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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

JEFF D., et al.,)	
)	Case No. 4:80-CV-04091-BLW
Plaintiffs,)	
)	JOINT MOTION AND STIPULATION
vs.)	FOR APPROVAL OF IMPLEMENTATION
)	ASSURANCE PLAN & PROGRESS
BRAD LITTLE, et al.,)	REPORT
)	
Defendants.)	

COME NOW the Parties¹, through their respective counsel, and respectfully submit this stipulation and attached exhibits. The parties request that the Court enter an Order approving

¹ Brad Little became the Governor of Idaho on January 7, 2019, replacing Butch Otter as the previously named Defendant in this matter.

and adopting the stipulated Implementation Assurance Plan (IAP), attached as Exhibit A, as follows:

WHEREAS, the parties agree the IAP is necessary because 1) some elements of the Implementation Plan (Dkt. 754-01) have been completed even as key deadlines have been missed; 2) the State has initiated the process of seeking bids for the statewide Idaho Behavioral Health Plan (IBHP) contract to maximize the Medicaid program and other funding sources to implement mental health services for the *Jeff D* class members; 3) the ongoing COVID crisis has impeded collaboration, diverted resources, impacted service delivery, and delayed compliance with the Settlement Agreement and Implementation Plan; 4) the IAP will better align focus and action with current challenges and opportunities; and 5) increased oversight or accountability will be needed to achieve full implementation of the Settlement Agreement agreed to by the parties and approved by the Court; and

WHEREAS, the Settlement Agreement provides for amending the Implementation Plan in accord with the modification procedures outlined in the Agreement; and

WHEREAS, modifications are allowed by mutual agreement of the Parties and approval of the District Court; and

WHEREAS, the IAP is a consensus approach that the Parties have submitted to the Court for approval and adoption; and

WHEREAS, the Parties have agreed that the IAP is a reasonable and workable plan to achieve compliance with the Settlement Agreement and ensures the children and youth with serious emotional disturbances in Idaho will have access to a full array of community based medically necessary services promised in the Consent Decrees; and

WHEREAS, the Parties expect that the IAP will guide Defendants to the successful and complete implementation of the needed mental health services for all of Idaho's children and youth with serious emotional disturbances which Defendants committed to provide in the Settlement Agreement;

THEREFORE, the parties hereby move the Court to enter an Order approving and adopting the attached stipulated Implementation Assurance Plan.


ADDITIONALLY, the Parties submit the Implementation Progress Report attached as Exhibit B, which contains the most recent Quarterly Quality Management Improvement and Accountability Report as an appendix, for the Court's review, pursuant to paragraphs 67 and 68 of the Settlement Agreement. The parties have reached consensus on the contents of the Progress Report.

IT IS SO STIPULATED.

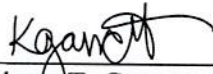
Dated 1-11-2022.


Howard Belodoff, Next Friend
Counsel for Plaintiff Class

Dated 1/10/2022.


Patrick Gardner
Counsel for Plaintiff Class

Dated January 10, 2022.


Kathryn T. Garrett
Deputy Attorney General, State of Idaho

Dated January 11, 2022.

Handwritten signature of Kimberli Stretch in black ink, consisting of stylized initials 'KS' followed by a long horizontal stroke.

Kimberli Stretch
Deputy Attorney General, State of Idaho

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on January 11, 2022, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which sent a Notice of Electronic Filing to the following persons:

Howard Belodoff
howardbelodoff@idaholegalaid.org
hbelodoff@hotmail.com

Patrick Gardner
pgardner@adolescentmentalhealth.org

/s/ Kathryn T. Garrett
Kathryn T. Garrett
Deputy Attorney General, State of Idaho

EXHIBIT A

Idaho Implementation Assurance Plan
January 10, 2022

Submitted under the
Settlement Agreement in
Jeff D. v. Brad Little
Hon. B. Lynn Winmill
U.S. District Court, Boise
No. 4:80-CV-04091-BLW

INTRODUCTION

This Implementation Assurance Plan (IAP) was jointly developed by Defendants and Plaintiffs' counsel with limited participation by the IWG public stakeholders¹. Negotiating the plan began in earnest in late 2020 with input from the State's expert consultants, and continued throughout 2021 with direct negotiations by the parties.

The parties developed the IAP because 1) some elements of the Implementation Plan (IP) have been completed even as key deadlines have been missed; 2) the State has initiated the process of seeking bids for the statewide Idaho Behavioral Health Plan (IBHP) contract to maximize the Medicaid program and other funding sources to implement mental health services for the *Jeff D* class members; 3) the ongoing COVID crisis has impeded collaboration, diverted resources, impacted service delivery, and delayed compliance with the Settlement Agreement (SA) and IP; 4) the IAP will better align focus and action with current challenges and opportunities; and 5) increased oversight or accountability will be needed to achieve full implementation of the SA agreed to by the parties and approved by the Court.

As with the IP, this IAP is intended to be the roadmap for completing implementation of the Settlement Agreement, and therefore, it shall be interpreted in compliance with the commitments, outcomes and exit criteria listed in the Agreement. The goal remains to comply with the Agreement and to satisfy the intent of the Consent Decrees by developing and fully implementing a sustainable, accessible, comprehensive, and coordinated service delivery of publicly funded community based mental health services to children and youth with serious emotional disturbances in Idaho.

The IAP retains the same format as the IP, mirroring the Agreement to facilitate easy reference between the documents. Thus, the IAP is organized into Objectives A through G which directly correspond to paragraphs A through G of the Agreements' Commitments and Outcomes. In addition, an added Objective H provides specifics relating to a new IBHP contract. The IAP Objectives include:

- OBJECTIVE A: Services and Supports
- OBJECTIVE B: Practice Model and Services Roll-out
- OBJECTIVE C: Access Model
- OBJECTIVE D: Sustainable Workforce and Community Stakeholder Development
- OBJECTIVE E: Due Process
- OBJECTIVE F: Governance and Problem-Solving
- OBJECTIVE G: Quality Management, Improvement, and Accountability

¹ Discussion of IAP elements relating to the IBHP were restricted to Plaintiffs' counsel under a Non-Disclosure Agreement to ensure the confidentiality of the procurement process.

- OBJECTIVE H: Idaho Behavioral Health Plan

Each Objective lists goals, expected results, strategies, and timelines for accomplishing each Objective. The work of the Objectives is inter-related; therefore, each Objective should be read and executed in the context of the whole Plan.

The IAP is a consensus approach that the Parties have submitted to the Court for approval and adoption. The Parties have agreed that the IAP is a reasonable and workable plan to achieve compliance with the Settlement Agreement and ensures the children and youth with serious emotional disturbances in Idaho will have access to a full array of community based medically necessary services promised in the Consent Decrees. The Parties expect that the IAP will guide Defendants to the successful and complete implementation of the needed mental health services for all of Idaho's children and youth with serious emotional disturbances which Defendants committed to provide in Settlement Agreement.

OBJECTIVE A: Services and Supports

Defendant Agencies and Youth Empowerment Services (YES) Providers will provide YES services and supports consistent with the Settlement Agreement's Services and Supports provisions and Appendix C.

The Idaho Department of Health and Welfare (hereinafter "IDHW") will complete a Services and Supports Crosswalk that provides authoritative guidance on services and supports and Appendix C to all YES Providers and stakeholders.

The Services and Supports Crosswalk will describe the scope and parameters of each medically necessary service and support as generally set forth in the Appendix C of the Jeff D. Settlement Agreement (hereinafter "Agreement") and as further explained below. YES Services and Supports will be delivered to YES Class Members and their families substantially consistent with the Services and Supports Crosswalk and other YES Authoritative Documents.

Guided by the Services and Supports Crosswalk, YES Defendant Agencies will complete development of the YES System of Care (hereinafter "SoC"), and deliver medically necessary mental health services and supports to scale statewide to YES Class Members.

Expected Results of Accomplishing Objective A: The service array as described in the Agreement, has been operationally defined in a Services and Supports Crosswalk to provide cross-system, consistent, authoritative, comprehensive, publicly available guidance for all behavioral health services and supports required to be made available to YES Class Members.

Strategies to accomplish Objective A:

1. YES Defendant Agencies will complete and maintain an authoritative Services and Supports Crosswalk document that describes the Services and Supports outlined in Appendix C. YES Services and Supports will be offered and delivered to YES Class Members and their families substantially consistent with the Services and Supports Crosswalk IDHW will consult with the IWG, subject to procurement restrictions, as IDHW develops the Crosswalk. The Services and Supports Crosswalk will be completed and provided to the IWG within the following timelines:
 - a. Final Draft completed by the Execution of the IBHP Contract
 - b. Final authoritative document will be negotiated with the Idaho Behavioral Health Plan (hereinafter "IBHP") Contractor and will be completed by the Service Start Date of the IBHP Contract.
2. Services and Supports descriptions in the Crosswalk shall include: pre-approval requirements; service descriptions; scope, intensity and duration constraints; service delivery methods and timelines; financial and categorical eligibility; eligible service location and accessibility; provider qualifications (licensing, certification, supervision, training, etc.); other policies or rules that impact access to care, service delivery agency or agencies; funding source(s); and statutory or regulatory authority for the foregoing, for each YES Class Member discrete population served including Class Members with more

intensive needs, dual diagnosis youth (including those with Serious Emotional Disturbance (SED) and Developmental Disabilit(ies) (DD)), juvenile justice-involved youth, child welfare-involved youth, special education youth, youth in families over 300% FPL, 1915(i) eligible youth, youths needing out-of-home placement, and any other group(s) with substantively different benefits or eligibility criteria relating to receipt of YES Services and Supports.

- a. Federal and State Medicaid coverage, restrictions and services and eligibility opportunities shall be assessed and may be incorporated into the Services and Supports descriptions, such that “Defendants will implement and administer Idaho’s Medicaid program to provide services to the fullest extent allowable under the Medicaid Act”, as required by Paragraph 36 of the Agreement.
 - b. Telehealth services will be incorporated into the Crosswalk as a distinct item, and employed as clinically, programmatically, and administratively appropriate.
 - c. The YES Defendant Agencies will establish and maintain intensity and duration standards based on national standards of care for core YES Services, with statewide and regional average minimums for hours per month and months per client by the Service Start Date of the new IBHP contract. Prior to completing the final draft of the Services and Supports Crosswalk, IDHW will consult with the IWG when determining the core services requiring minimum standards under this paragraph.
3. If the design or development of services or supports parameters as set forth above are not yet fully determined or defined in IDHW’s Final Draft of the Services and Supports Crosswalk, IDHW and the IBHP Contractor will prioritize completion of these tasks between the Execution Date and the Service Start Date of the new IBHP Contract so the responsible YES Providers can deliver the services consistent with the Services and Supports Crosswalk on the Service Start Date of the new IBHP contract. Completed parameters will be incorporated promptly into the Crosswalk.
 4. Workgroups have been established for service categories to identify and resolve challenges confronted during implementation to date. Per their individual charters, each workgroup will report out its research and recommendations focusing on actionable items. Upon completion of each workgroup’s research and recommendations, IDHW will prepare for the IWG a written report or statement responding to the recommendations made, specifying at a minimum, intended decisions, including proposed decisions that require Defendant Agency or Centers for Medicare and Medicaid Services (hereinafter “CMS”) approval. If a workgroup’s research and recommendations do not adequately address necessary details, IDHW will prepare a report within thirty (30) days that provides estimated deadlines for action items and for securing Defendant Agency or CMS approvals. In the event IDHW cannot, or does not, resolve matters identified by a

workgroup related to services and supports, or set approval or decisional deadlines, the matter will be submitted to the IWG for problem-solving.

5. The services and supports descriptions in the Crosswalk will compare services and supports as described in (2) above with services and supports actually received by class members for each IDHW Region, including any differences between urban and rural areas, documenting discrepancies in each of the following: clinical details; medical necessity; pre-approval requirements; scope, intensity and duration minimums or limits; financial and categorical eligibility; eligible service location and service hours; provider qualifications (licensing, certification, supervision, training, etc.); and other policies or rules that impact access to care. IDHW, through the IBHP contractor, will ensure that YES services and supports are delivered substantially consistent with the Services and Supports Crosswalk, and the Appendix C requirements.
6. The YES Defendant Agencies will complete a Services and Supports Crosswalk for all of the discrete populations of YES Class Members served by YES Providers. IDHW will combine all Defendant Agency contributions into one document using consistent formatting, terms, definitions, and descriptions. Duplicative, conflicting, incomplete, inaccurate, and ambiguous material will be identified and resolved, and where it cannot be resolved, documented in the completed Crosswalk. IDHW will identify and document any areas where consensus cannot be found or updates cannot be made in a proposed Crosswalk update to be shared with the IWG for problem-solving. Having reached agreement, the update will be adopted and incorporated into the Crosswalk.
7. Subsequent to the process described in paragraph 6., the parties will resolve any remaining duplicative, conflicting, incomplete, inaccurate, and ambiguous material, and discrepancies identified in the Services and Supports Crosswalk that may impede access by YES Class Members to Appendix C Services and Supports. If the parties cannot reach agreement, the matter will be addressed using the Governance and Problem-solving strategies. The deadline for resolving discrepancies will be six (6) months following the Service Start Date of the new IBHP Contract.
8. The Crosswalk will be reviewed and updated periodically as required by statutory, regulatory, rule-making changes, or resolution under paragraphs 6 or 7. IDHW will incorporate the substance of the designated Services and Supports Crosswalk into all YES service delivery agreements and contracts, including the new IBHP Contract.

OBJECTIVE B: Practice Model and Services Roll-out

Defendant Agencies and YES Providers will provide YES services and supports consistent with the Agreement's Principles of Care and the Practice Model, and Appendix B.

The Practice Manual will be reviewed and updated to provide authoritative guidance on the YES Principles of Care and the Practice Model and Appendix B requirements to all YES Providers and stakeholders.

The updated Practice Manual will describe the operational details for the complete implementation of the Services and Supports Crosswalk, Principles of Care and Practice Model, Access Pathways Map, QMIA Plan, and Due Process Protocols.

Guided by the updated Practice Manual, Defendant Agencies will complete development of the YES SoC, and deliver medically necessary mental health services and supports to scale statewide to all YES Class Members.

Expected Results of Accomplishing Objective B: Defendant Agencies and YES Providers in the SoC serving Class Members deliver services and supports consistent with the Principles of Care and the Practice Model. The Operational guidelines are readily accessible and available on-line; accurate and up-to-date; and written in plain English so as to be easily understood by Providers, Class members and their families, and stakeholders.

Strategies to accomplish Objective B

1. IDHW will describe its plan for the Division of Behavioral Health (DBH) Center of Excellence (CoE), with particular attention to its roles and responsibilities in relation to the YES SoC. The plan will:
 - a. Detail mission, authority, and relationships with YES Providers, YES Class members, and Stakeholders;
 - b. Identify funding resources and staffing requirements and needs;
 - c. Include timelines for the development and inauguration of the Center of Excellence and its activities.
 - d. IDHW will begin implementation of the CoE by the Execution Date of the new IBHP Contract, and complete the plan by the end of the Jeff D. Implementation period.
2. IDHW will review and update the Practice Manual consistent with the Principles of Care, Practice Model, and Appendix B. IDHW will consult with the IWG, subject to procurement restrictions, as IDHW develops the Practice Manual.
 - a. IDHW will complete the Practice Manual and deliver it to the IWG within the following timelines:
 - i. Final Draft completed ninety (90) days following the completion of the Access Pathways Map.
 - ii. Final authoritative document will be negotiated with the IBHP Contractor and completed no later than one hundred eighty (180) days following the

Service Start Date of the IBHP Contract. With the guidance of IDHW, YES Defendant Agencies will describe and document the operational protocols or procedures for each discrete pathway in the Access Pathways Map and all of the services and supports in the Services and Supports Crosswalk not already included in the Practice Manual.

- b. The protocols and procedures detailed in the Practice Manual will include: relevant operational details and directions that are not already spelled out in the Services and Supports Crosswalk, Access Pathways Map, Due Process Protocols, or QMIA Plan that influence or determine who gets what services and supports, including details on when, where, and how services and supports will be delivered. The Practice Manual is the primary, comprehensive, public-facing sourcebook for YES programs, collecting and presenting all of the relevant information from the YES Authoritative Documents needed to understand and access YES services and supports.
 - c. IDHW will combine all YES Defendant Agencies' and their contractors' contributions into a Practice Manual update using consistent formatting, terms, definitions, and descriptions. IDHW will identify and eliminate duplicative, conflicting, incomplete, inaccurate, and ambiguous material. IDHW will identify and document any areas where consensus cannot be found or updates cannot be made in a proposed Practice Manual update to be shared with the IWG for problem-solving. Having reached agreement, the update will be adopted and incorporated into the Practice Manual.
 - d. The updated and adopted Practice Manual will be used as the authoritative guide for YES service delivery to YES Class Members for all Defendant Agencies and YES Providers. Each YES Provider will be required to align its policies, procedures, contracts and standards to the updated Practice Manual, identifying and making needed changes, if any. IDHW will require the delivery of YES services to YES Class Members consistent with the YES Practice Manual. IDHW or its agent will audit YES Providers to confirm alignment with YES Practice Manual service delivery requirements. This information will be shared with the IGT at an agreed upon frequency.
 - e. The Practice Manual will be further updated when substantive changes are made to Services and Supports Crosswalk, the Access Pathways Map, Due Process Protocols, and/or practices and procedures that substantively influence or determine service delivery to YES Class Members, but no less frequently than annually.
3. Services Roll-out
- a. Develop and implement a process and procedures that communicate the availability of out-of-home care to youth, families, providers, and other relevant Stakeholders.

- b. Develop and implement a process and procedures that communicate availability of and expectations for Treatment Foster Care (TFC) to youth, families, providers, and other relevant stakeholders by the Service Start Date of the new IBHP Contract.
- c. Complete an index listing all residential facilities identified or authorized to serve YES Class Members no later than February 28, 2022. Detail admission criteria, including which Class Members may benefit from, or be eligible for, the facilities' services and supports. Commence a preliminary provider network agreement process that puts in place necessary administrative procedures to timely access these services and supports so that parents or youths' advocates do not need to initiate contracts from scratch when a placement is needed.
- d. IDHW, through the IBHP Contractor is required to provide medically necessary access to the full array of intensive community based and psychiatric residential services to eligible YES Class Members.
- e. The IWG shall meet quarterly to review and document progress towards:
 - i. Establishing statewide and regional service capacity targets necessary to comply with the Settlement Agreement's Service and Access Commitments and Outcomes. Capacity targets will incorporate the service standards established pursuant to Objective A. The IWG will establish service capacity targets no later than the Service Start Date of the new IBHP Contract. Thereafter the QMIA will report on progress toward the targets at the quarterly reviews.
 - ii. Identify and report on eligible youth populations that systematically do not engage in YES programs no later than twelve (12) months post Service Start Date of the new IBHP Contract. Create mitigation strategies to identify and engage underserved youths and their families into appropriate services.
 - iii. Time "being of the essence," in the event the IWG determines at a quarterly meeting, that timelines for the YES authoritative documents will not, or have not, been substantially met, the Director of IDHW will be directed to draft a report within thirty (30) days detailing the reasons for delay and the corrective steps needed to resolve the delay. Plaintiffs may agree to accept the report as proposed to resolve the matter, or to collaborate on acceptable corrective action. If the parties are unable to agree on appropriate corrective action, the plaintiffs may submit their counter proposal to the Court for review and decision as to whether the delay constitutes a breach of the Settlement Agreement Commitments and whether Plaintiffs are entitled to their proposed relief.

4. Fully implement the Communication Plan while continuing to:
 - a. Include outreach and education of the community, stakeholders, and families. The effectiveness and ongoing refinement of the products, processes and activities of the Communication plan will necessarily include the input of potential Class Members, Class Members and their families, stakeholders, and YES providers.
 - i. Communicate availability of the crisis call line to youth, families, providers, and other relevant stakeholders. Crisis line materials will be modified to fit the needs of various stakeholder groups.
 - b. Establish and maintain products and outreach activities to provide easily accessible and publicly available descriptions or explanations of the Agreement, the services and supports, the Principles of Care and Practice Manual, and the Access Model to Class Members, their families, and other stakeholders.
 - c. Develop focused communications to specific stakeholder groups in the SoC. Examples of some of the recipients of these communications may include but are not limited to: the State Planning Council on Behavioral Health, the seven (7) Regional Behavioral Health Boards, the Idaho Hospital Association, the Idaho Psychiatric Association, the Idaho Psychological Association, the Psychiatric Rehabilitation Association, the National Association of Social Workers-Idaho Chapter, the Idaho Counseling Association, the Idaho Primary Care Association, the Idaho Academy of Family Physicians, the Idaho Association of Community Providers, and the population of behavioral health professionals and paraprofessionals who provide publicly-funded behavioral health services. Additional examples of stakeholders include but are not limited to: legislators, law enforcement entities, Medicaid regional nurse reviewers, magistrates, probation officers, educators, IDHW navigators, public health nurses and public health community outreach workers.
 - d. Engage community youth, family, education, mental health, provider, advocacy, and other stakeholder organizations for opportunities to partner in development of communication materials and events to promote awareness and interest in the SoC and how to access it. Examples include but are not limited to: topic-specific email alerts, individual meetings with organizations, live webcasts – with interactive question and answer sessions, webinars, summaries of state-sponsored planning meetings posted on state websites.
 - e. Conduct initial and periodic review of printed and electronic materials to identify opportunities to improve the effectiveness of the communications.
 - f. Obtain responses and input from Class Members, their families and other stakeholders regarding communication products, processes, and outreach activities to ensure stakeholder feedback for finalization or improvement of the

Communication plan, communication products, processes, and outreach activities.

