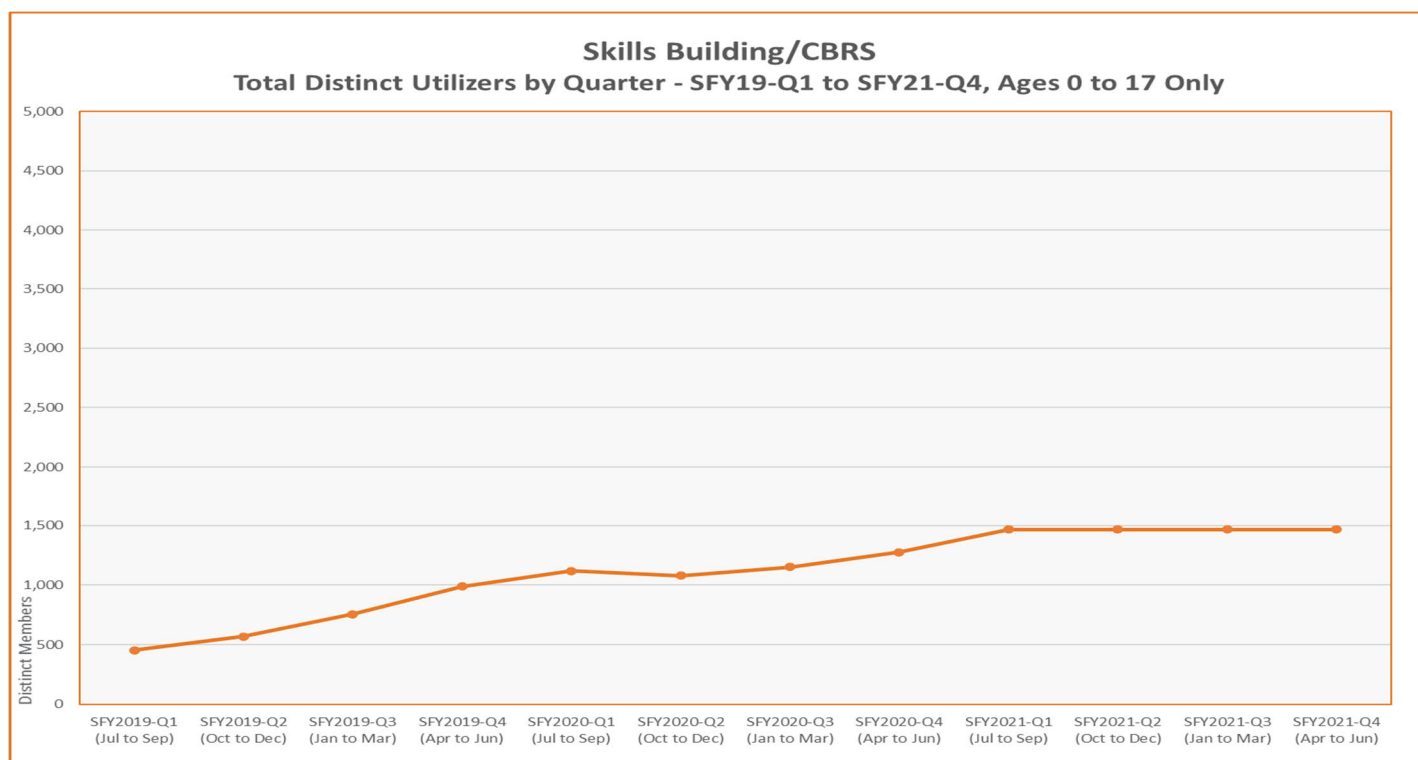
Skills Building/CBRS

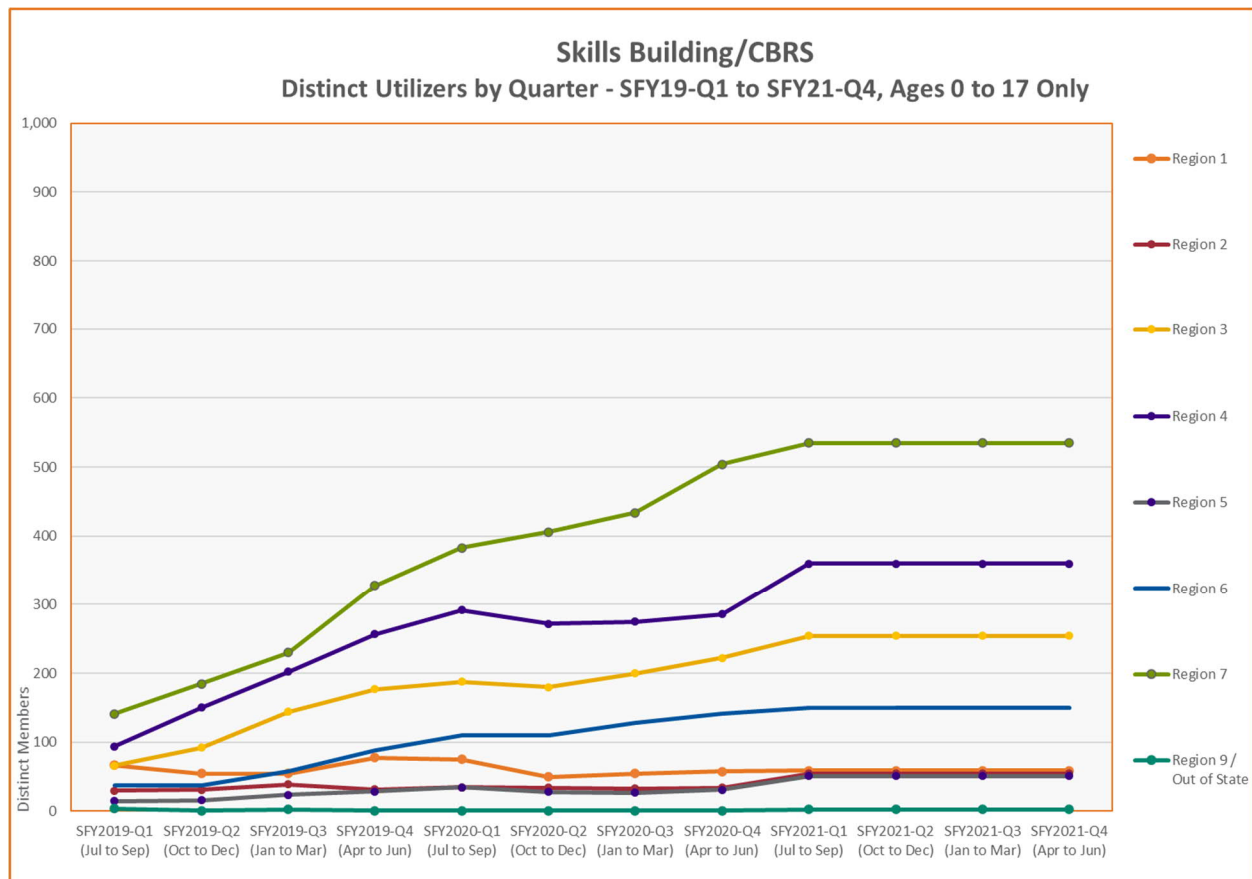
Skills Building/CBRS - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	504	1	1,272
SFY2020 Distinct Total Utilizers	115	63	369	484	62	215	688	4	1,975
SFY2021-Q1	59	55	254	360	51	150	535	3	1,459
SFY2021-Q2	65	46	276	384	54	170	544	1	1,525
SFY2021-Q3	72	57	264	409	69	164	570	2	1,601
SFY2021-Q4	77	79	272	453	67	191	615	0	1,733
SFY2021 Distinct Total Utilizers	124	113	432	671	108	277	891	5	2,568





What is this data telling us?

According to the 2018 Substance Abuse and Mental Health Services Administration's (SAMHSA's) 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 in all regions. The highest number served in any one quarter was 1,733 in Q4 of 2021 and by the end of Q4 this year, 2,568 received the service ($2,568 / 23,000 = 11.12\%$). The service seems to be accessed most in Regions 3, 4 and 7.

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

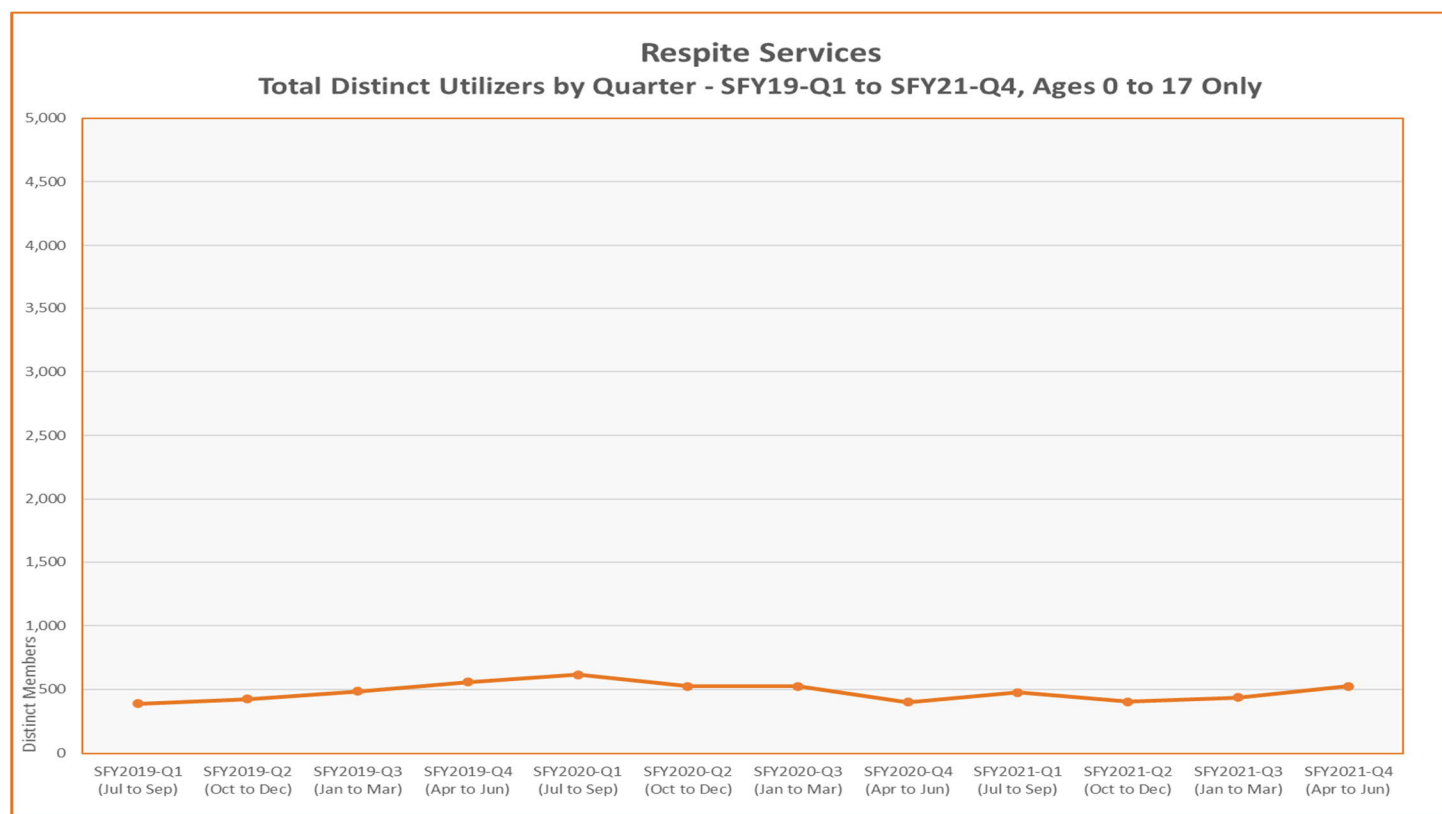
Respite Services

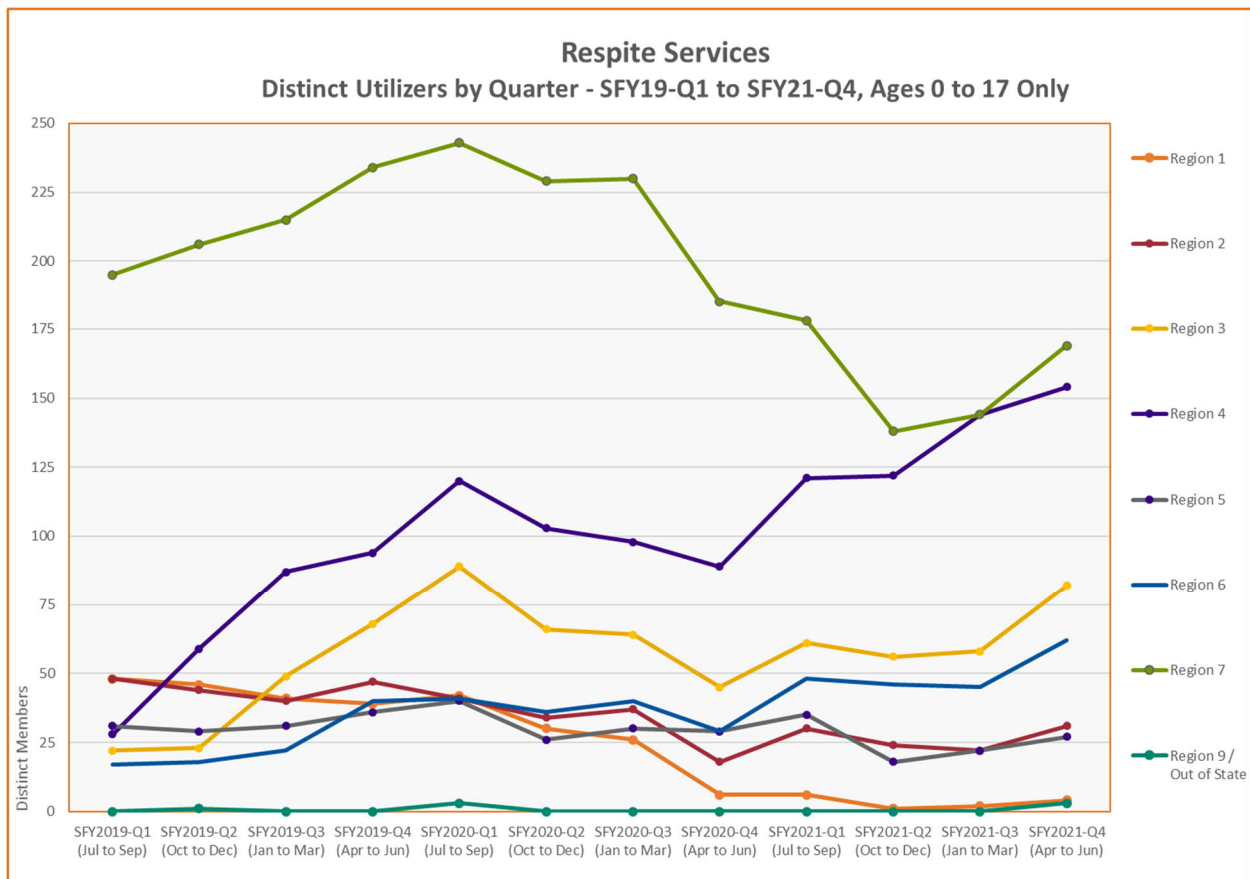
Respite Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	122	18	46	138	0	404
SFY2021-Q3	2	22	58	144	22	45	144	0	437
SFY2021-Q4	4	31	82	154	27	62	169	3	526
SFY2021 Distinct Total Utilizers	8	37	114	219	51	87	254	3	759





What is this data telling us?

Based on data, the use of Respite care through Optum has decreased in SFY 2021 since last year (down 12.7%). 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 utilized Respite services, Region 1 appears to be very underserved.

Note: Respite care is also provided through vouchers by DBH (page 55).

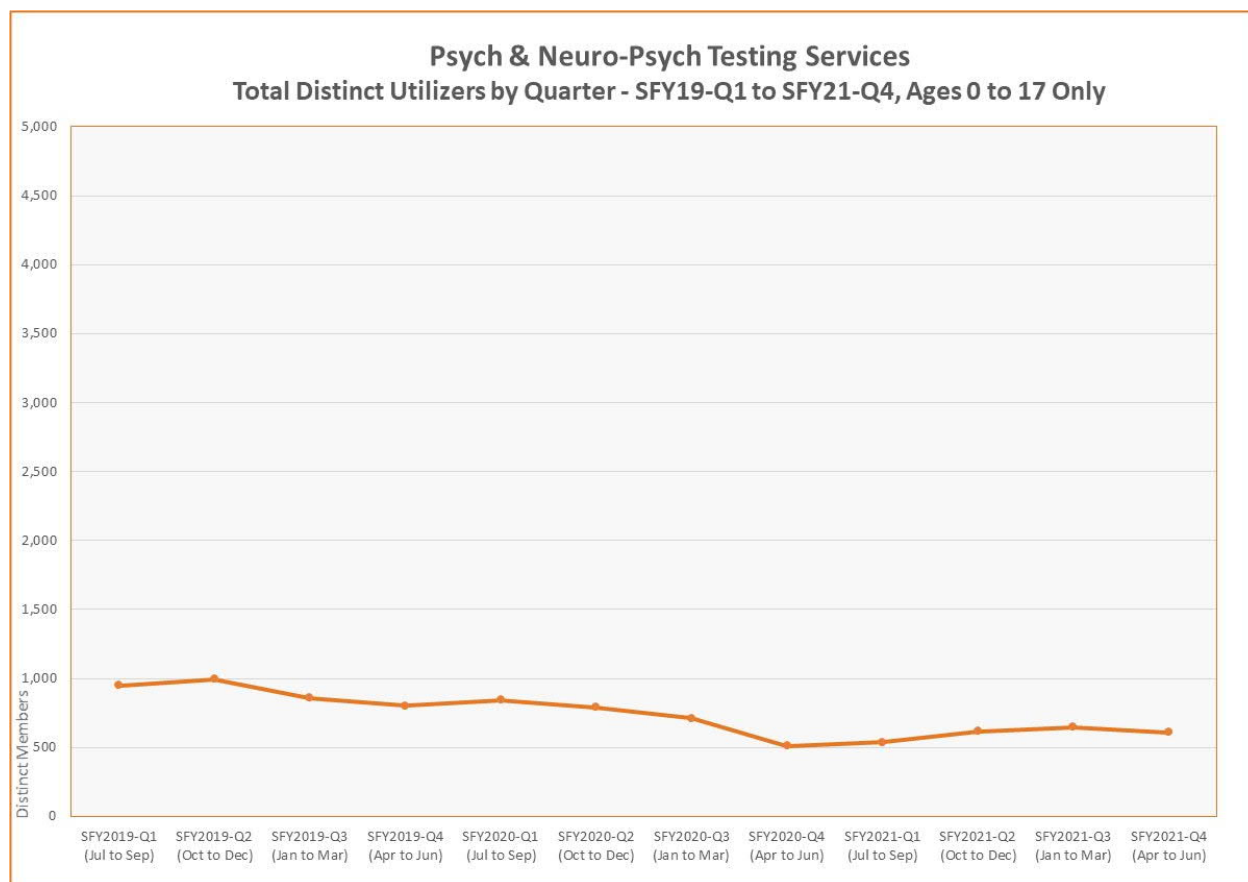
Psychological & Neuro-Psychological Testing Services

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

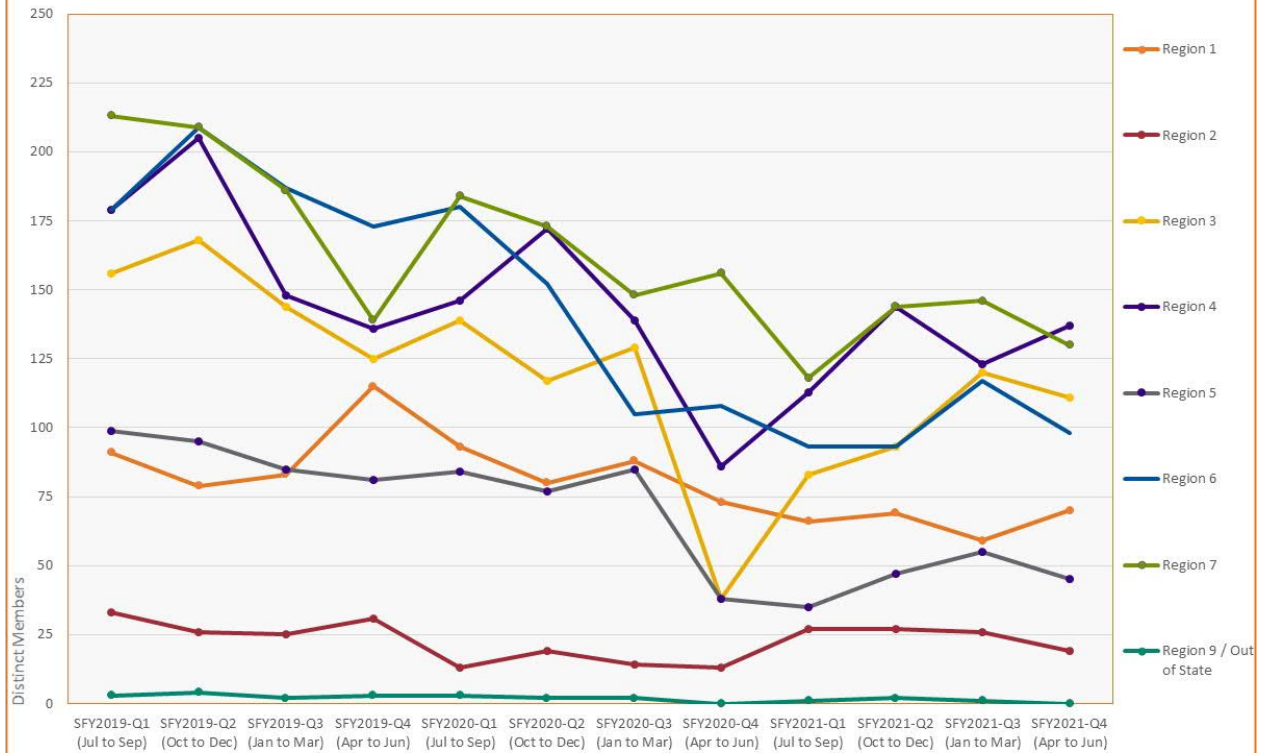
Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	172	77	152	173	2	792
SFY2020-Q3	88	14	129	139	85	105	148	2	710
SFY2020-Q4	73	13	38	86	38	108	156	0	511
SFY2020 Distinct Total Utilizers	330	57	403	524	254	462	643	7	2,678
SFY2021-Q1	66	27	83	113	35	93	118	1	536
SFY2021-Q2	69	27	93	144	47	93	144	2	618
SFY2021-Q3	59	26	120	123	55	117	146	1	647
SFY2021-Q4	70	19	111	137	45	98	130	0	609
SFY2021 Distinct Total Utilizers	261	81	384	496	151	335	500	4	2,210



Psych & Neuro-Psych Testing Services Distinct Utilizers by Quarter - SFY19-Q1 to SFY21-Q4, Ages 0 to 17 Only



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 SFY 2021 is that the number of assessments is substantially lower than in the previous 2 years (down 17.5% since 2020 and 29.7% since 2019). This change may be due in part to COVID-19 or may be due to fewer providers who are available to provide the service. The QMIA Council will continue to monitor the trend of the use of psychological and neuropsychological assessments.

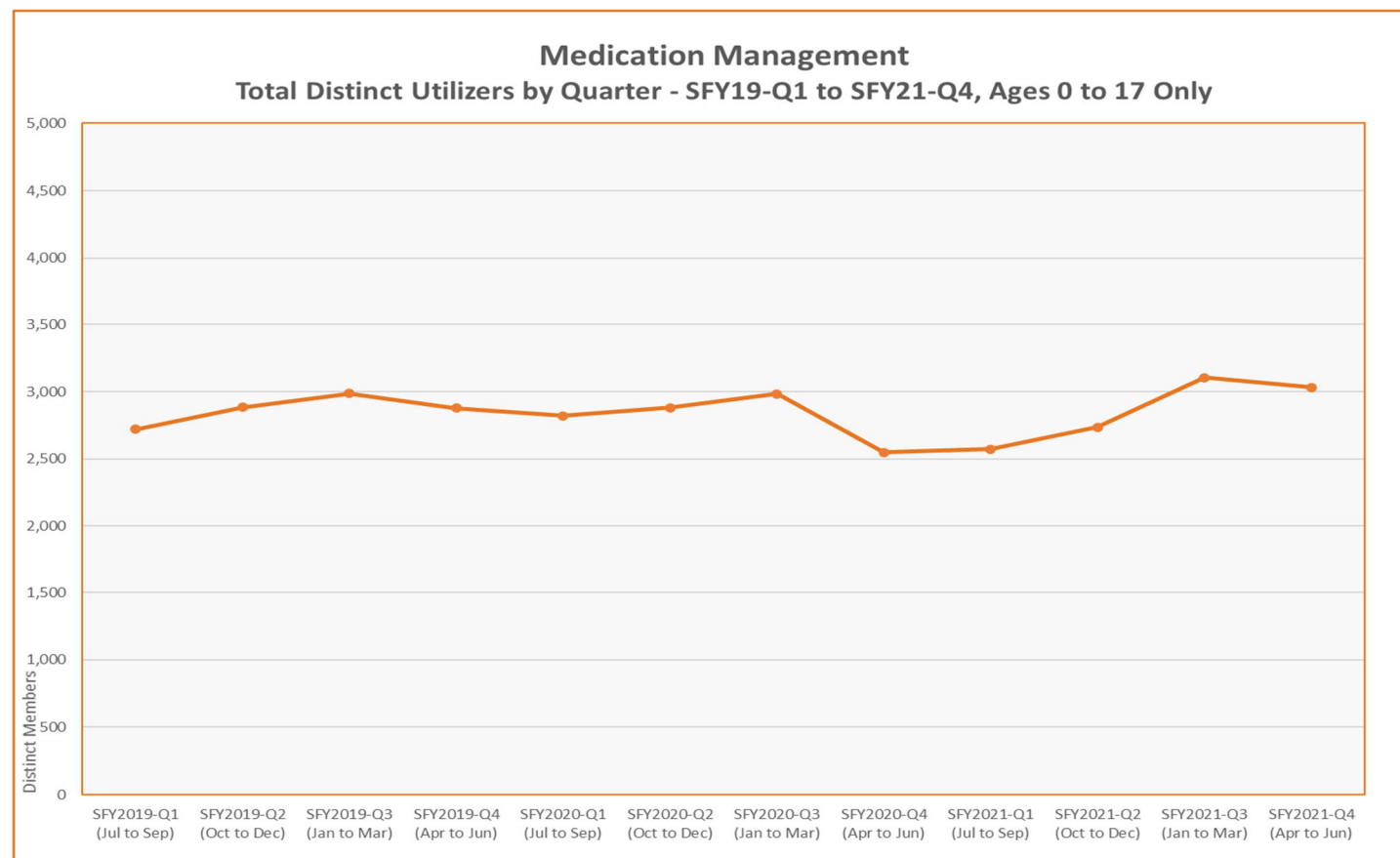
Medication Management

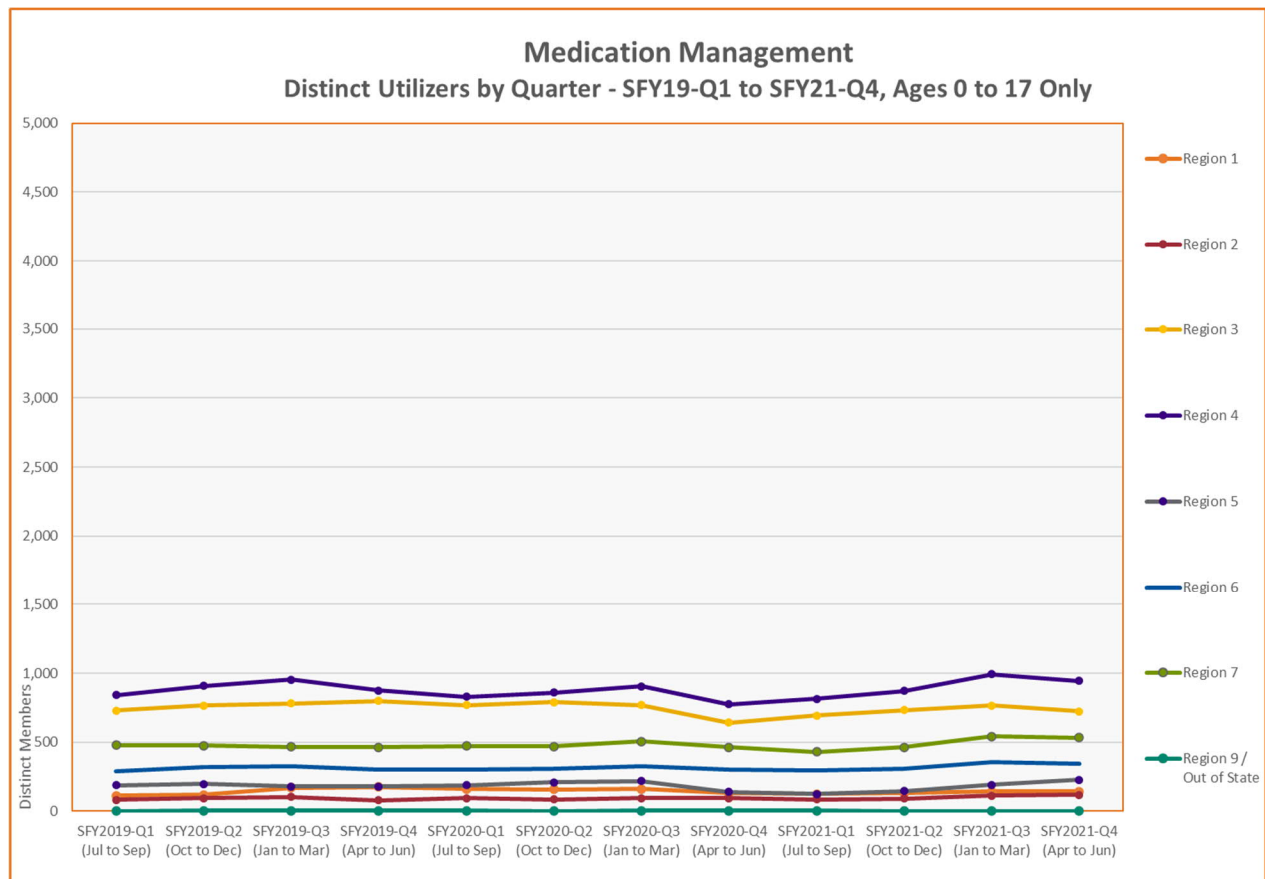
Medication Management - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	480	2	2,721
SFY2019-Q2	119	94	768	909	197	322	476	4	2,885
SFY2019-Q3	172	105	783	955	179	329	467	5	2,987
SFY2019-Q4	178	80	800	876	181	302	463	3	2,879
SFY2019 Distinct Total Utilizers	251	155	1,318	1,528	293	547	816	9	4,839
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	906	220	325	507	5	2,985
SFY2020-Q4	132	96	642	776	140	304	464	3	2,549
SFY2020 Distinct Total Utilizers	246	174	1,236	1,438	332	525	832	11	4,712
SFY2021-Q1	126	87	693	816	126	299	432	3	2,572
SFY2021-Q2	132	93	732	873	147	311	463	1	2,737
SFY2021-Q3	144	113	767	993	193	355	544	1	3,106
SFY2021-Q4	145	120	724	944	227	347	533	0	3,032
SFY2021 Distinct Total Utilizers	202	171	1,254	1,584	350	556	895	5	4,916





What is this data telling us?