- g. Finalize or update communication products and events.
 - i. Develop and execute schedule of implementation for updated products, processes, and outreach activities.
- h. Maintain the YES website and social media, hosted by IDHW, and jointly managed by the Defendant Agencies, to continue to publicly provide relevant information including descriptions of the SoC as a whole, specific services, resources, and topics of interest to youth, and families and other stakeholders.
 - i. Maintain protocols and standards for content management and a schedule for creating and distributing communication products, conducting and hosting communication events, and implementing updated products, processes, and outreach activities.
 - ii. Include interactive features to provide public opportunity for making inquiries and obtaining responses that will directly answer the inquiry or provide information on where the answer can be obtained.
 - iii. Include calendar of events to provide public notice of related meetings and actions.
 - iv. Include relevant information requested by Class Members and their families.
 - v. Post information about and link to the jointly managed dedicated website and social media and on each Defendant Agency-specific website and social media.
 - vi. The Department will translate YES Authoritative Documents on the website in accordance with HHS standards for culturally and linguistically appropriate services (CLAS) to provide access to non-English speaking Class Members and their families.

OBJECTIVE C: Access Model

YES Providers will provide YES services and supports consistent with the Settlement Agreement's Access Model and Appendix A.

An Access Pathways Map will be completed to provide authoritative guidance on the YES Access Model and Appendix A requirements to all YES Providers and stakeholders.

The Access Pathways Map will comprehensively detail planned service pathways through the YES SoC from identification through transition, consistent with the YES Authoritative Documents.

Guided by the Access Pathways Map, Defendant agencies will complete development of the YES SoC, and deliver services and supports to scale statewide to all YES Class Members.

Expected Results of Accomplishing Objective C: Defendant Agencies have developed, adopted, and are consistently using the specified models, protocols, and tools necessary to identify, assess, and serve Class Members and their families. Defendant Agencies are communicating this process and are providing informative materials statewide to the community, stakeholders, and families. Class Members, their families, and stakeholders are informed about who is eligible for services under the Agreement, what services are available, and how to access services.

Strategies to Accomplish Objective C

1. Defendant Agencies will complete an authoritative Access Pathways Map that details how discrete YES populations described in Objective A are intended or expected to move into, through, and out of the YES SoC. Consistent with the Agreement and Appendix A, the Access Pathways Map will detail the rules, policies, and procedures that influence or determine access to care for YES Class Members for each discrete population described in Objective A who may be eligible to receive YES services and supports. IDHW will consult with the IWG, subject to procurement restrictions, as IDHW develops the Access Pathways Map. The Access Pathways Map will be completed within the following timelines:
 - a. Final Draft completed by December 31, 2022.
 - b. Final authoritative document will be negotiated with the new IBHP Contractor in compliance with the timelines specified below.
2. The Access Pathways Map pathway descriptions shall set forth every limitation, opportunity, condition, requirement, and decision that may influence or determine access to care relating to: identification; informing; engagement; screening; assessment; diagnosis or functional impairment; risk factors; referral; teaming; treatment, case or care planning or management; care coordination; service authorization; service delivery; level of care; service scope, intensity, and duration; services or treatment plan modification; choice of provider; funding source; timing or timeliness; and transition. The authoritative Access Pathways Map will include each discrete YES service provider pathway for every YES service and support included in the Services and Supports Crosswalk. With the parties' agreement, any of the forgoing items may be included in the Practice Manual or Service and Supports Crosswalk rather than in the Access Pathways Map.

3. The completed Access Pathways Map will be reviewed and approved by the parties, no later than the Service Start Date of the new IBHP Contract. Once approved, the Access Pathways Map will be adopted as the sole authoritative guidance for the Access Model and Appendix A. In the event that the YES Defendant Agencies cannot agree on a single authoritative document, the contested issues will be submitted to the parties for resolution within thirty (30) days.
4. With agreement by the parties, approval of the Access Pathways Map may be accomplished incrementally over time. Regardless of whether the Access Pathways Map is reviewed and adopted in full, or in parts, a fully completed Access Pathways Map will be adopted within 90 days of the Service Start Date of the new IBHP Contract.
5. The approved Access Pathways Map will be incorporated into the service delivery requirements through IBHP provider network agreements for all YES Providers.
 - a. IDHW will formally assess compliance six (6) months after the Service Start Date of the new IBHP contract, or any extension under paragraph 4 above, and on an ongoing basis in accordance with the QMIA Plan, reporting to IWG any existing rules, policies and procedures, including contract requirements, being used or followed by YES Providers that are inconsistent with the adopted Access Pathways Map. The parties will confer on how to resolve these inconsistencies.

OBJECTIVE D: Sustainable Workforce and Community Stakeholder Development

YES Providers participate in workforce development and stakeholder education to create the infrastructure necessary to provide education, training, coaching, supervision, technical assistance and mentoring to providers and community stakeholders in order to enable them to consistently and sustainably provide quality care in accordance with the Practice Manual and as described in the Agreement.

Expected Results of Accomplishing Objective D: The workforce is developed and available to deliver YES services and supports in compliance with the YES Authoritative Documents. A sustainable infrastructure is in place for ongoing education, training, and technical assistance for YES Providers.

Strategies to Accomplish Objective D:

1. The Idaho Behavioral Health Council (IBHC) has identified workforce development as a top priority in the Idaho Behavioral Health Strategic Action Plan for 2021-2024. Within the IBHC Strategic Action Plan, IDHW has been identified as the sponsor/product owner. Phase one of the IBHC's plan will be completed by December 31, 2021. The plan will include a workforce development plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care, including professionals serving YES Class Members. The plan will outline the action steps and dates the State of Idaho will implement to increase the professional and paraprofessional behavioral health workforce in Idaho.
2. The plan is being developed by an implementation team and follows the IBHC guiding principles (described at page 12 of the [IBHC Strategic Action Plan Approved June 29, 2021](#)). Additionally, the new IBHC contract holder will have a contractual responsibility to achieve Medicaid access standards, which can only be accomplished through adequate network development.
3. IDHW will use the IBHC Plan as a model to develop a Workforce Development Plan that fully incorporates requirements of the Agreement, including plans to:
 - a. Assess, develop and strengthen the workforce to deliver services to Class Members.
 - b. Identify and address gaps in the workforce capacity necessary to meet the needs of Class Members
 - c. Develop sustainable regional and statewide education, training, coaching, mentoring, and technical assistance to providers that serve Class Members
4. IDHW will consult with the IWG, subject to procurement restrictions, as IDHW develops the Workforce Development Plan and, with the IWG, will incorporate timelines and interim deadlines for action items.

5. IDHW will contractually require the IBHP to develop and implement provider recruitment and training plans, in consultation with IDHW.

OBJECTIVE E: Due Process

YES Defendant Agencies will develop and operate constitutionally and federally-compliant appeal and fair hearing systems, and also will create and operate a centralized complaint routing and tracking system that monitors and reports on individual and system compliance with due process and establishes a reliable process for resolving identified problems.

The work of this Objective will be led by IDHW in consultation with Idaho Deputy Attorneys General. A description of the appeals and fair hearing and centralized complaint systems, and links to rules will be included in the Practice Manual and will be coordinated with the Quality Management, Improvement, and Accountability (QMIA) goals, plans, or results listed in Objective G to avoid a duplication of efforts with this Objective.

Expected Results of Accomplishing Objective E: Due process mechanisms exist and afford Class Members' and their families' due process of law in exercising their rights under the Agreement and federal and state laws and regulations. Class Members' and their families' concerns or complaints relating to informing, access, service appropriateness, service effectiveness, quality, and accountability are timely and fairly heard and resolved. The complaint and due process procedural mechanisms and associated outcomes will be documented and tracked for compliance and continuous quality improvement.

Strategies to Accomplish Objective E

1. **Authoritative Due Process Protocol:** In order to ensure that Class Members are aware of and notified of their procedural due process rights – as guaranteed by the Constitution, federal and state law – and that those rights are provided to Class Members, counsel for the parties will develop and memorialize an “Authoritative Guidance for Due Process Requirements of State Fair Hearing System within the Context of YES” (hereinafter referred to as the “Authoritative YES Due Process Protocol”) by March 31, 2022.
 - a. The document will outline the notice requirements for agency actions and procedural due process requirements for state administrative hearings (also known as state fair hearings).
 - b. In developing the Authoritative Due Process Protocol, counsel will consider due process standards articulated in federal and state law, the Medicaid Act and regulations, United States Supreme Court and Idaho Supreme Court decisions, the Idaho Administrative Procedures Act and IDAPA rules, as well as the Settlement Agreement in this matter.
 - c. The Authoritative Due Process Protocol will be controlling.
 - d. Throughout the implementation period, the document will be reviewed annually for updates and any proposed changes must be agreed to by counsel for both parties.
2. **Notices of Agency Action:** A Due Process Work Group, led by IDHW and consisting of Idaho Deputy Attorneys General, Counsel for the Plaintiffs, Class Members, IDHW

employees, and other stakeholders meets regularly to assess Department and Department contractor notices.

- a. The Due Process Work Group evaluates standard IDHW and IDHW contractor notices against the Authoritative Due Process Protocol to ensure compliance with the notice and due process standards.
 - b. IDHW will require contractors to provide notices to IDHW for presentation to the Due Process Work Group and requires contractors to comply with the notice and due process standards.
3. State Fair Hearing Process. Appeals of agency actions are handled by the Fair Hearings Unit (FHU) of the Idaho Office of the Attorney General which is charged with operating a standardized administrative hearing system for IDHW.
 - a. The Authoritative Due Process Protocol sets out requirements for providing Class Members with due process rights leading up to, during, and after state fair hearings.
 - b. IDHW will provide the Authoritative Due Process Protocol to the Fair Hearings Unit of the Idaho Office of the Attorney General.
4. Informational Materials.
 - a. The Authoritative Due Process Protocol will be provided to the Communications work group, which is charged with development and implementation of Informational Materials. That work group will ensure the Practice Manual and all other informational materials are consistent with the Authoritative Due Process Protocol.
 - b. The Due Process Work Group will evaluate any revised informational materials against the Authoritative Due Process Protocol to ensure compliance with agreed upon standards.
5. Centralized Complaint System: IDHW will continue to operate a standardized complaint system to address and track complaints (or grievances).
 - a. IDHW, in coordination with Defendant Agencies, will continue to develop a centralized YES complaint system that provides an opportunity for community and Class Members to give their feedback, voice their concerns, and contribute to quality improvement efforts at every level of the YES SoC. Defendant Agencies will use this information to “provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”

- b. IDHW will assess each Defendant Agency's complaint solicitation and response process by considering each agency's provision of the following on an ongoing basis:
 - i. Access
 - ii. Established Practices
 - iii. Reporting Time Limit
 - iv. Time for Acknowledgment of Complaint
 - v. Resolution Time Frame
 - vi. Informational Materials
 - vii. Letters/Forms
 - viii. Interpreter/Translator availability
 - c. No later than six (6) months following the Service Start Date of the new IBHP Contract, IDHW will have a centralized complaint tracking and reporting process in place that:
 - i. Provides the QMIA Council with information and authority to review all formal complaints for trends and identification of YES quality issues;
 - ii. Articulates and follows best practices for complaints management of YES Services, and periodically audits system performance;
 - iii. Provides an impartial process for responding to and resolving complaints, and establishes procedures to minimize the risk of retaliation against complainants or Class Members; and
 - iv. Tracks and reports complaints related to the YES SoC for all Defendant Agencies.
 - d. Establish an impartial informal process for youth and/or their families to expeditiously resolve concerns or complaints regarding the CFT process or its membership.
6. The provisions of this Objective may not apply to services provided to Class Members on an involuntary basis, such as services provided involuntarily to Class Members detained by the state or those services required by a Court Order.
7. Contractors: IDHW will ensure that its contracts with YES Providers and others:
- a. Require alignment with and incorporation of the due process standards described in the Authoritative Due Process Protocol.
 - b. Require alignment with and incorporation of the standardized complaint response system.

OBJECTIVE F: Governance and Problem-Solving

Establish the Interagency Governance Team (IGT) to collaboratively coordinate and oversee implementation of the Agreement. Manage disputes to minimize delay or disruption in successful implementation of the Agreement.

Expected Results of Accomplishing Objective F: Governance group provides leadership, problem-solving, information sharing, cooperation among Defendant Agencies, transparent decision-making, and accountability for meeting the Agreement outcomes. Problems with implementation are surfaced and resolved expeditiously and by consensus to the greatest extent possible.

Strategies to accomplish Objective F:

1. Governance. The IGT will:
 - a. Continue to:
 - i. Collaboratively coordinate and oversee the implementation of the court approved Agreement in the *Jeff D.* class action lawsuit;
 - ii. Advise the parties to the Agreement on implementation;
 - iii. Serve as a vehicle for communication among parties;
 - iv. Identify and remove barriers to implementation and compliance; and
 - v. Monitor implementation and compliance with the Agreement.
 - b. Use its Strategic Planning Process to set IGT priorities for the remaining implementation period. Develop a strategy or plan for communication, and collaboration during the sustained performance period of the Agreement before the implementation period ends. The strategy or plan will set forth roles and responsibilities of the IGT, and relationships with IDHW, other child-serving entities, and children's behavioral health stakeholders.
 - c. Secure staffing and funding resources from IDHW necessary to do its work no later than July 1, 2022. Administrator(s) for IDHW will confirm in writing to Plaintiffs that this provision has been met.

OBJECTIVE G: Quality Management, Improvement, and Accountability (QMIA)

IDHW will further develop and implement the QMIA System, to include three tracts: (1) an amended QMIA Plan that includes monitoring, measuring, assessing, and reporting on Class Member access to care and treatment outcomes, system performance, work force development, and progress on implementation and completion of the Agreement; (2) a Quality Review (QR) process, jointly developed by the parties, and used to objectively assess and improve clinical practice and program effectiveness systemwide; and (3) a Jeff D. Implementation Compliance Task Force to gather compliance information, operationalize outcome and exit criteria measures and to assess and report on progress toward full implementation and exit under the Settlement Agreement and this Plan.

The QMIA system will increase system-wide capabilities for quality improvement at the clinical, program and system levels associated with increasing effectiveness of services and improving access to services.

Expected Results of Accomplishing Objective G: The Defendant Agencies sustainably operate a QMIA System that monitors, measures, assesses, and reports on Class Member outcomes, system performance and implementation of the Agreement, and improves quality at the clinical, program and system levels over time. The Defendant Agencies routinely measure, analyze, and publicly report on regional and statewide QMIA indicators and data. Over time, cost-effectiveness is increased and access to care is improved.

Strategies to accomplish Objective G:

1. IDHW will update the existing QMIA Plan and deliver it to the IWG by August 31, 2022. IDHW will consult with the IWG, subject to procurement restrictions, as IDHW amends the QMIA Plan. The Amended QMIA Plan will at minimum, do the following:
 - a. Establish with specificity the format, data, quality and performance indicators, reporting periods, geographic scope, and the tables, and charts to be included in each quarterly and annual QMIA public report. Information reported must include, at a minimum, number of youths served; scope, intensity, and duration of services; and type of service(s) received. These data will be stratified by region, demographics, need, provider, and other Key Quality Performance Management Indicators (including process, client outcomes, and system impact) that are deemed necessary to measure and report on compliance with the Agreement and this Implementation Assurances Plan, as determined by the parties. IDHW will publish a listing of the reports or tables to be routinely included in the QMIA editions on the YES website or in the QMIA amended plan.
 - b. Finalize data collection and reporting protocols for CANS and provide a quality assessment report biannually. The CANS data system will be implemented as a real-time platform. With the assistance of Praed's CANS experts, consulting with the State, the parties will agree on the definition or parameters of "real-time" no later than March 31, 2022.

- c. Develop data collection and reporting protocols for CFT in order to enable assessment of whether these services are delivered in compliance with the YES Authoritative Documents, including assessment of and reporting on YES system treatment capacity, and utilization data, to determine service gaps and system strengths. This assessment will be included in the QMIA reports and timely provided to the Jeff D. Implementation Compliance Task Force.
 - d. Detail responsibilities and procedures, including production and delivery timelines and formats, for collecting the necessary information set forth above from every YES Provider that delivers YES services and supports to YES Class Members. No later than June 30, 2023 determine which Defendant Agency or Agencies shall have ultimate fiscal and programmatic responsibility for producing data and reports necessary for publishing the QMIA. Ensure that the responsible agency has adequate resources and authority to accomplish the publication of the QMIA completely and on time.
 - e. Amend the Quality Assurance infrastructure to improve accountability for gathering, collating, aggregating, analyzing, and reporting data. Clarify, and streamline, if necessary, the responsibilities and authority of the Quality Assurance Council and its Committees.
 - f. Include a process for the QMIA Council to develop and prioritize quality improvement and system performance recommendations that will be made to the Defendant's Work Group and the IGT.
 - g. Establish criteria for a feedback loop for Defendant Agencies to propose and implement quality improvement and system performance remedial steps and for assessment of remedial actions.
 - h. Clarify the QMIA Council's membership, responsibilities, authority, and its relationship to the IGT and its committees.
2. The IWG will design and describe the Jeff D. Implementation Compliance Task Force in an appendix to the QMIA Plan by August 31, 2023.
- a. The IWG will determine appropriate Task Force membership, that will include plaintiffs' counsel.
 - b. The Task force will be responsible for assessing and reporting on progress towards full implementation under the Settlement Agreement and this Plan. The Task Force will:
 - i. Operationalize the Implementation compliance measures, including the Outcomes and Exit Criteria stated in the Settlement Agreement and the measures described in Objective B.3.
 - ii. Meet quarterly to evaluate compliance with agreed upon performance measures.

3. IDHW will develop and use enforceable data sharing agreement(s) among its contractors and every YES Provider necessary to accomplish the above QMIA data collection requirements. Data sharing agreements will comply with state and federal law relating to privacy, confidentiality, and consent.
4. IDHW will complete the development of the YES QR process jointly with Plaintiffs as required by the Settlement Agreement, Paragraphs 56 and 57, no later than June 30, 2022.
5. The QMIA System will complete development and implementation of a continuous quality improvement culture within the SoC during the Implementation period to:
 - a. Provide quality and performance information in as close to real time as possible to decision-makers at every level of the system; develop and employ system-wide methodology to support decision-makers to use this information in making service planning and delivery decisions; and create opportunities for high performing individuals or programs to share or model proven or promising practices.
 - b. Incorporate Performance Improvement Projects (PIP) into YES Provider QA activities by:
 - i. Establish performance planning with goals and objectives.
 - ii. Describe performance measurement.
 - iii. Identify and execute continuous quality projects relevant to the goals of the Agreement, the goals of the Defendant Agencies, and the goals of Class Members and their families.
 - iv. Link the projects to strategies listed in the Implementation Assurances Plan, the Defendant Agencies' efforts to accomplish those strategies, and the performance of the SoC.
 - c. Develop conclusions emanating from the continuous quality project outcomes into recommendations to YES Defendant Agencies for action as needed.
 - d. Prepare a report on the results of YES Performance Improvement Projects and present the results to the IGT no less than bi-annually.

OBJECTIVE H: Idaho Behavioral Health Plan

Re-bidding the Idaho Behavioral Health Plan (IBHP) is intended to ensure compliance with the Settlement Agreement's requirement of maximizing Medicaid's role in the YES SoC and facilitating full implementation and sustained performance under the Agreement. IBHP providers will be required to deliver YES Services and Supports to YES Class Members consistent with the YES Authoritative Documents.

Expected Results of Accomplishing Objective H: The IBHP contract and service agreement(s) will fully incorporate the requirements set forth in the Services and Supports Crosswalk, Access Pathways Map, Due Process Protocol, QMIA Plan, and Practice Manual. IBHP Providers will deliver YES services and supports to YES Class Members consistent with the requirements in the Services and Supports Crosswalk, Access Pathways Map, Due Process Protocol, QMIA Plan, and Practice Manual and the Settlement Agreement.

Strategies for Accomplishing Objective H:

1. Defendant Agencies intend to implement portions of the Jeff D. Settlement Agreement through a vendor selected by an Invitation to Negotiate (ITN) to a new IBHP contract.
2. The ITN as drafted by Defendants and reviewed by Plaintiffs during November 2021 provides necessary and essential details and conditions for successful implementation of the Jeff D. Settlement Agreement.
3. IDHW will collaborate with the IBHP contractor to finalize and implement the Services and Supports Crosswalk, the Access Pathways Map, and the Practice Manual within the timelines specified in this plan.
4. The Settlement Agreement and this plan, once approved by the court, will be incorporated into the IBHP Contract as if set forth in full.
5. Each YES Authoritative Document will be incorporated into the IBHP Contract as an amendment, as if set forth in full, on the date the IDHW Director approves the document.
6. During the Procurement Process, IDHW will not accept changes to the ITN that materially alter or substantially impair the Defendant's compliance with the YES Authoritative Documents or this Plan without Plaintiff's Counsel's consent.
7. Timelines or deadlines established in this Plan may be adjusted only by written agreement of the parties. IDHW and Defendant Agencies have the sole responsibility for meeting timelines established in this Plan. Deadlines shall not be rendered contingent based solely on the activities or performance of IBHP agents or contractors.
8. Once the IBHP contract has been executed, the IWG will be offered the opportunity to meet with the contractor during the implementation period of the contract (following the Execution Date and prior to the Service Start Date of the new IBHP Contract). The primary purpose of meeting will be to facilitate incorporating to the fullest extent practicable applicable elements or components of Objectives A-G into the IBHP's operations.