There is no research on the prediction for number of children and youth who need Medication Management. The number of children and youth receiving Medication Management has remained consistent over the past three years. The percentage of children and youth receiving Medication Management in SFY 2021 compared to the total number of children receiving any mental health service is 28.9% (4,916/17,021). The QMIA Council will continue to monitor the trend of the use of Medication Management.

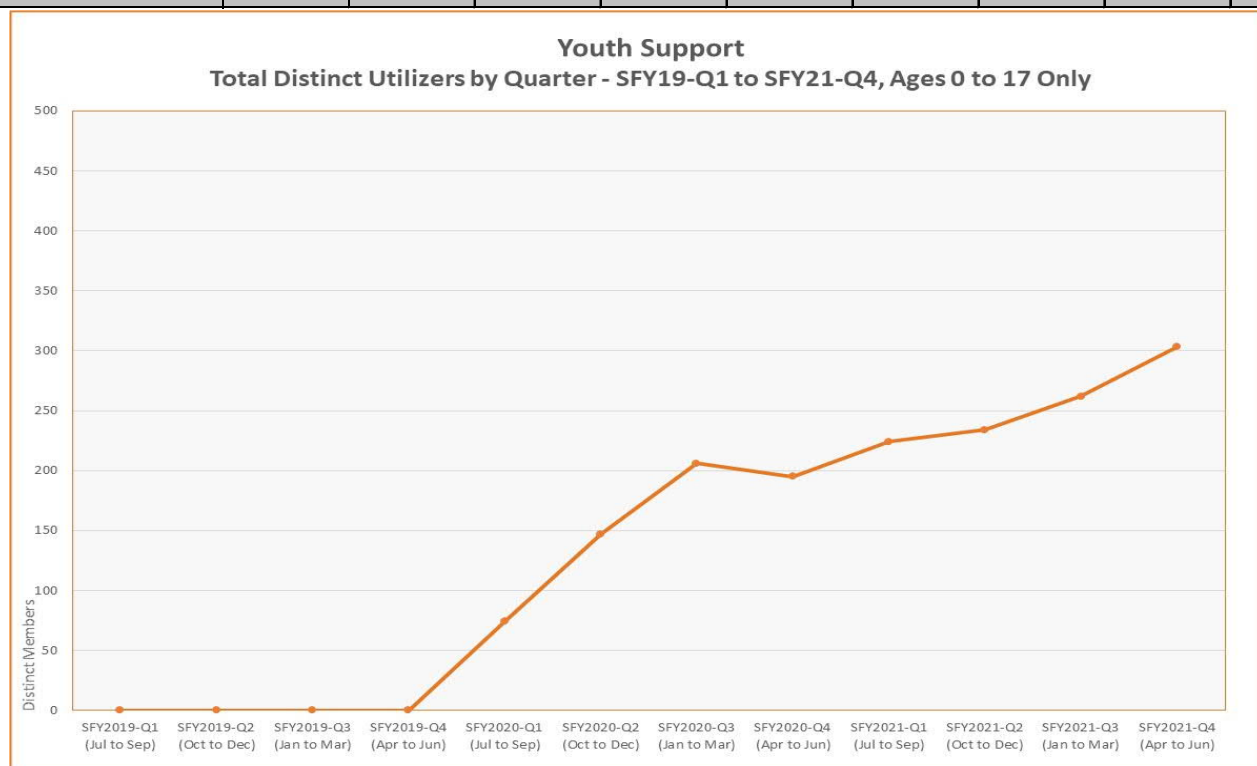
Youth Support Services

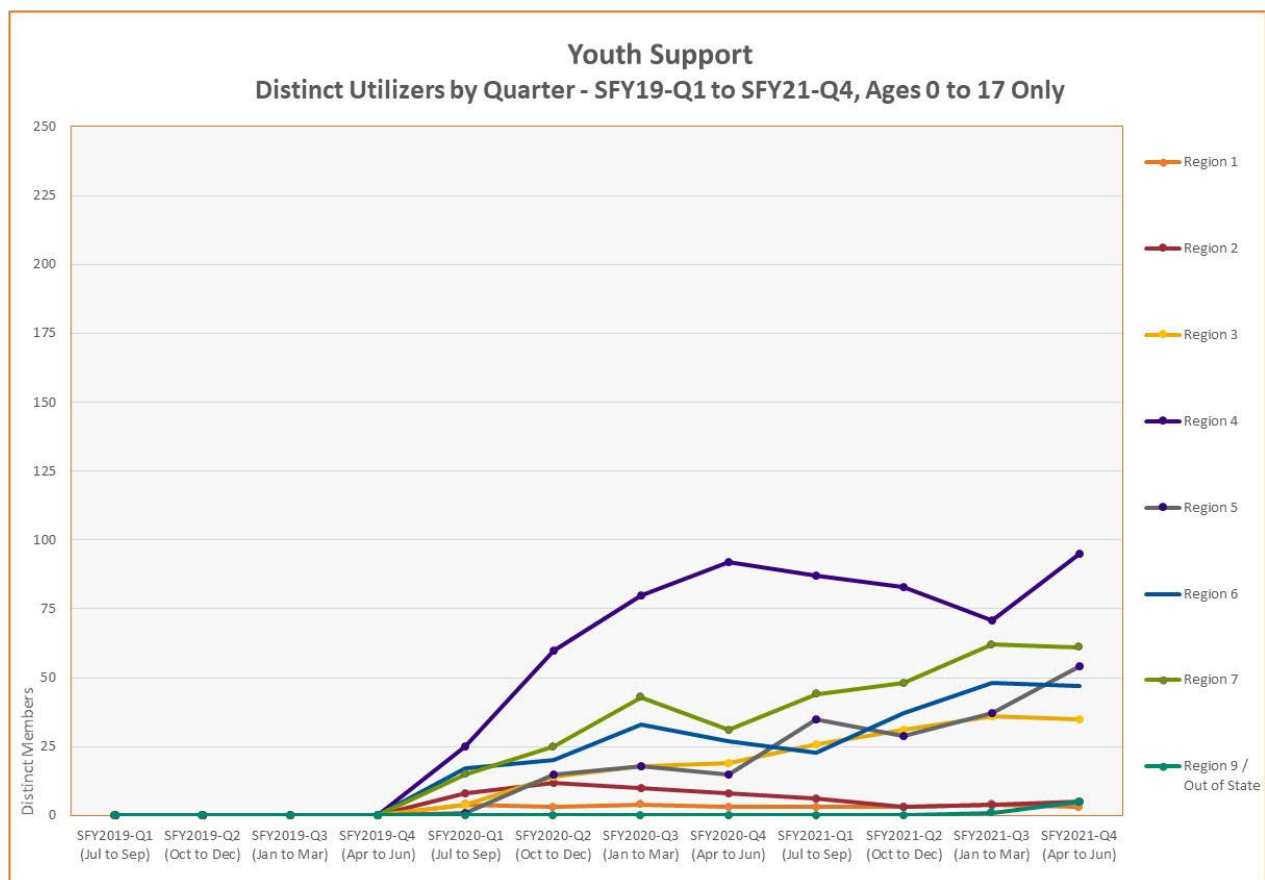
Youth Support - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	29	37	48	0	234
SFY2021-Q3	4	4	36	71	37	48	62	1	262
SFY2021-Q4	3	5	35	95	54	47	61	5	303
SFY2021 Distinct Total Utilizers	4	9	51	156	84	88	109	6	498





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 utilized in Regions 1 and 2 seems very limited. It is notable that Youth Support Services have continued to increase in SFY 2021, with a 51.4% increase since SFY 2020. The QMIA Council will continue to monitor the trends in use of Peer Support Services.

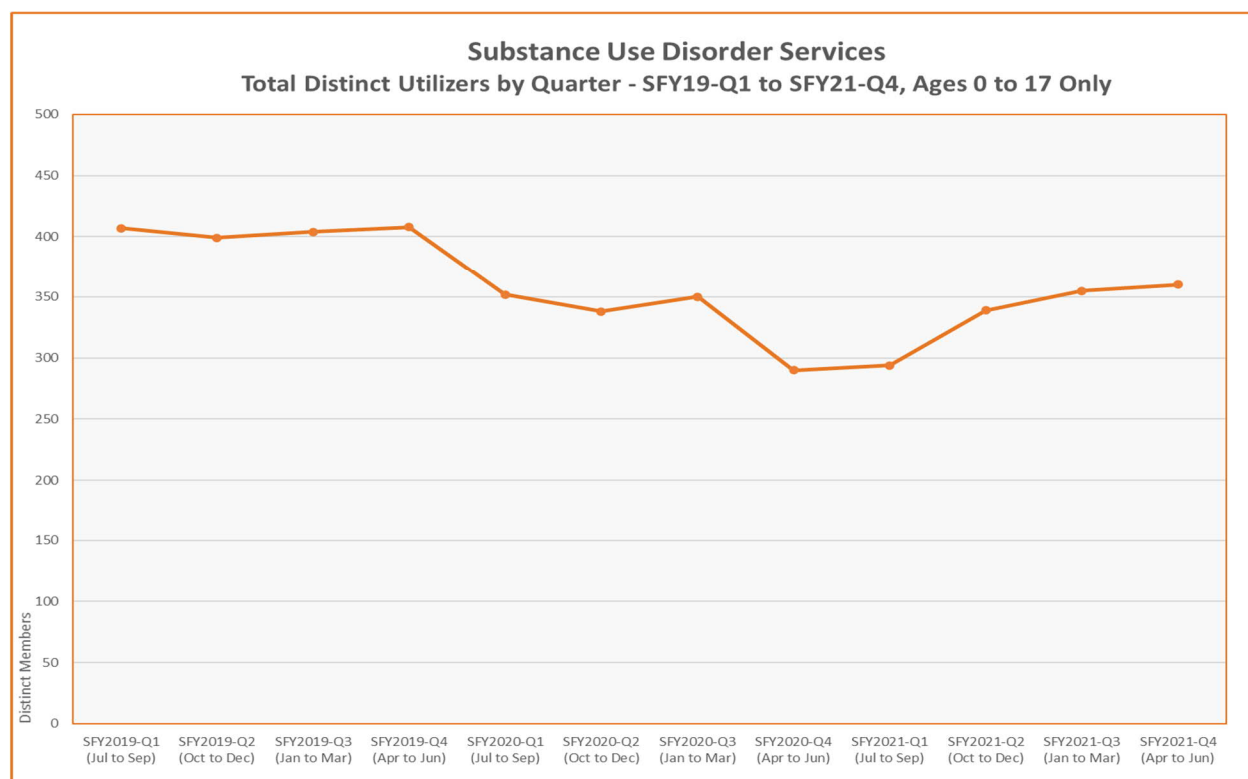
Substance Use Disorder (SUD) Services

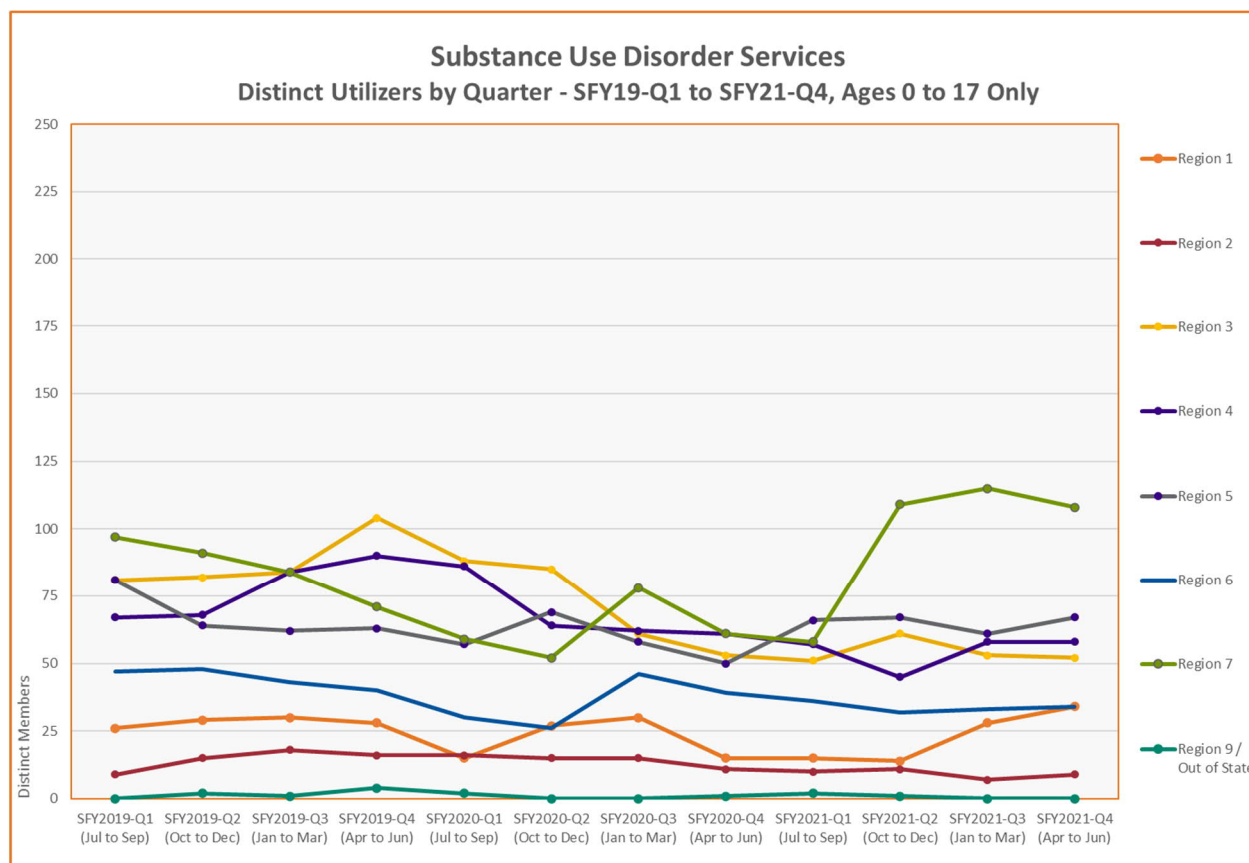
SUD Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	0	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	61	45	67	32	109	1	339
SFY2021-Q3	28	7	53	58	61	33	115	0	355
SFY2021-Q4	34	9	52	58	67	34	108	0	360
SFY2021 Distinct Total Utilizers	61	18	110	124	145	70	248	2	771





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 approximately 5,000 youth (rounded to nearest 1,000) would be predicted to have issues with substance use disorders and approximately 3,000 youth (rounded to nearest 1,000) would be projected 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 25% of the number who may need the services ($771 / 5,000 = 15.4\%$, and $771 / 3,000 = 25.7\%$).

Note: This could be due to how providers bill or probably indicates a need for more focus on SUD services.

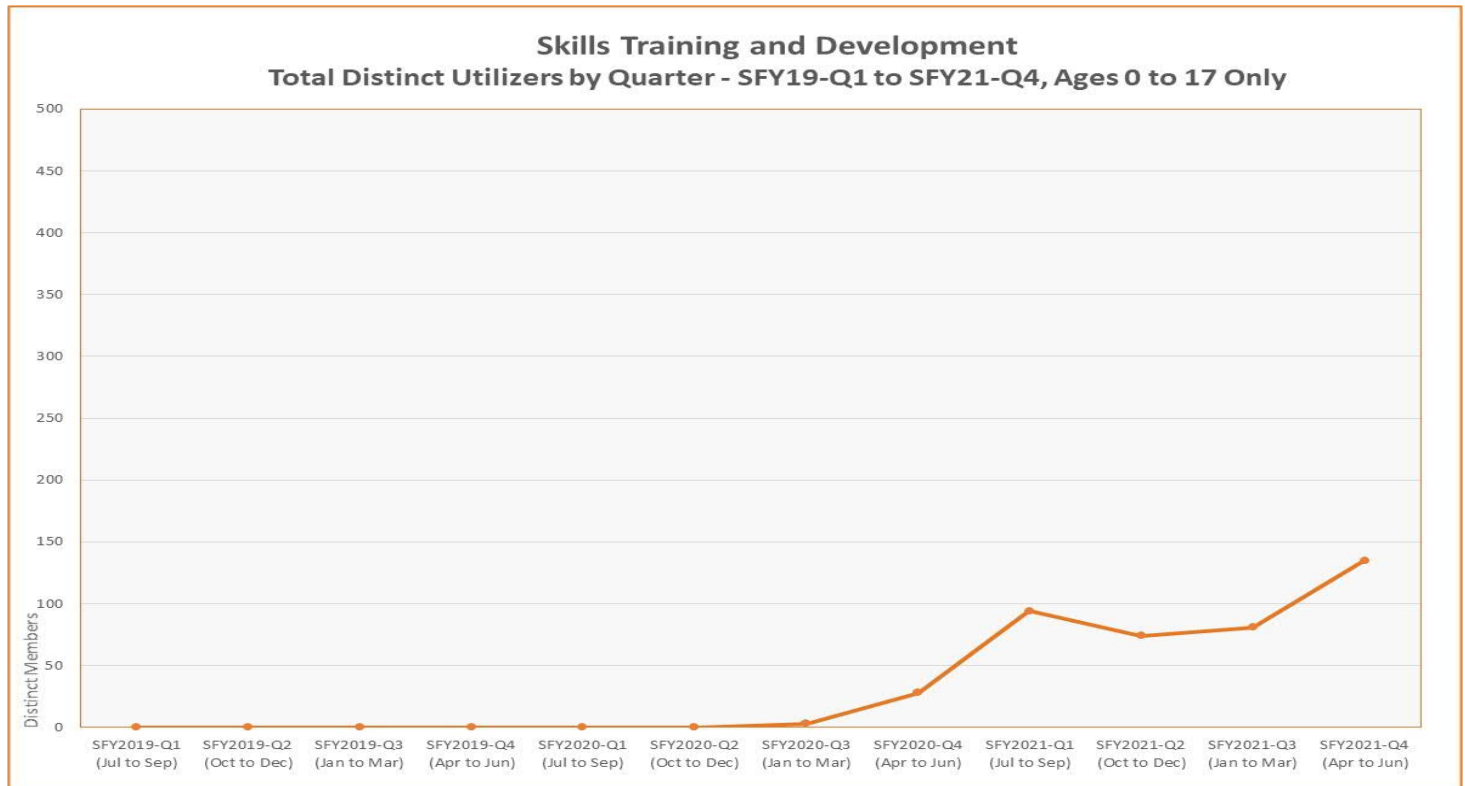
Skills Training and Development (STAD)

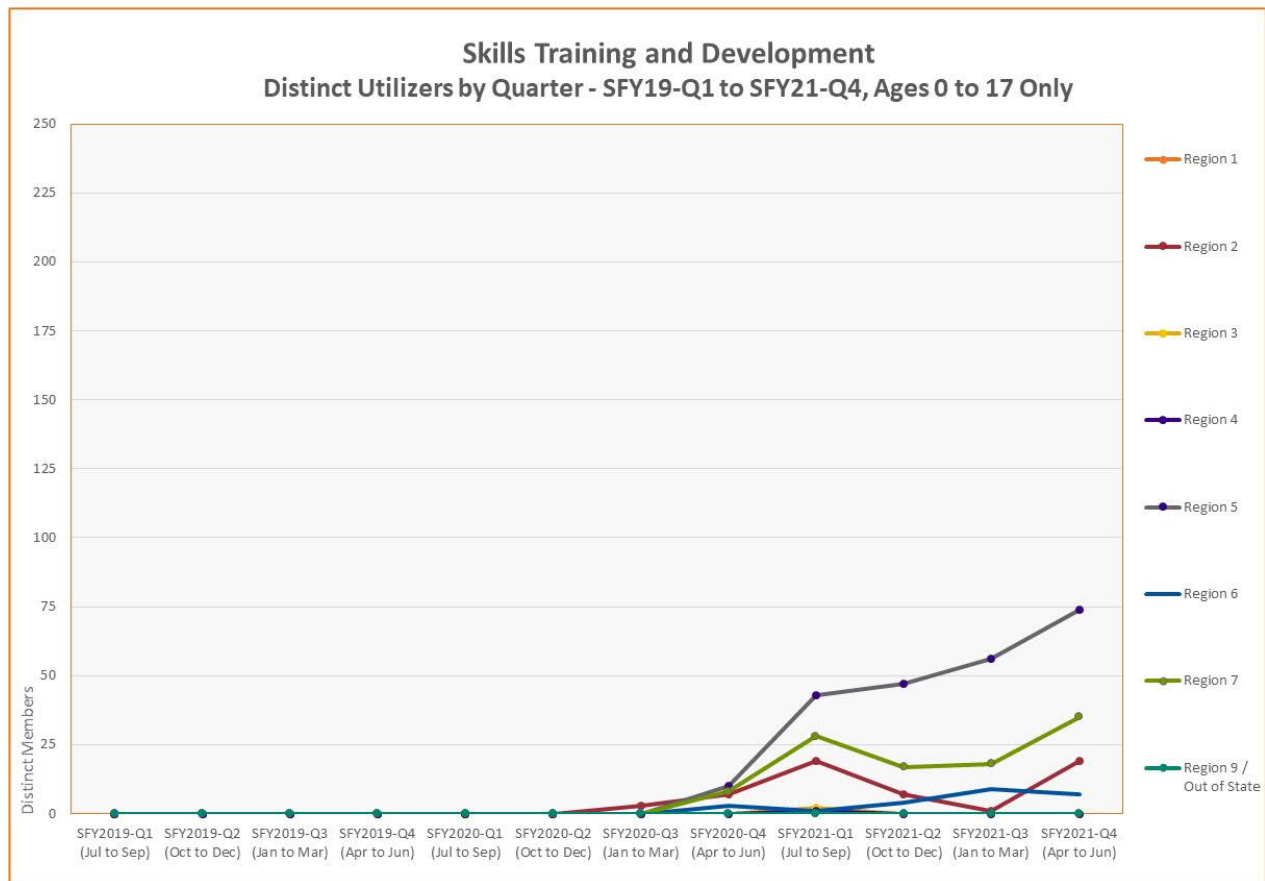
Skills Training and Development - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	7	0	0	47	4	17	0	74
SFY2021-Q3	0	1	0	0	56	9	18	0	81
SFY2021-Q4	0	19	0	0	74	7	35	0	135
SFY2021 Distinct Total Utilizers	0	35	2	1	109	10	59	0	210





What is this data telling us?

There is no research indicating expected need for Skills Training and Development (STAD). STAD services appear to be very limited across the state- with 0 in Region 1, and only 2 in Region 3, and 1 in Region 4. It is notable that the amount of STAD services has increased substantially in SFY 2021.

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

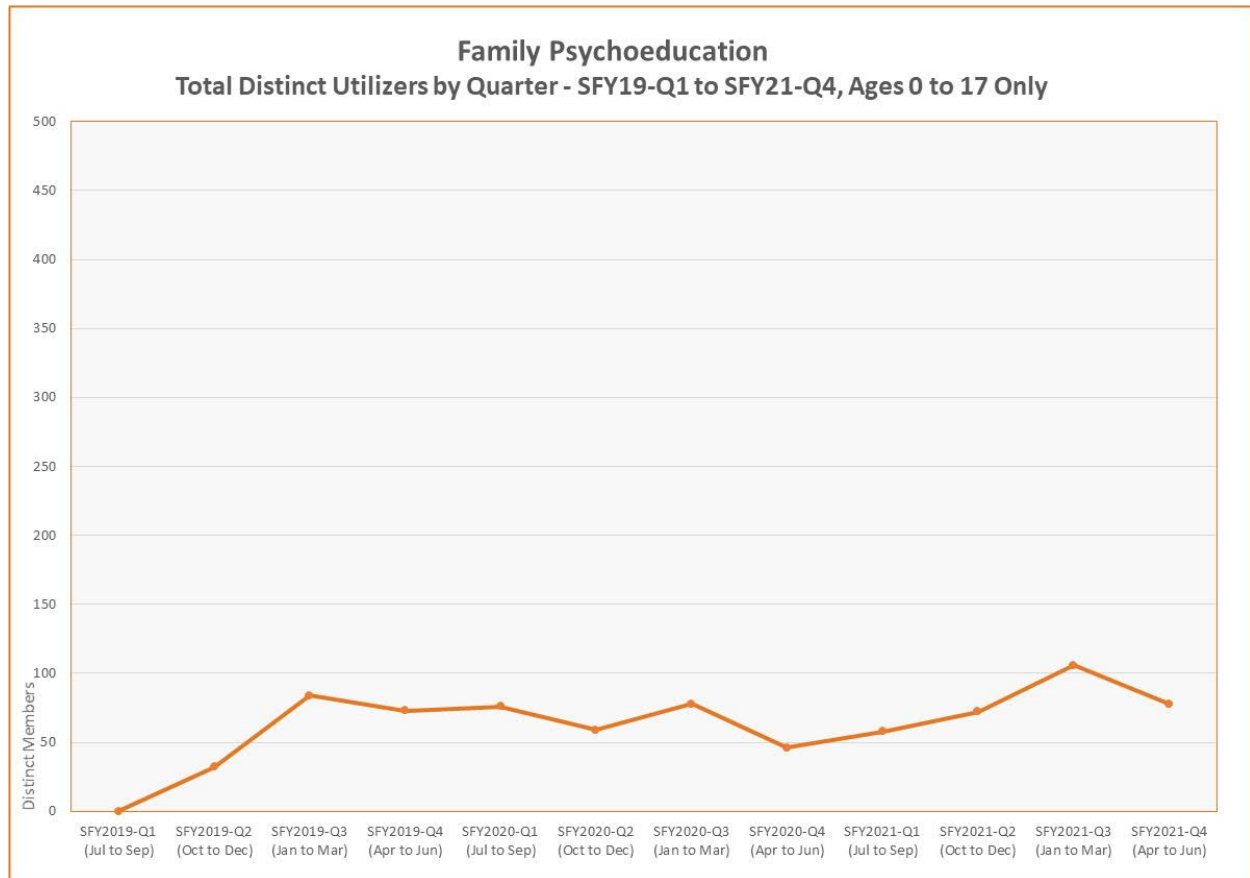
Family Psychoeducation

Family Psychoeducation - Distinct service utilizers per Region/Quarter

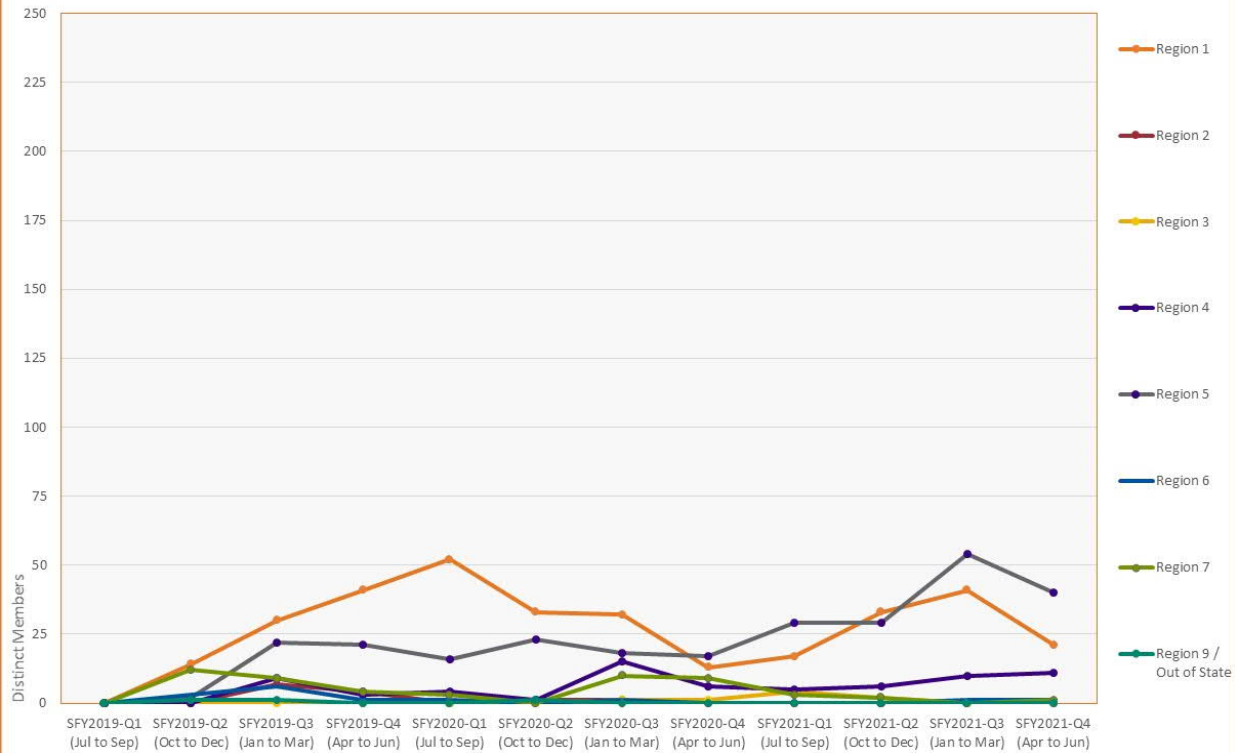
Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	0	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	33	0	2	6	29	0	2	0	72
SFY2021-Q3	41	0	0	10	54	1	0	0	106
SFY2021-Q4	21	0	0	11	40	1	1	0	78
SFY2021 Distinct Total Utilizers	62	0	10	30	140	2	6	0	250



Family Psychoeducation Distinct Utilizers by Quarter - SFY19-Q1 to SFY21-Q4, Ages 0 to 17 Only



What is this data telling us?