Glossary²

Access Pathways Map: An authoritative document that details how a Class Member is intended or expected to move into, through, and out of the YES SoC.

Algorithm: a set of instructions for a process that leads to a predictable result; set of rules to be followed in calculations or other problem-solving operations; business flow diagrams.

Care Management: Care Management is the overall system of medical and psychosocial management encompassing, but not limited to: utilization management, care coordination, discharge planning following restrictive levels of care, continuity of care, care transition, quality management, client and family engagement, and service verification.

Defendant Agency (Agencies): state agencies whose principal executive officers are Defendants, including Idaho Department of Health and Welfare (and its Divisions of Medicaid, Behavioral Health and Family and Children's Services), the Idaho Department of Juvenile Corrections, and the State Department of Education.

Execution Date of Idaho Behavioral Health Plan (IBHP) Contract: The execution date of the new IBHP Contract is the date that the new contract is signed.

Idaho Behavioral Health Plan (IBHP): Idaho's managed care behavioral health plan provided by a contracted Managed Care Organization.

Potential Class Member: Any Idaho resident with unmet mental health needs who has not yet reached their eighteenth (18th) birthday and who has not yet been determined to be a Class Member.

Practice Manual: An authoritative document that describes the YES Principles of Care and the Practice Model and the operational details for the complete implementation of the Services and Supports Crosswalk, Access Pathways Map, Due Process Protocol, and appropriate components of the Quality Management, Improvement, and Accountability Plan.

QMIA Council: A quality management, improvement and accountability entity within the Jeff D. governance structure that is a cross-Defendant Agency collaborative made up of executive level staff and children's mental health stakeholders with responsibilities specific to meeting the terms of the Agreement. See QMIA Plan for complete list of goals and responsibilities.

QMIA Plan: Quality Management, Improvement, and Accountability Plan (QMIA) Plan describes how Idaho's child serving systems will monitor, assess, and report on the progress toward the execution of the commitments set forth in the Jeff D. Settlement Agreement.

² This Glossary is intended to aid in the understanding of the Implementation Assurance Plan. The terms and guidance provided shall be interpreted consistent with the Settlement Agreement and the Implementation Assurance Plan. In the event there is a conflict between the Glossary and the Settlement Agreement or the Implementation Assurance Plan, the Settlement Agreement and/or the Implementation Assurance Plan language shall be controlling.

Service Start Date of the Idaho Behavioral Health Plan (IBHP) Contract: The date that the Department and the Contractor mutually agree that the Contractor will assume daily operations for the IBHP.

Services and Supports Crosswalk: An authoritative document that describes the Services and Supports outlined in Appendix C of the Agreement, to be included in the YES service array that is actually delivered to YES class members.

YES Authoritative Documents: collectively describes the following documents, which will be established and maintained as required by this Implementation Assurances Plan and will be consulted for authoritative guidance: the Services and Supports Crosswalk, the Access Pathways Map, the Practice Manual, the QMIA Plan, and the Authoritative Due Process Protocol.

YES Provider: any person or entity, associated with a Defendant Agency as defined above, including the Idaho Behavioral Health Plan Contractor and its network providers, in a role of furnishing a service/support to a Class Member or Class Member's family.

EXHIBIT B

Fourth Youth Empowerment Services Implementation Progress Report

January 10, 2022

Submitted under the
Settlement Agreement in
Jeff D. et al. vs Brad Little et. al.
U.S. District Court, Case No. 4:80-CV-04091-BLW

Youth Empowerment Services Fourth Implementation Progress Report

I. Introduction

On June 12, 2015, the State of Idaho finalized a Settlement Agreement with plaintiffs regarding the *Jeff D. et al. vs. Brad Little*, Case No. 4:80-CV-04091-BLW class action lawsuit.¹ In the Settlement Agreement (Agreement), the State of Idaho (state) committed to developing a community-based mental health system of care that is sustainable, accessible, comprehensive, and coordinated for children and youth with serious emotional disturbance (SED). The objective of the Agreement was to develop and successfully implement a service array that meets the needs of children, youth, and families. The state worked with youth and other stakeholders to help brand the effort and chose the name “Youth Empowerment Services” (YES) for the new system of care.

The Agreement required the defendants — the State of Idaho, including the Idaho Department of Health and Welfare (DHW) Divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS); the State Department of Education (SDE); and the Idaho Department of Juvenile Corrections (IDJC) — to develop an implementation plan and provide an annual progress report to the Court and Plaintiffs’ counsel on the progress the state has made operationalizing the implementation plan. The Defendants (YES Partners) submitted the Idaho Implementation Plan to the Court on April 29, 2016, which was subsequently approved. The Implementation Plan was organized around seven objectives and the proposed strategies to accomplish the commitments of the Agreement.

This report, which is being filed on or around the same time as a newly developed consensus Implementation Assurance Plan, details the ways the YES partners are working together to implement YES, meet their requirements in the Settlement Agreement, and transform the mental health services for children and youth into a comprehensive integrated system of care. The report includes a summary of achievements and provides a brief overview of the state’s progress in developing and implementing the YES System of Care (SoC). The report also identifies implementation challenges and continuing work needed.

In late 2019, the parties collaborated to address implementation and agreed to engage with expert consultants. Throughout 2020, the parties identified remaining barriers to full implementation and worked to develop a new “assurance plan” to supplement the 2016 Implementation Plan. DHW is currently undergoing many changes that will ultimately advance the work toward full implementation of the YES SoC. These changes include the expansion of the Idaho Behavioral Health Plan and a transition for the Division of Behavioral Health (DBH): in its role as the state’s

¹ Brad Little became the Governor of Idaho on January 7, 2019, replacing Butch Otter as the previously named Defendant in this matter.

Behavioral Health Authority, DBH is transitioning from a provider of direct voluntary services to a new model that will include a Center of Excellence.² The Idaho Behavioral Health Plan (IBHP) will be a single Medicaid and non-Medicaid delivery system for mental and behavioral health services throughout the state. In its role as the Center of Excellence, DBH will guide, train, coach, perform quality reviews, and oversee the delivery of best practices by the Idaho Behavioral Health Plan.

These changes, among others in Idaho, including Medicaid expansion, have necessitated a change of approach to the implementation of the Agreement. Through discussion of the steps needed to overcome remaining barriers to full implementation of the Agreement, the parties determined it is necessary to supplement the 2016 Implementation Plan with an Implementation Assurance Plan. The parties and the Implementation Work Group (IWG) worked collaboratively throughout 2021 to develop an Implementation Assurance Plan (IAP). This plan was finalized as a consensus document on December 29, 2021, and submitted to the Court on January 10, 2022 for approval.

As with the Implementation Plan, the IAP follows the requirements of Paragraph 61 of the Agreement, which requires the implementation plan to:

- a. Identify and sequence tasks necessary to fulfill the Commitments and achieve the Outcomes provided in this Agreement;
- b. Develop and use quality assurance and improvement procedures to measure, assess, manage and report on the implementation process;
- c. Set clear and accountable timelines for compliance, including interim progress until compliance is achieved;
- d. Identify responsible agencies and divisions for achieving tasks identified;
- e. Outline processes for the IWG to monitor progress, provide feedback, and resolve problems in meeting Defendants' obligations under this Agreement and carrying out the Implementation Plan;
- f. Identify the staffing and financial resources necessary to fulfill the Commitments and achieve the Outcomes required by this Agreement; and
- g. Describe the communication and outreach activities that Defendants will undertake in order to inform Class Members, their families, stakeholders and the community about services and procedures provided under this Agreement.

² DBH will continue to provide direct services to patients at state hospitals on an involuntary and voluntary basis.

II. Achievements

Idaho's YES system partners are committed to developing statewide capacity to provide services and supports that meet the needs of children, youth and families in scope, intensity, and duration. The parties, along with the Inter-Governance Team and Implementation Work Group regularly communicate to identify barriers and problem-solve strategies that will enable full implementation of the Agreement. Through a teamwork approach, the YES partners intend to completely implement the IAP no later than one hundred eighty (180) days following the service start date of the new IBHP.

Idaho has made significant advances since August of 2019. Some of these achievements are summarized below. More information regarding service delivery and system performance may be found in the QMIA quarterly reports, the most recent version of which is attached hereto as Appendix A.

a. Release of New IBHP Plan Description

One of the most consequential recent developments is that the state has completed the lengthy process of developing an Invitation to Negotiate (ITN) for a new Idaho Behavioral Health Plan (IBHP) contract. The IBHP contract is the mechanism the state has chosen to fully implement the requirements of the *Jeff D.* Agreement, in order to transform and improve Idaho's behavioral healthcare system for the class members and all Idahoans. The ITN was released on December 30, 2021 and vendors have been invited to competitively negotiate a contract through the state's Division of Purchasing. In working to develop the ITN, the state endeavored to design a behavioral health system that will provide a wide array of behavioral health services through a contracted Managed Care Organization (MCO). The contract resulting from this procurement will integrate inpatient, emergency department and residential services, in accordance with the Idaho Medicaid Behavioral Health Transformation Waiver. The contractor will be responsible to provide access to behavioral health services for members and to notify and educate members and providers on how to access services, their rights and responsibilities, and methods for appealing decisions made by the MCO. The ITN was developed to ensure that services provided and reimbursed through the Contractor will include therapeutic services, recovery and support services, and crisis services throughout a continuum of care. Under the new contract, DHW will also transition to the Contractor the direct delivery of several services currently provided or contracted through DHW. In addition, the Contractor will be required to develop services not currently fully available such as a Crisis Call Center that will help meet the behavioral health needs of Idahoans. These programs will be implemented across the Medicaid and non-Medicaid service delivery system, with funding coming from both Medicaid and non-Medicaid sources.³ It is expected that the new IBHP contract will be in place in 2023 and the new contractor will achieve full implementation of its responsibilities under the contract.

³ Publicly released information about the ITN is available at: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19791&dbid=o&repo=PUBLIC-DOCUMENTS&cr=1>.

b. Continue to Increase the Number of Children and Youth who have Medicaid Benefits

In the fourth quarter of SFY 2021 there were 2,139 members in the Medicaid YES Program who utilized any MH services. This program provides Medicaid benefits to children and youth with SED whose household income is less than 300% of the federal poverty limit.

c. Mental Health Services for Children and Youth with Household Income Over 300%

The Division of Behavioral Health's priority is to ensure access to YES behavioral health services for all class members regardless of Medicaid eligibility or Medicaid coverable services. As part of this pursuit, DBH is utilizing existing and new contracts to provide Youth Empowerment Services to families with income over the 300% federal poverty limit for Children with Serious Emotional Disturbances.. DBH has worked to establish a single behavioral health system of care regardless of Medicaid eligibility. Currently, YES class members and their families who don't qualify for Medicaid, or Medicaid eligible participants seeking Youth Empowerment Services outside of the Medicaid Benefit, may access these services at no cost. Once the Medicaid and non-Medicaid funded IBHP is implemented in 2023, families will incur a cost-share based on the families' Modified Adjusted Gross Income.

d. Child and Adolescent Needs and Strengths (CANS) Used Statewide to Assess for Mental Health Needs

As of July 2019, the CANS became the statewide functional assessment tool for children with mental health needs in Idaho. Children and youth of all ages, genders and race/ethnicity are assessed throughout the state. In September of 2021 DHW's Division of Family and Community Services, Child Welfare Program began using the CANS as well to assess children and youth their care.

e. Family Involvement in Quality Improvement

In SFY 2021 YES partners administered the third annual survey to a sample of families whose child(ren) have been assessed on the CANS. The sample included 5,998 caregivers of youth who participated in YES behavioral health services during 2020. Caregivers were randomly sampled with proportional allocation across DBH's seven (7) regions to ensure adequate representation across the State. A total of 1,185 caregivers responded (20% response rate).

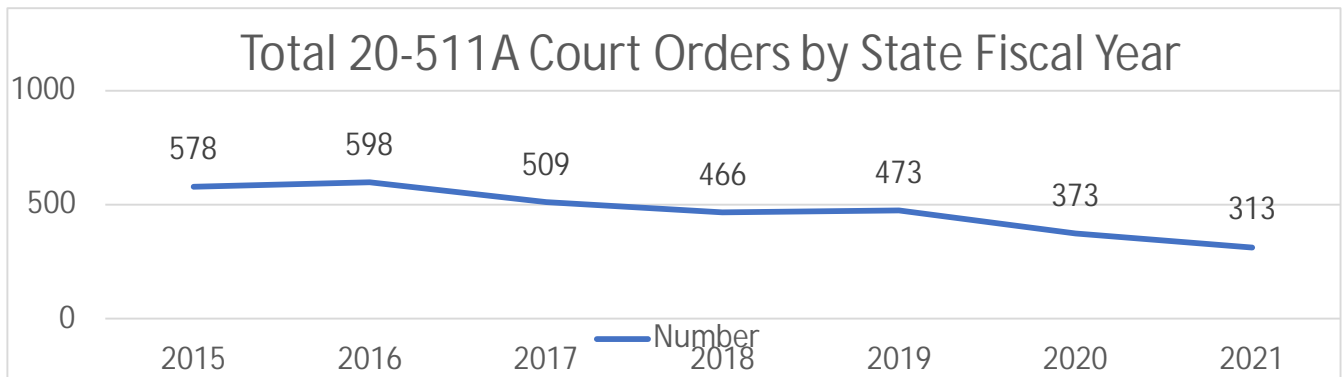
Results of the survey indicate that the YES system has maintained or improved in all areas assessed through the survey since SFY 2020 (yellow arrow indicate outcome of less than 70% in agreement).

QMIA Council has noted that there has been some improvement in the knowledge of who to contact if there is a concern or complaint about their provider (increased from 62% to 68%).

	2020 Result	2021 Result
Family Centered Care		
Provider encourages me to share what I know about my child/youth	85%	85%
The goals we are working on are the ones I believe are most important	88%	88%
My child and I are the main decision makers	79%	↑ 83%
Family and Youth Voice and Choice		
Provider respects me as an expert on my child/youth	82%	↑ 85%
The assessment completed by the provider accurately represents my child/youth	78%	↑ 81%
My youth/child is an active participant in planning services	58%	↑ 67%
My child/youth has the opportunity to share his/her own ideas when decisions are made	72%	↑ 83%
I know who to contact if I have a concern or complaint about my provider	62%	↑ 68%
Strengths-Based Care		
Services focus on what my child/youth is good at, not just problems	78%	↑ 84%
Provider discusses how to use things we are good at to overcome problems	70%	↑ 77%
Individualized Care		
Provider makes suggestions about what services might benefit my child/youth	75%	↑ 76%
Provider suggests changes when things aren't going well	69%	↑ 74%
Provider leads discussion of how to make things better when services are not working	62%	↑ 69%
Community-Based Service array		
My family can easily access the services my child needs	61%	↑ 71%
Meetings occur at times and locations that are convenient for me	79%	↑ 83%
Collaborative/Team -Based Care	65%	↑ 73%
Culturally Competent Care	92%	↑ 93%
Outcome-Based Care		
Outcome-Based care	73%	↑ 75%
Adequacy of Safety/Crisis Planning		
Provider helped make a safety/crisis plan	48%	↑ 60%
I feel confident that my child/youth's safety/crisis plan will be useful	54%	↑ 61%
Total	71.5%	↑ 76.8%

f. Court Ordered Services Under Idaho Code § 20-511A

One of the goals of the Agreement is to avoid delinquency and commitment to the juvenile justice system. As indicated in the chart below the number of children/youth who have been under court order to receive MH services has decreased from 598 in SFY 2016 to 313 in SFY 2021- a decrease of 48%.



g. Wraparound Services Provided

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, 188 in SFY 2021, and since the initial implementation of Wraparound in Idaho 514 children and families have received Wraparound.

h. YES Website Re-Design and Launch

In June of 2020, a newly designed YES website was rolled out. This was the result of DBH collaboration with a parent leader, who consulted with other parents throughout the process as the site development progressed. The group met repeatedly to discuss the shared overall goals and then designed pages around those concepts. Overall, the aim was to create a site with YES-specific branding that would create a recognizable style throughout the system of care's communications. The Department wanted to make it easily accessible for families, parents, and youth to quickly find information on how to get started with YES and access its services. The Department also wanted to consolidate a large amount of information onto a smaller number of pages in a logical way to reduce the amount of searching needed to find useful materials. There was a recognized need to build a place where historical documents could be archived from throughout the project's development on subjects like quality assurance, governance, and background information, and the team wanted to provide a place for parents to share their comments and experiences regarding the YES system of care. The state received positive feedback about the site.

On June 21, 2021, the YES website went live on a new hosting platform. This transition was necessitated by a redesign of the DHW website. During the transition, DHW was committed to the goal of keeping the look, feel and functionality of the site, based upon the positive feedback that had been received. The new site looks and works very similarly the 2020 site and will be able to continue functioning well on the updated platform. DBH has resources committed to maintaining the site and incorporating feedback so that it continues to serve YES class members, their families, and community stakeholders.

i. Due Process Protocol and Review of Documents and Notices Largely Complete

Counsel for the parties worked collaboratively to develop a Due Process Protocol that addresses due process requirements for appeals and state fair hearings. The protocol addresses rights of class members, as guaranteed by the Constitution, federal and state law, and will provide guidance to the state, contractors, and stakeholders as they create new notices and review existing notices. The Due Process Workgroup – a collaborative group made up of department employees, their counsel, plaintiffs' counsel, and parent advocates -- continues to review existing notices. The workgroup has identified thirty-four (34) due process notices that needed to be revised or created. Of those thirty-four (34), six (6) are on pause due to the need for additional information concerning Medicaid premiums or the IBHP. Of the twenty-eight (28) that remain, only four (4) of those are incomplete. This equates to approximately 85% of the notices being in their finalized form.

III. Continuing Work

Idaho has more to do in the coming years, including the work summarized below.

a. Availability of Services

The availability and delivery of publicly funded children's mental health services continues to be a challenge. The availability of mental health providers in Idaho (a designated healthcare provider shortage for mental health statewide), difficulties in both recruiting new qualified providers and in retaining providers, the growth of the state population, and access in both rural and frontier areas of the state are factors that impact the availability of services.

To address availability to care, YES partners are researching best practices to increase the effectiveness of services, enhancing coaching and training, implementing new strategies for increasing the number of healthcare providers and increasing the focus on development and expansion of the use of telehealth. The use of telehealth statewide has increased during the COVID-19 Pandemic.

b. Access to Services

Based on the results of the Family Survey described above, access to mental health services for youth remains a significant challenge for many Idaho families. Nearly 3 out of 10 caregivers (29%) indicated they could not easily access the mental health services their child or youth needs. While there was improvement in this area from 2020 to 2021, there remains significant need to improve access to mental health services for youth and families in Idaho.

There is evidence that youth who face the most significant mental health challenges have the worst care experiences. Youth with the most severe levels of impairment, highest risk, and fewest strengths – based on their CANS score – had significantly worse experiences of care on 6 out of 9 care indicators as compared to their peers. Deficits were especially pronounced in the area of access to a community-based service array, suggesting youth with the most severe needs do not have adequate access to an intermediate range of services necessary to support them in the community.

c. Continue to Develop a Centralized Complaints Process

Based on agreement from the YES Partners, DBH published the current DBH CMH Complaint Line as the YES Complaint Line; however, each partner agency has its own individual process for addressing and responding to complaints as required in federal regulations or state IDAPA rules. This lack of system integration has contributed to families feeling that they do not know where or how to file a complaint. The state has not arrived at a plan for a centralized and integrated complaints system.

d. Finalize Quality Review (QR) Plan

The YES partners are working with Plaintiffs to further develop the plan for conducting QR. One annual review has been completed and the parties expect to finalize the QR process by June 30, 2022. The QR assesses whether YES services are being provided in accord with the YES principles of care and will identify root causes of barriers that youth and families experience.

It is expected that there will be three components to the QR that will be included in the final plan:

1. A detailed review of client records
2. Interviews with youth and families
3. Interviews with providers

Results of the QR process will be utilized by the QMIA council to establish projects for YES system improvement.

- e. Finalize YES Success Measures

Continue to develop methods to report out on success measures that the parties have agreed demonstrate state compliance with the Implementation Assurance Plan to be employed before June 2023.

IV. Conclusion

Much of the parties' work since the last Progress Report has been focused on redesigning an IAP to specifically target noted barriers to implementation. The parties' collaboration on the IAP delayed the filing of an interim progress report. Future progress reports will address implementation in accordance with the IAP.

Fourth Youth Empowerment Services Implementation Progress Report

Appendix A:
Youth Empowerment Services
QMIA Quarterly Report
January 2022



Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report, Jan 2022

SFY 2022, 1st Q 2022



Jan 4th, 2022



YES, QMIA Quarterly Report SFY22, 1st Q

YES QMIA-Q SFY 2022, 1st Q includes data from July, August, September 2022,
and trends for previous SFYs.

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YES, QMIA Quarterly Report SFY 2022, 1st Q



Overview of YES QMIA Quarterly (QMIA-Q) Report

YES, QMIA Quarterly Report SFY 2022, 1st Q includes data from Q1 of SFY 2022 (July, August, September 2021),

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 includes 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, children who do not have insurance 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 January 2022 includes data from Q1 of State Fiscal Year (SFY) 2022 (July, August, September 2021), SFY 2021 (Q1, Q2, Q3, and Q4), and trend data from previous SFYs. The QMIA-Q January 2022 includes 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 YES system improvement by building collaborative systems, developing new services, and creating workforce training plans.

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.

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 , 2022
2 nd quarter- Oct-Dec	March 30, 2022
3 rd quarter Jan- March	June 29, 2022
4 th quarter and year end April- June and full SFY 2022	September 28, 2022

Executive Summary

Starting with this edition of the QMIA-Q there will be a new framework utilized for the QMIA-Q Executive Summary that is intended to improve the readers experience in reviewing the report.

For SFY 2022 Q1 the Executive Summary covers Q1 data on: Annual Estimated Number of YES Eligible, Identification and Screening of YES Eligible, YES Outpatient Services Provided, YES Principles of Care, and Outcomes. Additional items included in the Executive Summary are New Data added to the QMIA-Q and Quality Improvement Project updates

Annual Estimated Number of Potential YES Eligible

The QMIA Council was charged with evaluating the methods that were used in SFY 2021 in their number of children and youth estimated to be eligible for YES. The Council researched current models for projecting need that are in use across the states and found again that there are variety of methods but none that have been standardized. Upon completion of the research the methodology that was proposed was to use current census date, prevalence rates based on insurance status, and expected need for need of publicly funded services for those who are insured.

At the QMIA Council meeting on 12/10/2021 the revised the methodology for estimating the number of potential YES Class Members was proposed. The proposed methodology was accepted unanimously. (Full methodology is on page 8)

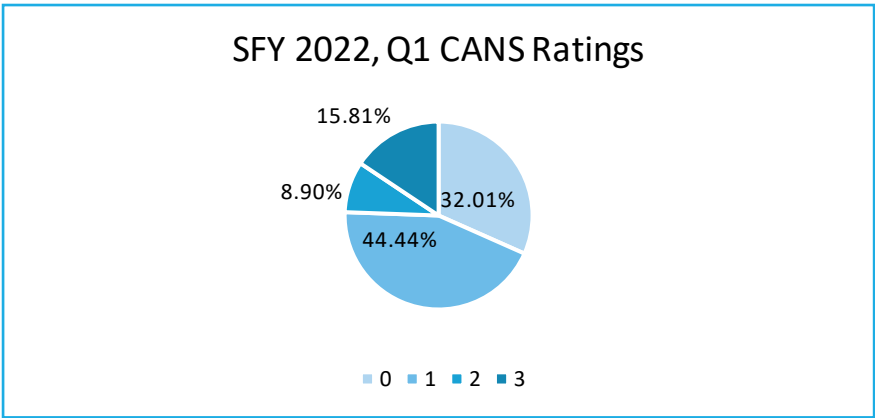
Annual Estimated Number of Potential YES Eligible
= 19,600 – 20,100

Identification and Screening of Potential YES Eligible

The following pie chart represents the percent of all children and youth who had an initial CANS in Q1 of SFY 2022 based on the overall CANS rating. The overall rating on the CANS is based on rating on each item in the domains that are assessed (<https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/>).

In Q1 of SFY 2022 there were 2,574 children and youth who were screened via the CANS. Of those assessed in Q1 32.01% had an overall rating of “0” indicating that they did not meet the criteria of YES eligibility. The remainder of the children and youth assessed did meet criteria of eligibility for YES (67.99%). These percentages are consistent with previous results over the previous years of measurement.

SFY 2022, Q1
Total number of potential Class Members identified and screened = 2,574



YES Outpatient Services Provided

YES services are to be provided to children, youth, and families across the state. Outpatient services are provided by both the Medicaid network and by the DBH Regional clinics. A snapshot of some of the YES Outpatient services is by region noted below. Full detail of all YES services in Section 6 and 7 of the report.

SFY 2022, Q1	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
Assessments									
CANS- Billed through Optum	559	130	1183	1,565	710	586	1,213	8	5,950
Psychological and Neuropsychological Testing	45	24	88	123	41	101	157	4	518
OP Treatment Services									
Psychotherapy	1,137	377	2,230	2,771	1,339	1,064	2,218	26	11,088
Medication Management	121	114	622	8004	208	317	398	4	2,582
Skills Building (CBRS)	91	85	277	423	45	199	63	3	1,724
Targeted Care Coordination (TCC)	20	29	93	168	9	111	404	2	829
Support Services									
Respite	5	38	82	128	25	70	161	3	508

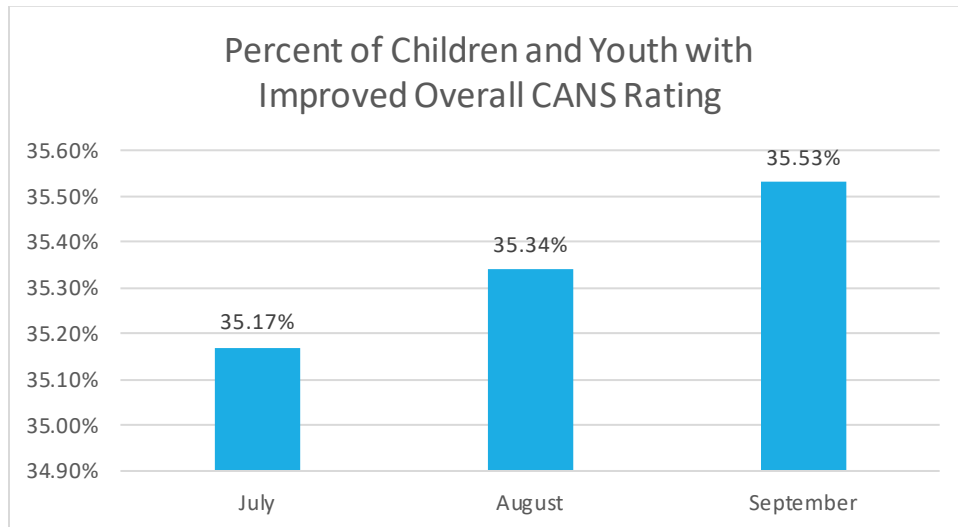
Assessing YES Principles of Care

In the Spring of 2021, a survey was sent to 6000 caregivers to assess the status of YES services regarding consistency with YES Principles of Care. The table below summarizes the results of the survey. The QMIA Council is reviewing performance measures related to the survey questions and either already has or will be establishing performance quality goals as well a quality improvement projects to address areas targeted for improvement. The full report can be found at <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>.

Quality Services Review: Family Survey	2021 Result
Family Centered Care	
Provider encourages me to share what I know about my child/youth	85%
The goals we are working on are the ones I believe are most important	88%
My child and I are the main decision makers	83%
Family and Youth Voice and Choice	
Provider respects me as an expert on my child/youth	85%
The assessment completed by the provider accurately represents my child/youth	81%
My youth/child is an active participant in planning services	67%
My child/youth has the opportunity to share his/her own ideas when decisions are made	83%
I know who to contact if I have a concern or complaint about my provider	68%
Strengths-Based Care	
Services focus on what my child/youth is good at, not just problems	84%
Provider discusses how to use things we are good at to overcome problems	77%
Provider makes suggestions about what services might benefit my child/youth	76%
Provider suggests changes when things aren't going well	74%
Provider leads discussion of how to make things better when services are not working	69%
Access to Community-Based Service array	
My family can easily access the services my child needs	71%
Meetings occur at times and locations that are convenient for me	83%
Collaborative/Team -Based Care	73%
Culturally Competent Care	
Outcome-Based Care	75%
Adequacy of Safety/Crisis Planning	
Provider helped make a safety/crisis plan	60%
I feel confident that my child/youth's safety/crisis plan will be useful	61%

Improved Outcomes

YES services are leading to improved outcomes. In Q1 of SFY the percent of children and youth whose overall rating improved from at least one level (e.g., from a 3 to a 2, or a 2 to 1) continued to increase.

New data added to the QMIA-Q

The QMIA-Q report will be adding a new data element to the report going forward regarding the number of Youth Support Partners and Family Support Partners. In Q1 of SFY 2022 there were 145 Certified Family Support Partners

Certified Family Support Partners (CFSP) 6/30/2021

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
21	3	24	27	8	10	52	0	145

The number of Youth Support Partners at the end of Q1 was 82. We do not have detailed information on the number available regionally.

YES Quality Improvement Projects*Service Availability in all 7 Regions*

The QMIA Council recommendations listed in the QMIA-Q report for YES quality improvement based on data SFY 2021 were reviewed by the Defendants Workgroup (DWG) and a determination was made to focus on the following as a priority:

“YES partners will develop a plan for increasing service availability and access in all 7 regions with a goal to increase access statewide. “

The Council will develop a Quality Improvement Plan (QIP) to address the recommendation to be delivered to the DWG March 2022. .

Crisis and Safety Plans

Based on a survey in early 2021, 40 percent of families reported that their youth could benefit from a crisis or safety plan but did not receive assistance in planning and 39 percent of families were not confident their plan would be helpful in a crisis. To help families with this need, the Division of Behavioral Health began a quality improvement project to increase the effectiveness and use of crisis and safety plans.

Forms for crisis and safety planning, and other helpful information related to a crisis, were recently added to the Youth Empowerment Services (YES) website.

A collaborative workgroup of parents and youth, the divisions of Behavioral Health and Family and Community Services, and the Idaho Department of Juvenile Corrections created a video for youth and parents about how to create an effective crisis and safety plan. The video is now available in English and Spanish on YouTube and the YES website.

Next steps in the quality improvement project include training for community providers on the creation and use of effective safety planning. See the details of the Quality Improvement Project in Appendix B.

Introduction: QMIA-Q SFY 2022, Q1 Report

The QMIA-Q for SFY 2022, Q1 includes the annual estimated number of potential Class Members, data regarding the children and youth who received a CANS assessment, outpatient and 24 hours services, implementation of YES principles of care and outcomes. There have been some changes in how the data is presented that are intended to help the workgroups and stakeholders using the QMIA-Q to more easily understand the data that is included.

Annual Estimated Number of Potential Class Members

The QMIA Council was charged with evaluating the methods that were used in their number of children and youth estimated to be eligible for YES. The Council researched current models for projecting need that are in use across the states and found that there are variety of methods but none that have been standardized. At the QMIA Council meeting on 12/10/2021 a revised the methodology for estimating the number of potential YES Class Members was proposed. Upon completion of the research the methodology that was proposed was to use current census date, prevalence rates based on insurance status, and expected need for need of publicly funded services for those who are insured. See BSU analysis :<https://yes.idaho.gov/wp-content/uploads/2021/04/BSUEvaluationofDeterminingSEDinIdahoReport1.pdf>

The proposed methodology was accepted unanimously. The revised methodology is shown in below in Table 1.

Table 1: QMIA Council Method for Estimating YES (revised 12/10/2021)

	Type of insurance				Total
	Employer	Non-Group	Medicaid	Uninsured	
Insured rate based on 2020 Census	50.7%	5%	34.9%	7.1%	97.7%*
Population	240,100	23,800	165,300	33,800	473,400
Estimated prevalence	6%	6%	8%	11.9%	
Estimated need	14,406	1,428	13,224	4,022	
Adjust for expected need of Publicly Funded services	15%-18%	15%-18%	NA	NA	
Lower estimate	2,375 = 15%		13,224	4,022	19,621
Higher estimate	2,850 = 18%		13,224	4,022	20,112

**Note: Census data did not add to 100% however the choice was to use the percent values recommended in the report rather than try to adjust based on assumptions*

Definitions of Insurance:

Employer: Includes those covered by employer-sponsored coverage either through their own job or as a dependent in the same household.

Non-Group: Includes individuals and families that purchased or are covered as a dependent by non-group insurance.

Medicaid: Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligibles who are also covered by Medicare.

Uninsured: Includes those without health insurance and those who have coverage under the Indian Health Service only

Estimated range:

YES Eligible lower (Medicaid plus 15%) = 13,240 + 4,022 + 2,375 = 19,621

YES Eligible higher (Medicaid plus 18%) = 13,240 + 4,022 + 2850 = 20,112

Population numbers:

[https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?dataView=1¤tTimeframe=0&selectedRows=%7B"states":%7B"idaho":%7B%7D%7D%7D&sortModel=%7B"colId":%7B"Location",%7B"sort":%7B"asc"%7D%7D%7D](https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?dataView=1¤tTimeframe=0&selectedRows=%7B)

Prevalence rates:

Medicaid : <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

Poverty prevalence: http://www.nccp.org/profiles/ID_profile_6.html

Private insurance: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

1. Identification and Screening of Potential Class Members

To ensure that children and youth with mental health needs are appropriately identified, Idaho implemented the use of the Child and Adolescent Needs and Strengths (CANS) assessment instrument

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

Table 2: SFY 2022 (Q1) Children and Youth with Initial CANS

SFY 2022	DBH	Liberty	Optum Providers	Total CANS	Unduplicated Total*
Q1	78	205	2,309	2,592	2,574

Table 3: Historical data for SFY 2020 and 2021- Children and Youth with Initial CANS

	DBH	Liberty	Optum Providers	Total CANS	Unduplicated Total*
SFY 2020	452	1,423	13,460	15,335	14,746
SFY 2021	300	890	9,819	11,009	10,711

*Note: In SFY 2020 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 2.7% that were duplicated within the year . For the first quarter of SFY 2022, there were 0.69%. The trend indicates a substantial decrease in the number of duplicated initial CANS.

What is the data telling us?

The expectation for how many children and youth would be expected each quarter or year to access services through an initial CANS is not yet known and therefore the data currently only tells us that children and youth are being screened and identified as class members. 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.

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

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

Table 4: SFY 2022 (Q1) CANS Rating – by Agency completing CANS:

CANS Rating	DBH		Liberty		Optum Providers		Unduplicated Total*	
	# of CANS	% of CANS	# of CANS	% of CANS	# of CANS	% of CANS	# of CANS	% of CANS
0	3	3.85%	6	2.93%	815	35.30%	824	32.01%
1	16	20.51%	58	28.29%	1,072	46.435	1,144	44.44%
2	8	10.26%	38	18.54%	183	7.93%	229	8.90%
3	52	66.67%	103	50.24%	254	11.00%	407	15.81%
Total # of CANS	78		205		2,309		2,574	

What is this data telling us?

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).

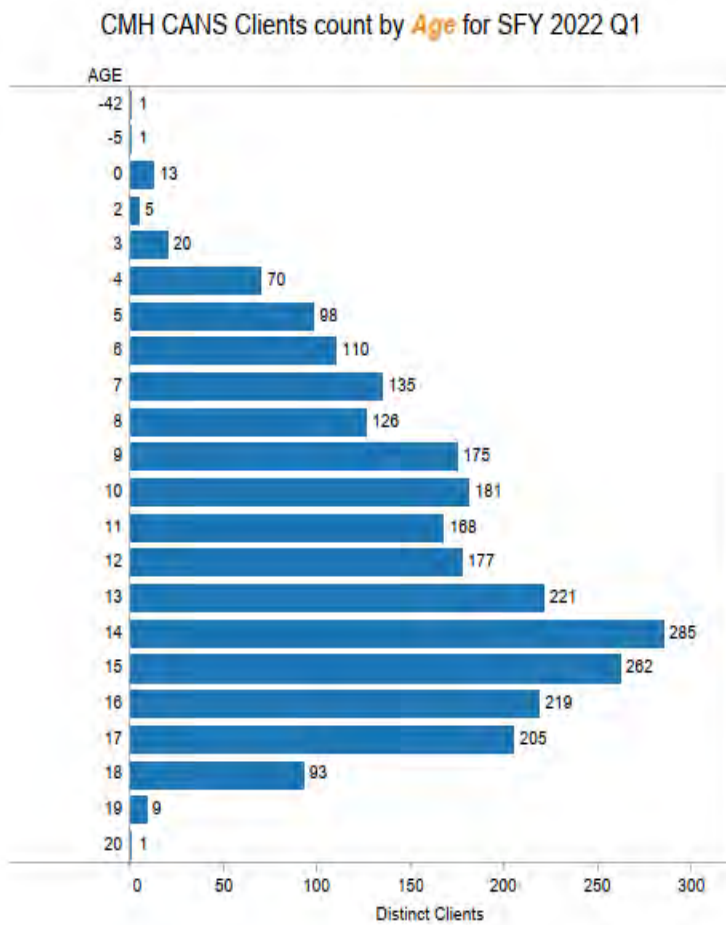
3. Characteristics of children and youth assessed using the CANS

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

Table 5: Historical trends: Ages of children and youth who received an initial CANS - summary

Age range	# SFY 2020	%SFY 2020	# SFY 2021	% SFY 2021	# SFY 2022 Q1	% SFY 2022 Q1
3-4	493	3.4%	343	3.5%	90	3.7%
5-6	1,260	8.7%	862	8.8%	208	8.5%
7-8	1,775	12.2%	1251	12.7%	261	10.6%
9-11	3,318	22.8%	1,559	15.8%	524	21.4%
12-14	3753	25.8%	2869	29.1%	683	27.9%
15-17	3961	27.2%	2963	30.1%	686	28.0%
Ages 3-17	14,560		9,847		2,452	

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



Note: There was decrease 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 but this was not repeated in Q1 of 2022. Overall, however, the trend has appeared to move toward youth 12-14 and 15-17 having an initial CANS

CANS by Gender:

The number and percentage of children and youth based on the initial CANS for SFY 2022 is approximately reflective of the percentages of the state's population.

Table 6: SFY 2022, Q1, Gender of children and youth who received a CANS

SFY 2022 (Q1)	Female	Male	Refused	Transgender Female	Transgender Male	Unknown	Grand total
Distinct clients	1285	1231	14	6	17	21	2574
% by Gender	49.92%	47.82%	.54%	.23%	.66%	.82%	
% of Idaho's Population	48.87%	51.13%	NA	Unknown	Unknown	NA	

Table 7: Historical Gender of children and youth who received a CANS

SFY 2021	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.

CANS by Race and Ethnicity:

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 .

Table 8: SFY 2022, Q1, Race and Ethnicity of children and youth who received an initial CANS:

SFY 2022 Q1	Asian	Black/ African American	Hispanic/ Latinx	More than one race	Native American	Pacific islander	White
Distinct Clients	7	37	455	78	23	9	1609
% by Race and Ethnicity	0.32%	1.67%	20.51%	3.52%	1.04%	0.41%	72.54%
% of Idaho's population	1.6%	0.9%	12.7%	2.5%	1.7%	0.2%	80.4%

Table 9: Historical Trends; SFY 2021 Race and Ethnicity of children and youth who received an initial CANS:

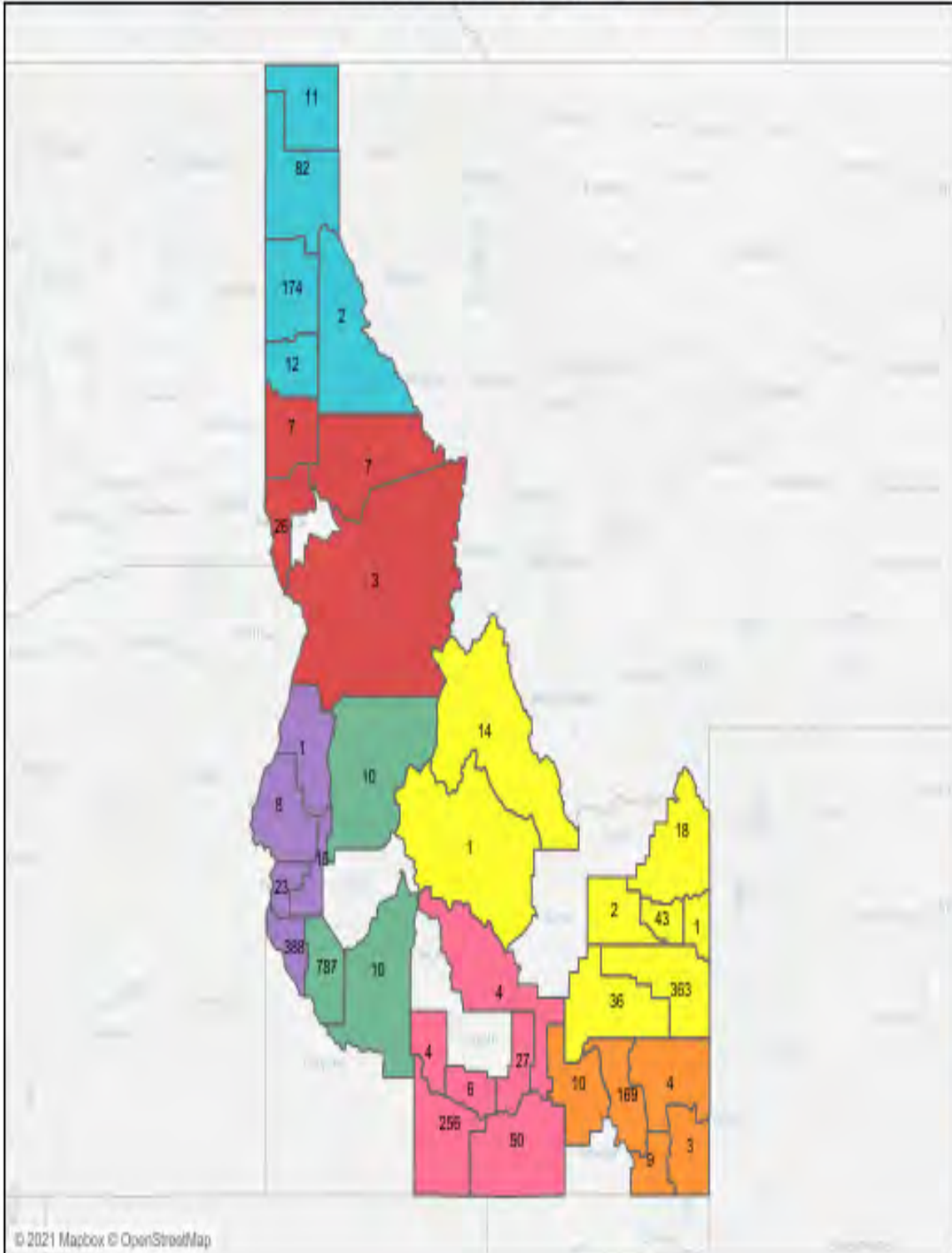
SFY 2021	Asian	Black/ African American	Hispanic/ Latinx	More than one race	Native American	Pacific islander	White
Distinct Clients	40	150	1,926	324	122	17	6,611
% by Race and Ethnicity	0.44%	1.63%	20.96%	3.53%	1.33%	0.18%	71.94%
% of Idaho's population	1.6%	0.9%	12.7%	2.5%	1.7%	0.2%	80.4%

4: CANS Assessment Geographic Mapping

As can be seen in the map below showing the number based on the initial CANS provided in SFY 2022-Q1, there were 8 counties with "0" completed CANS: Boise, Butte, Clark, Camas, Lincoln, Nez Perce, Oneida, and Owyhee. 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. (Map and detail by county from SFY 2021 in Appendix D)

CMH CANS Clients by Provider Region for SFY 2022 Q1
Hover the mouse on map to see counts

- STATE_FISCAL_YEAR
All
- Fiscal Month
All
- AGENCY_NAME
All
- ProviderRegion
All
- County_Name
All
- GENDER
All
- Race/Ethnicity
All
- AGE
All
- ASSESSMENT_TYPE
 Initial
- Quarter
 Q1
- ProviderRegion
 - Region 1
 - Region 2
 - Region 3
 - Region 4
 - Region 5
 - Region 6
 - Region 7



Utilization of Outpatient Services**5. Medicaid Outpatient Utilization***Table 10: 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) see Table 11 by quarter and utilized services at any time between 7/1/2018 to 9/30/2021. Data as of 11/15/2021.