There is no research indicating expected need for Family Psychoeducation. Regions 1 and 5 seem to have maintained or increased Family Education services. There are no services in Region 2, and very limited services in 3, 4, 6, and 7. QMIA will continue to monitor the trends in use Family Psychoeducation.

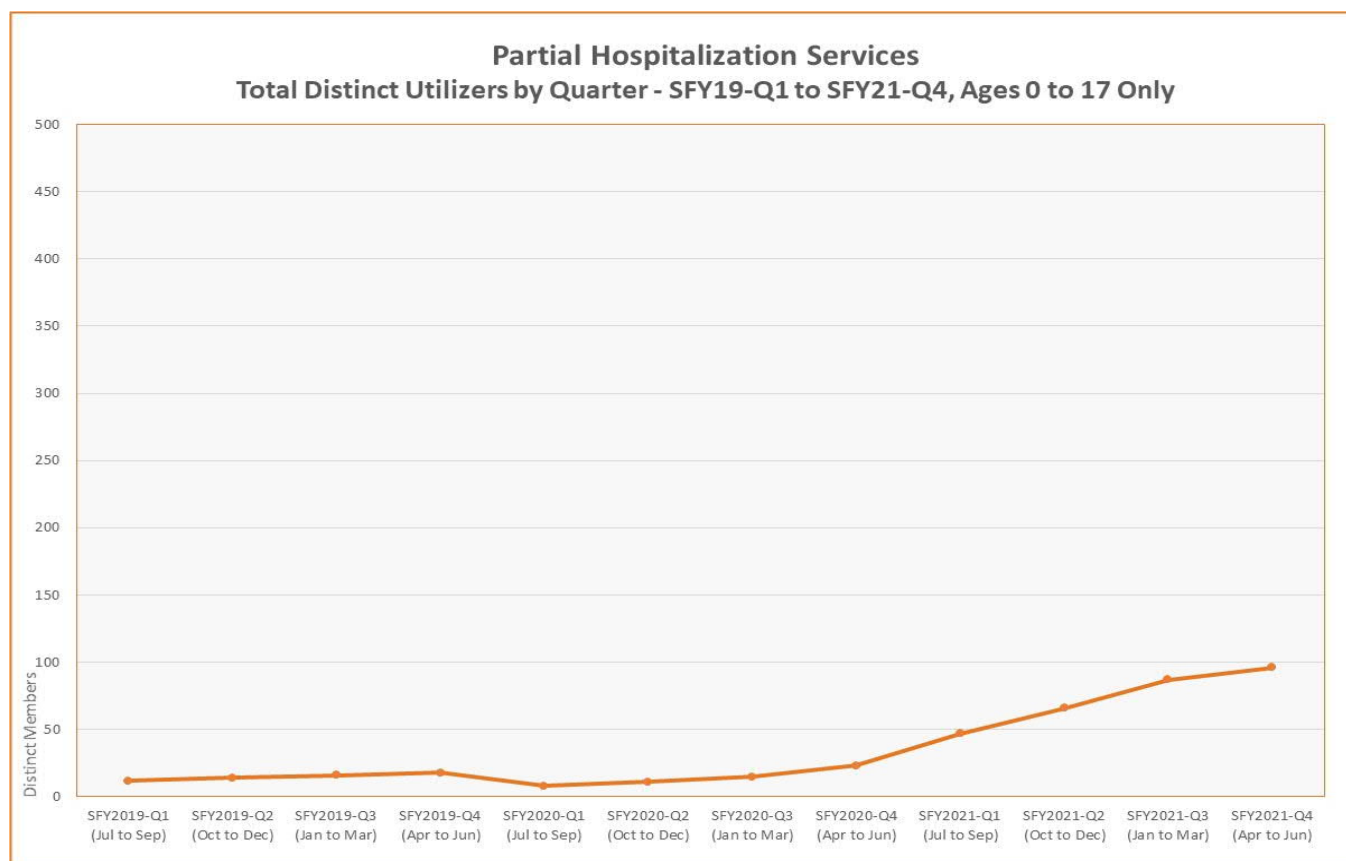
Partial Hospitalization Services (PHP)

Partial Hospitalization Services - Distinct service utilizers per Region/Quarter

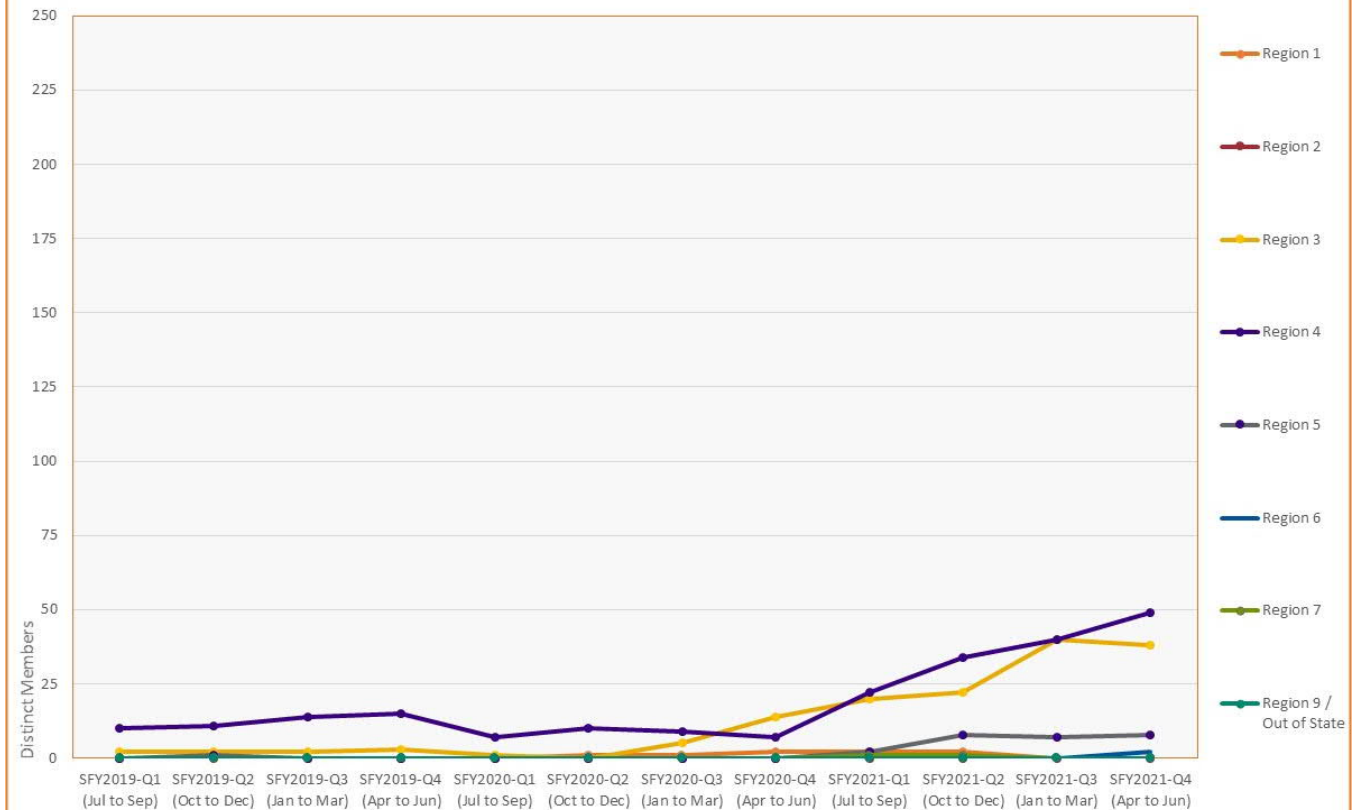
Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	34	8	0	1	0	66
SFY2021-Q3	0	0	40	40	7	0	0	0	87
SFY2021-Q4	0	0	38	49	8	2	0	0	96
SFY2021 Distinct Total Utilizers	3	0	86	106	15	2	1	0	211



Partial Hospitalization Services Distinct Utilizers by Quarter - SFY19-Q1 to SFY21-Q4, Ages 0 to 17 Only



What is this data telling us?

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

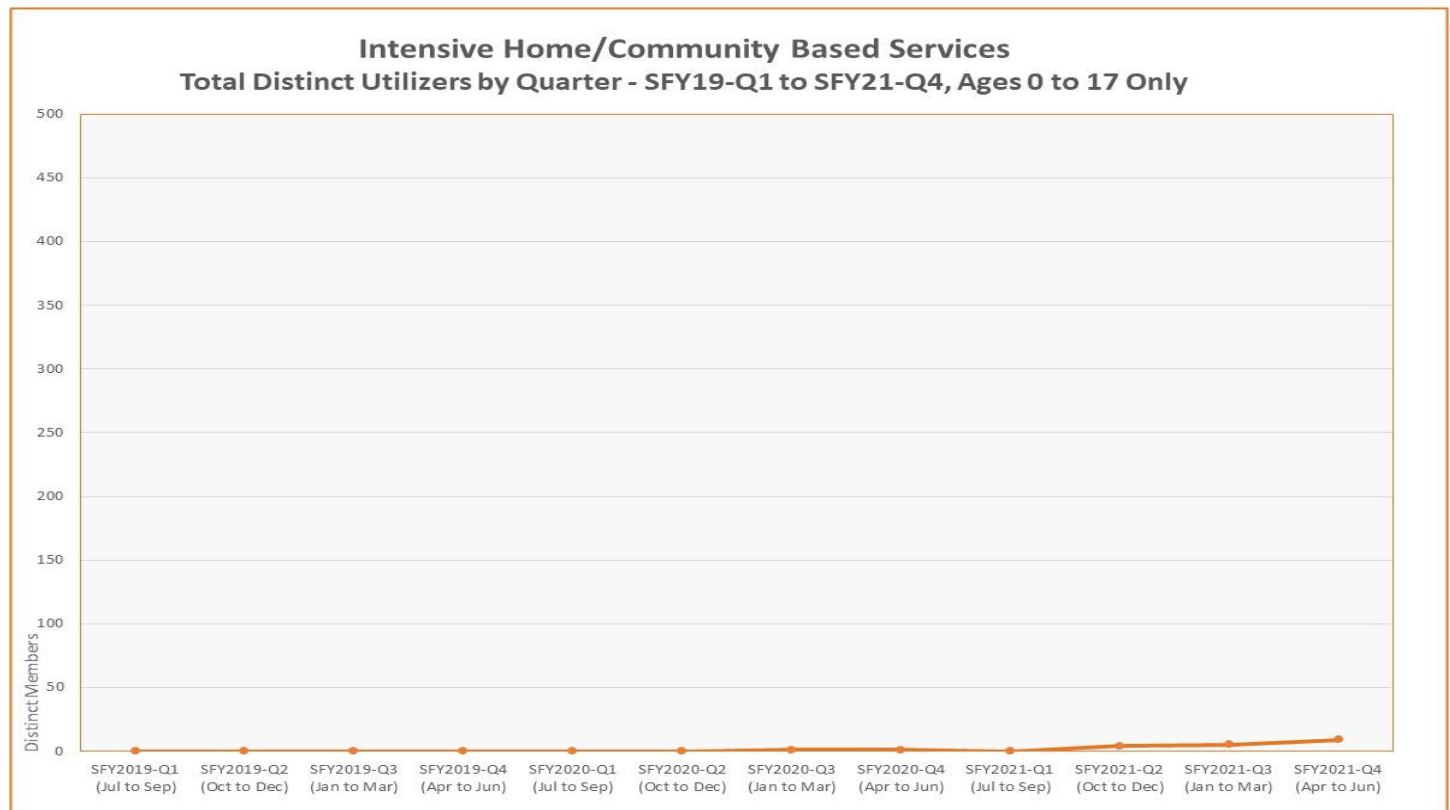
Intensive Home/Community Based Services (IHCBS)

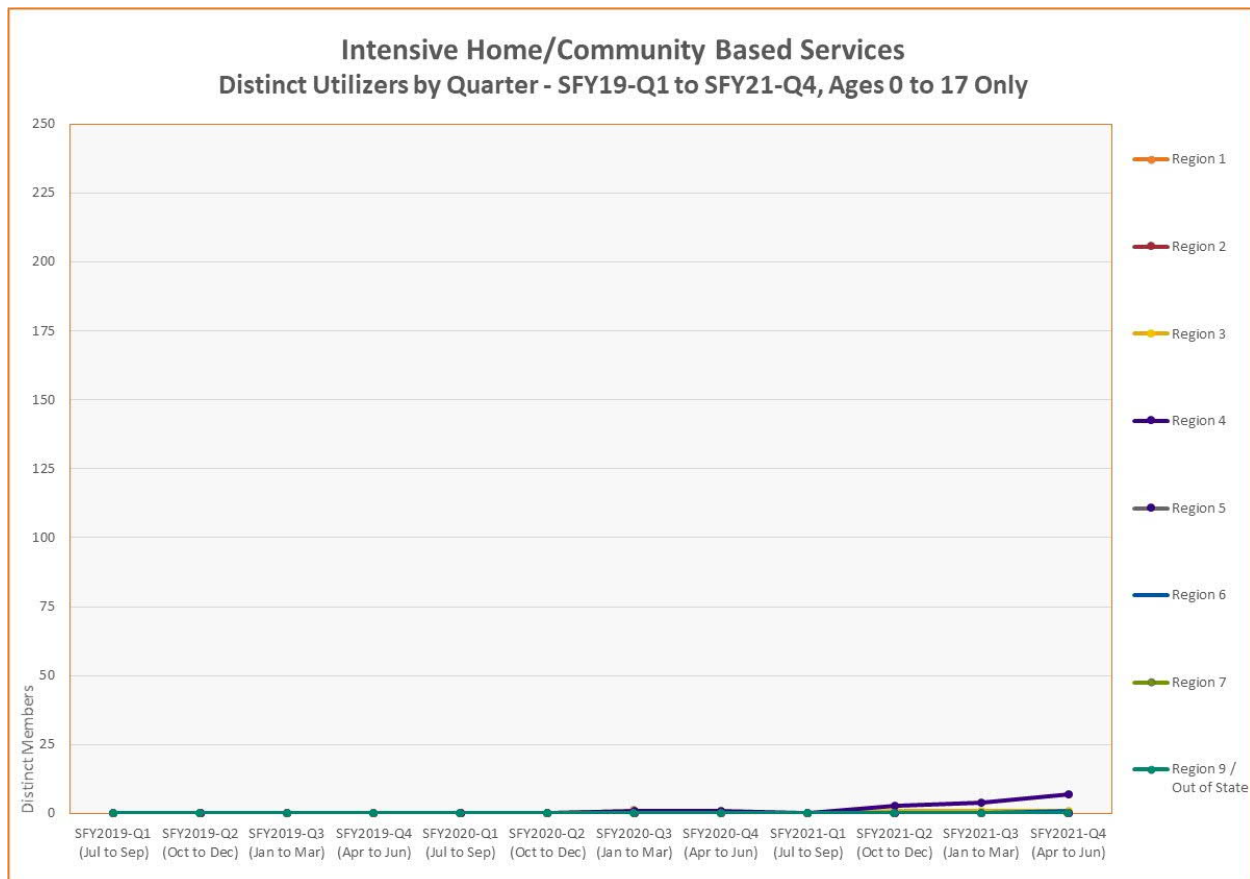
IHCBS - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	1
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-Q3	0	0	1	4	0	0	0	0	5
SFY2021-Q4	0	0	1	7	0	1	0	0	9
SFY2021 Distinct Total Utilizers	0	0	2	9	0	1	0	0	12





What is this data telling us?

There is no research indicating expected need for Intensive Home/Community Based Services. There are very limited services across the state with services only in Regions 3, 4 and 6. The QMIA Council will continue to monitor the trends in use of Intensive Home/Community Based Services.

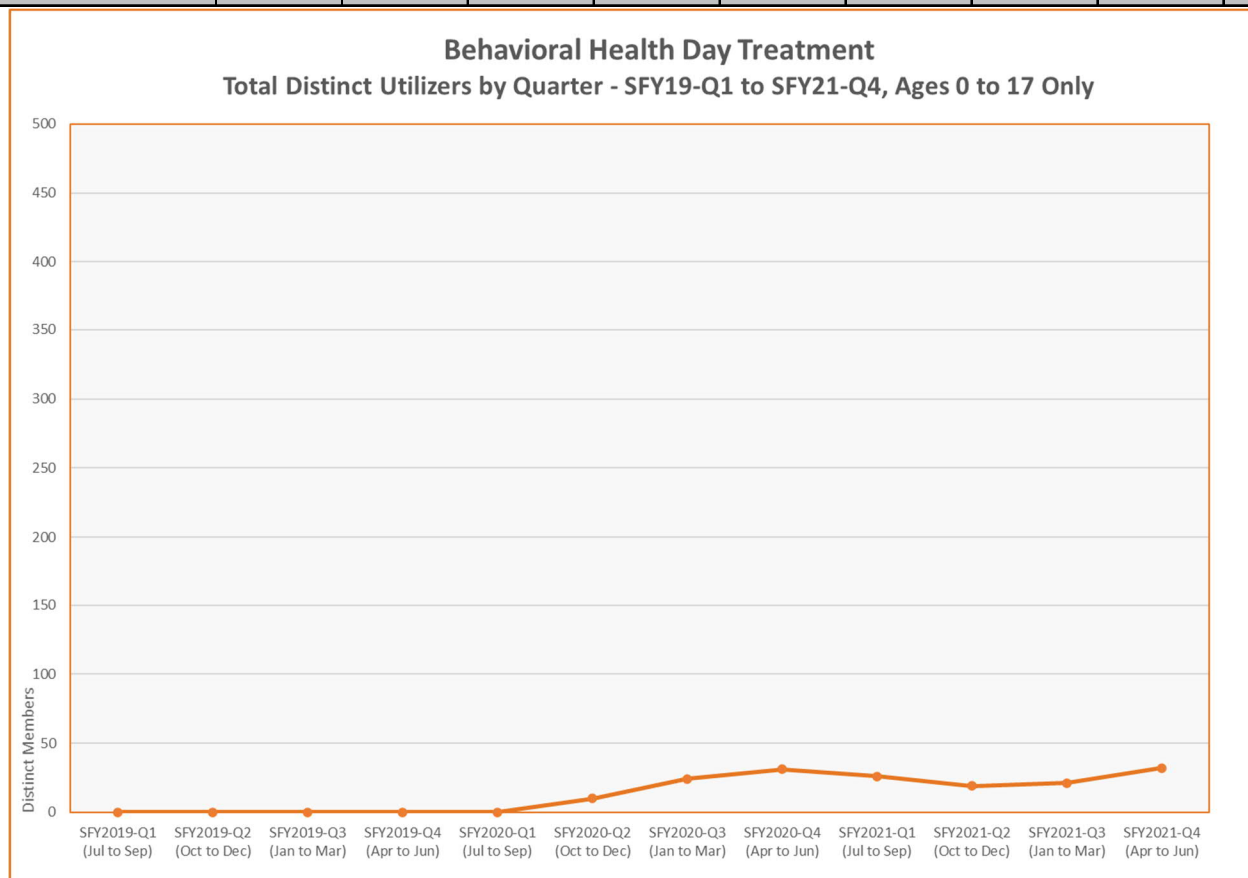
Behavioral Health Day Treatment

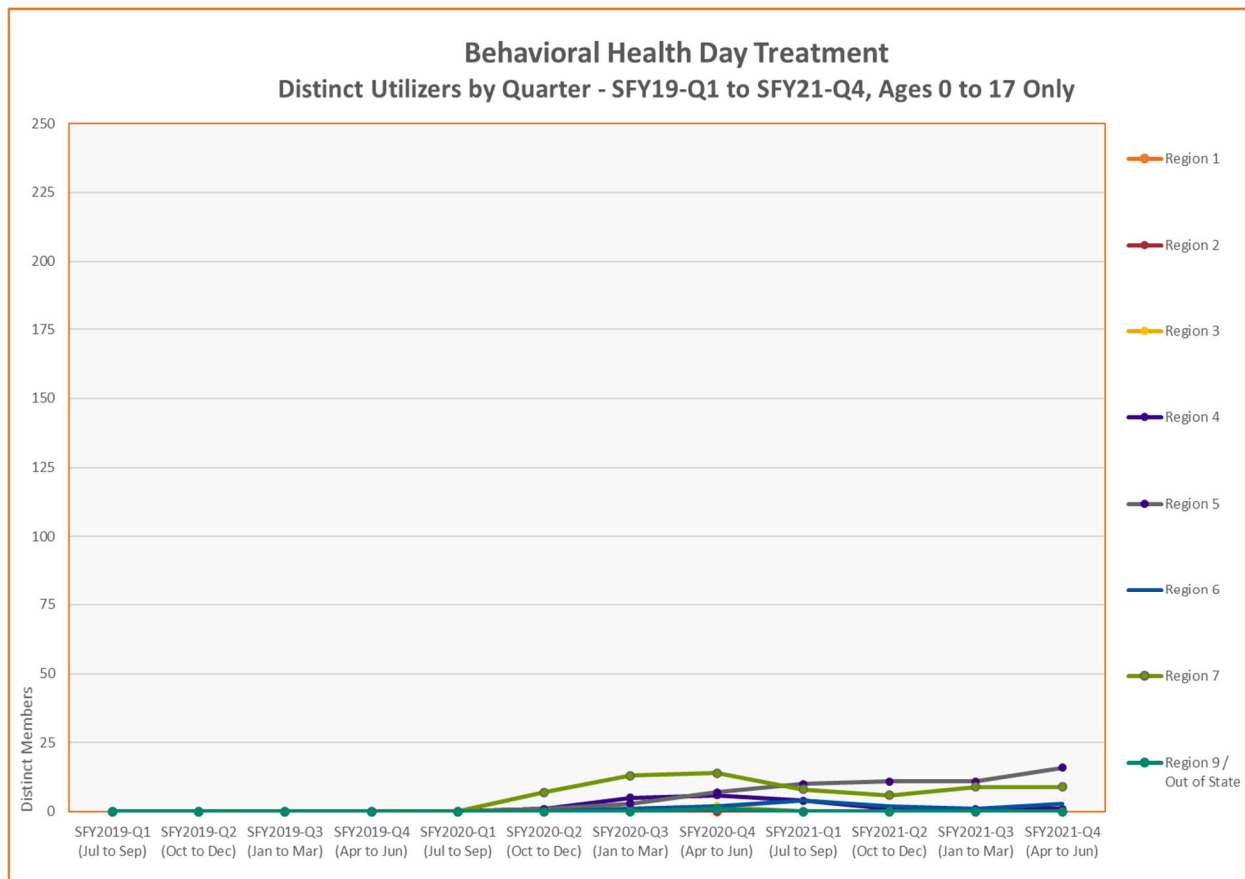
Day Treatment - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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-Q3	0	0	0	1	11	1	9	0	21
SFY2021-Q4	0	0	1	1	16	3	9	0	32
SFY2021 Distinct Total Utilizers	0	0	1	9	26	8	23	0	64





What is this data telling us?

There is no research indicating expected need for Day Treatment. Services have been increasing in Region 5 and remained stable in Region 7. There are no services in Regions 1 or 2 and very limited services in 3, 4, 6. The QMIA Council will continue to monitor the trends in use of Behavioral Health Day Treatment.

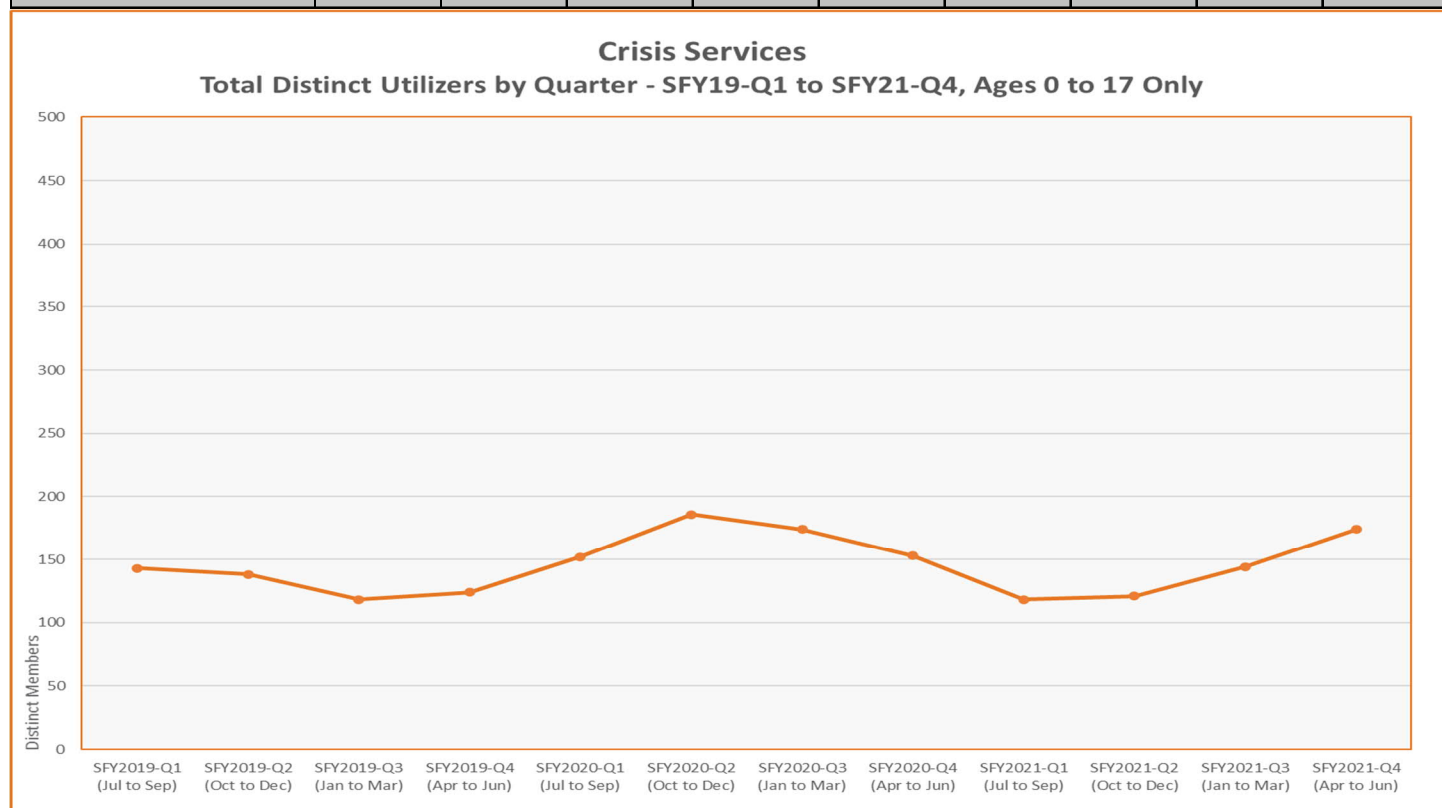
Crisis Services

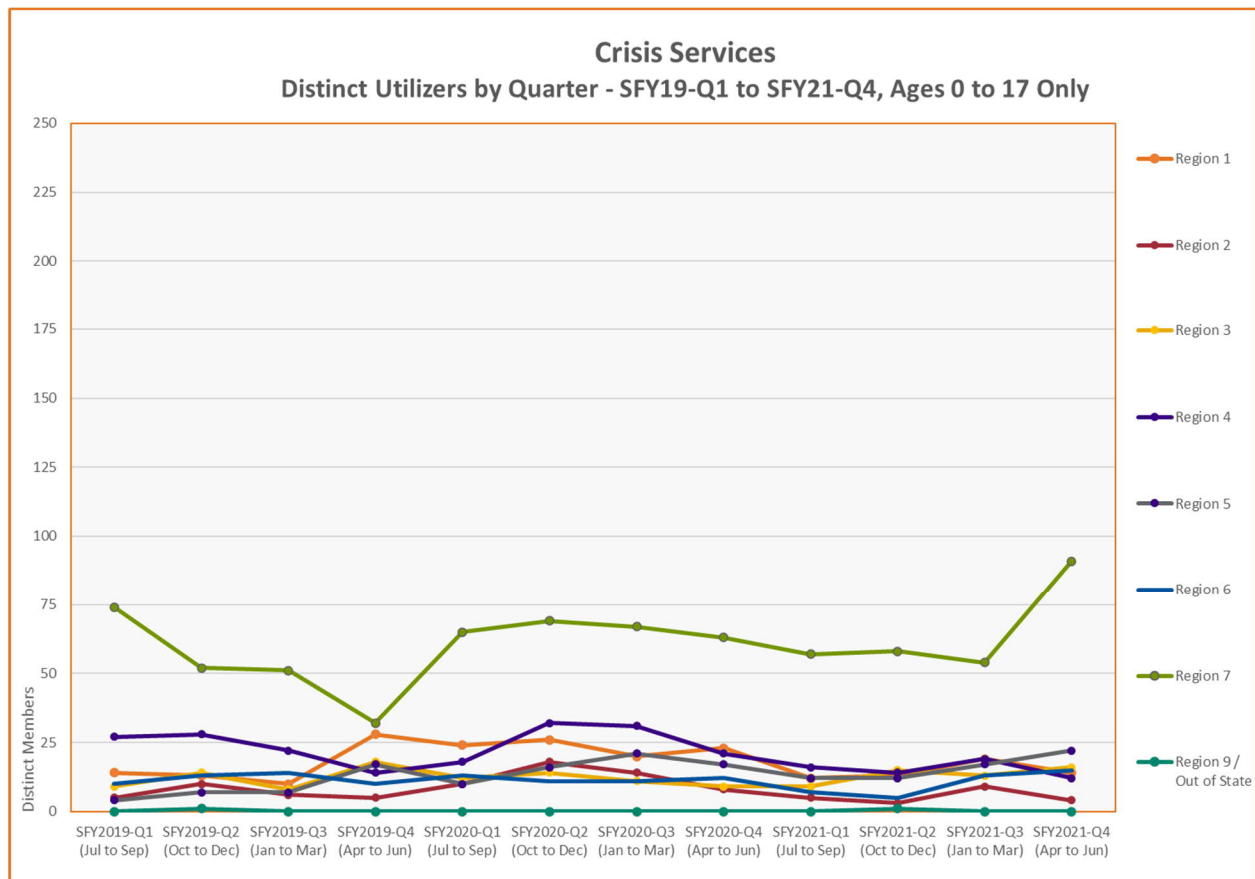
Crisis Services- Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	9	21	17	12	63	0	153
SFY2020 Distinct Total Utilizers	75	43	45	95	61	46	239	0	601
SFY2021-Q1	12	5	9	16	12	7	57	0	118
SFY2021-Q2	13	3	15	14	12	5	58	1	121
SFY2021-Q3	19	9	13	19	17	13	54	0	144
SFY2021-Q4	14	4	16	12	22	15	91	0	174
SFY2021 Distinct Total Utilizers	52	20	46	60	59	36	254	1	526





What is this data telling us?

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

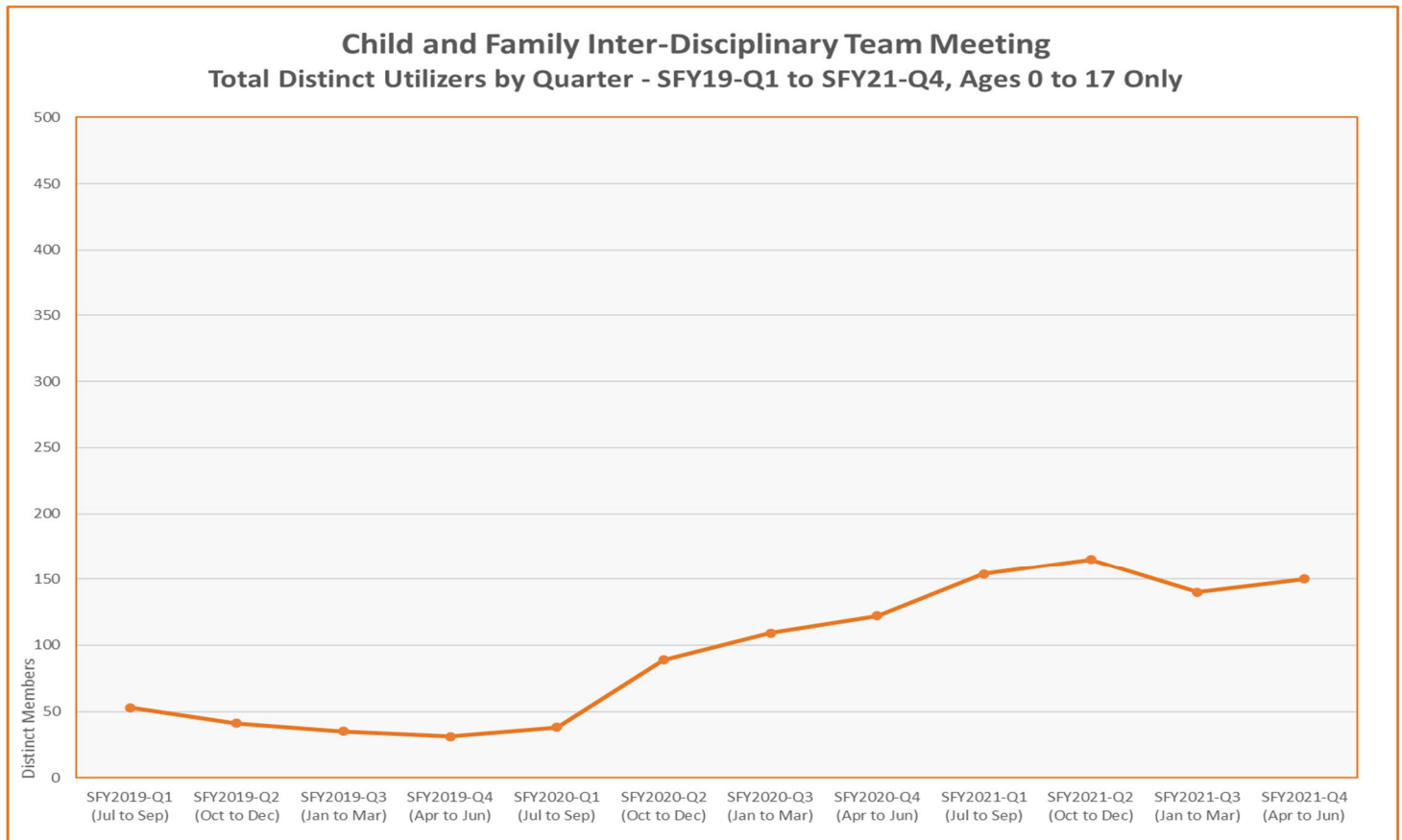
Child and Family Inter-Disciplinary Team Meeting

CFT Meeting - Distinct service utilizers per Region/Quarter

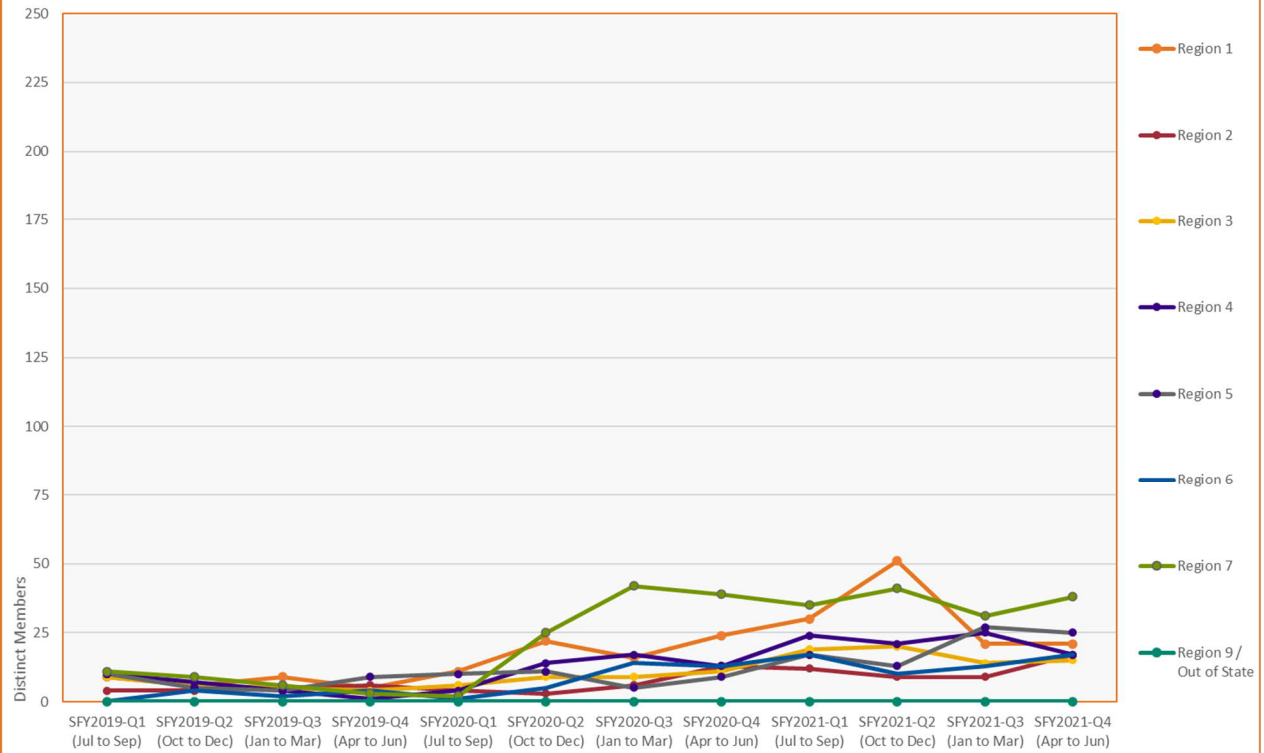
Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	30	12	19	24	17	17	35	0	154
SFY2021-Q2	51	9	20	21	13	10	41	0	165
SFY2021-Q3	21	9	14	25	27	13	31	0	140
SFY2021-Q4	21	17	15	17	25	17	38	0	150
SFY2021 Distinct Total Utilizers	78	31	62	73	62	44	130	0	476



Child and Family Inter-Disciplinary Team Meeting Distinct Utilizers by Quarter - SFY19-Q1 to SFY21-Q4, Ages 0 to 17 Only



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). The number of CFT services has increased in SFY 2021, however it is apparent that child and family teaming is not being billed as a Child and Family Inter-Disciplinary Team meeting and that this billing code is used primarily by Targeted Care Coordinators. QMIA will continue to monitor.

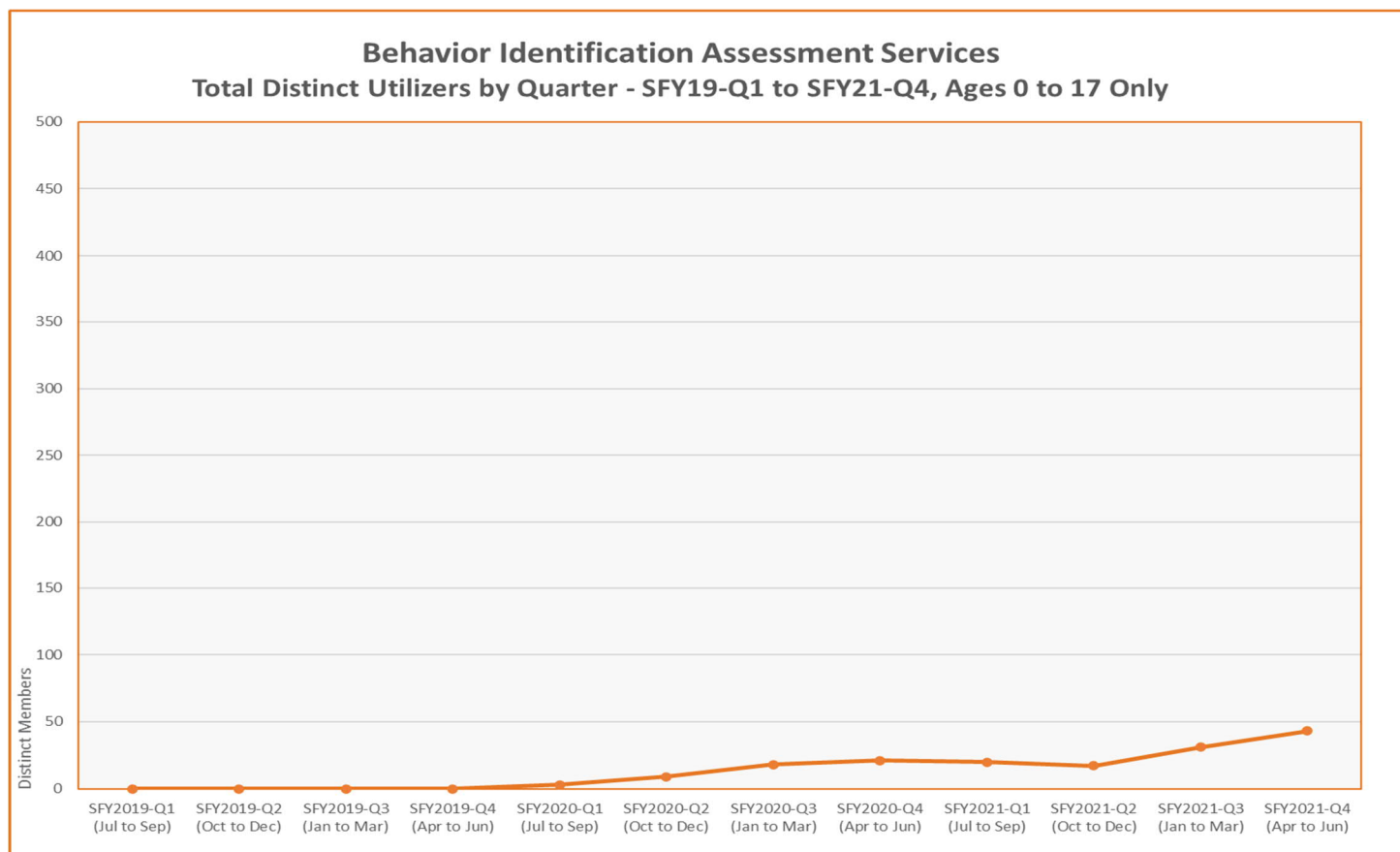
Behavior Identification Assessment Services

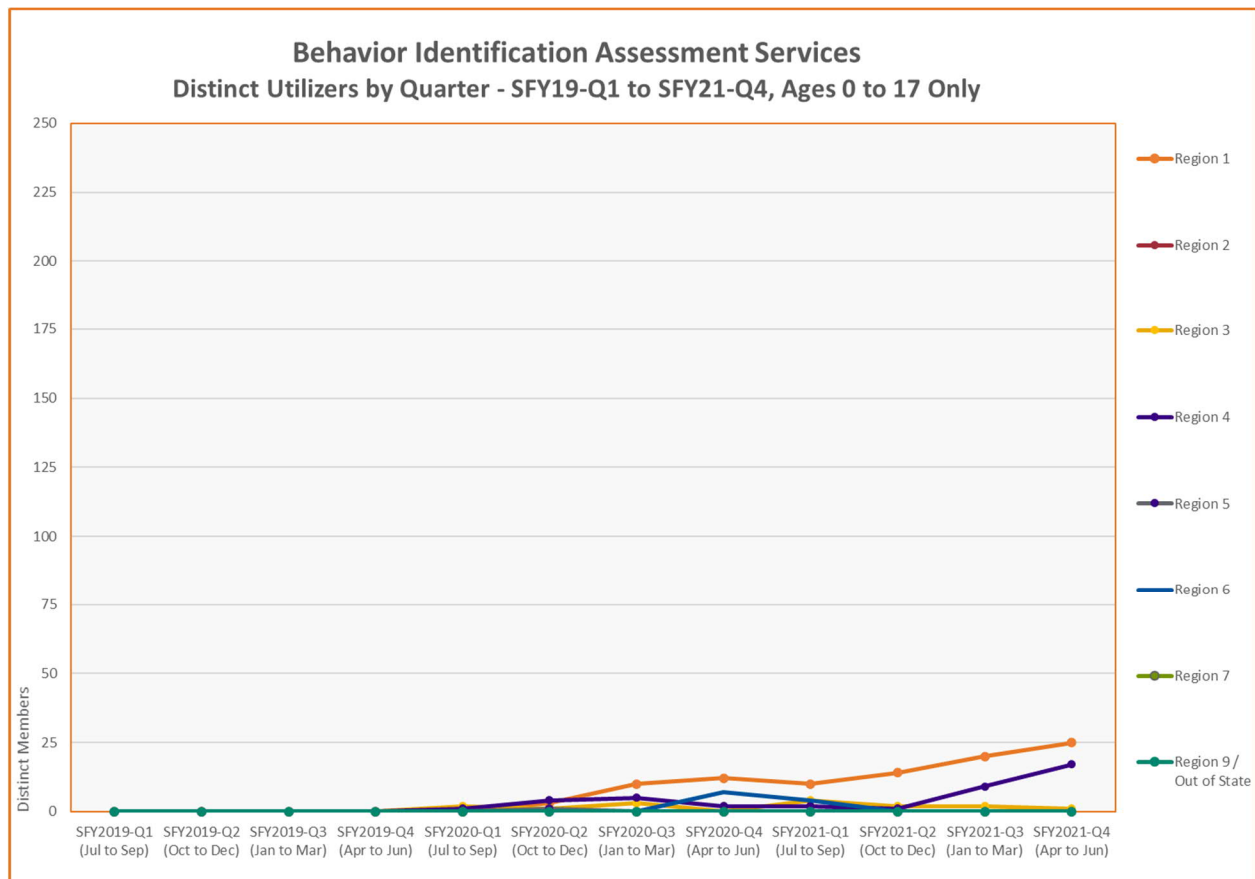
Behavior Identification Assessment Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	10	0	3	5	0	0	0	0	18
SFY2020-Q4	12	0	0	2	0	7	0	0	21
SFY2020 Distinct Total Utilizers	22	0	4	9	1	7	0	0	43
SFY2021-Q1	10	0	4	2	0	4	0	0	20
SFY2021-Q2	14	0	2	1	0	0	0	0	17
SFY2021-Q3	20	0	2	9	0	0	0	0	31
SFY2021-Q4	25	0	1	17	0	0	0	0	43
SFY2021 Distinct Total Utilizers	50	0	7	25	0	4	0	0	86





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. The QMIA Council will continue to monitor the trends in use of Behavior Identification Assessment Services.

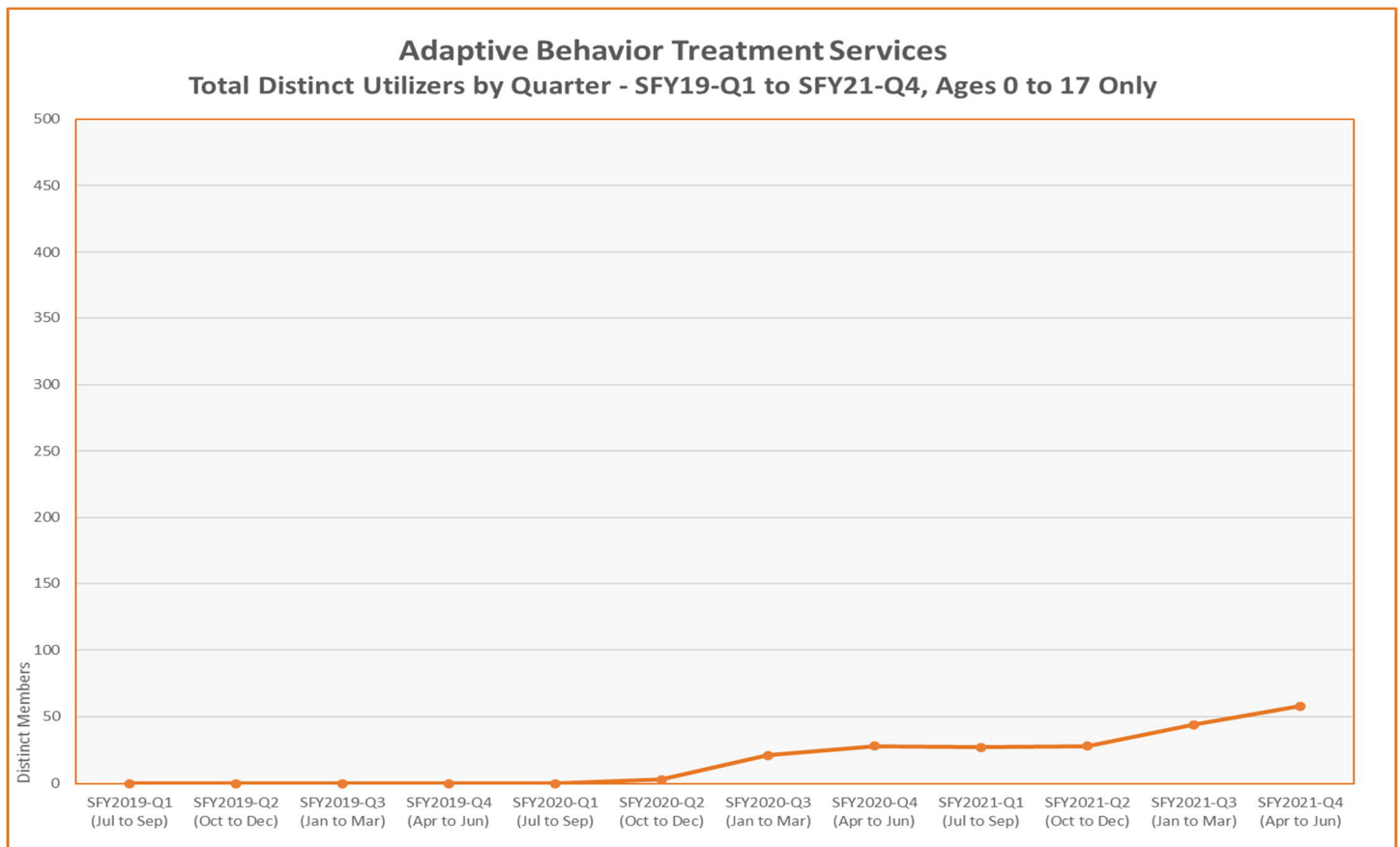
Adaptive Behavior Treatment Services

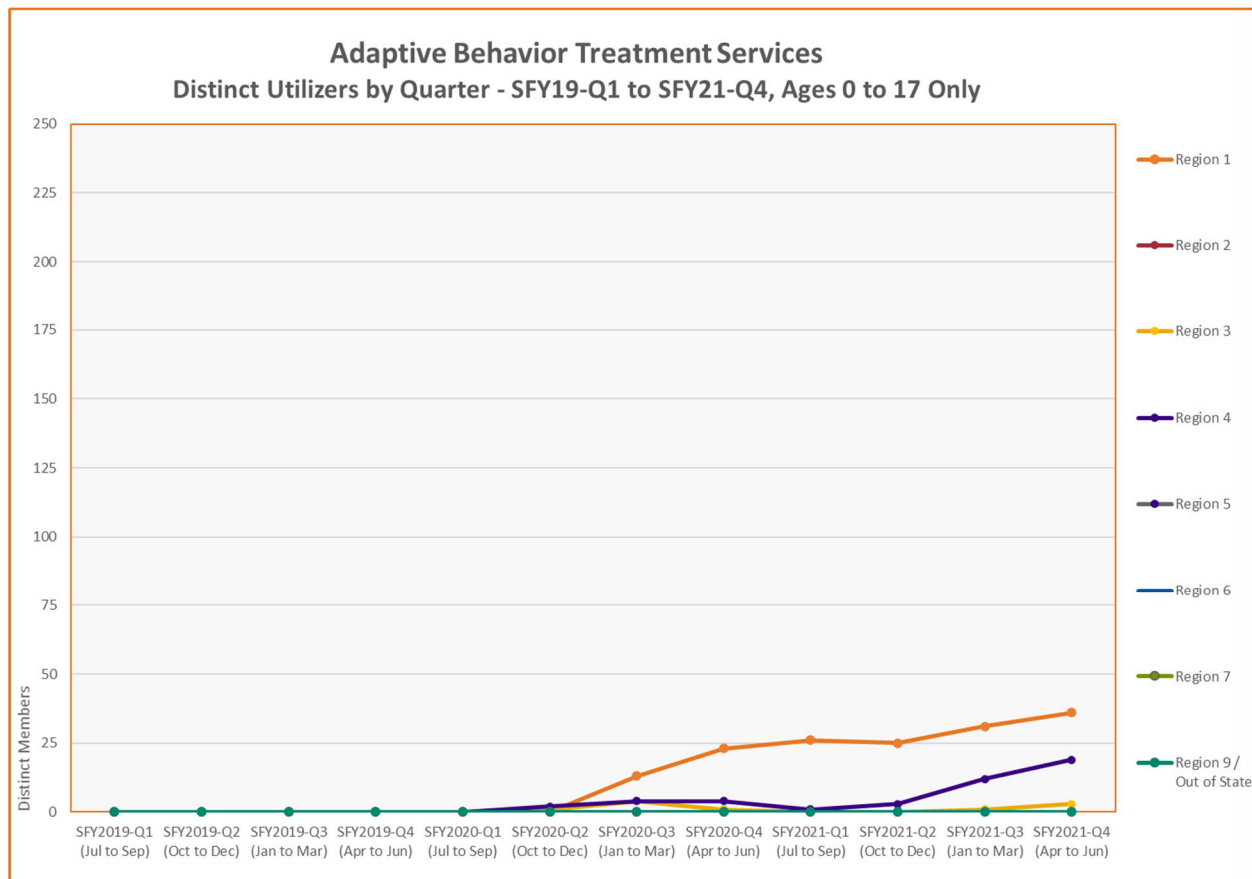
Adaptive Behavior Treatment Services - Distinct service utilizers per Region/Quarter

Description: This table displays distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 6/30/2021.

Note: Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/9/21.

	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	26	0	0	1	0	0	0	0	27
SFY2021-Q2	25	0	0	3	0	0	0	0	28
SFY2021-Q3	31	0	1	12	0	0	0	0	44
SFY2021-Q4	36	0	3	19	0	0	0	0	58
SFY2021 Distinct Total Utilizers	52	0	3	23	0	0	0	0	78





What is this data telling us?

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

QMIA Council Recommendations:

Recommendation - Request YES partners develop a plan for increasing service availability and access in all 7 regions with a goal to increase access statewide

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):

Table 15: PRTF SFY 2019 and 2020

Month	Requests	Denials	Approvals	Withdrawn/ Closed	Total	Month	Requests	Denials	Approvals	Withdrawn /Closed	Total
Jul-18	14	3	8	3	14	Jul-19	26	5	13	8	26
Aug-18	8	3	1	4	8	Aug-19	26	5	15	6	26
Sep-18	14	1	6	7	14	Sep-19	32	9	15	8	32
Oct-18	22	2	14	6	22	Oct-19	41	18	8	15	41
Nov-18	19	5	13	1	19	Nov-19	26	13	4	9	26
Dec-18	20	4	8	8	20	Dec-19	48	22	17	9	48
Jan-19	4	0	1	3	4	Jan-20	39	18	12	9	39
Feb-19	25	2	18	5	25	Feb-20	26	13	4	9	26
Mar-19	40	8	19	13	40	Mar-20	38	20	6	12	38
Apr-19	25	5	11	9	25	Apr-20	37	13	11	13	37
May-19	42	6	14	22	42	May-20	16	4	8	4	16
Jun-19	32	4	18	10	32	Jun-20	34	12	13	9	34
Total	265	43	131	91	265	Total	389	152	113	111	376
Percent		16.2%	49.4%	34.3%		Percent		40.4%	30.1%	29.5%	

Table 16: PRTF Request Outcomes SFY 2021- through Q4

Month	Requests	Denials	Approvals	Withdrawn / Closed	Total
Jul-20	27	9	5	1	15
Aug-20	47	16	5	1	22
Sep-20	32	27	11	0	38
Oct- 20	30	13	6	6	25
Nov-20	28	13	10	7	30
Dec-20	43	22	14	6	42
Jan -21	13	7	6	1	14
Feb - 21	33	13	20	7	40
Mar - 21	21	8	13	9	30
Apr- 21	38	10	18	7	35
May - 21	45	16	4	7	27
Jun- 21	23	29	11	8	48
Total	380	134	172	60	366
Percent		36.6%	47%	16.4%	

By the end of Q4 SFY 2021, Medicaid had received a total of 380 requests for Children's Medicaid PRTF placement. During SFY 2021 there have been 366 determinations: 172 have been approved (47%) 134 have been denied (36.6%), 60 have been withdrawn or closed for technical reasons (16.4%). The difference between the number of applications and determinations is that there were applications from the previous FY which were not determined until this FY.

What is this data telling us?

Average number of applications for SFY 2021 was 31.7 per month compared with approximately the same in 2020, 32.4, and 22 .1 in 2019. The percent of approvals dropped from 49.4% in 2019, to 20.1% in 2020 but increased to 47% in 2021.

Table 17: 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

Table 18: Timeliness of PRTF Decisions

Children's Medicaid Timeliness Data SFY 2021 Q4: April 1- June 30, 2021

The below data set represents 83 applications received between April 1-June 30 with final decision of "approved" or "denied". There were 22 additional applications received during this time frame that were closed, withdrawn or deemed technical denials. Total applications received: 105.

Approvals <i>n</i> =26	
Days (cal) from completed EPSDT application received to NOD ¹ sent	
Days	# Applications
0-30	8
31-60	13
61-90	5 (3 SR ²)
91-120	0
Denials <i>n</i> =57	

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

²A 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.