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)	SFY22-Q1 (Jul to Sep)
1	1,841	1,840	1,985	1,963	1,746	1,736	1,820	1,611	1,605	1,673	1,800	1,780	1,533
2	594	575	624	560	508	509	547	447	500	475	469	465	409
3	3,522	3,579	3,830	4,014	3,595	3,649	3,641	2,953	2,980	3,130	3,260	3,259	2,930
4	4,009	4,161	4,307	4,275	3,816	3,817	3,796	3,209	3,227	3,429	3,603	3,619	3,297
5	1,507	1,542	1,536	1,562	1,475	1,456	1,578	1,314	1,398	1,539	1,762	1,812	1,655
6	1,550	1,584	1,611	1,637	1,557	1,604	1,621	1,497	1,430	1,399	1,516	1,540	1,404
7	2,694	2,778	2,828	2,885	2,778	2,790	2,783	2,607	2,484	2,583	2,769	2,775	2,555
OOS	40	42	44	64	73	45	49	48	62	45	38	56	31
Total	15,757	16,101	16,765	16,960	15,548	15,606	15,835	13,686	13,686	14,273	15,217	15,306	13,814

Table 11: 1915 (i) Waivered Medicaid Members Accessing Services by Quarter - Ages 0 to 17 Only

Description: This table displays the distinct count of Medicaid Members, who have been identified as having and SED under the 1915 (i) waiver and who utilized MH services between 7/1/2018 to 9/30/2021. Data as of 11/15/21

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)	SFY22-Q1 (Jul to Sep)
1	98	106	114	129	164	204	233	246	256	247	246	230	198
2	45	48	55	65	65	66	76	76	86	89	89	100	105
3	64	73	99	142	199	224	239	271	297	320	305	336	315
4	90	132	180	232	310	346	390	443	498	527	529	521	488
5	49	55	70	98	123	140	154	145	156	149	147	168	170
6	47	51	57	84	91	112	133	149	165	179	187	197	190
7	301	314	346	384	447	488	518	532	573	566	569	578	559
OOS	6	3		3	4	1	2	7	7	3	1	9	9
Total	700	782	921	1,137	1,403	1,581	1,745	1,869	2,038	2,080	2,073	2,139	2,034

The following 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 11/15/21.

Table 12: Table 10 and 11 data combined for total number of Medicaid members served

	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)	SFY22-Q1 (Jul-Sep)
Total Medicaid	15,757	16,101	16,765	16,960	15,548	15,606	15,835	13,686	13,686	14,273	15,217	15,306	13,814
Total 1915(i)	700	782	921	1,137	1,403	1,581	1,745	1,869	2,038	2,080	2,073	2,139	2034
Total by Quarter	16,457	16,883	17,686	18,097	16,951	17,187	17,580	15,555	15,724	16,353	17,290	17,445	15,848

The total number of children served in Q1 of 2022 is higher than the number served in Q1 of 2021 (15,848 vs 15,724) but lower than the number served in Q1 of SFY20 (16,951) or SFY 2019 (16,457). 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.

Service detail: The following tables display distinct number of members between the ages of 0 and 17, by quarter who utilized the indicated service between 7/1/2018 and 9/30/2021. 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 11/15/2021

Table 13: Summary of Utilization of YES OP Services Provided by the Optum Medicaid Network by Region

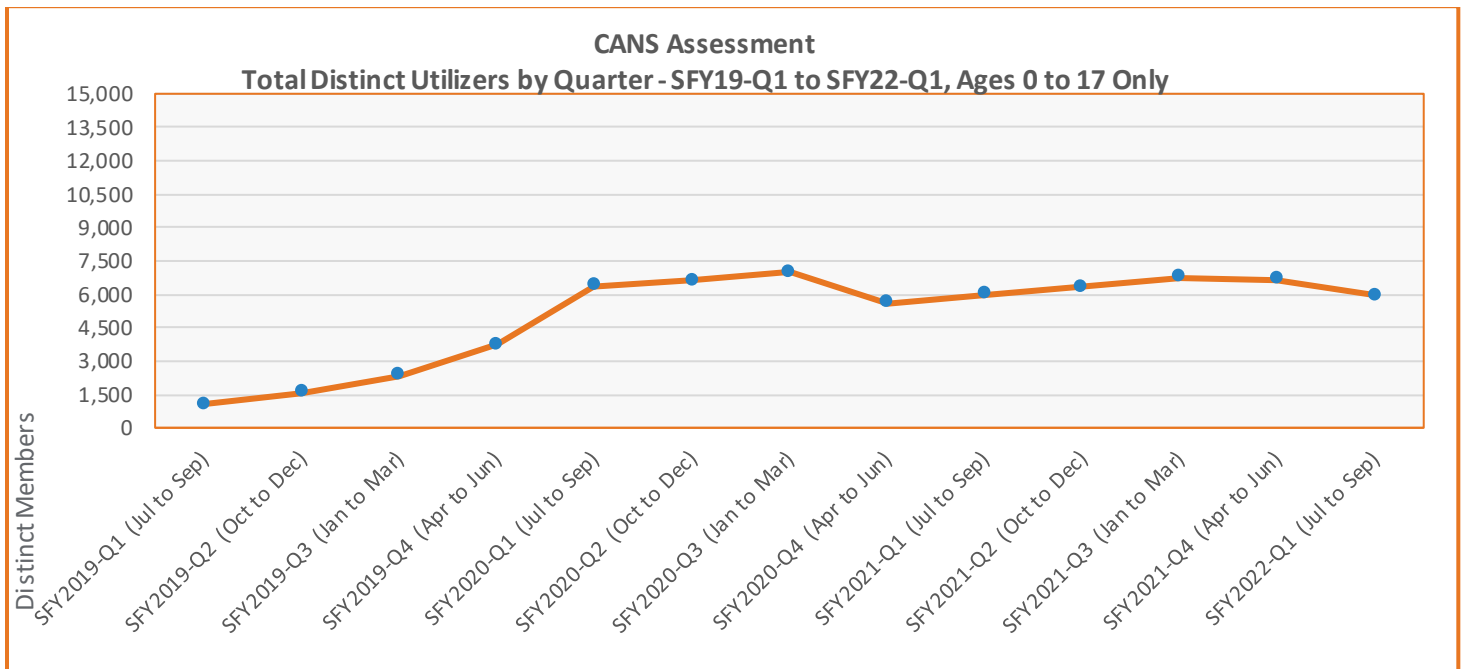
The following table is a brief overview of the utilization of services covered by Optum in Q1 of SFY 2022. Detail of all YES services follows on pages 17- 58

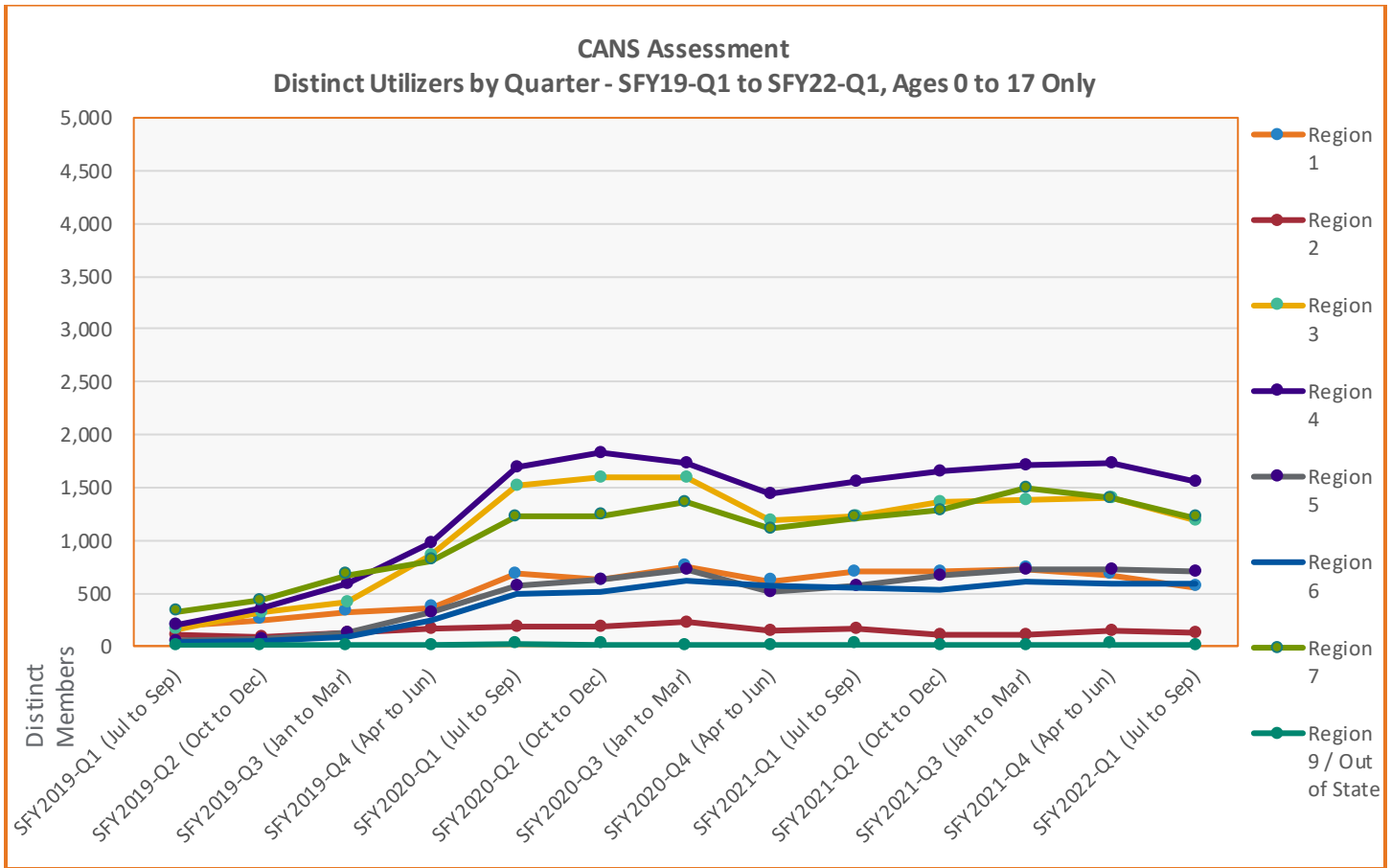
SFY 2022, Q1	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
Assessments									
CANS- Billed through Optum	559	130	1183	1,565	710	586	1,213	8	5,950
Psychological and Neuropsychological Testing	45	24	88	123	41	101	157	4	518
Adaptive Behavior	35	0	6	23	0	0	0	0	64
Behavior Assessment	20	0	5	24	0	0	0	0	49
OP Treatment Services									
Psychotherapy	1,137	377	2,230	2,771	1,339	1,064	2,218	26	11,088
Medication Management	121	114	622	8004	208	317	398	4	2, 582
Skills Building (CBRS)	91	85	277	423	45	199	63	3	1,724
Targeted Care Coordination (TCC)	20	29	93	168	9	111	404	2	829
Substance Use Services	32	4	43	47	77	37	104	1	344
Skills Training and development (STAD)	0	29	0	0	67	10	43	1	149
Child and Family Interdisciplinary Team (CFT)	15	11	11	15	27	20	42	0	141
Crisis Intervention	13	3	17	6	10	9	58	1	116
Partial Hospitalization (PHP)	0	0	24	43	4	3	5	0	79
Day Treatment	0	0	0	4	15	2	14	1	35
Intensive Home and Community Based Services (IHCBS)	0	0	1	7	0	6	0	0	14
Support Services									
Respite	5	38	82	128	25	70	161	3	508
Youth Support Services	3	10	39	108	67	41	47	2	315
Family Psychoeducation	9	0	1	7	42	4	4	0	67

Assessment Services

Child and Adolescent Needs and Strengths (CANS) Assessment

	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
SFY19-Q1 (Jul to Sep)	189	107	155	199	52	37	322	2	1,063
SFY19-Q2 (Oct to Dec)	248	85	317	361	77	55	429	4	1,576
SFY19-Q3 (Jan to Mar)	324	123	424	586	120	82	669	3	2,329
SFY19-Q4 (Apr to Jun)	367	163	853	969	327	235	808	5	3,724
SFY2019	736	308	1,180	1,365	489	321	1,402	10	5,779
SFY20-Q1 (Jul to Sep)	682	187	1,511	1,690	563	487	1,222	19	6,357
SFY20-Q2 (Oct to Dec)	628	185	1,597	1,831	631	507	1,230	16	6,624
SFY20-Q3 (Jan to Mar)	750	229	1,594	1,725	724	618	1,356	8	7,002
SFY20-Q4 (Apr to Jun)	616	151	1,192	1,435	520	564	1,104	8	5,589
SFY2020	1,420	423	3,168	3,588	1,405	1,199	2,682	35	13,770
SFY21-Q1 (Jul to Sep)	701	173	1,233	1,551	563	546	1,217	18	5,997
SFY21-Q2 (Oct to Dec)	706	97	1,358	1,646	673	540	1,279	9	6,304
SFY21-Q3 (Jan to Mar)	731	101	1,380	1,713	717	613	1,495	9	6,758
SFY21-Q4 (Apr to Jun)	674	141	1,399	1,733	717	591	1,398	14	6,660
SFY2021	1,401	326	2,728	3,479	1,559	1,274	2,811	42	13,434
SFY22-Q1 (Jul to Sep)	559	130	1,183	1,565	710	586	1,213	8	5,950
SFY2022	559	130	1,183	1,565	710	586	1,213	8	5,950





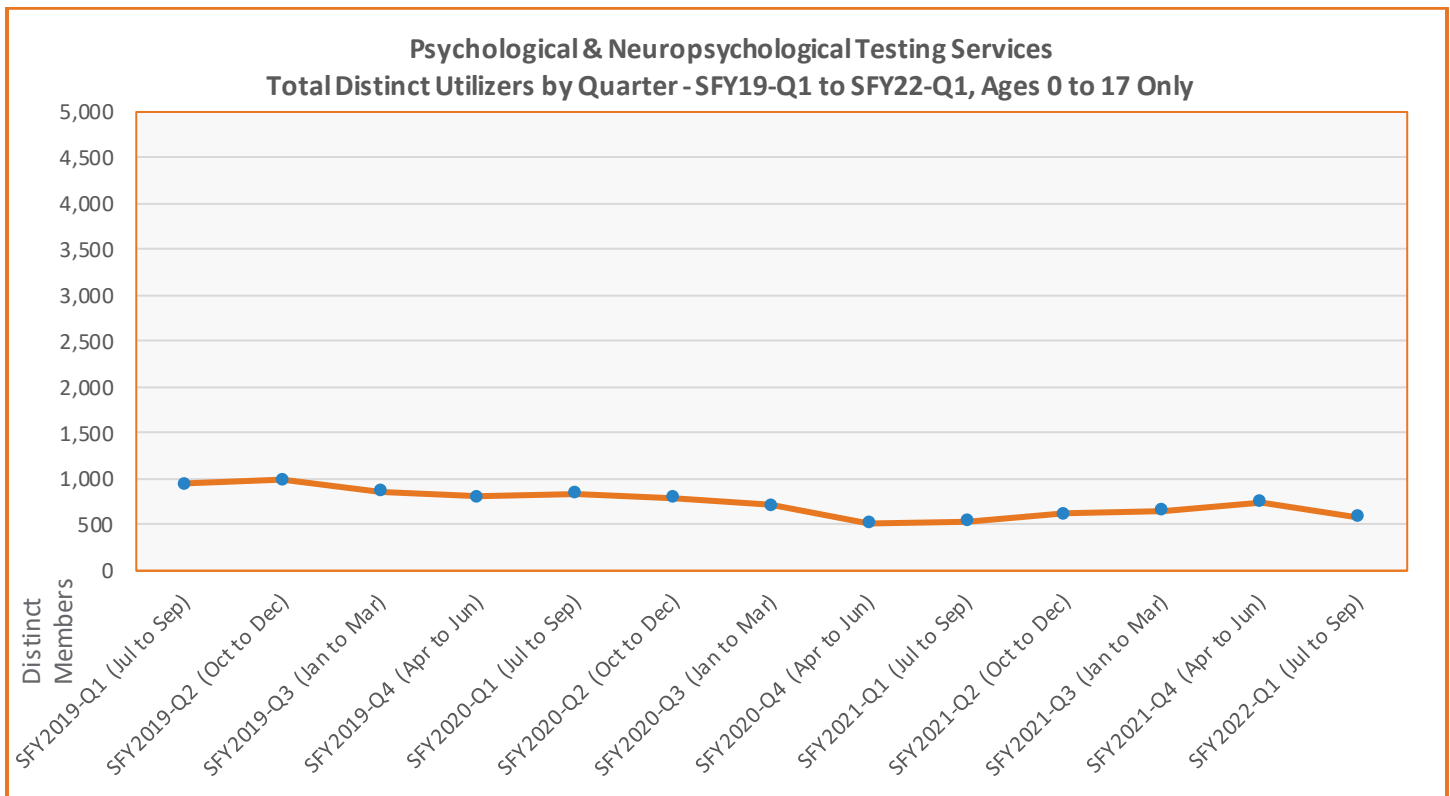
What is the data telling us?

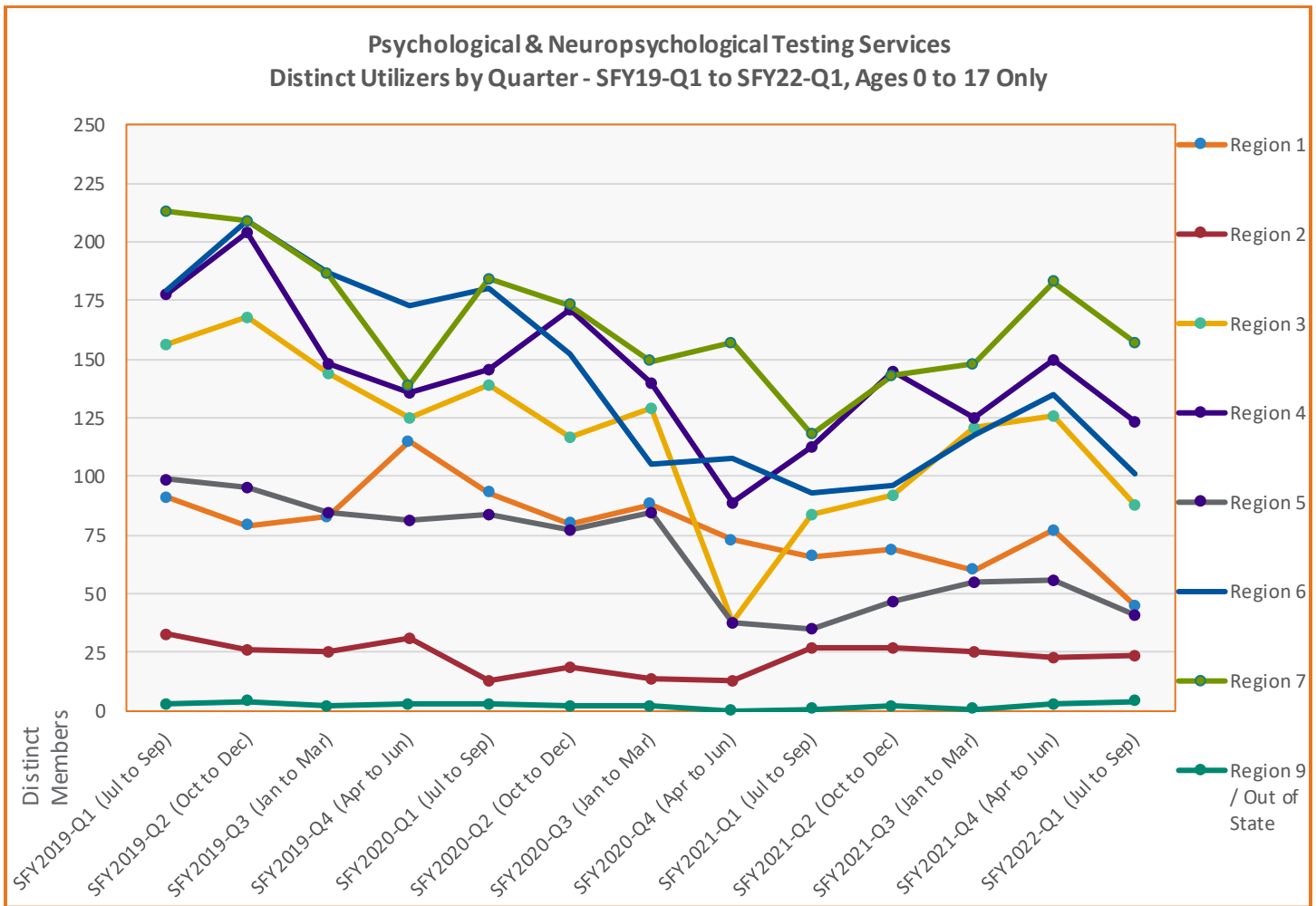
The number of CANS claimed to Medicaid in SFY 2022 Q1 is approximately equal to the CANS done in Q1 of SFY 2021 but lower than the CANS in SFY 2020. No noticeable trend overall has been noted, however there was a decrease in the number of CANS in both Regions 1 and 2 compared to the previous year.