Table 19: Medicaid hospitalization

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

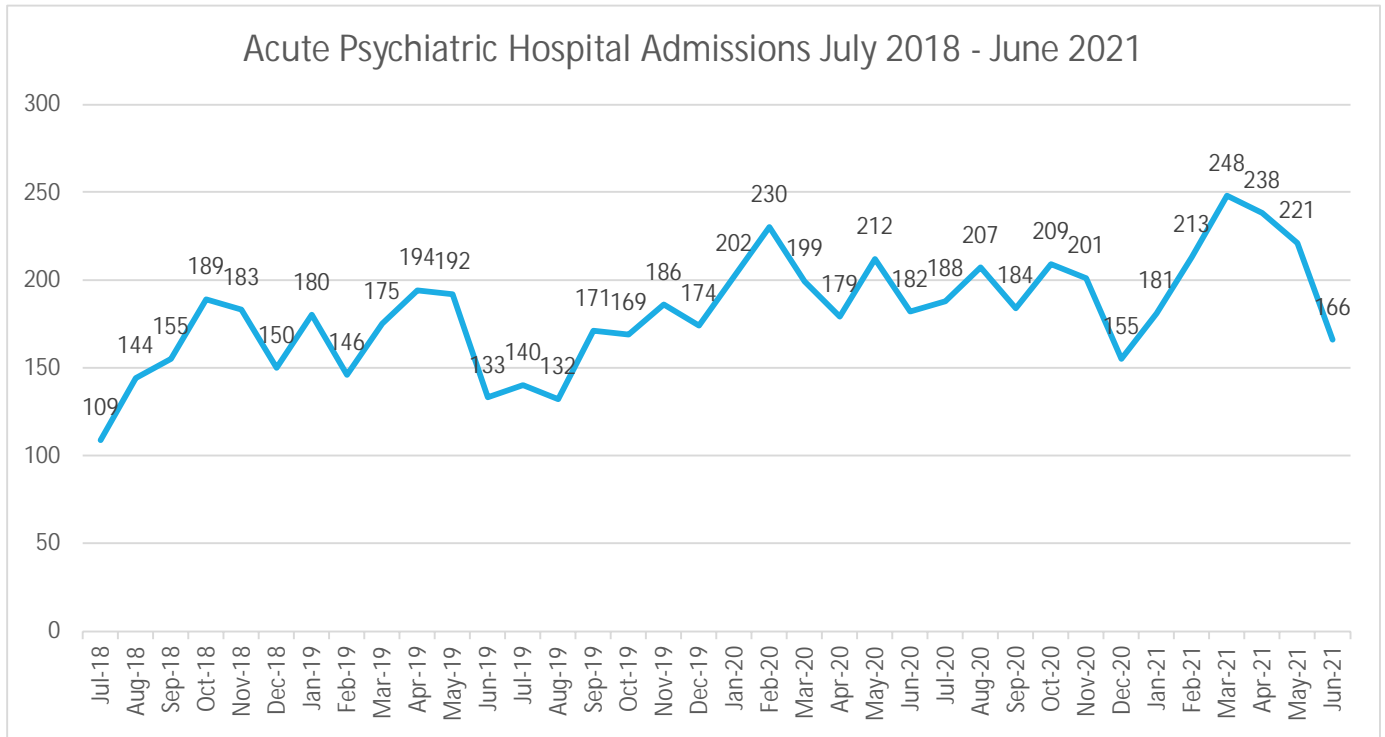
SFY	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
SFY 2019	109	144	155	189	183	150	180	146	175	194	192	133	1950
SFY 2020	140	132	171	169	186	174	202	230	199	179	212	182	2176
SFY2021	188	207	184	209	201	155	181	213	248	238	221	166	2411

On average, there continues to be a notable trend for more acute admissions per month:

- SFY 2019 1,950 / 12 = 163
- SFY 2020 2,176 / 12 = 181
- SFY 2021 2,411 / 12 = 200

This may be due partially to increases in population, however an analysis has not been completed.

Chart 4; Medicaid Acute Hospitalization



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 20- Vouchered Respite SFY21 (Q1- Q4)

Region	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total # of Vouchers
1	9	6	4	5	3	1	8	4	4	3	3	0	50
2	3	1	0	2	2	3	1	2	2	1	0	3	20
3	2	3	3	0	4	8	5	7	8	0	0	4	44
4	16	11	17	3	0	12	4	11	3	1	9	11	98
5	0	0	0	1	0	0	0	0	0	0	0	0	1
6	0	3	4	1	2	4	5	4	6	1	2	3	32
7	36	32	16	35	34	40	49	38	37	8	9	24	358
Total Clients	66	56	44	47	45	68	72	66	60	14	23	42	603

DBH Wraparound Intensive Services (WInS)

It is estimated that approximately 1,350 children and youth in Idaho may need Wraparound services. During SFY 2020, 335 children and youth received Wraparound services and since the initial implementation of Wraparound in Idaho, in January of 2018, 456 children and families have received WInS.

Table 21: WInS- SFY 20 and SFY 21 (Q1- Q4)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	SFY Total Unduplicated
SFY 2020	62	34	21	24	53	32	45	36	26	32	29	17	335
SFY 2021	19	16	34	23	24	24	19	25	27	19	24	23	188

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.

Table 22: PLL SFY 20 and SFY 21 (Q1- Q4)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	16	17	13	11	8	6	18	13	9	12	3	12	137
SFY 2021	5	3	6	4	5	5	4	8	6	2	9	8	67

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

DBH Residential placements:

Table 23: Residential **Active by month** SFY 20 and SFY 21 (Q1- Q4)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	8	3	4	3	2	2	4	4	6	6	6	8	18
SFY 2021	9	9	14	NA*	13	14	15	12	10	9	10	12	24

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

DBH experienced an increased number of residential placements SFY 2021 vs. SFY 2020.

* Data for October is missing due to a change in the WITS system

DBH State Hospital – Includes State Hospital South (SHS) Adolescent Unit and State Hospital West (New Adolescent Unit)

Table 24: SHS Active by month SFY 20 and SFY 21 (Q1- Q4)

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total SFY Unduplicated
SFY 2020	17	20	18	18	22	21	21	23	25	24	25	21	101
SFY2021	28	24	30	NA*	19	20	16	19	17	17	15	8	69

DBH SHS Readmission Incidents (not unique individuals)

Table 25: SFY 17 - 20 and SFY 21 (Q1- Q4)

Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2021 SHW
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	3	

DBH has been 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 days 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.

SHS has now closed its adolescent unit and a new State Hospital facility (State Hospital West) began accepting adolescent admissions in May 2021. The QMIA-Q report will begin adding in State Hospital West data in Q4.

DBH 20-511A:

Table 26: Number of 20-511A for SFY 2021 as of end of Q4 by region

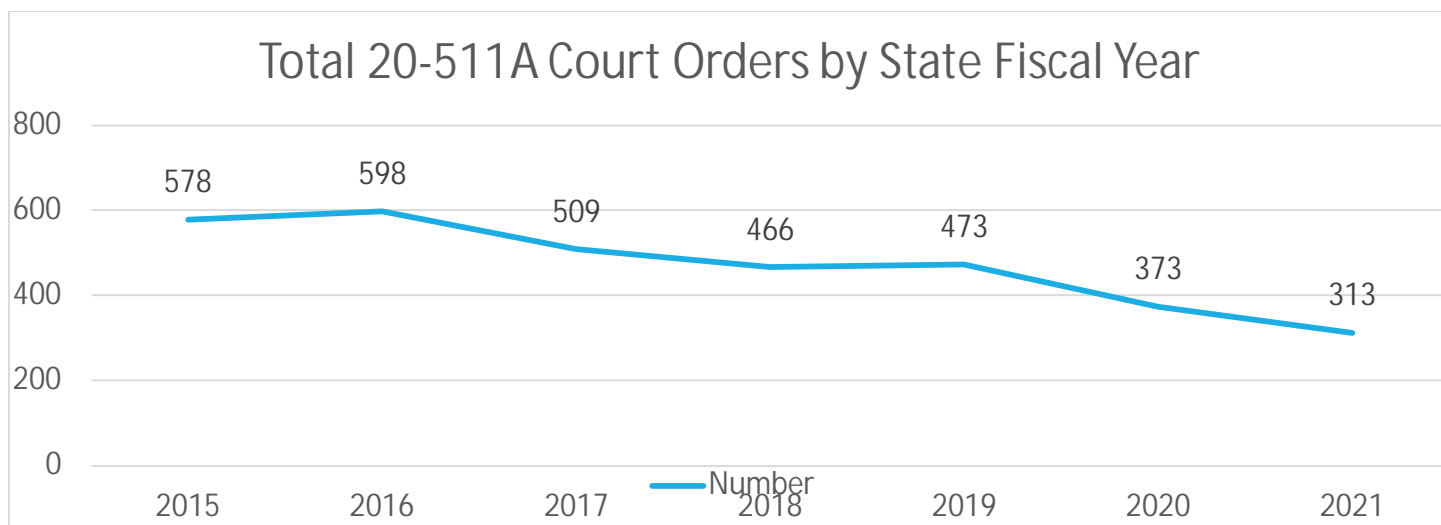
Region	SFY Total
1	39
2	6
3	36
4	77
5	56
6	19
7	80
Total	313

The number of 20-511A court orders for SFY 2021 (313) is a drop of 17% compared to SFY 2020.

The number of 20-511A court ordered cases dropped overall from an annual high of 598 in 2016 to 313 in 2021.

Overall the drop in 20-511A since 2016 is 48%. The decrease in the number of 20-511As has been consistent year over year since 2016.

Chart 5: Annual # of Court Ordered 20-511A, SFY 2015- 2020



7. YES Partners data

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 some changes in the FACS Division but will be included in future QMIA-Q reports.

Table 27: SFY 2021 # of Children active in Foster Care by month

Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June
Children in Care	1,635	1,653	1,659	1,683	1,690	1,693	1,699	1,763	1,725	1,713	1,722	1,707

Note: Counts in the above chart have been updated to reflect point-in-time data pulled from the new FACS data system for all completed quarters of SFY2021 to date. Variances in counts from prior reports are due to a combination of system and methodology changes for FACS data collection and reporting in the new system.

Average number of children in care per month = 1,695

State Department of Education (SDE)

The SDE is working to support suicide prevention efforts across the state through the Idaho Lives Project. The Idaho Lives Project is implementing the Sources of Strength program in secondary and elementary schools and offers suicide prevention gatekeeper trainings to youth serving community organizations. Included in the QMIA-Q is a summary of the 4th quarter Idaho Lives Project report, more information is available at <https://www.sde.idaho.gov/student-engagement/ilp/>.

Table 28: Sources of Strength

Statewide All Regions

Training	QTR 1	QTR 2	QTR 3	QTR 4	Total
SPFI™ Gatekeeper	18	26	5*	3	50
Adults	526	752	161	64	1477
Youth	N/A	N/A	N/A	N/A	N/A
Sources of Strength Booster	8	7	4	0	15
Adults	36	58	26	0	99
Youth	124	167	125	0	311
Sources of Strength Adult Advisor	0	16	7	10	22
Adults	0	112	40	12	158
Youth	N/A	N/A	N/A	N/A	N/A
Sources of Strength Peer Leader	0	14	7	1	21
Adults	0	103	63	7	136
Youth	0	316	114	28	453
Sources of Strength Reboot (AA)	0	0	3	0	4
Adults	0	0	7	0	15
Youth	N/A	N/A	N/A	N/A	N/A
Sources of Strength Reboot (PL)	0	0	1	0	2
Adults	0	0	6	0	14
Youth	0	0	20	0	32

Sources of Strength Refresher	0	0	1	0	1
Adults	0	0	3	0	3
Youth	0	0	8	0	8
Sources of Strength Mini	0	1	3	1	5
Adults	0	6	16	5	27
Youth	0	151	194	51	396
Sources Elementary	16	0	N/A	N/A	16
Adults	75	0	N/A	N/A	75
Youth	N/A	N/A	N/A	N/A	N/A
Gizmo 4 Mental Health	N/A	N/A	8	N/A	8
Adults	N/A	N/A	9	N/A	9
Youth	N/A	N/A	N/A	N/A	N/A

*Note: One (1) online school with staff in multiple locations received a SPFI™ training that is included in this table but not captured in any of the regional training tables.

Table 29: SDE Gatekeeper Trainings

b. The number of QPR Online Gatekeeper Trainings completed and by region.

QTR 1	QTR 2	QTR 3	QTR 4	Total
213	160	236	303	609

c. The number of community-based trainings or presentations by region.

- i. An estimate of the number of adults in attendance.*
- ii. An estimate of the number of youths in attendance.*

Training	QTR 1	QTR 2	QTR 3	QTR 4	Total
SPFI™ Gatekeeper	1	4	4	3	12
Adults	36	105	176	78	395
Youth	N/A	N/A	N/A	N/A	N/A
Sources Introductory	2	0	0	0	2
Adults	30	0	0	0	30
Youth	N/A	N/A	N/A	N/A	N/A
Assessing & Treating Suicide Risk	3	N/A	N/A	3	3
Adults	219	N/A	N/A	960	1,179
Youth	N/A	N/A	N/A	N/A	N/A

Additional data regarding SDE is available on the SDE Website and can be accessed using the links below:

2020 Idaho Child Count Regional Map: <https://www.sde.idaho.gov/sped/public-reporting/files/child-count/2020-Regional-Map-SWD-Population-11X17.pdf>

2020-2021 Child Count by LEA: <https://www.sde.idaho.gov/sped/public-reporting/files/child-count/Child-Count-by-LEA-2020-2021-Redacted.xlsx>

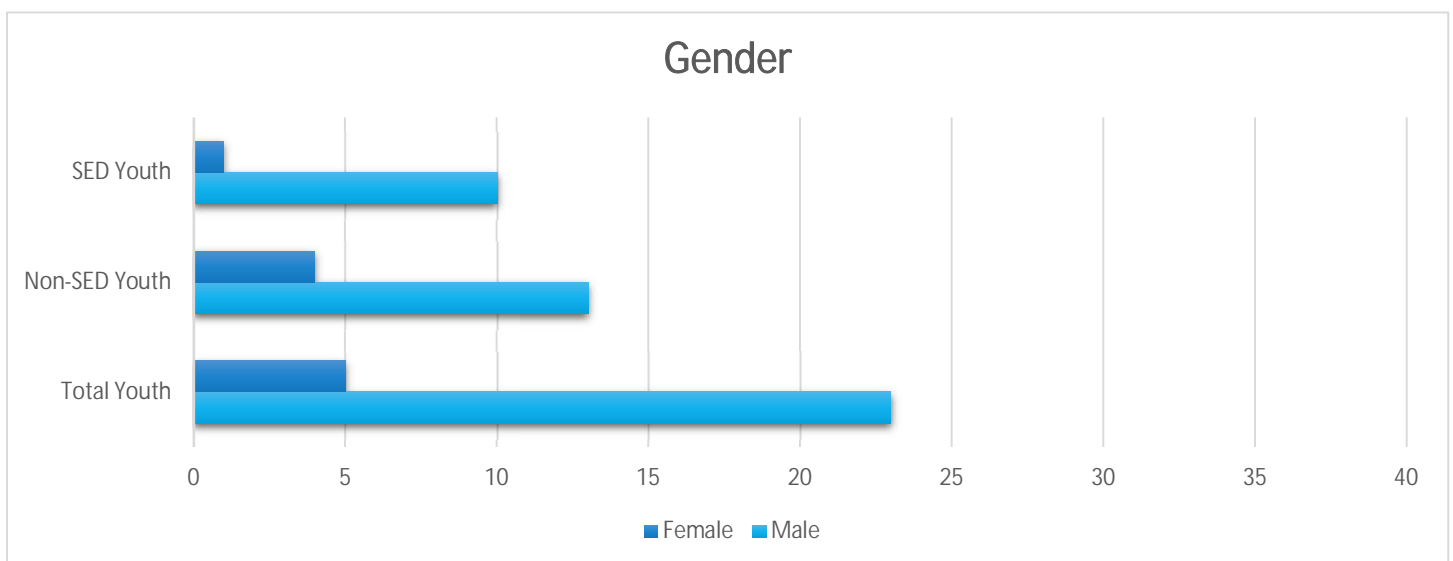
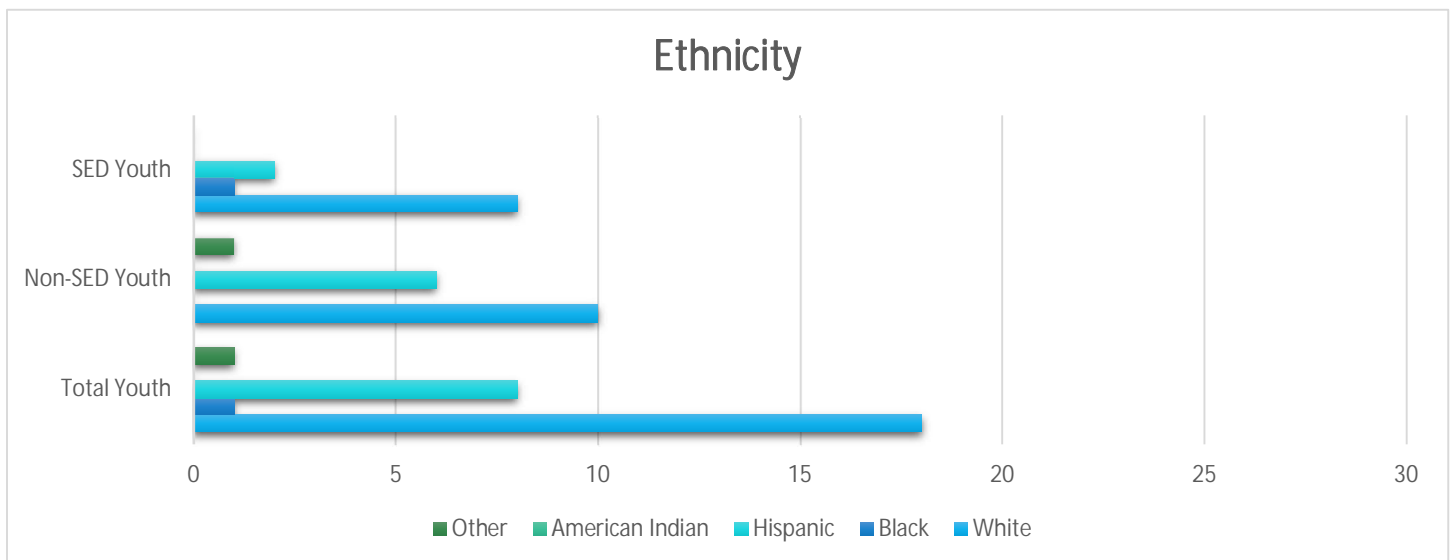
Idaho Department of Juvenile Corrections (IDJC)

About IDJC

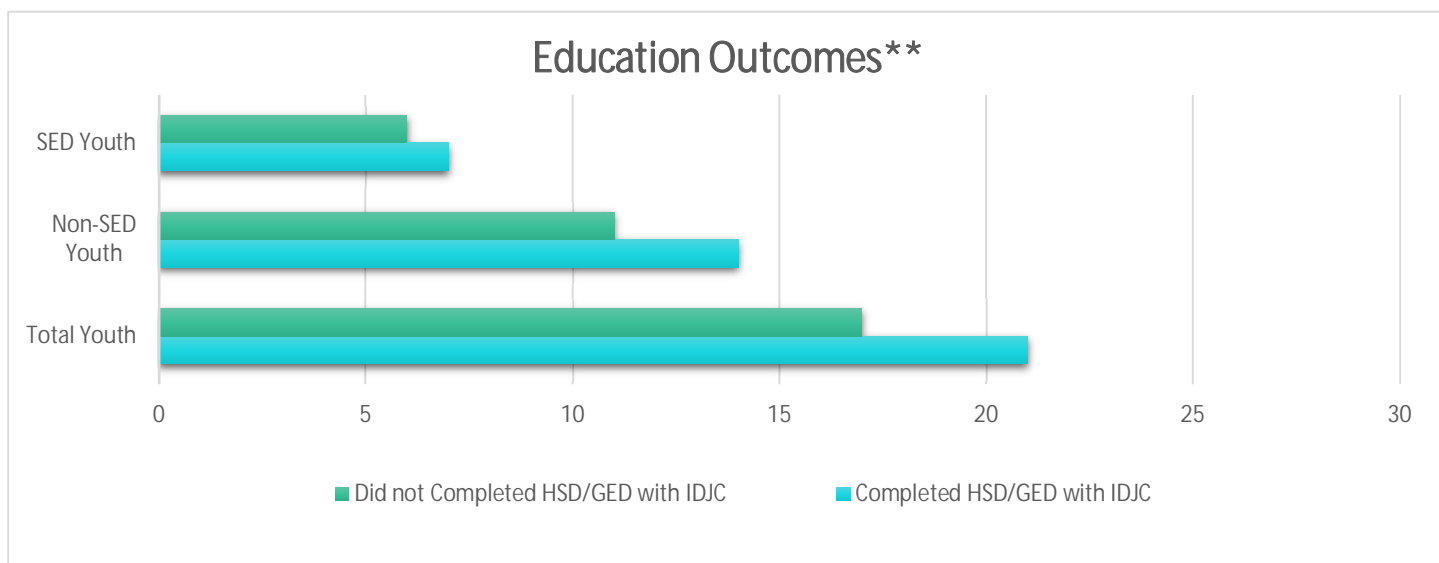
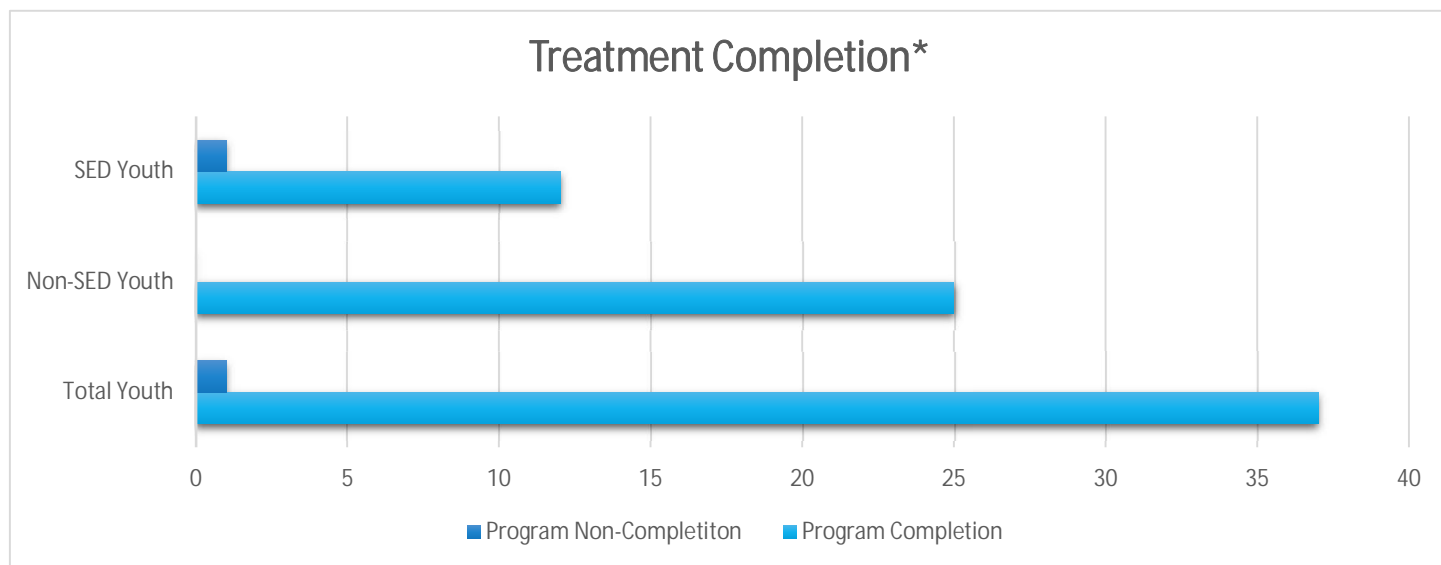
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided from system partners) determine the risks and needs of juveniles in order to determine the most suitable program placement to meet the individual and unique needs of each youth. Youth may be placed at a state juvenile corrections center or a licensed contract facility to address criminogenic risk and needs. Criminogenic needs are those conditions that contribute to the juvenile's delinquency most directly.

IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex offending behavior, serious substance use disorders, mental health disorders, and female offenders. All programs focus on youth's strengths and target reducing criminal behavior and thinking, in addition to decreasing the juvenile's risk to reoffend using a cognitive behavioral approach. The programs are evaluated by nationally accepted and recognized standards for the treatment of juvenile offenders. Other IDJC services include professional medical care, counseling, and education/vocational programs.

Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from providers at the community level. Making this link back to the community is critical to the ultimate success of youth leaving state custody.



The graphs below compare positive youth outcomes between all youth committed to IDJC and SED youth committed to IDJC.



*Defined as reduced risk to a 2 or a 1 (5-1 scale) on the Progress Assessment / Reclassification (PA/R) assessment.

**Eligible juveniles are under 18 that did not complete their high school diploma (HSD) or General Education Development (GED) while attending the accredited school at IDJC. Return to school data is obtained every 6 months from the State Department of Education and therefore only reported every other quarter.

8. 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.

At a recent Q-FAS meeting an issue was reported regarding a parent who attended the QR focus groups facilitated by the Idaho Federation of Families for Children's Mental Health (IFF) reported that their DD agencies and CMH staff told them that their children with autism were not eligible for YES services. This issue has also been reported from parents on the IFF Family Support Line (some of those could also be parents that were in focus groups as well). Some IFF staff feel this has been a common message to parents from DD case managers. They indicate to parents there is no point in looking at YES services as there are no services there for them that they won't get on the DD site.

A project has been implemented to address this of the need for more DD and MH collaboration by DHW. There is a new workgroup facilitated by Miren Unsworth, Deputy Director of DWH.

QMIA Council Recommendations:

Recommendation – Request YES partners to develop a plan for increasing access to services for children 5-12

YES Quality Survey

Boise State University (BSU) on behalf of DHW conducted a cross-sectional survey mailed out to 5,998 caregivers of youth who had participated in YES behavioral health services between July 1, 2020 to January 27, 2021. Using the Idaho CANS database as the sampling frame, DBH selected a stratified sample of caregivers, allocated proportionally across Idaho's seven regions, and mailed them a survey regarding their experiences and outcomes of care for one randomly selected youth within their household.

Region	# of Mailed Surveys	Response Rate
1	774	16%
2	161	22%
3	1,071	16%
4	1,542	22%
5	631	18%
6	489	26%
7	1,330	20%
Total	5,998	20%

Survey Response
N = 1,185 caregivers responded
Excluding undeliverable mail, the effective response rate was 24%

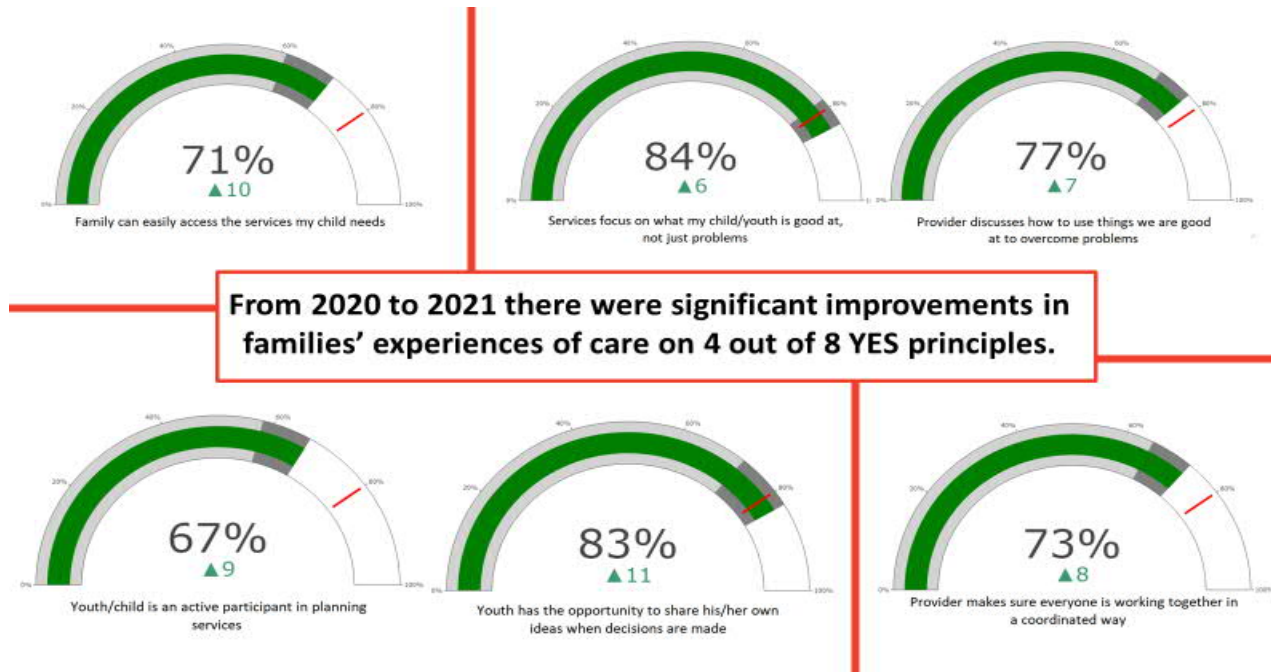
The survey was fielded during March and April of 2021. Survey items addressed the areas of (1) the extent to which care provided to the youth and family was adherent to the Idaho YES principles of care and Practice Model, (2) the adequacy of safety/crisis planning, (3) the extent to which families experiences with the CANS adhered to guidelines, (4) participation in select services, and (5) service outcomes over the last six months including changes in youth functioning, mental health, out of home placements, and caregiver self-efficacy to assess services and supports.

The survey report describes YES participants experience and outcomes of care statewide for 2021, compares results to findings from the 2020 survey and presents some analyses of variations in experiences of care based on youth sex, ethnicity, and race. BSU completed statistical analyses on the responses and results were weighted to account for the survey sampling design and nonresponse. Results of the survey will be presented to various stakeholder groups

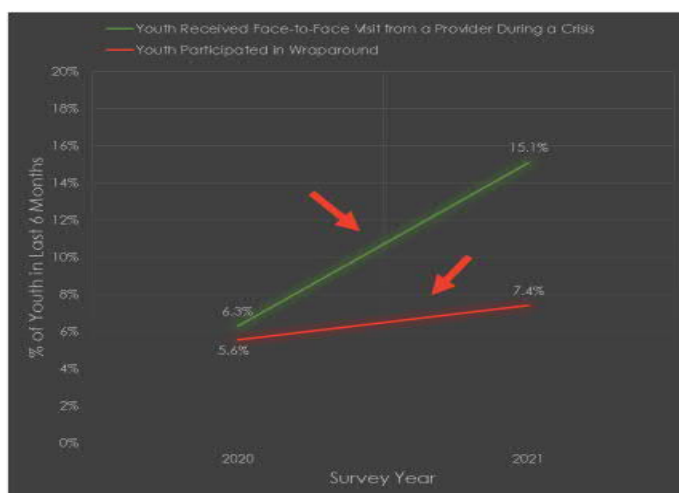
beginning in July, and the full report is available on the YES website (<https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>).

A quick overview of some of the survey results are noted below. The graphic display is similar to gas gauge and shows the percent of families who agree with the statement (large black number), the amount changed since last year (small green number with arrow indicating direction of change), a theoretical goal (the red line on the gauge), and the comparison of the results to the goal (green arc).

Results regarding YES Principles



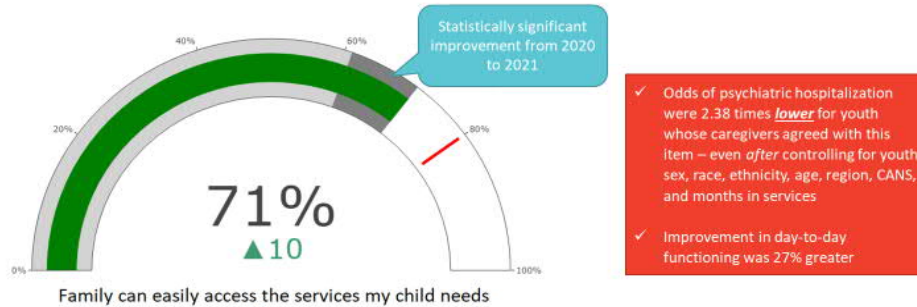
Results regarding in person crisis services



The percentage of youth who received a face-to-face visit from a provider during a crisis increased significantly from 2020 to 2021.

Participation in Wraparound is increasing, but slowly.

Access to Mental Health Services



Nearly 3 out of 10 Idaho families cannot easily access the mental health services their youth needs.

Safety Planning



40% of Idaho families who believed their youth needed a safety plan were not helped to make one by a provider.

Note: 63% of the sample indicated their youth needed a safety plan (n = 749)

Quality Review (QR) Pilot

A process for conducting YES Quality Review (QR) was piloted over the 3rd and 4th quarters of SFY 2021. As part of the pilot Quality Assurance staff in the DBH completed an intensive record review at three programs who agreed to participate in the review. Records were chosen based on meeting criteria and on agreement from the families and youth who we are receiving services to participate in an interview regarding their services. The full report can be found at this link <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>.

Below are examples of results of the record review and family/youth interviews.

Chart 10: Record review results on Treatment Characteristics

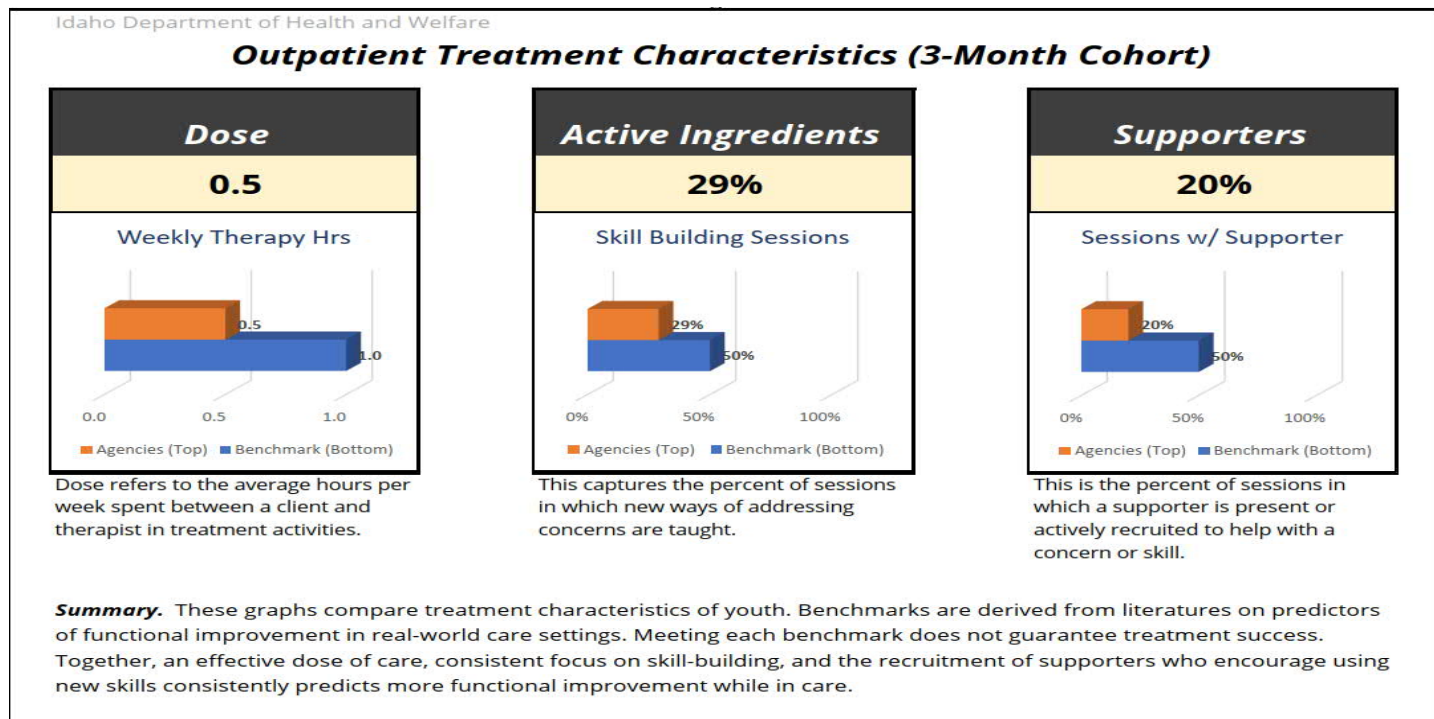


Chart 11: Family and Youth Perception of care from Interviews

Idaho Department of Health and Welfare

Helpfulness of Outpatient Practices

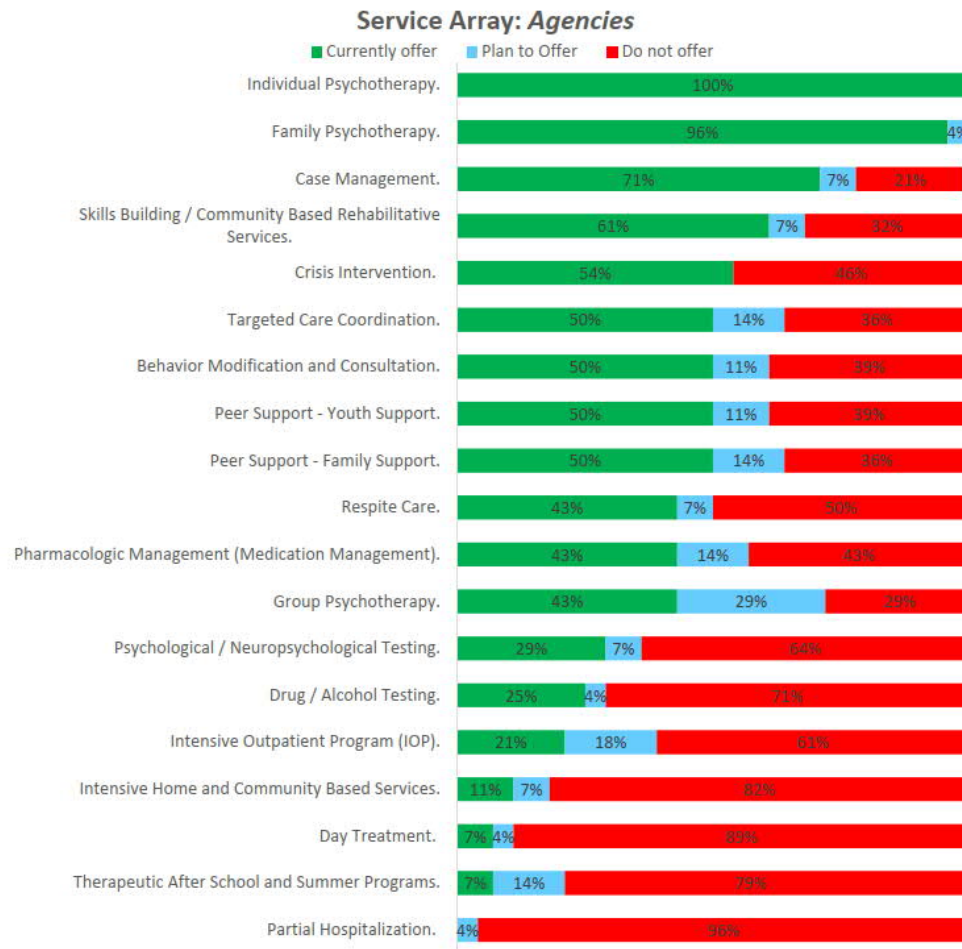
	Agency 1	Agency 2	Agency 3	All Agencies	Refers to:
Access	50%	78%	69%	66%	...the process of initially getting access to needed services.
Assessment	63%	90%	83%	79%	...the initial assessment process.
Goal-Setting	80%	100%	71%	84%	...the process of setting self-directed goals.
Selecting Care	50%	60%	85%	65%	...how care was described and chosen to meet the youth's goals.
Therapist Alliance	78%	100%	100%	93%	...the experience of working with the therapist.
Progress Review	78%	89%	91%	86%	...formally checking in and adjusting care based on progress.
Crisis Care	57%	78%	100%	78%	... crisis care received by all individuals who experienced a mental health crisis.
Transition	50%	100%	83%	78%	...transition process of all individuals who had an experience of leaving care.
Average	63%	87%	85%	78%	...helpfulness across all practices.

Summary. This chart provides us with the percentage of interviewed participants (youth and caregivers) who experienced particular care processes as helpful. This information allows us to identify strengths and needs at the practice and policy levels.

In the QR pilot process DBH also surveyed all children's mental health providers in the Optum network to assess their current capacity to provide YES services and any plans to implement additional services.

Chart 12: Provider self-report on YES Services

Continuum of Care - Behavioral Health Agencies



This Table identifies agencies' self-reported service array. The response choice 'Plan to Offer' refers to services which agencies indicate that they are planning to offer within the next six months.

Of greatest note is the relative unavailability of intensive community based treatment services, including: Intensive Outpatient Program, Intensive Home and Community Based Services, and Day Treatment. These services often buffer against the need for Crisis and Hospitalization services, reducing costs and disruption.

Union Point Group
helping systems help people

YES Complaints: 4th Quarter Summary, SFY 2021

Background: Number basis and outcomes of complaints and appeals

The YES QMIA Council 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 30: Total YES Complaints and Appeals SFY 21

	Division of Behavioral Health\ (DBH)	Division of Medicaid ¹	Department of Juvenile Corrections (IDJC)	Family and Community Services (FACS)	State Department of Education (SDE) ²	Total
1st Q	0	3	7	0	-	10
2 nd Q	0	3	8	1	0	12
3 rd Q	0	9	5	0	0	14
4 th Q	2	4	8	0	0	14
Total	2	19	28	1	0	50

In the 4th quarter of SFY 2021, there were 14 YES-related complaints across all YES partners and a total of 50 year to date.

The YES Rights and Resolutions (YES Complaints) report can be found at the following link:

<https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=3>

Chart 13: YES Complaints



¹ Includes information from Optum Idaho, the Medicaid Idaho Behavioral Health Plan.

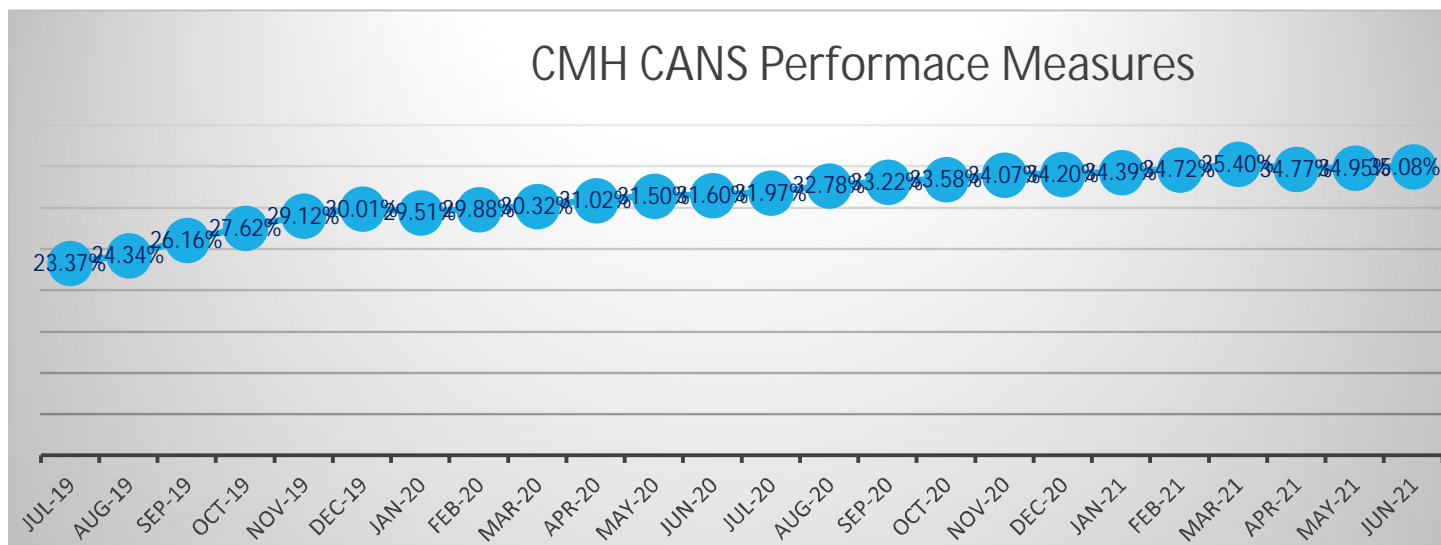
² Complaints reported by the SDE are not necessarily complaints related to mental health services as their federally required reporting system does not filter complaints based on the child's disability.

9. YES Service Outcomes

Background: Measure service outcomes for children, youth and their families.

Report: 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.

Chart 14: Statewide CANS ratings continue to demonstrate improvement in outcomes.



Note: Outcomes data includes all children who received outpatient services but does not exclude children who received other services in addition to outpatient.

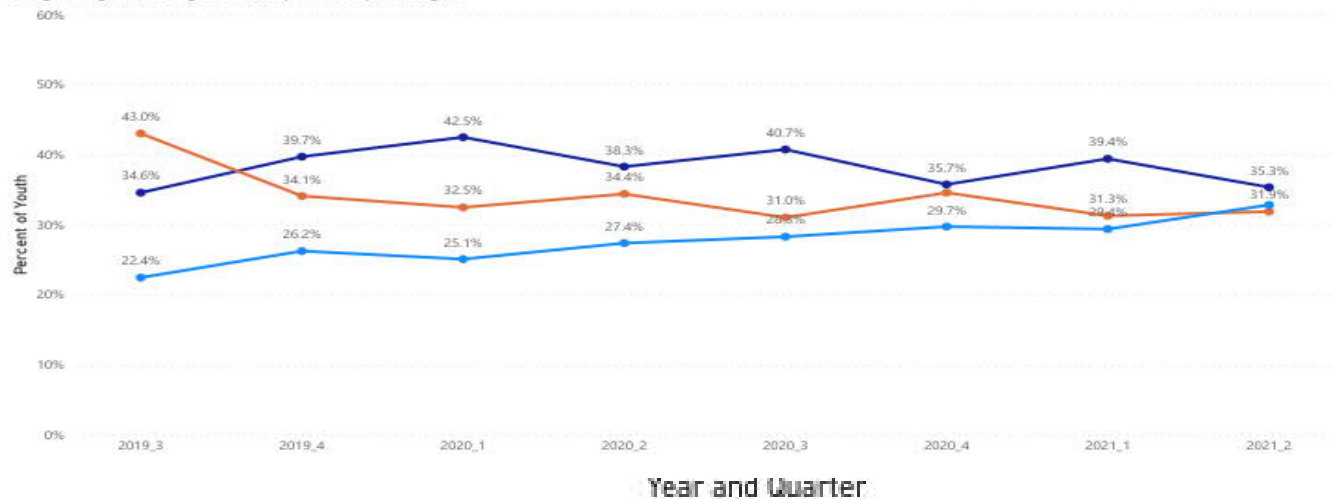
Children and youth are developing strengths

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 22.4 % in 2019 to 31.9% in 2021 (light blue line). There has been a focus in of working with providers on developing strengths and this chart seems to indicate that there has been impormvnet in the area of building strengths

Chart 15: Praed report on Strengths

HighStrengths, StrengthsToDevelop and DevelopedStrengths by Year and Quarter

● HighStrengths ● StrengthsToDevelop ● DevelopedStrengths



Strengths Category	2019_3	2019_4	2020_1	2020_2	2020_3	2020_4	2021_1	2021_2	Total
Developed Strengths	61	140	295	288	247	227	371	1235	2864
High Strengths	94	212	500	403	356	273	498	1330	3666
Strengths to Develop	117	182	382	362	271	264	395	1199	3172
Total	272	534	1177	1053	874	764	1264	3764	9702

Notes on Graph and Chart:

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.

10. YES Medicaid Expenditures

Expenditures: As of the report run date (8/9/21), the total dollars paid for services rendered to members between the ages of 0 and 17 during SFY 21-Q4 decreased slightly over the previous quarter (SFY 21-Q3 to SFY 21-Q4). Regionally the decrease was observed in all but three (3) regions. The regions seeing an increase in the most recent quarter were Regions 4, 5, and 9. Year over Year (YoY) (SFY 20-Q4 to SFY 21-Q4), expenditures increased by 13.9%.

QoQ (SFY21-Q3 to SFY21-Q4): -2.8%

YoY (SFY20-Q4 to SFY21-Q4): 13.9%

Table 31: SFY 2019 and SFY 2020

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	Total SFY 2019	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	Total SFY 2020
Region 1	\$ 1,401,287	\$ 1,425,126	\$ 1,607,386	\$ 1,640,487	\$6,074,286	\$ 1,507,697	\$ 1,637,899	\$ 1,889,807	\$ 2,196,314	\$7,231,717
Region 2	\$ 380,943	\$ 366,544	\$ 407,471	\$ 356,614	\$1,511,572	\$ 320,376	\$ 347,238	\$ 331,672	\$ 317,964	\$1,317,250
Region 3	\$ 1,819,023	\$ 1,984,520	\$ 2,262,965	\$ 2,496,483	\$8,562,991	\$ 2,190,777	\$ 2,263,446	\$ 2,370,179	\$ 2,227,147	\$9,051,549
Region 4	\$ 2,358,130	\$ 2,625,563	\$ 2,891,498	\$ 2,964,366	\$10,839,557	\$ 2,704,931	\$ 2,859,280	\$ 2,758,858	\$ 2,674,633	\$10,997,702
Region 5	\$ 774,486	\$ 847,323	\$ 833,087	\$ 891,403	\$3,346,299	\$ 890,506	\$ 1,011,926	\$ 1,104,014	\$ 958,547	\$3,964,993
Region 6	\$ 896,258	\$ 984,169	\$ 1,028,336	\$ 1,057,224	\$3,965,987	\$ 1,061,088	\$ 1,091,127	\$ 1,178,967	\$ 1,258,470	\$4,589,652
Region 7	\$ 2,344,737	\$ 2,554,570	\$ 2,712,035	\$ 2,775,606	\$10,386,948	\$ 2,865,871	\$ 2,900,626	\$ 2,944,500	\$ 3,091,441	\$11,802,438
Region 9	\$ 15,942	\$ 18,734	\$ 17,717	\$ 22,661	\$75,054	\$ 25,347	\$ 19,386	\$ 16,063	\$ 16,891	\$77,687
Total	\$ 9,990,807	\$ 10,806,549	\$ 11,760,496	\$ 12,204,844	\$44,762,696	\$ 11,566,592	\$ 12,130,929	\$ 12,594,061	\$ 12,741,407	\$49,032,989

Table 32: SFY 2021

Region.	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	Total SFY 21
Region 1	\$ 1,990,414	\$ 2,155,671	\$ 2,390,830	\$ 2,360,409	\$8,897,324
Region 2	\$ 352,287	\$ 329,144	\$ 363,064	\$ 362,474	\$1,406,969
Region 3	\$ 2,294,051	\$ 2,460,364	\$ 2,835,236	\$ 2,594,424	\$10,184,075
Region 4	\$ 2,997,528	\$ 3,066,784	\$ 3,464,949	\$ 3,476,237	\$13,005,498
Region 5	\$ 1,020,775	\$ 1,292,666	\$ 1,360,182	\$ 1,390,697	\$5,064,320
Region 6	\$ 1,218,312	\$ 1,228,850	\$ 1,355,193	\$ 1,317,798	\$5,120,153
Region 7	\$ 2,948,282	\$ 2,975,502	\$ 3,139,057	\$ 2,980,351	\$12,043,192
Region 9	\$ 21,767	\$ 12,828	\$ 16,679	\$ 25,108	\$76,382
Total	\$ 12,843,416	\$ 13,521,808	\$ 14,925,191	\$ 14,507,497	\$55,797,912

Chart 16: Medicaid Service Expenditures

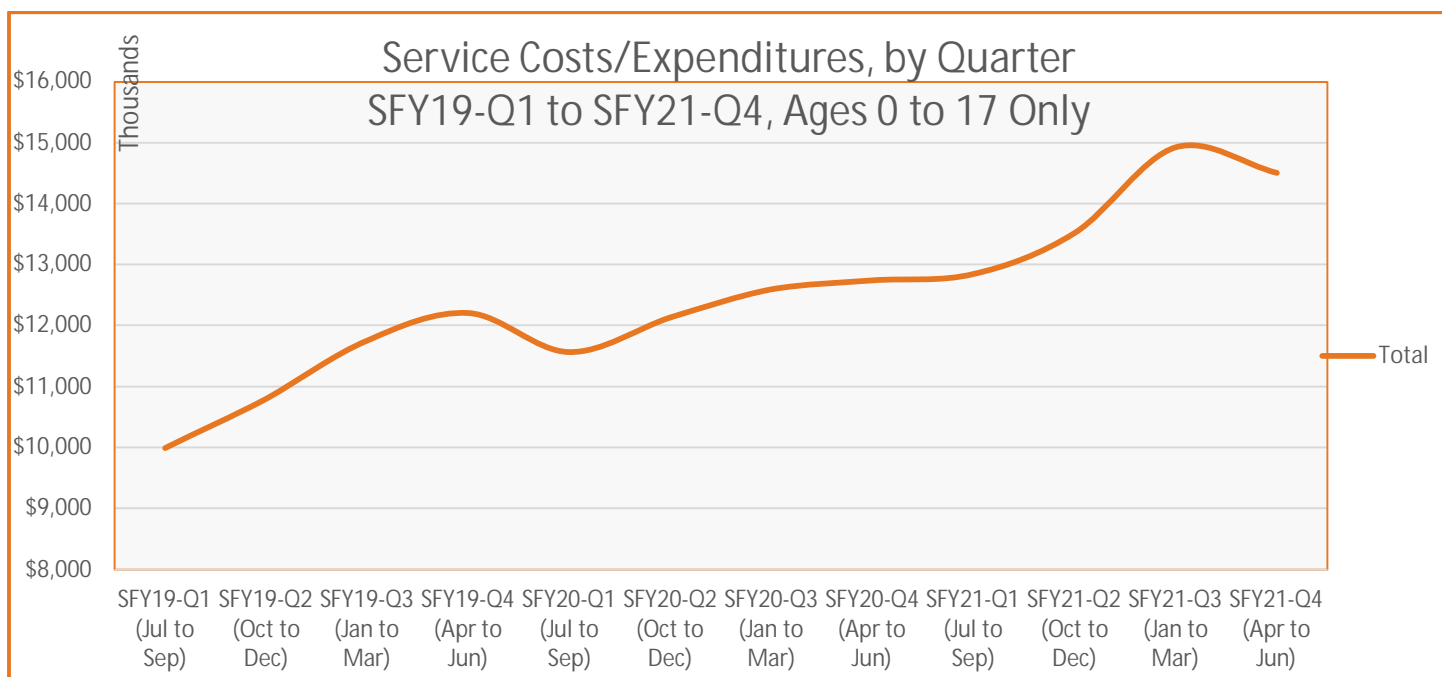


Chart 17: Medicaid Service Expenditures by Region

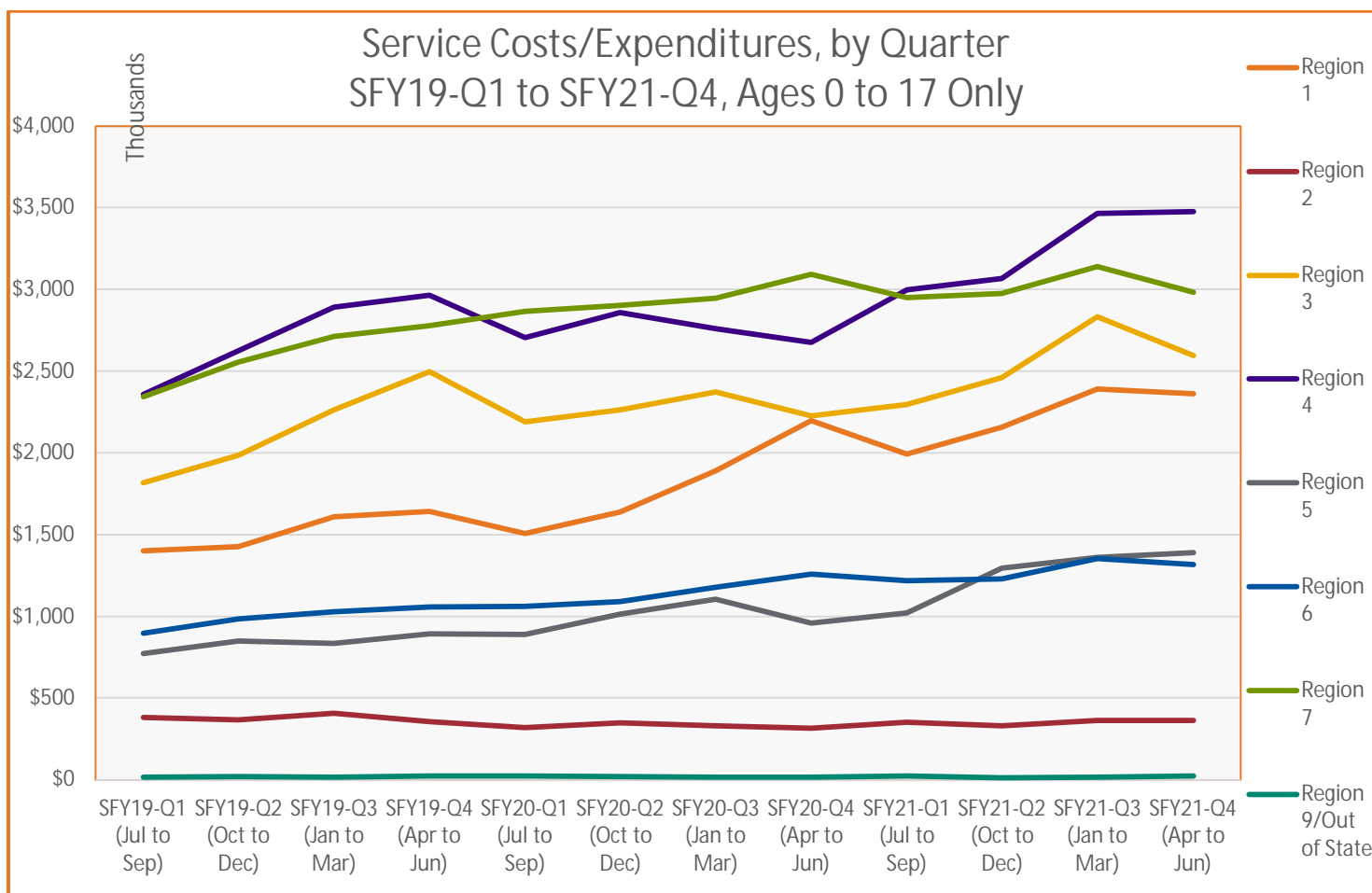


Table 33: Medicaid Expenditure per member per quarter:

Region	Q1 Number Served			Expend Per Reg	Q2 Number Served			Expend Per Reg	Q3 Number served			Expend Per Reg	Q4 Number served			Expend Per Reg
	Other Medicaid	1915(i)	Total	Per person served	Other Medicaid	1915(i)	Total	Per person served	Other Medicaid	1915(i)	Total	Per person served	Other Medicaid	1915(i)	Total	Per person served
1	1,601	255	1,856	\$1,064	1642	241	1883	\$1098	1,771	239	2,010	\$1,157	1,751	220	1,971	\$1,198
2	498	86	584	\$601	466	87	553	\$557	457	89	546	\$632	468	97	565	\$642
3	2,952	294	3,246	\$704	3038	310	3348	\$709	3,196	295	3,491	\$799	3,813	326	4,139	\$627
4	3,185	494	3,679	\$811	3311	517	3828	\$764	3,527	518	4,045	\$838	3,583	517	4,100	\$848
5	1,389	155	1,544	\$658	1500	144	1644	\$730	1,721	143	1,864	\$684	1,763	165	1,928	\$721
6	1,412	161	1,573	\$756	1314	174	1488	\$761	1,463	183	1,646	\$768	1,493	194	1,687	\$781
7	2,466	570	3,036	\$965	2481	560	3041	\$935	2,684	560	3,244	\$944	2,706	566	3,272	\$911
9	56	6	62	\$348	33	3	36	\$334	25	0	25	\$576	48	4	48	\$483
Total	13,559	2,021	15,580	\$818	13,785	2036	15821	\$813	14,844	2,027	16,871	\$857	14,932	2089	17,021	\$852

Note: Numbers in chart above are based on data reported during that quarter- there have been minor updates in the numbers served based on updates in claims data – for example for 1915 (i) in Q1 instead of 2,021 there were 2,033, Q2 2036 now 2079, Q3 2027 now 2,067.