Note: This CANS data is based on Medicaid claims data and includes claims for both initial and updated CANS, which is why this CANS data does not match the data on CANS noted earlier in this report.

Psychological & Neuropsychological Testing Services

	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
SFY 19-Q1 (Jul to Sep)	91	33	156	178	99	179	213	3	947
SFY 19-Q2 (Oct to Dec)	79	26	168	204	95	209	209	4	993
SFY2019-Q3 (Jan to Mar)	83	25	144	148	85	187	186	2	859
SFY2019-Q4 (Apr to Jun)	115	31	125	136	81	173	139	3	801
SFY2019	359	100	545	622	326	567	624	12	3,142
SFY2020-Q1 (Jul to Sep)	93	13	139	146	84	180	184	3	842
SFY2020-Q2 (Oct to Dec)	80	19	117	171	77	152	173	2	791
SFY2020-Q3 (Jan to Mar)	88	14	129	140	85	105	149	2	712
SFY2020-Q4 (Apr to Jun)	73	13	38	89	38	108	157	0	515
SFY2020	330	57	403	527	254	462	645	7	2,683
SFY2021-Q1 (Jul to Sep)	66	27	84	113	35	93	118	1	537
SFY2021-Q2 (Oct to Dec)	69	27	92	145	47	96	143	2	620
SFY2021-Q3 (Jan to Mar)	60	25	121	125	55	118	148	1	652
SFY2021-Q4 (Apr to Jun)	77	23	126	150	56	135	183	3	752
SFY2021	269	85	400	510	162	372	554	7	2,356
SFY2022-Q1 (Jul to Sep)	45	24	88	123	41	101	157	4	581
SFY2022	45	24	88	123	41	101	157	4	581





What is this data telling us?

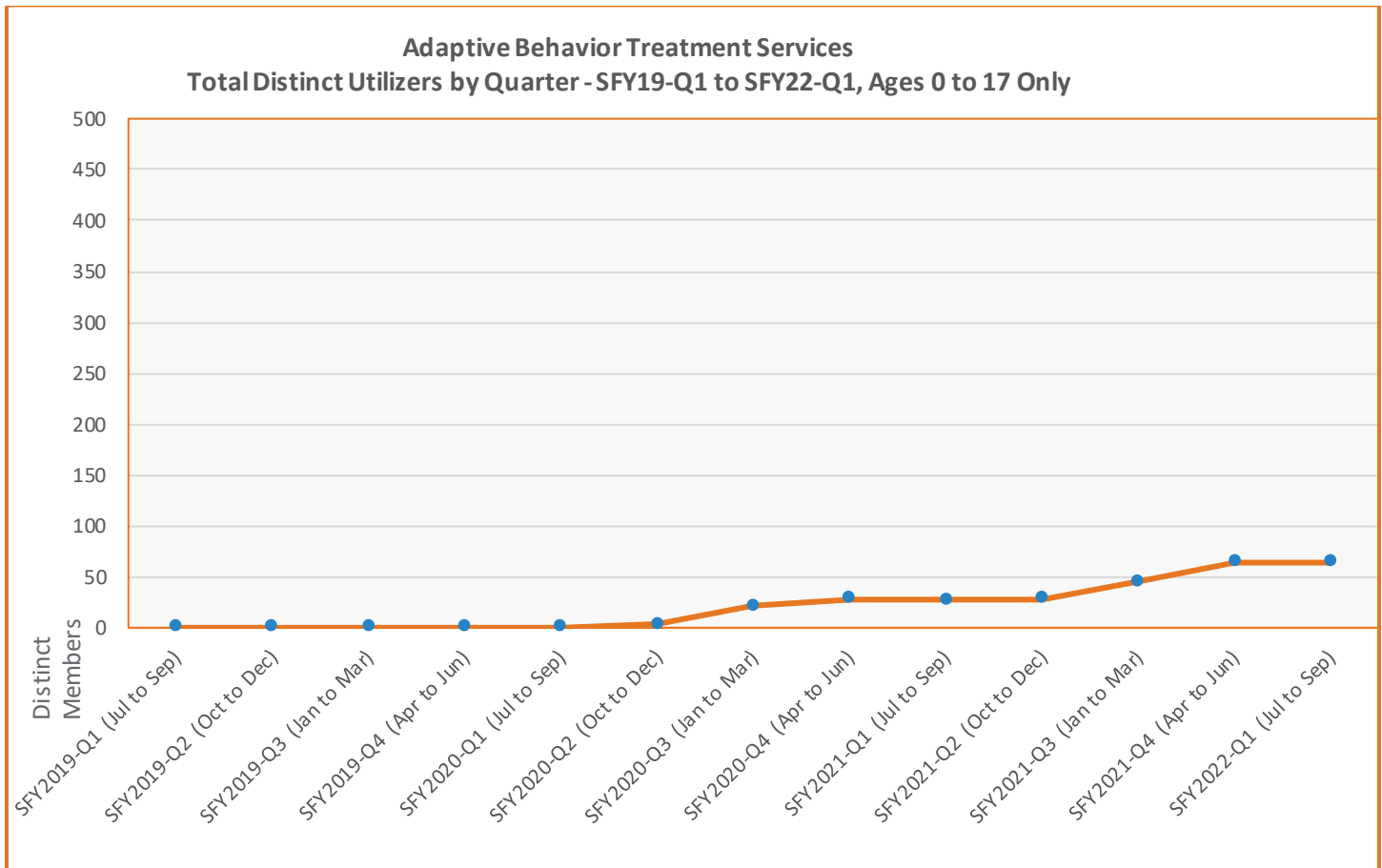
There was modest increase in Psychological and Neuropsychological testing in SFY 2022 Q1 compared to Q1 of 2021.

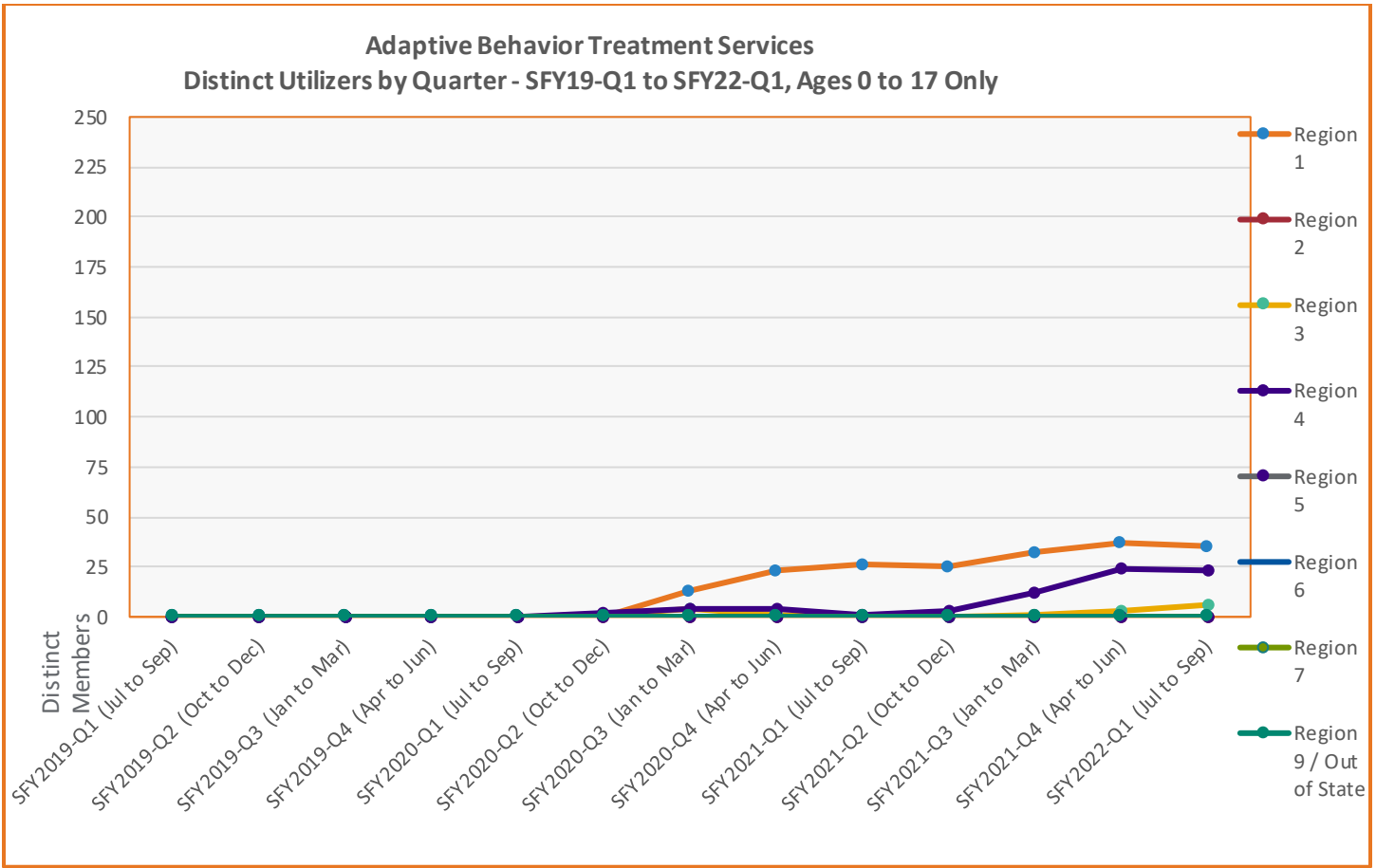
There is little or no research indicating a predicted number of children and youth who should have a psychological or neuropsychological assessment.

The most notable issue with psychological and neuropsychological assessments from SFY 2021 was that the number of assessments is substantially lower than in the previous 2 years (down 17.5% since 2020 and down 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.

Adaptive Behavior Treatment Services

	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	0	0	0	0	0	0	0	0	0
SFY 20-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY 20-Q2 (Oct to Dec)	0	0	1	2	0	0	0	0	3
SFY 20-Q3 (Jan to Mar)	13	0	4	4	0	0	0	0	21
SFY 20-Q4 (Apr to Jun)	23	0	1	4	0	0	0	0	28
SFY2020	25	0	4	4	0	0	0	0	33
SFY 21-Q1 (Jul to Sep)	26	0	0	1	0	0	0	0	27
SFY 21-Q2 (Oct to Dec)	25	0	0	3	0	0	0	0	28
SFY 21-Q3 (Jan to Mar)	32	0	1	12	0	0	0	0	45
SFY 21-Q4 (Apr to Jun)	37	0	3	24	0	0	0	0	64
SFY2021	52	0	3	27	0	0	0	0	82
SFY 22-Q1 (Jul to Sep)	35	0	6	23	0	0	0	0	64
SFY2022	35	0	6	23	0	0	0	0	64



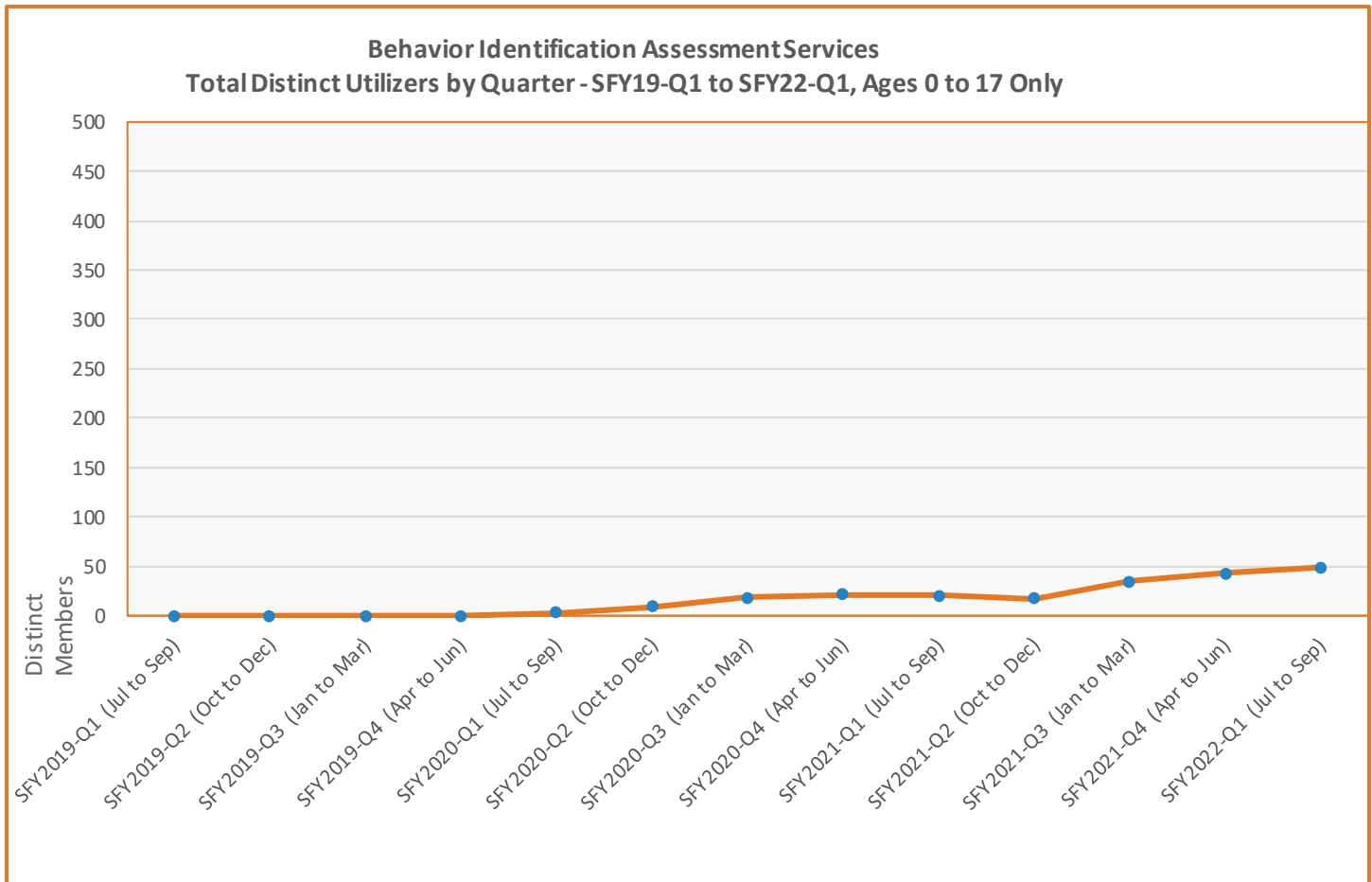


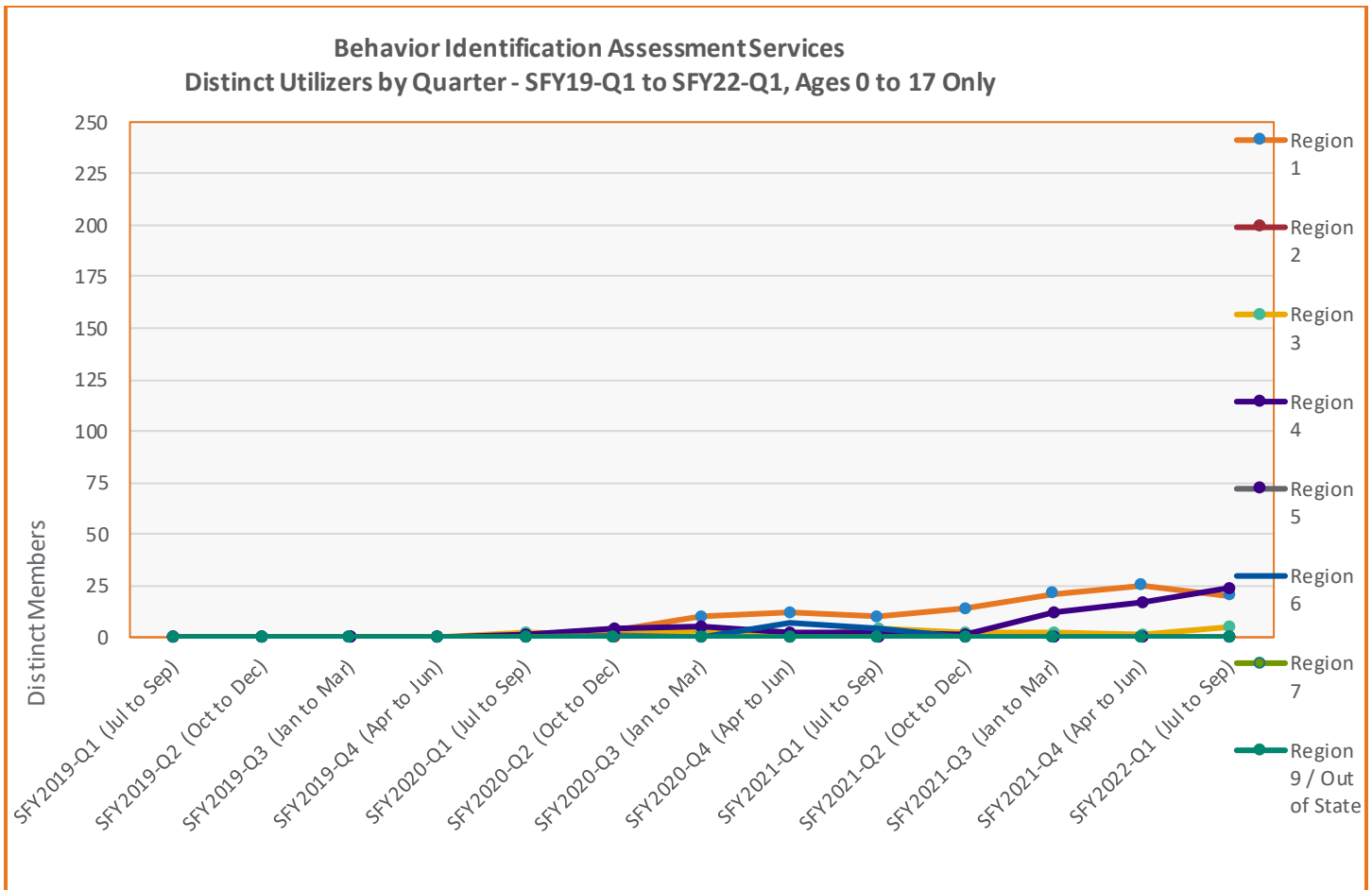
What is this data telling us?