What is this data telling us?

The average amount spent over the course of the SFY per person statewide (including Region 9 Out of State dollars) is \$852 per person served. There is an indication based on average dollar spent that Regions 2, 3, 5, and 6 may receive less than the average amount of services then Regions 1, 4 and 7. This may be due to services costing less in some regions or may be due to fewer services being available in some regions. It is also possible that providers in neighboring regions are providing services to members in other regions.

QMIA Council Recommendations:

Recommendation- QMIA Council to request YES partners to evaluate variances in expenditures by region.

Chart 18: New QMIA-Q data: PRTF Expenditures

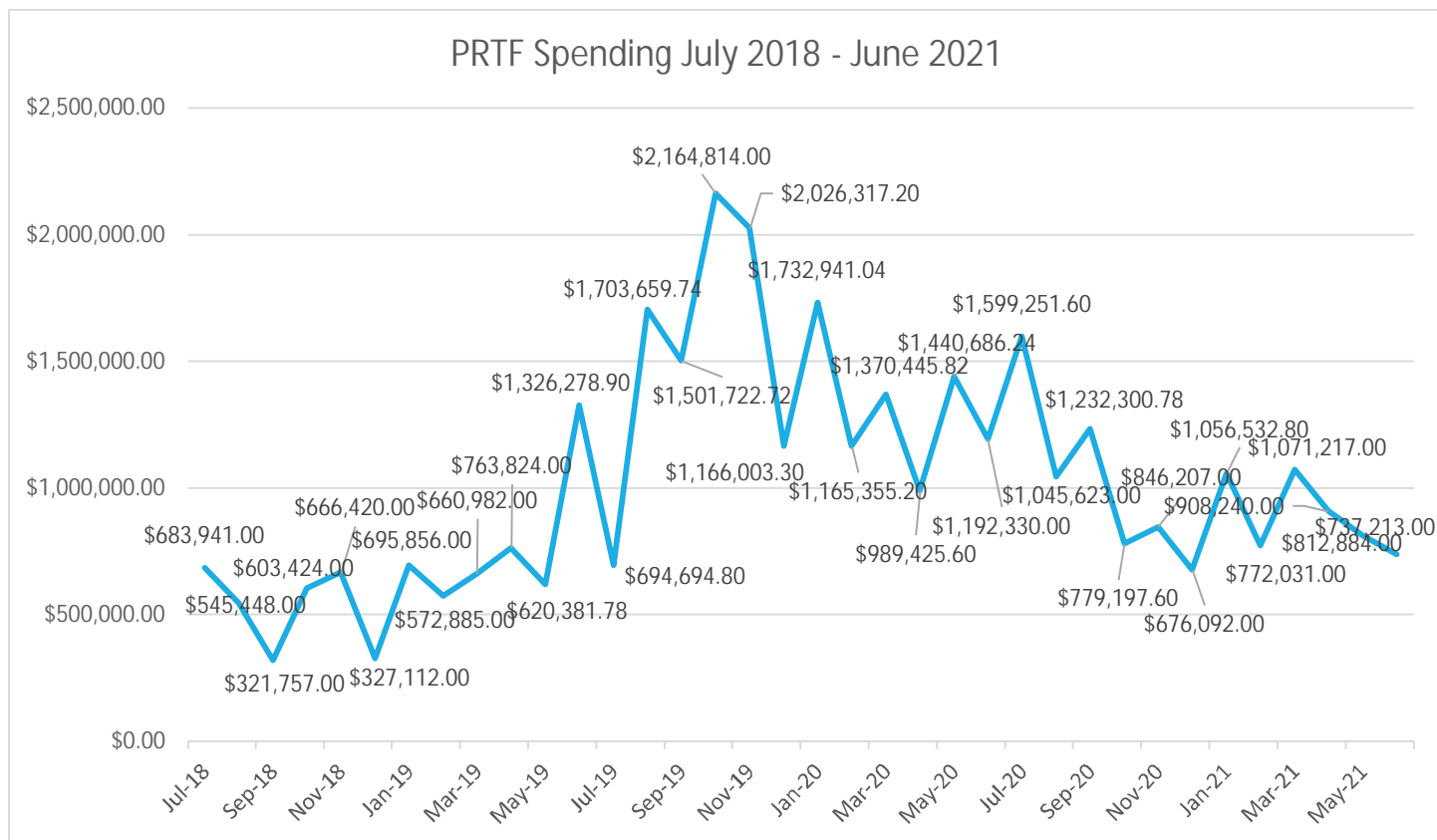
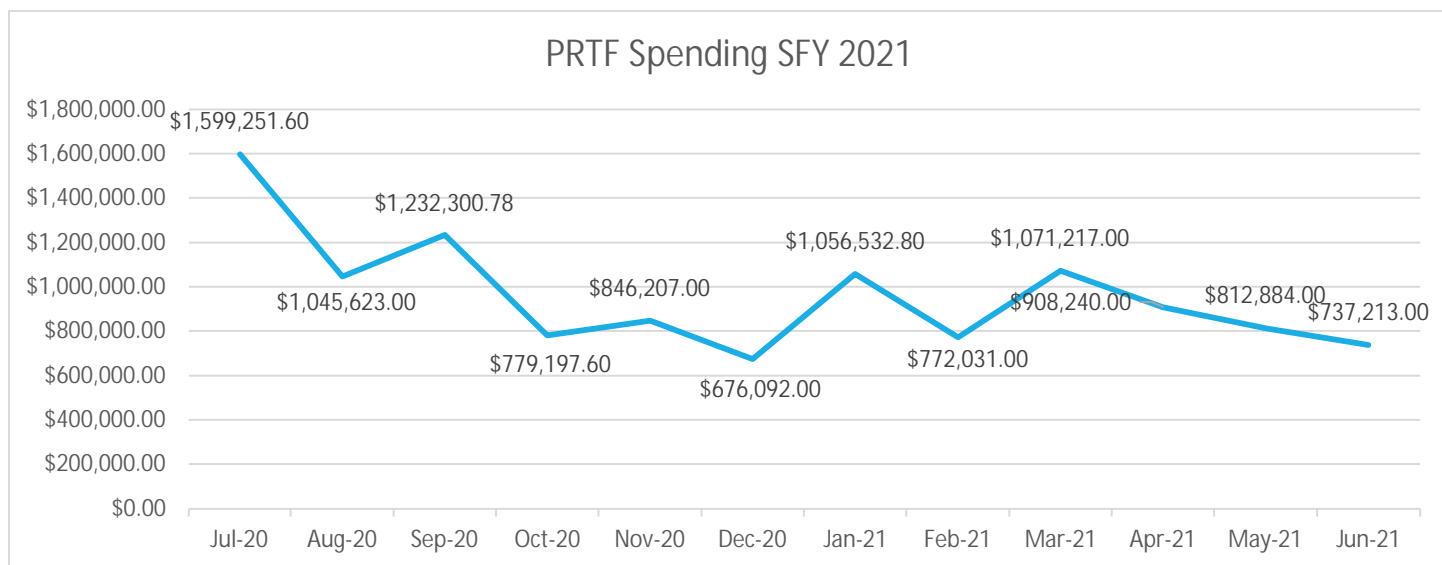


Chart 19: PRTF Expenditures SFY 2021



11. Supplementary Section of the QMIA Quarterly Report:

The Supplementary Section of the QMIA Report is assembled with information about children, youth, and families in Idaho and from data collected regarding the YES system of care. Data in the supplemental portion of the QMIA Quarterly includes YES website analytics, Medicaid service utilization rate, diagnoses, and CANS results related to children and youth, safety, school, and legal issues at initial assessment.

YES Communications

YES WEBSITE ANALYTICS

Reporting Period: January 1, 2021 — March 31, 2021

VISITORS AND PAGES

Visits

4,111

% of Total: 100.00% (4,111)



Unique Visitors

2,627

% of Total: 100.00% (2,627)



Type of Visitors

■ New Visitor ■ Returning Visitor



Visits by Location

City	Sessions
Boise	1,304
Meridian	294
Idaho Falls	149
(not set)	129
Nampa	123
Seattle	120
Salt Lake City	117
Twin Falls	114
Pocatello	106
Coeur d'Alene	97

Pageviews

● Pageviews

400



Unique Page Views Top 10: 1/1/21-3/31/21

Page Title	Unique Pageviews	Pageviews
YES Home	3,256	3,774
Youth Empowerment Services > ContactUs	1,063	1,178
Quick Start	530	618
Parents	407	451
Youth Empowerment Services > YESTools > PracticeManual	337	379
Project Information	286	365
Youth Empowerment Services > About YES > YESOverview	271	289
Publications	236	402
Youth Empowerment Services > YESTools > YESTraining	211	226
Youth Empowerment Services > GettingStarted > Youth	195	250

Average Pages per Visit

2.40

Avg for View: 2.40 (0.00%)

Average Visit Duration

00:02:58

Avg for View: 00:02:58 (0.00%)

Bounce Rate

42.30%

Avg for View: 42.30% (0.00%)

Visits by Device

■ desktop ■ mobile ■ tablet



Visits by Device

Device Category	Sessions	Bounce Rate
desktop	2,926	39.27%
mobile	1,131	50.75%
tablet	54	29.63%

Visits by Traffic Site

Traffic Type	Sessions
organic	1,978
direct	1,779
referral	354

Direct traffic categorizes visits that do not come from a referring URL, such as a search engine, another website with a link to our site, etc.

Organic traffic is defined as visitors coming from a search engine, such as Google or Bing. (non-paid ad source).

Referral traffic records visits that come from a link to a page on our site from another website, social media page and sometimes email (although Outlook and some other email programs may not pass along referral information, so these may show up as Direct traffic.

See page 3 for a list of top traffic sources.

YES WEBSITE ANALYTICS

Reporting Period: January 1, 2021 — March 31, 2021

TRAFFIC SOURCES AND FILES

Most Engaging Traffic Sources

Source / Medium	Sessions	Pages / Session
(direct) / (none)	1,779	2.26
google / organic	1,776	2.46
bing / organic	150	2.53
idaholias.com / referral	44	2.30
byui.instructure.com / referral	42	1.14
yahoo / organic	40	3.20
m.facebook.com / referral	34	1.76
livebetteridaho.org / referral	28	2.89
optumidaho.com / referral	24	2.58
idhw.webex.com / referral	23	1.83

QMIA Reports

	Q1 Downloads
1. QMIA Quarterly —April 2021	0 (As of April 12)
2. QMIA Quarterly —January 2021	43 (As of April 12)
3. Rights and Resolutions —April 2021	0 (As of April 12)
4. Rights and Resolutions —January 2021	5 (As of April 12)
5. WinS —Q1 SFY 2021	4 (As of April 12)

File Downloads

File refers to file downloads.

External refers to clicks on links to other websites.

Event Category	Unique Events
File Download	2,458

File downloads + external site link clicks.

Files Downloaded - Top 10

File Name	Q1 Downloads
1. Getting Started with YES	498
2. YES 101	288
3. Mental Health Checklist for Youth	168
4. Youth MH Checklist for Families	159
5. YES Practice Manual	134
6. YES Overview Trifold	117
7. Youth Crisis and Safety Plan Guide	111
8. MH Crisis Definition and Expectations	104
9. YES 101—Text Only	76
10. Getting Started Contacts	61

Utilization Rate - Percentage of Eligible Members Using Services

Section 4 Percent Utilization: While data reveals variation in total members 0-17 eligible and utilizing services over the report time period (July 2018-June 2021), the percentage of members utilizing services remains relatively steady by quarter varying from 8.2% to 9.8%. It should also be noted that variation can be attributed to seasonality consistent with previous plan experience similar for each year.

QoQ (SFY21-Q3 to SFY21-Q4): -1.2%

YoY (SFY20-Q4 to SFY21-Q4): 9.8%

Table 34: Utilization Rate by Quarter - Ages 0 to 17 Only

Description: This table displays the number of service utilizers compared to number of Eligible members, by quarter, between 7/1/2018 to 6/30/2021 for utilizers/members between the ages of 0 to 17. Data as of 8/9/21.

Rate per thousand Medicaid members— total Medicaid members under 18 (includes Medicaid members that do not meet criteria for YES)

Qtr.	Total Utilizers per Quarter	Total Distinct Members per Quarter	Pct Utilizers	Rate per Thousand
SFY19-Q1 (Jul to Sep)	16,456	199,886	8.23%	82
SFY19-Q2 (Oct to Dec)	16,881	201,060	8.40%	84
SFY19-Q3 (Jan to Mar)	17,684	193,593	9.13%	91
SFY19-Q4 (Apr to Jun)	18,097	195,842	9.24%	92
SFY20-Q1 (Jul to Sep)	16,950	192,109	8.82%	88
SFY20-Q2 (Oct to Dec)	17,179	189,925	9.05%	90
SFY20-Q3 (Jan to Mar)	17,533	177,896	9.86%	99
SFY20-Q4 (Apr to Jun)	15,499	181,771	8.53%	85
SFY21-Q1 (Jul to Sep)	15,684	186,438	8.41%	84
SFY21-Q2 (Oct to Dec)	16,332	189,814	8.60%	86
SFY21-Q3 (Jan to Mar)	17,220	192,452	8.95%	89
SFY21-Q4 (Apr to Jun)	17,021	196,589	8.66%	87

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.

Chart 19: Diagnosis by month SFY 2020

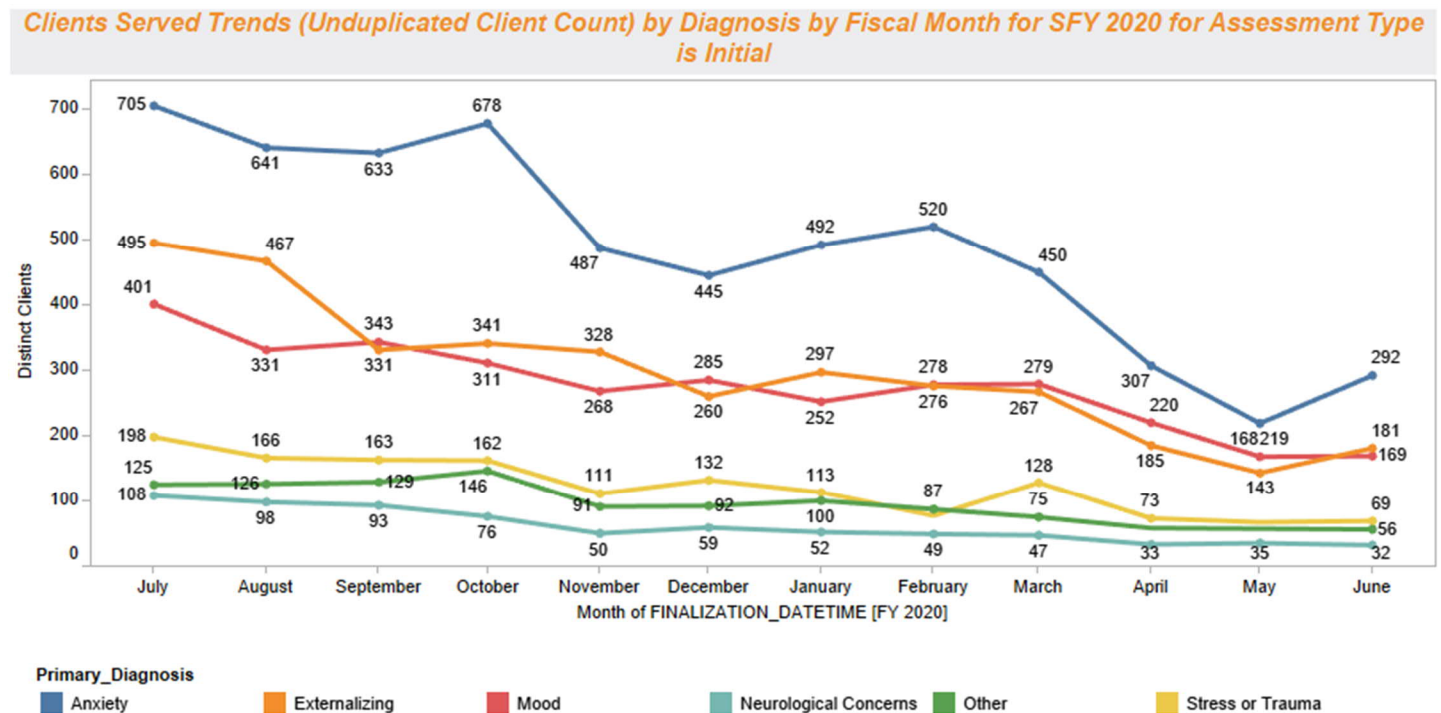


Chart 20: Diagnosis by month – SFY21 Q4

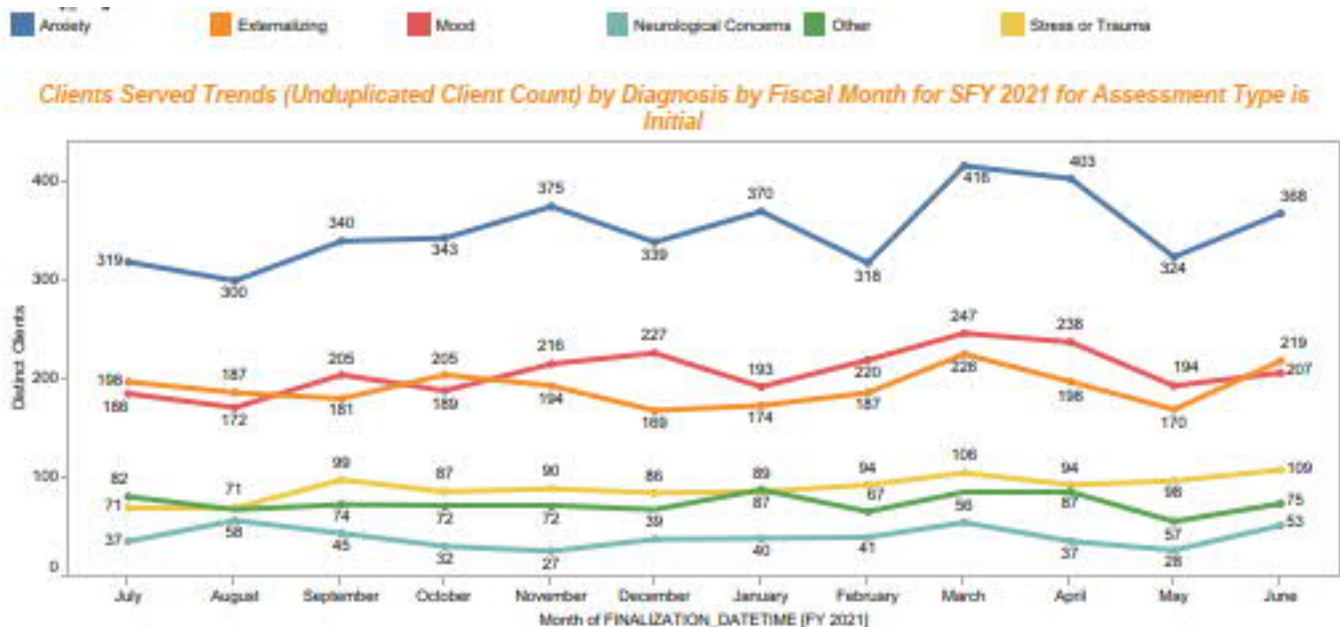


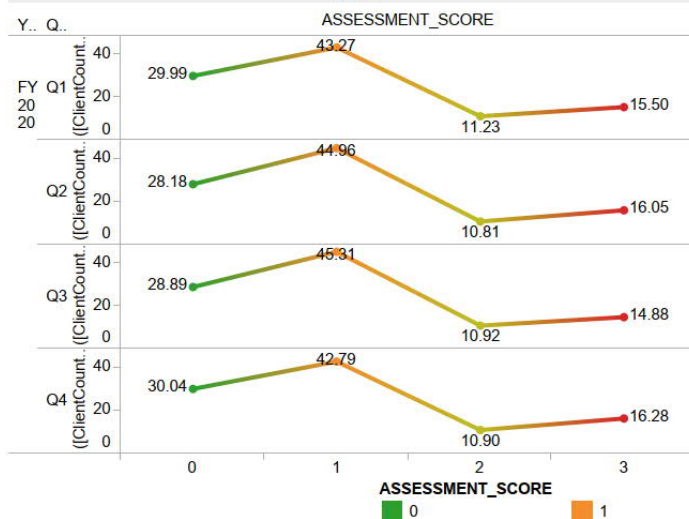
Chart 21:

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	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	Grand Total
Anxiety	319	300	340	343	375	339	370	318	418	403	324	388	4,129
Externalizing	198	187	181	205	194	189	174	187	226	198	170	219	2,198
Mood	186	172	205	189	216	227	193	220	247	238	194	207	2,401
Neurological Concerns	37	58	45	32	27	39	40	41	56	37	28	53	488
Other	82	89	74	72	72	89	89	67	87	87	57	75	885
Stress or Trauma	71	71	99	87	90	86	87	94	106	94	98	109	1,044
Grand Total	889	854	941	925	972	923	949	926	1,136	1,056	887	1,030	10,711

Chart 22:

Client Served % by quarter and by assessment score for All SFY 2020

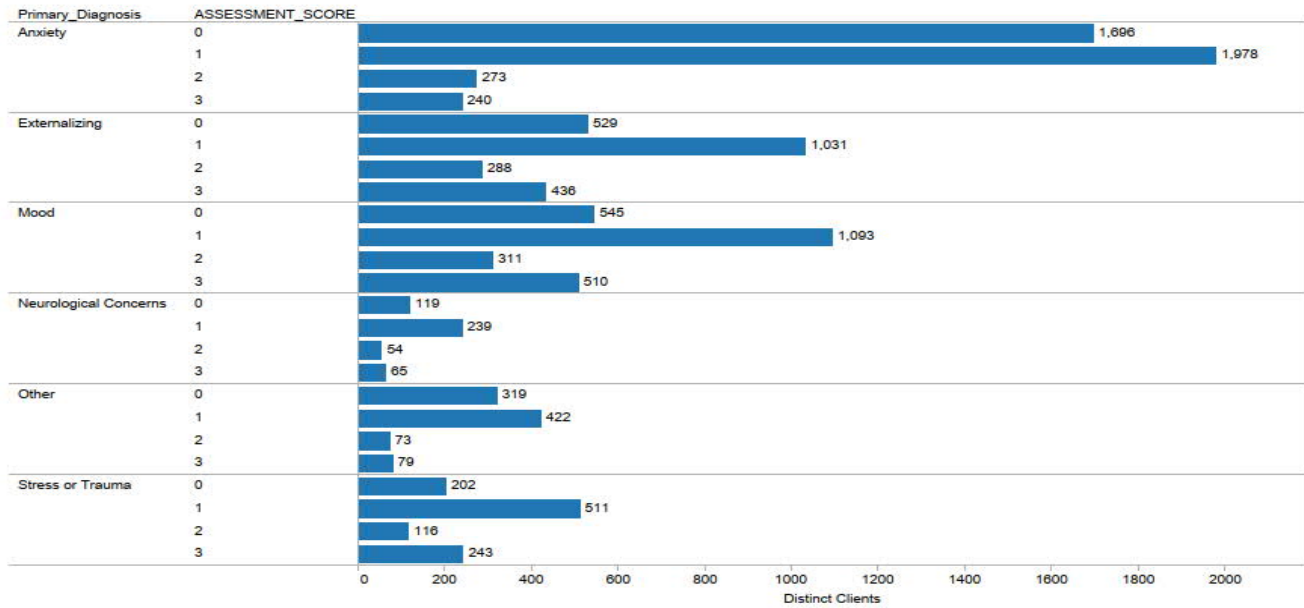


Client Served % by quarter and by assessment score for All SFY 2021



Chart 23: Diagnosis and CANS scores- SFY2021 Q4

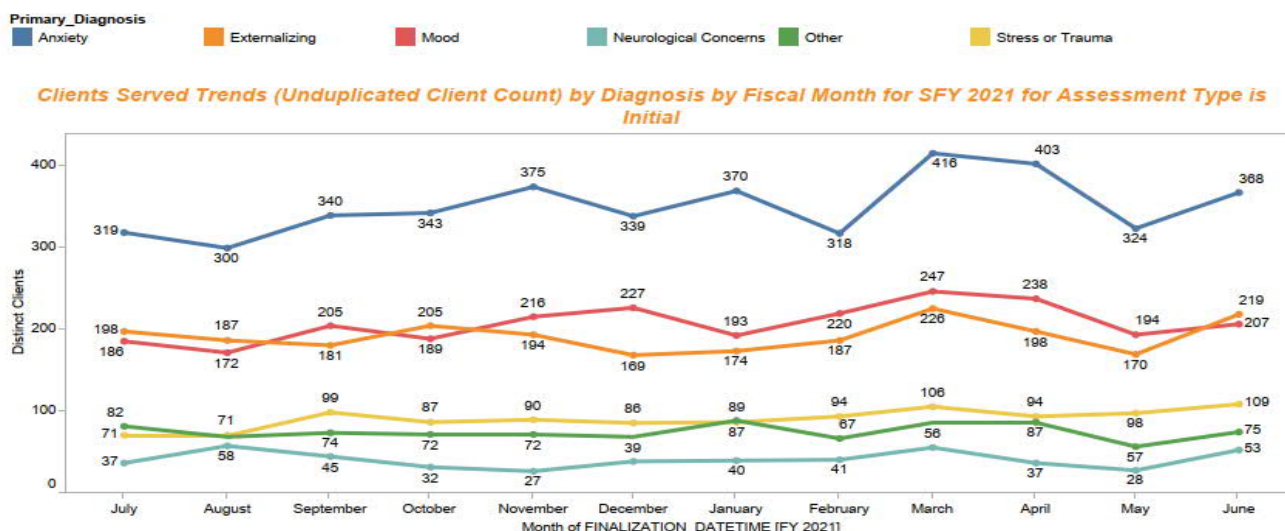
CMH CANS Unique Client Count by Primary Diagnosis and Assessment Score for full SFY 2021
Have the mouse over Primary _Diagnosis column to see + sign, click on + to see diagnosis with codes



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

Primary_Diagnosis	Month of FINALIZATION_DATETIME												Grand Total
	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	
Anxiety	319	300	340	343	375	339	370	318	416	403	324	368	4,129
Externalizing	198	187	181	205	194	169	174	187	226	198	170	219	2,198
Mood	186	172	205	189	216	227	193	220	247	238	194	207	2,401
Neurological Concerns	37	58	45	32	27	39	40	41	56	37	28	53	468
Other	82	69	74	72	72	69	89	67	87	87	57	75	885
Stress or Trauma	71	71	99	87	90	86	87	94	106	94	98	109	1,044
Grand Total	889	854	941	925	972	923	949	926	1,136	1,056	867	1,030	10,711

Chart 24:



Are children safe, in school and out of trouble?

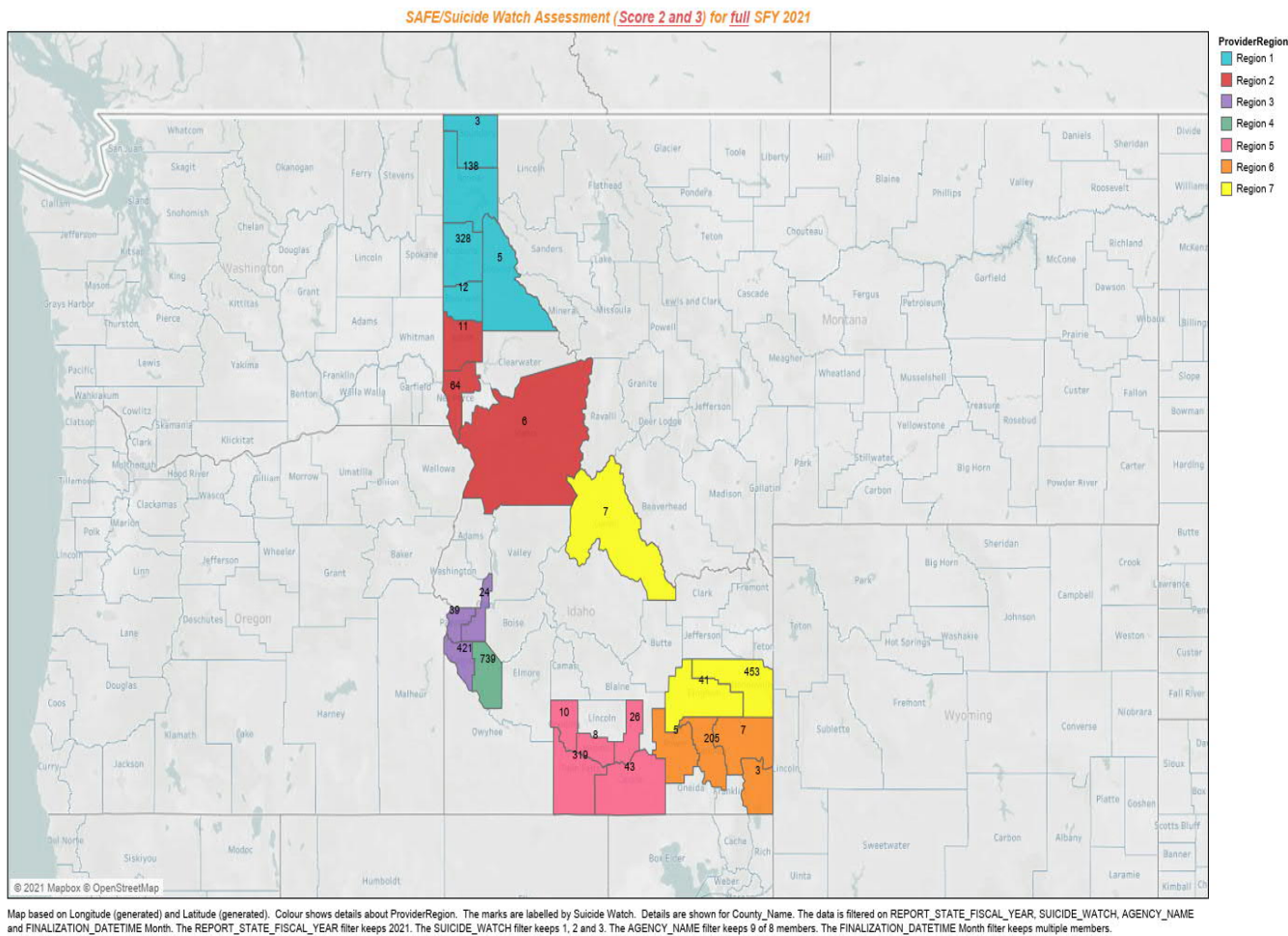
DBH has begun using the CANS data to assess if children and youth are safe, in school and out of trouble. Each of the following charts is information from the CANS at intake. Data is inclusive of SFY 2021 Q1-Q3.

Safe

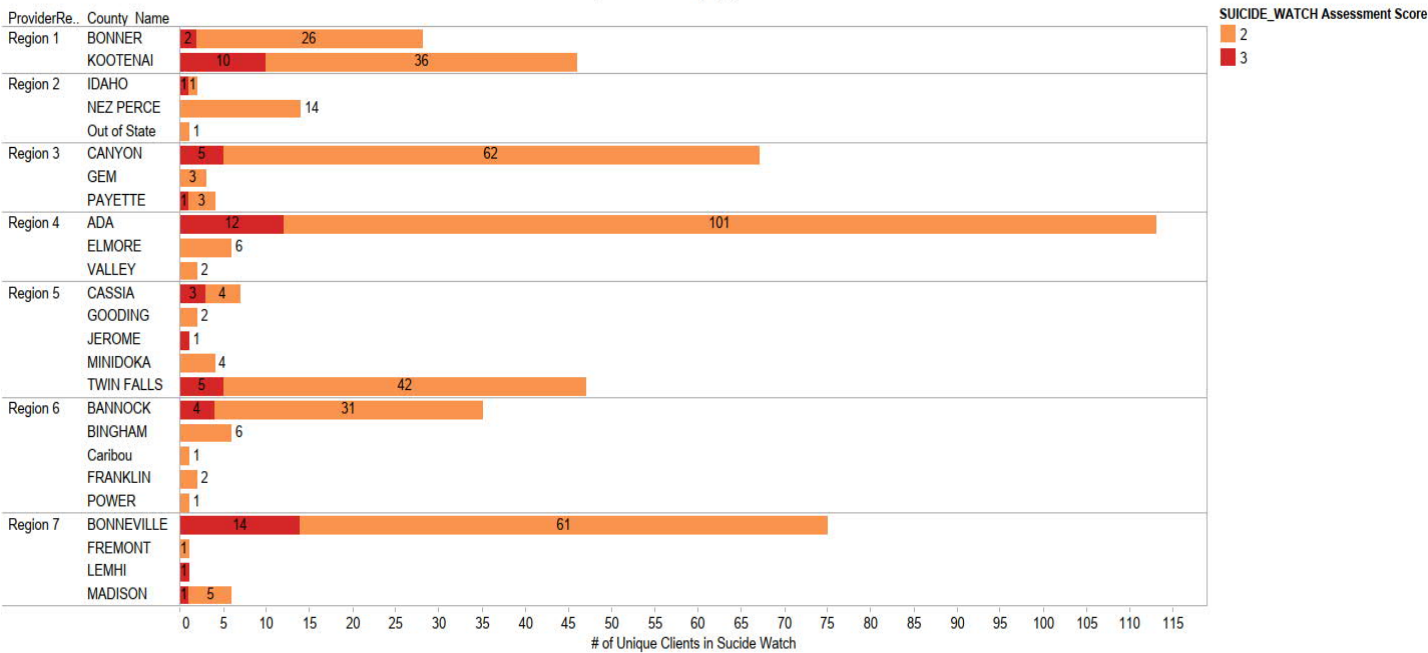
Are children safe? Based on the results of the initial CANS, the following are the ratings on Suicide Watch, Danger to others, Self-Mutilation, Self-Harm, Flight Risk. For SFY 2021 Q1 – Q3, approximately 78% on average have no evidence of safety issues (score of zero on the CANS), 17% have some safety concerns noted, 5% have safety issues that are interfering with their functioning, and 1% are having severe problems with safety issues.

CMH CANS Clients (SAFE)						
SUICIDE_WATCH						
	Null	0	1	2	3	Grand Total
Suicide Watch	1	7,915	2,431	568	86	10,711
% along SUICIDE_WATCH	0.01%	73.90%	22.70%	5.30%	0.80%	100.00%
DANGER_TO_OTHERS						
	Null	0	1	2	3	Grand Total
Distinct Clients	1	8,411	1,798	749	69	10,711
% along DANGER_TO_OTHERS	0.01%	78.53%	16.79%	6.99%	0.64%	100.00%
SELF_MUTILATION						
	Null	0	1	2	3	Grand Total
Distinct Clients	1	8,127	2,029	789	47	10,711
% along SELF_MUTILATION	0.01%	75.88%	18.94%	7.37%	0.44%	100.00%
SELF_HARM						
	Null	0	1	2	3	Grand Total
Distinct Clients	1	8,725	1,706	564	57	10,711
% along SELF_HARM	0.01%	81.46%	15.93%	5.27%	0.53%	100.00%
FLIGHT_RISK						
	Null	0	1	2	3	Grand Total
Distinct Clients	1	9,083	1,406	380	61	10,711
% along FLIGHT_RISK	0.01%	84.80%	13.13%	3.55%	0.57%	100.00%

Locations of children and youth with higher risk of safety issues by county for SFY 2021:



Suicide Watch (Safe Domain) (3)



CMH CANS Clients (In School)

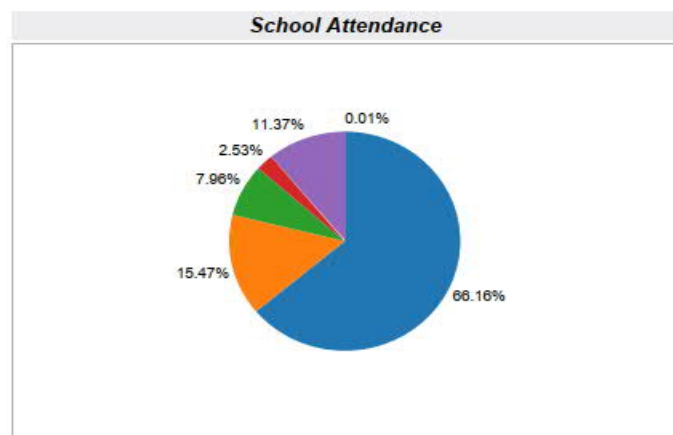
These Filters apply to full dashboard

AGENCY_NAME
AllSTATE_FISCAL_YEAR
2021Fiscal Month
AllCounty_Name
AllAGE
AllGENDER
AllRace/Ethnicity
AllSCHOOL_ATTENDANCE (Applies to School Attendance items only)
Assessment Score

All

School Attendance							
	0	1	2	3	Null	N/A	Grand T..
Distinct Clien..	7,086	1,657	853	271	1	1,218	10,711
%	66.16%	15.47%	7.96%	2.53%	0.01%	11.37%	100.00%

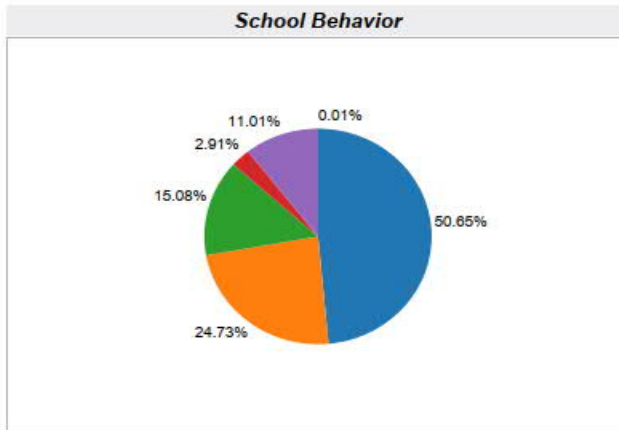
SCHOOL_ATTENDANCE Assessment Score

Null 0 1 2 3 N/A
SCHOOL_Behavior (Applies to School Behavior items only)
Assessment Score

All

School Behavior							
	Null	0	1	2	3	N/A	Grand ..
Distinct Clien..	1	5,425	2,649	1,615	312	1,179	10,711
%	0.01%	50.65%	24.73%	15.08%	2.91%	11.01%	100.00%

SCHOOL_BEHAVIOR Assessment Score

Null 0 1 2 3 N/A


What is School Behavior?

This item on the CANS rates the behavior of the individual in school or school-like settings (e.g., Head Start, pre-school). A rating of '3' would indicate an individual who is still having problems after special efforts have been made (e.g., problems in a special education class).

Questions to Consider

- How is the individual behaving in school?
- Has the individual had any detentions or suspensions?
- Has the individual needed to go to an alternative placement?
- What do these behaviors look like?
- Is it consistent among all subjects/classes?
- How long has it been going on?
- How long has the individual been in the school?

Out of trouble: SFY 2021

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

AGENCY_NAME All
 STATE_FISCAL_YEAR 2021
 Fiscal Month All
 County_Name All
 AGE All
 GENDER All
 Race/Ethnicity All

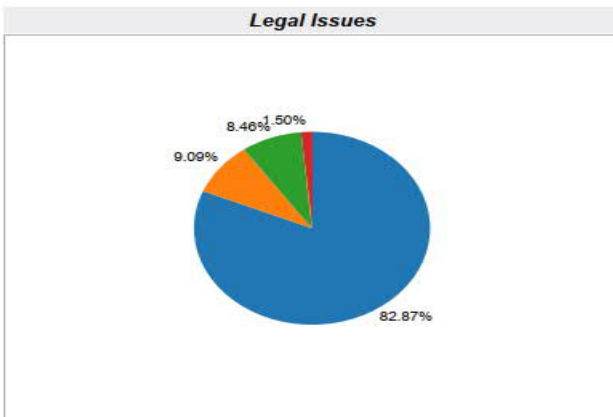
LEGAL_ISSUES (Applies to Legal Issues items only)
 LEGAL_ISSUES All

Legal Issues						
	Null	0	1	2	3	Grand ..
Distinct Clients	1	8,876	974	906	161	10,711
% LEGAL_ISSUES	0%	83%	9%	8%	2%	100%

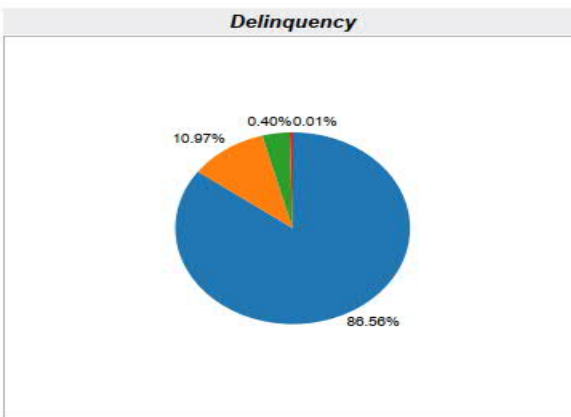
RISK_BEHAVIORS_DELINQUENCY (Applies to Delinquency items only)
 RISK_BEHAVIORS_DELINQUENCY All

Delinquency						
	Null	0	1	2	3	Grand ..
Distinct Clients	1	9,271	1,175	411	43	10,711
% BEHAVIO..	0%	87%	11%	4%	0%	100%

LIFE FUNCTIONING LEGAL ISSUES
 Null 0 1 2 3



RISK_BEHAVIORS_DELINQUENCY
 Null 0 1 2 3



Appendix A: Glossary- updated Sept 2021

Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
Class Member	Idaho residents with serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
Distinct Number of Clients	Child or youth is counted once within the column or row but may not be unduplicated across the regions or entities in the table.
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.
SFYTD	The acronym for State Fiscal Year to Date.
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.
Unduplicated Number of Clients	Child or youth is counted only once in the column or row
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	<p>System of Care terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/</p> <p>YES Project Terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/</p>

Sept. update: Added updated links

Appendix B – 2021 Annual Estimated Number of Children who will qualify for YES -Excerpt from April updated 3-1-2021

Note: Initially reported in QMIA – Q April 2021

Background: Based on the Jeff D. Settlement Agreement an annual estimate for number of children and youth who may qualify for YES must be 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 used for estimated number who will qualify for YES:

- 481,604³ 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 3-1-2021⁴).
- 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).⁵

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 used. 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 (SAMHSA⁶). (<https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>) . 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 13,000⁷ to 33,000⁸ (see chart below, numbers are rounded to nearest 1,000).

³ The data in this report of 481,604 children and youth has been updated as the number reported last month was incorrectly understated.

⁴ The number of Medicaid members varies monthly - see Appendix B for updated details on Medicaid Members for Dec 2020.

⁵ 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).

⁶ 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)

⁷ 189,249 Medicaid members X 6.9% = 13,058 or approximately 13,000

⁸ 424,000 children and youth in Idaho X 6.9% = 33,231 or approximately 33,000

Table B1: 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 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 B2: 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 ⁹	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 B3: Estimated gaps and variance by Region

SFY 2020	1	2	3	4	5	6	7	Total
Total Unduplicated Number served 2020 ¹⁰	3,451	1,023	6,727	7,117	2,953	3,057	5,323	29,672
Estimated YES eligible served ¹¹	2,415	716	4,709	4,982	2,067	2,140	3,726	20,770
Regional Estimated Target ¹²	2,700	1,200	4,100	6,250	2,850	2,550	3,300	23,000
Estimated Variance ¹³	-285	-484	609	-1268	-783	-410	426	2195
Estimated Percent below target ¹⁴	-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

⁹ Estimated Target = 23,000 which is 70% of the high range (70% X 33,000 = 23,000).

¹⁰ Total number served through Optum SFY 2020 as reported in the QMIA Quarterly report published in Sept 2020.

¹¹ 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.

¹² See footnote #6

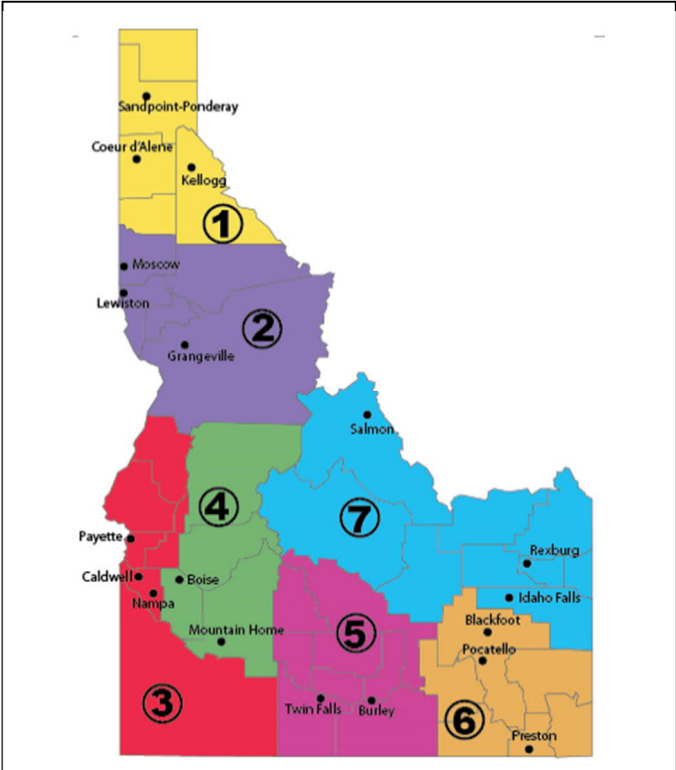
¹³ Estimated Variance = Difference between Estimated target and Estimated YES eligible served

¹⁴ Estimated Percent below target= Estimated Variance / Estimated Target

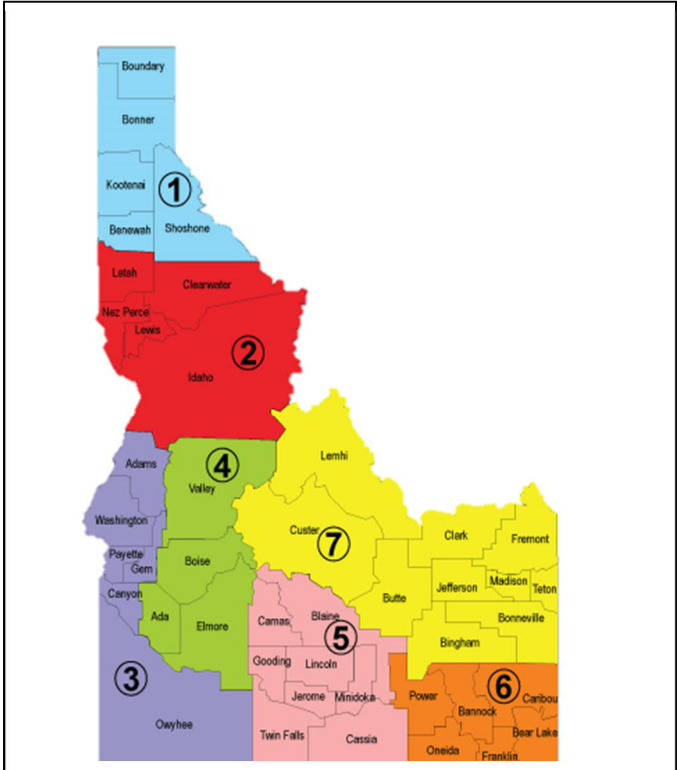
number to be served. However, it is notable that based on these estimated targets regions 1, 2, 4, 5 and 6 appear to be underserved- with region 2 as the highest percent.

Appendix C- Regional Maps

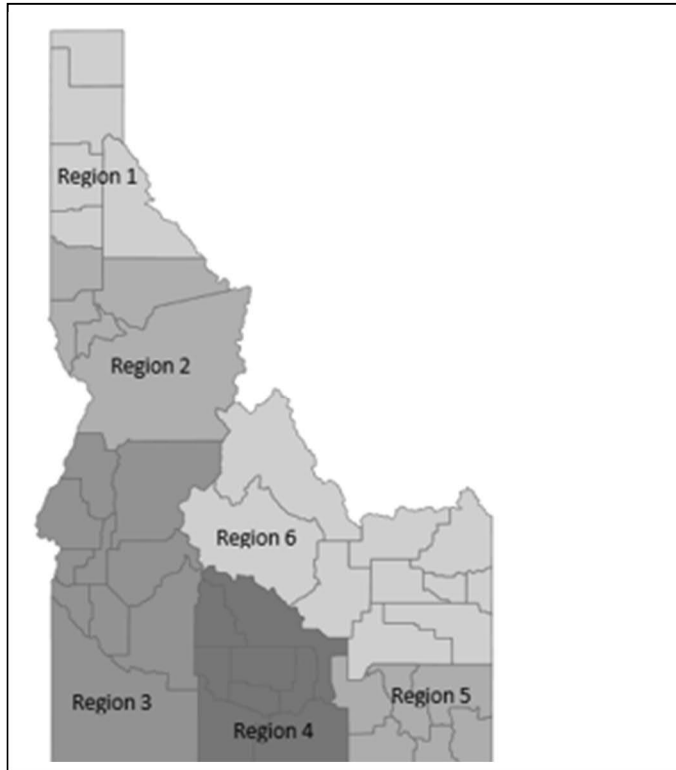
Idaho Department of Health and Welfare: Medicaid,



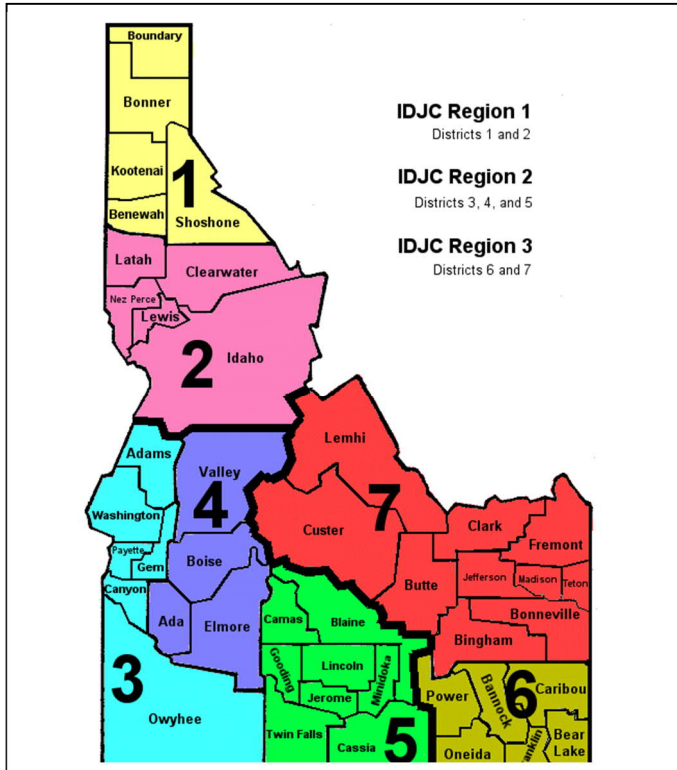
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections



Appendix D- Medicaid Members under the age of 18

Table 1: Medicaid Eligible Members as of 06/30/2021

Description: This table displays the distinct count of Medicaid Members (counted by MID) that were eligible as of 6/30/21 and was between the ages of 0 to 17 on that date. Data as of 8/9/21.

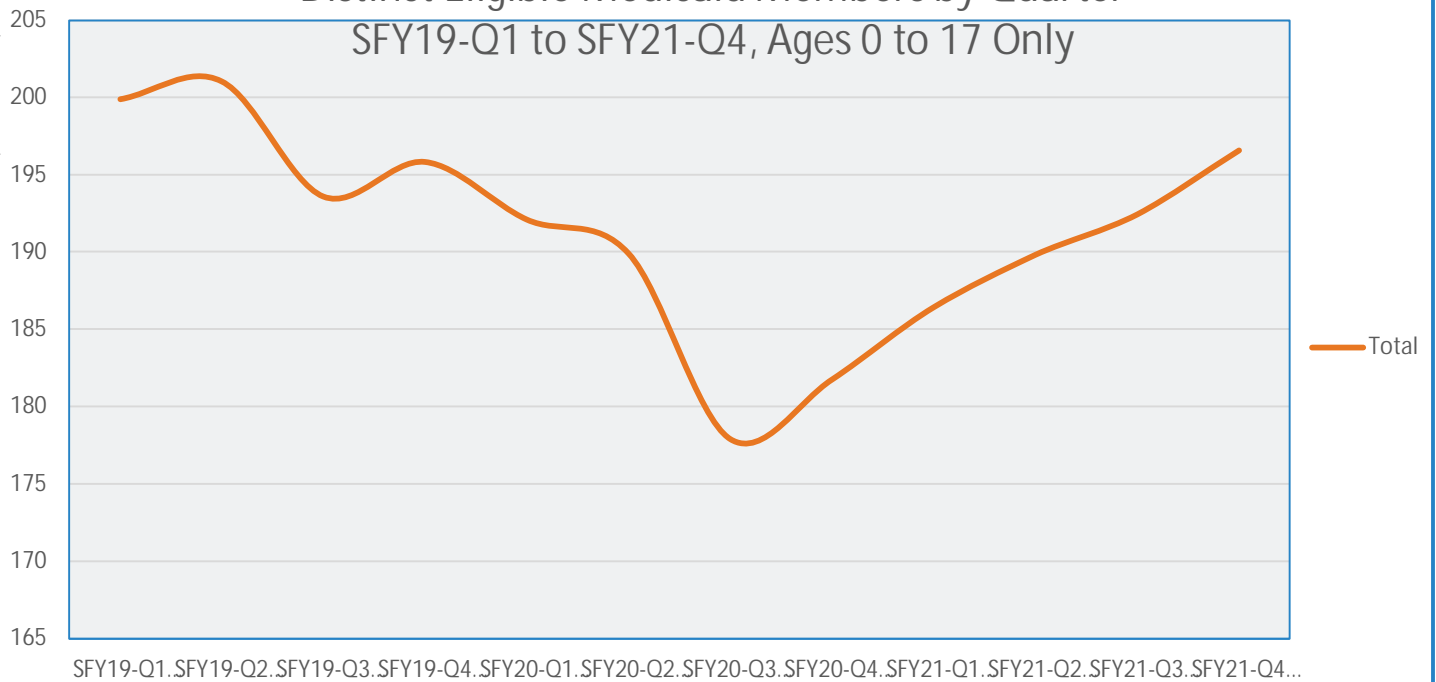
	Ages 0 to 17
	Total Distinct Members as of 6/30/2021
Region 1	22,950
Region 2	7,823
Region 3	41,341
Region 4	38,541
Region 5	26,989
Region 6	21,376
Region 7	29,810
Region 9	1,700
Total	190,530

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

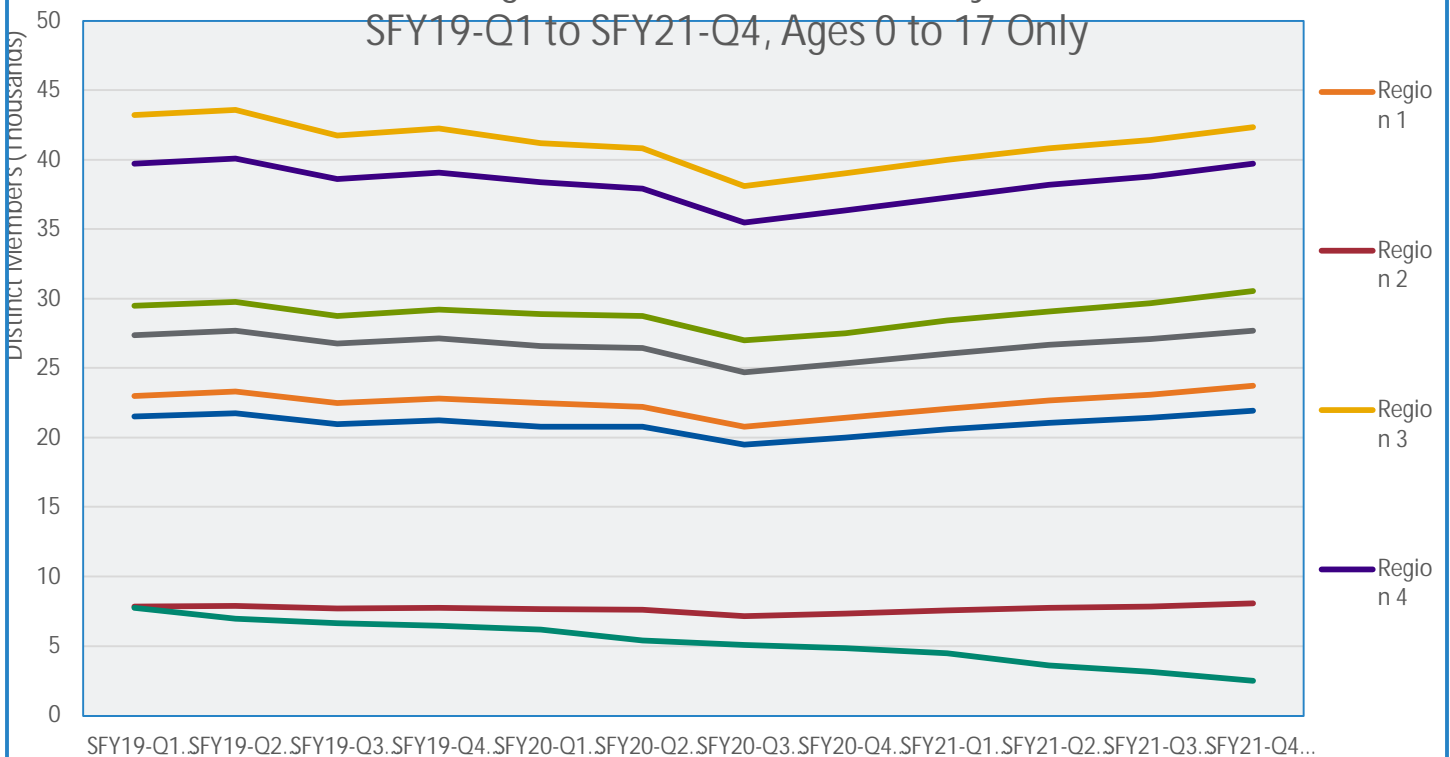
Description: This table displays the distinct count of Medicaid Eligible Members between the ages of 0 and 17, by quarter, during the period between 7/1/2018 and 6/30/21. Members are counted by MID and age was under 18 as of the last day of each quarter. Data as of 8/9/21.

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)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)
Region 1	22,977	23,310	22,503	22,801	22,471	22,203	20,794	21,408	22,056	22,663	23,105	23,732
Region 2	7,829	7,884	7,673	7,750	7,660	7,607	7,171	7,342	7,555	7,747	7,851	8,082
Region 3	43,229	43,628	41,726	42,228	41,171	40,836	38,111	39,012	39,969	40,828	41,396	42,349
Region 4	39,725	40,124	38,616	39,060	38,391	37,926	35,508	36,339	37,295	38,209	38,784	39,694
Region 5	27,366	27,673	26,749	27,121	26,588	26,429	24,715	25,319	26,015	26,665	27,103	27,707
Region 6	21,511	21,734	20,973	21,232	20,765	20,769	19,525	20,012	20,615	21,044	21,404	21,948
Region 7	29,472	29,750	28,737	29,200	28,905	28,770	27,006	27,518	28,442	29,065	29,677	30,545
Region 9	7,777	6,957	6,616	6,450	6,158	5,385	5,066	4,821	4,491	3,593	3,132	2,532
Total	199,886	201,060	193,593	195,842	192,109	189,925	177,896	181,771	186,438	189,814	192,452	196,589

Distinct Eligible Medicaid Members by Quarter
SFY19-Q1 to SFY21-Q4, Ages 0 to 17 Only



Distinct Eligible Medicaid Members by Quarter
SFY19-Q1 to SFY21-Q4, Ages 0 to 17 Only



Appendix E- 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.