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

Behavior Identification Assessment Services

	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	0	0	0	0	0	0	0	0	0
SFY 20-Q1 (Jul to Sep)	0	0	2	1	0	0	0	0	3
SFY 20-Q2 (Oct to Dec)	3	0	1	4	1	0	0	0	9
SFY 20-Q3 (Jan to Mar)	10	0	3	5	0	0	0	0	18
SFY 20-Q4 (Apr to Jun)	12	0	0	2	0	7	0	0	21
SFY2020	22	0	4	9	1	7	0	0	43
SFY 21-Q1 (Jul to Sep)	10	0	4	2	0	4	0	0	20
SFY -Q2 (Oct to Dec)	14	0	2	1	0	0	0	0	17
SFY 21-Q3 (Jan to Mar)	21	0	2	12	0	0	0	0	35
SFY 21-Q4 (Apr to Jun)	25	0	1	17	0	0	0	0	43
SFY2021	51	0	7	27	0	4	0	0	89
SFY 22-Q1 (Jul to Sep)	20	0	5	24	0	0	0	0	49
SFY2022	20	0	5	24	0	0	0	0	49





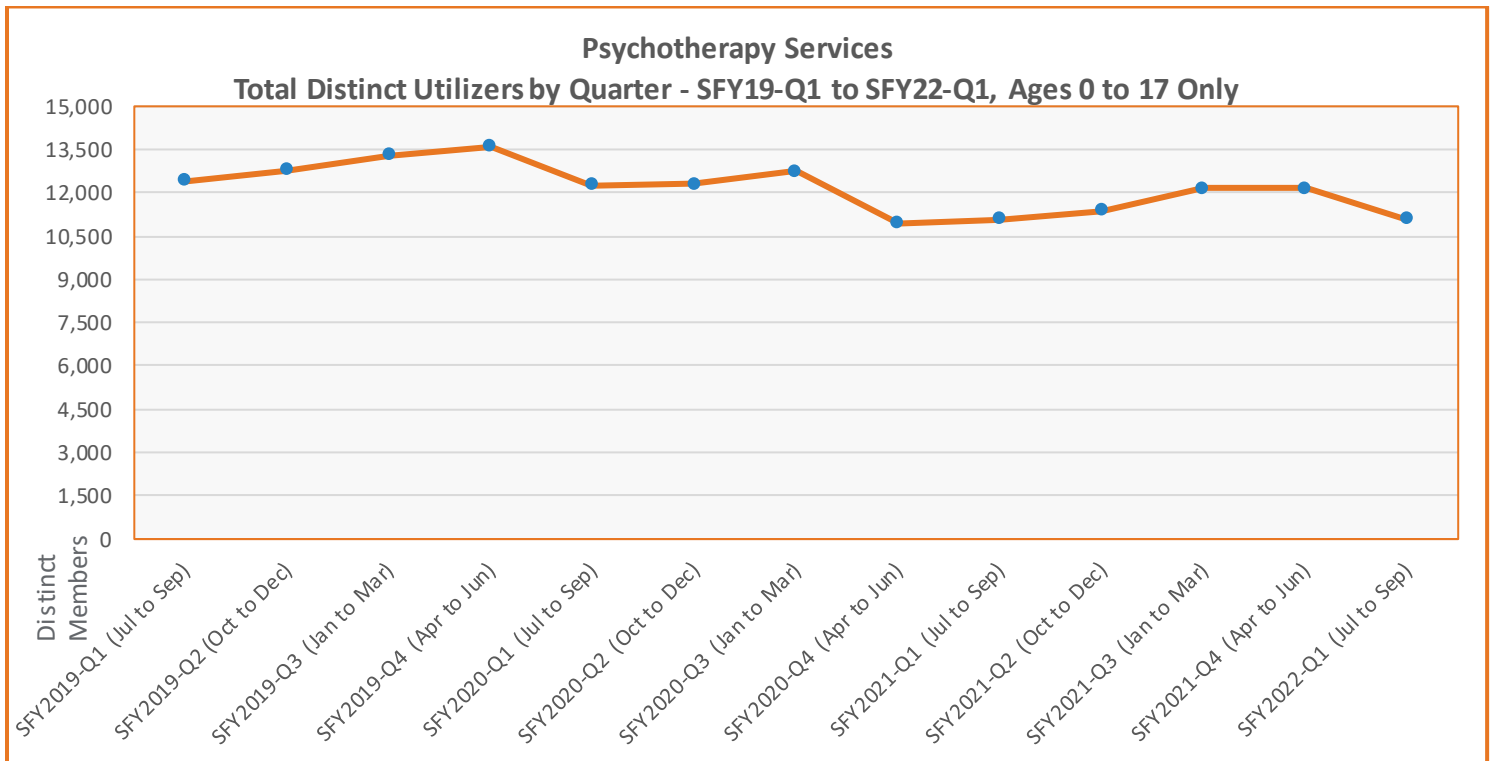
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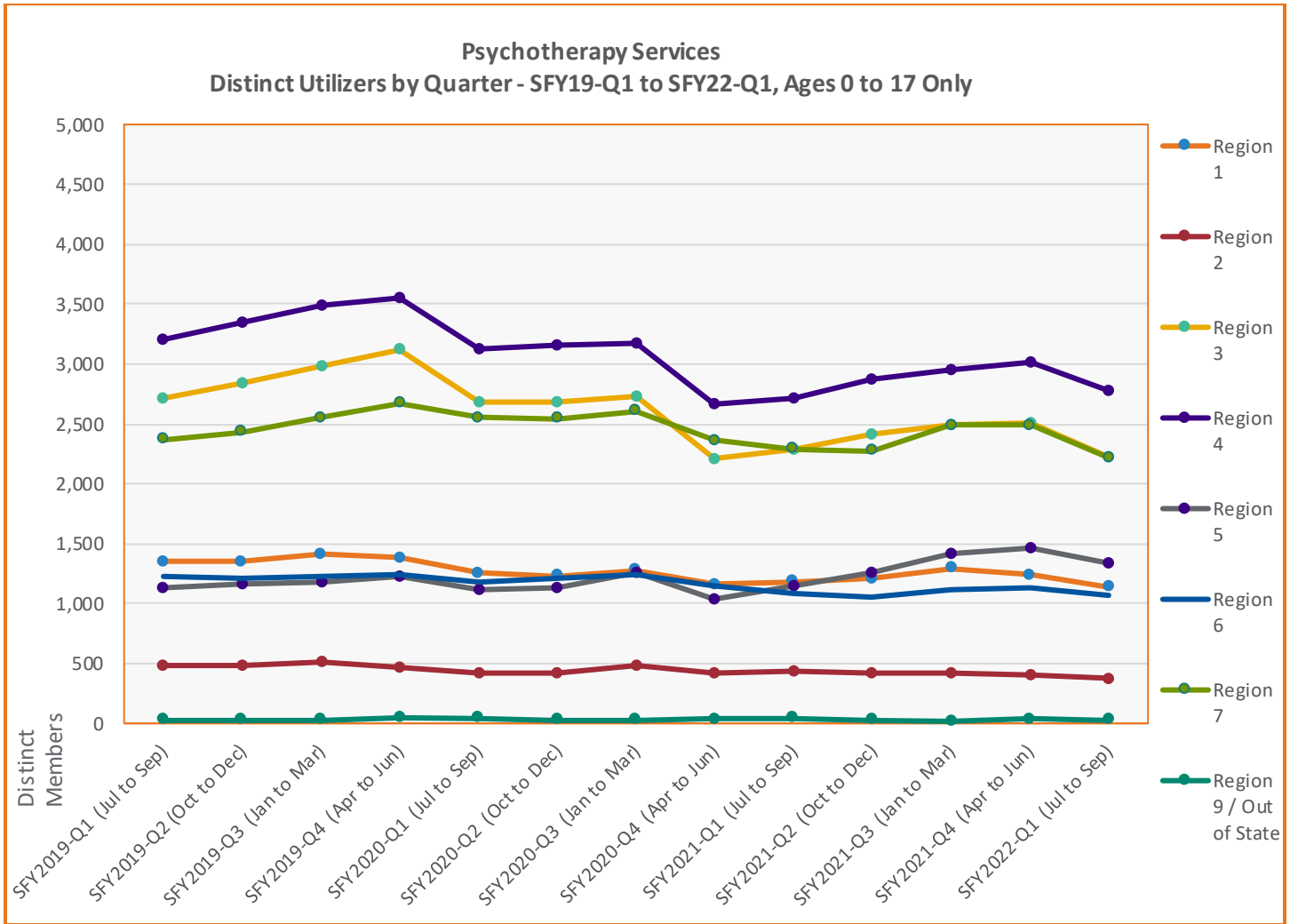
There is no research indicating expected need for Behavior Identification Assessment. This service is minimally available. There are no services in Region 2, 5, 6, or 7 and very limited services in 3. The QMIA Council will continue to monitor the trends in use of Behavior Identification Assessment Services.

Outpatient Services

Psychotherapy Services

	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
SFY19-Q1 (Jul to Sep)	1,352	490	2,711	3,198	1,126	1,231	2,370	26	12,420
SFY19-Q2 (Oct to Dec)	1,353	480	2,834	3,351	1,161	1,213	2,431	25	12,780
SFY19-Q3 (Jan to Mar)	1,414	512	2,985	3,493	1,187	1,232	2,550	31	13,317
SFY19-Q4 (Apr to Jun)	1,385	474	3,118	3,552	1,221	1,235	2,670	47	13,595
SFY2019	2,296	791	5,025	5,623	2,143	2,092	3,902	91	21,541
SFY20-Q1 (Jul to Sep)	1,255	424	2,675	3,119	1,116	1,177	2,551	46	12,284
SFY20-Q2 (Oct to Dec)	1,233	417	2,690	3,151	1,132	1,207	2,544	29	12,320
SFY20-Q3 (Jan to Mar)	1,282	481	2,727	3,174	1,264	1,242	2,609	25	12,734
SFY20-Q4 (Apr to Jun)	1,159	416	2,211	2,665	1,037	1,140	2,359	33	10,937
SFY2020	2,052	708	4,439	5,115	2,024	1,959	3,852	91	19,854
SFY21-Q1 (Jul to Sep)	1,186	442	2,280	2,714	1,140	1,092	2,289	41	11,092
SFY21-Q2 (Oct to Dec)	1,210	423	2,406	2,866	1,257	1,054	2,278	31	11,377
SFY21-Q3 (Jan to Mar)	1,297	417	2,496	2,956	1,413	1,122	2,490	17	12,143
SFY21-Q4 (Apr to Jun)	1,239	397	2,511	3,017	1,464	1,131	2,491	36	12,174
SFY2021	1,975	683	4,091	4,888	2,292	1,826	3,621	101	18,983
SFY22-Q1 (Jul to Sep)	1,137	377	2,230	2,771	1,339	1,064	2,218	26	11,088
SFY2022	1,137	377	2,230	2,771	1,339	1,064	2,218	26	11,088





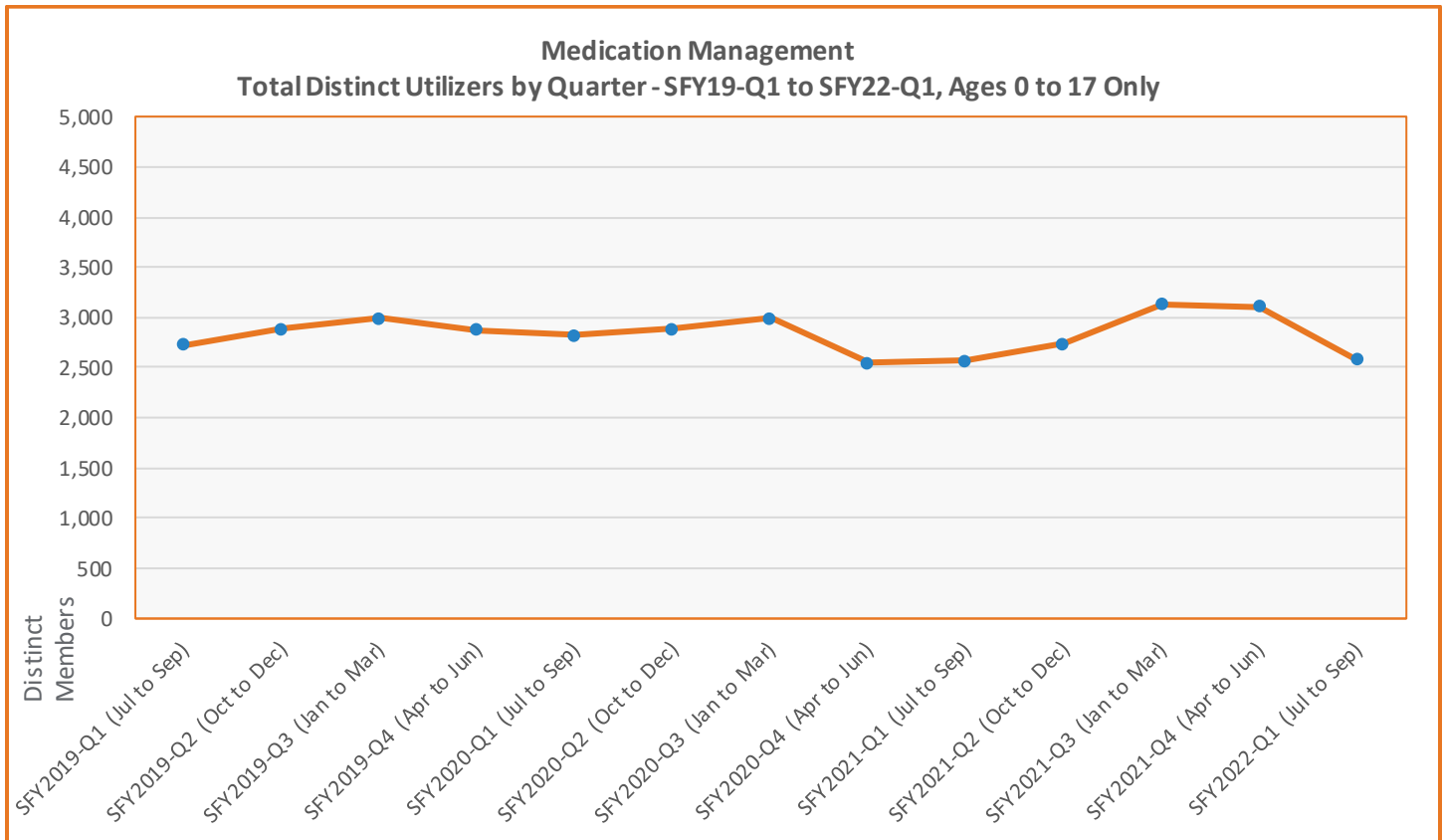
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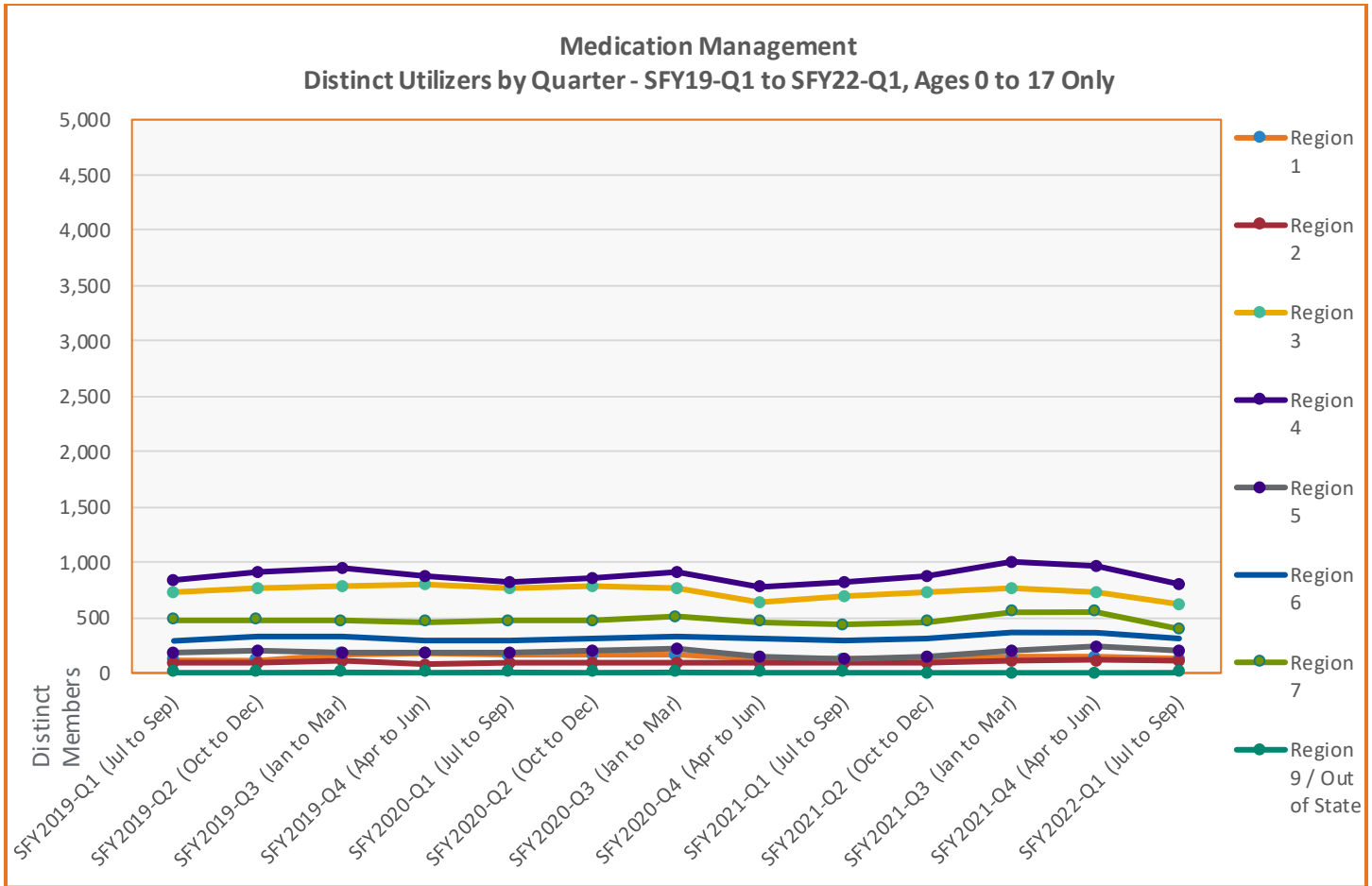
In Q1 of SFY 2022 psychotherapy services were provided to approximately the same number of children and youth as Q1 of SFY 2021. However, while there was a little bit of an increase in 2021, the number of children and youth receiving psychotherapy services has trended down since SFY 2019.

Regions 4 and 5 have a small increase in the number served, but Region 2 has experienced a large decrease.

Medication Management

	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
SFY 19-Q1 (Jul to Sep)	113	84	729	842	189	290	480	2	2,721
SFY 19-Q2 (Oct to Dec)	119	94	768	910	196	322	476	4	2,885
SFY 19-Q3 (Jan to Mar)	172	105	782	955	179	329	467	5	2,986
SFY 19-Q4 (Apr to Jun)	178	80	800	875	181	302	463	3	2,878
SFY2019	251	155	1,318	1,527	293	547	816	9	4,838
SFY 20-Q1 (Jul to Sep)	163	94	771	830	189	301	473	5	2,818
SFY 20-Q2 (Oct to Dec)	160	85	792	860	209	309	471	2	2,882
SFY 20-Q3 (Jan to Mar)	163	94	773	908	220	325	507	5	2,989
SFY 20-Q4 (Apr to Jun)	132	96	642	777	140	304	464	3	2,550
SFY2020	246	174	1,235	1,437	332	525	832	11	4,710
SFY 21-Q1 (Jul to Sep)	126	87	693	816	126	299	432	3	2,572
SFY 21-Q2 (Oct to Dec)	132	93	732	873	147	311	463	1	2,737
SFY 21-Q3 (Jan to Mar)	144	114	768	1,005	194	357	549	1	3,128
SFY 21-Q4 (Apr to Jun)	145	120	737	961	241	364	550	1	3,111
SFY2021	202	172	1,262	1,601	358	568	915	6	4,982
SFY 22-Q1 (Jul to Sep)	121	114	622	804	208	317	398	4	2,582
SFY2022	121	114	622	804	208	317	398	4	2,582





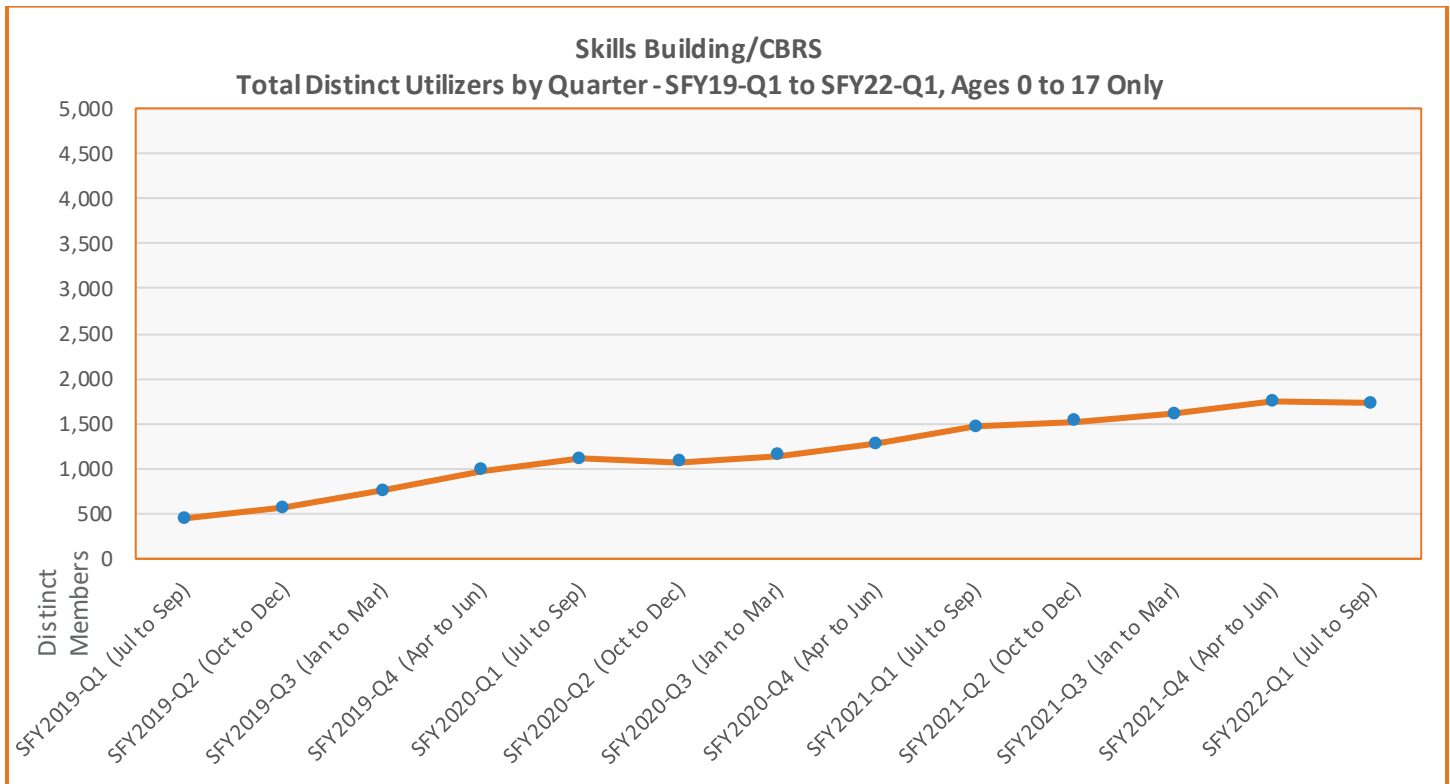
What is this data telling us?

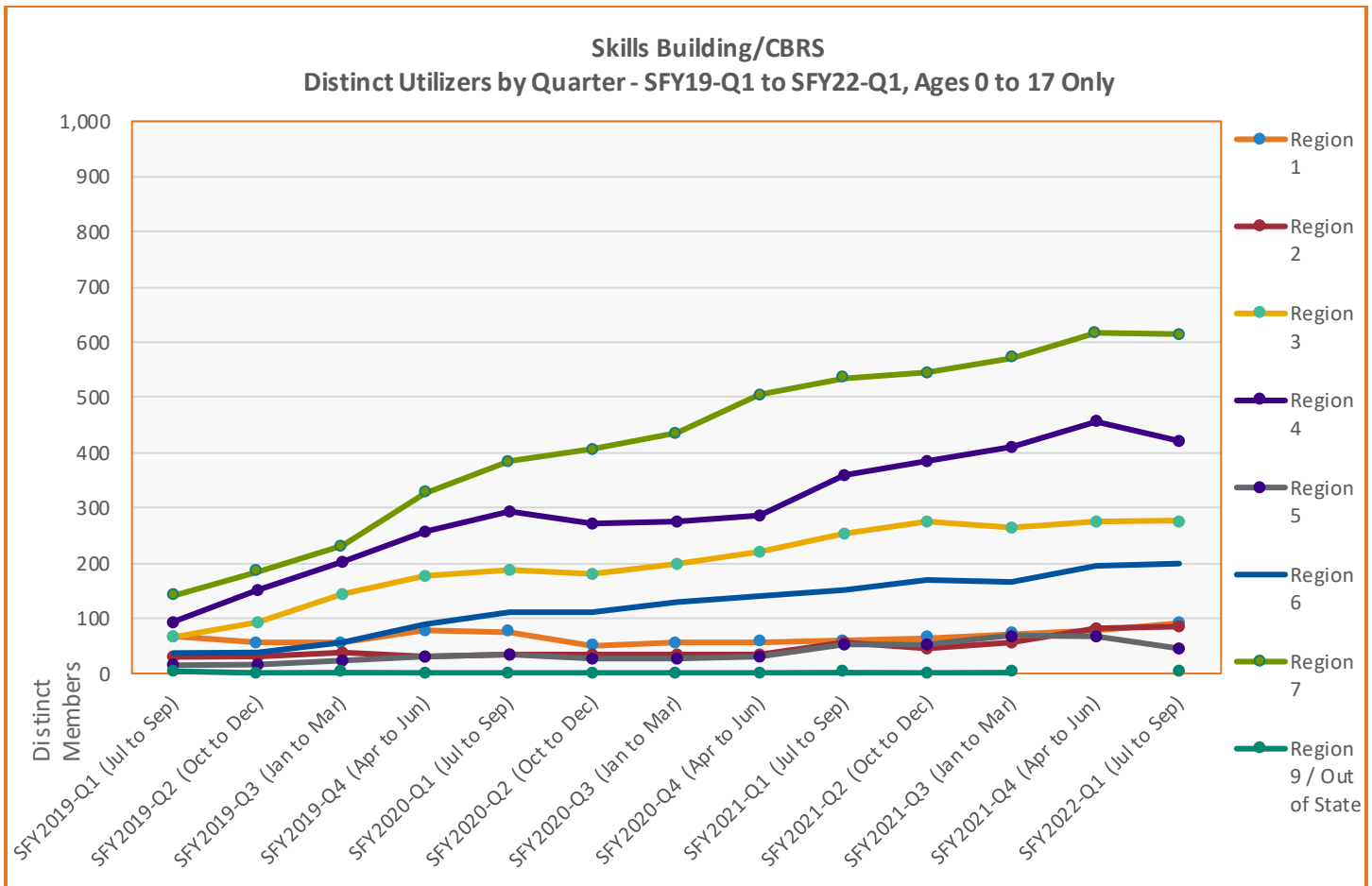
There was a very slight increase in Medication Management in SFY 2022 Q1 compared to Q1 of 2021. Most notable is the slight increase in Region 2- from 87 in SFY 2021 Q1 to 114 in Q1 of 2022.

There is no research on the prediction for number of children and youth who need Medication Management.

Skills Building/CBRS

	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
SFY19-Q1 (Jul to Sep)	67	30	66	94	15	37	141	4	449
SFY19-Q2 (Oct to Dec)	55	31	92	150	16	38	185	1	564
SFY19-Q3 (Jan to Mar)	55	39	144	202	24	58	230	3	749
SFY19-Q4 (Apr to Jun)	78	32	177	257	29	88	328	1	983
SFY2019	119	57	230	330	34	114	406	6	1,271
SFY20-Q1 (Jul to Sep)	75	35	188	292	35	110	383	1	1,113
SFY20-Q2 (Oct to Dec)	50	34	180	272	28	110	406	1	1,073
SFY20-Q3 (Jan to Mar)	55	33	200	275	27	128	434	1	1,147
SFY20-Q4 (Apr to Jun)	58	34	222	286	31	141	504	1	1,272
SFY2020	115	63	369	484	62	215	688	4	1,975
SFY21-Q1 (Jul to Sep)	59	55	254	360	51	150	535	3	1,459
SFY21-Q2 (Oct to Dec)	65	46	276	384	54	170	544	1	1,525
SFY21-Q3 (Jan to Mar)	72	57	264	409	69	164	571	2	1,602
SFY21-Q4 (Apr to Jun)	77	82	274	456	67	195	617		1,747
SFY2021	124	115	433	672	108	279	892	5	2,575
SFY22-Q1 (Jul to Sep)	91	85	277	423	45	199	613	3	1,724





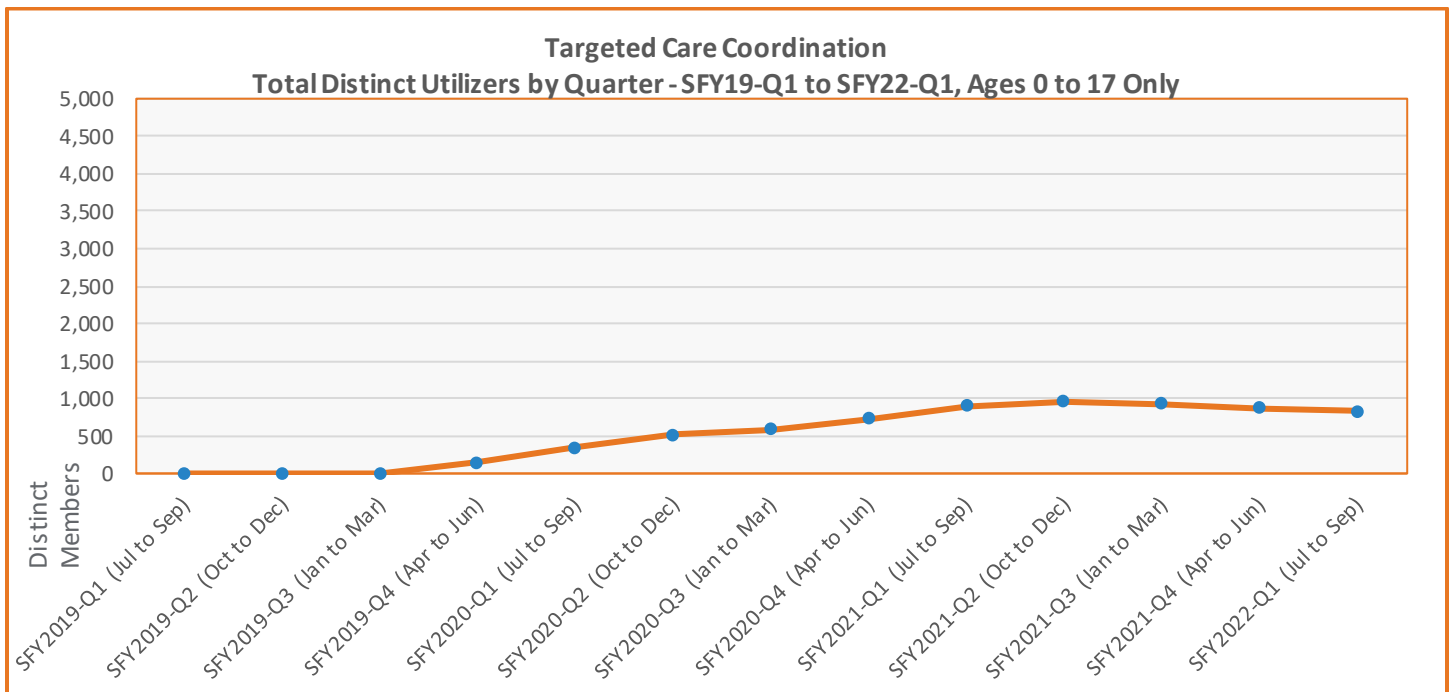
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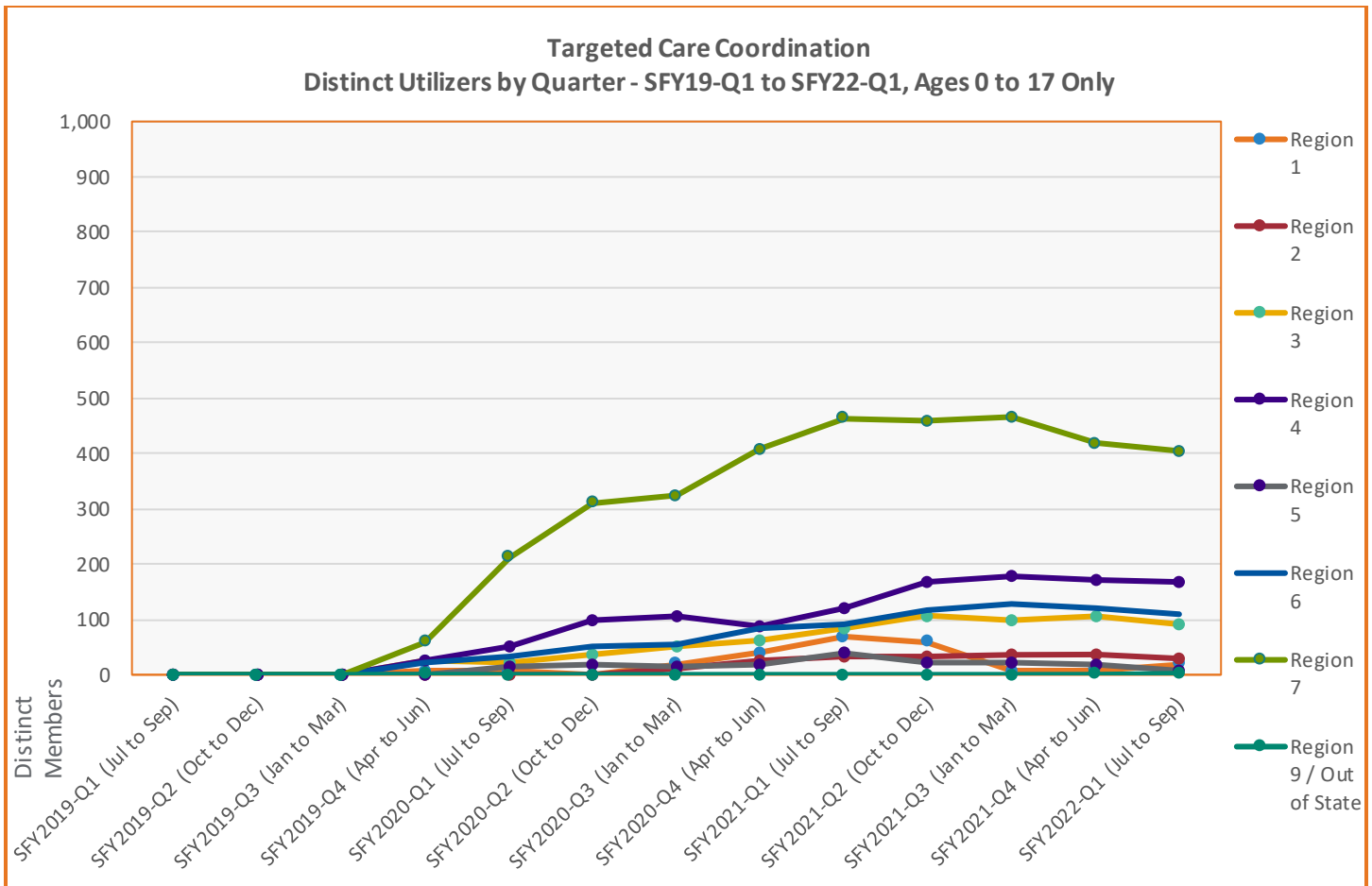
For Q1 of SFY 2022 the number of children and youth receiving Skills Building services increased over Q1 of SFY 2021 in all regions but Region 5.

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

Targeted Care Coordination (TCC)

	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
SFY19-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY19-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY19-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY19-Q4 (Apr to Jun)	7	1	25	27	1	22	59	1	143
SFY2019	7	1	25	27	1	22	59	1	143
SFY20-Q1 (Jul to Sep)	7	0	21	50	16	34	212	0	340
SFY20-Q2 (Oct to Dec)	0	0	38	100	20	51	311	0	519
SFY20-Q3 (Jan to Mar)	20	11	52	106	14	55	323	0	581
SFY20-Q4 (Apr to Jun)	39	27	63	88	20	83	408	0	726
SFY2020	56	28	113	219	54	122	545	0	1,126
SFY21-Q1 (Jul to Sep)	69	32	83	121	39	91	463	0	897
SFY21-Q2 (Oct to Dec)	60	32	107	169	21	117	458	0	956
SFY21-Q3 (Jan to Mar)	6	36	97	178	21	128	466	0	927
SFY21-Q4 (Apr to Jun)	9	35	104	171	19	119	419	1	868
SFY2021	92	54	169	292	70	203	647	1	1,497
SFY22-Q1 (Jul to Sep)	20	29	93	168	9	111	404	2	829
SFY2022	20	29	93	168	9	111	404	2	829





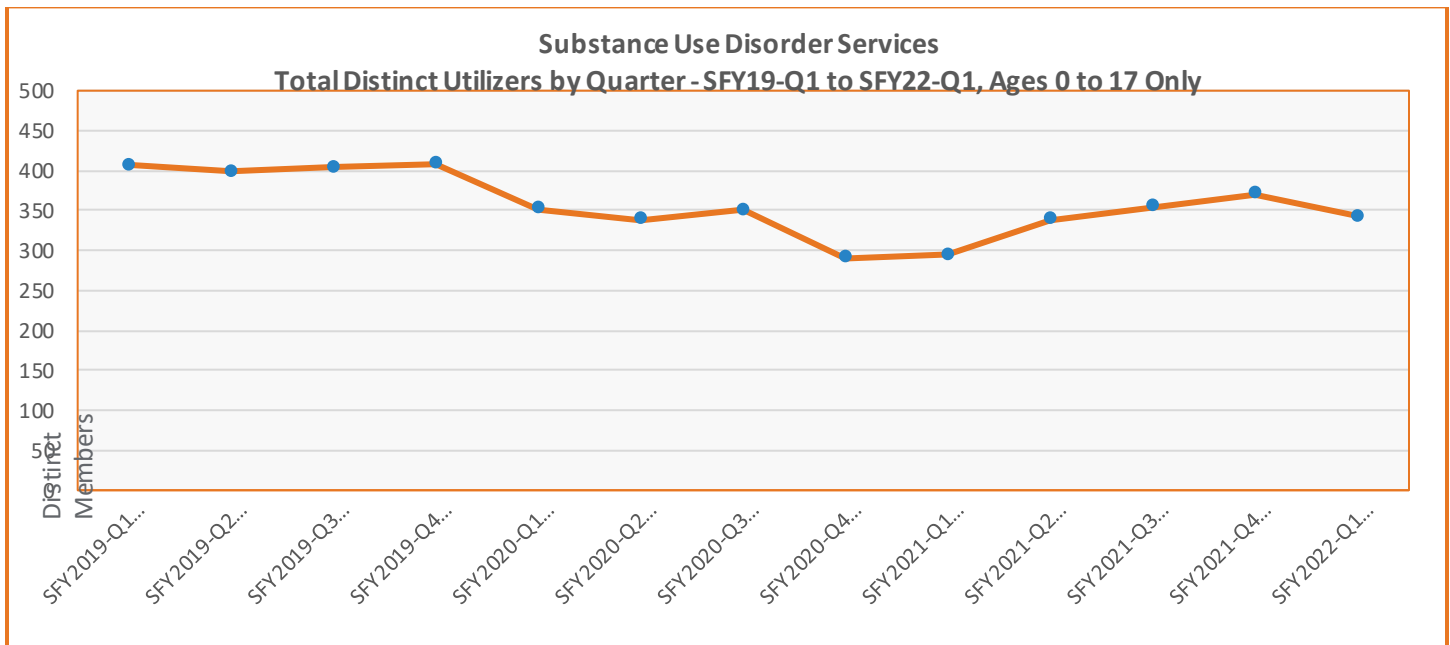
What is this data telling us?

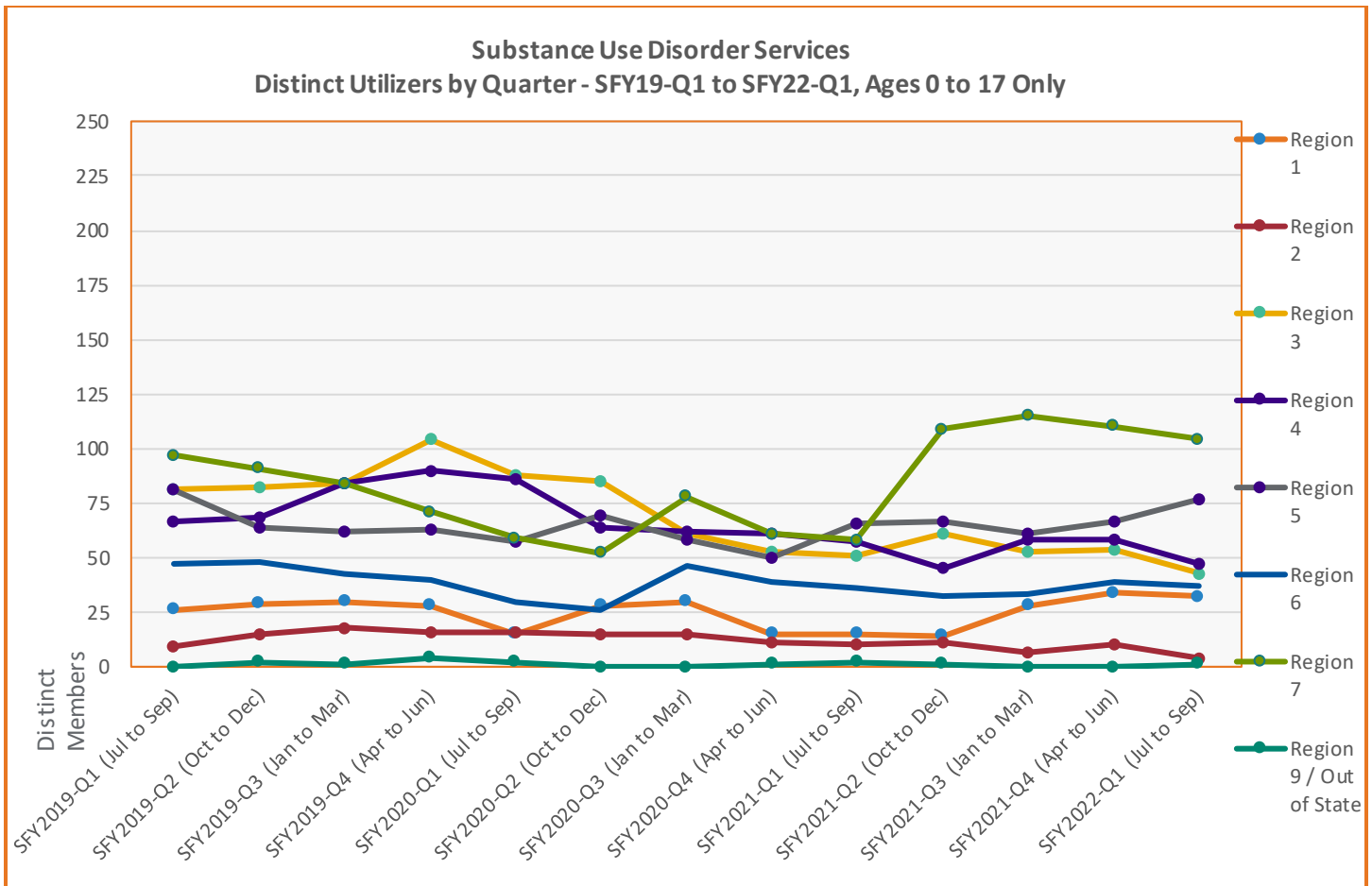
The number of children and youth receiving TCC in SFY 2022 Q1 decreased by approximately 7.5% compared to Q1 of 2021.

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.

Substance Use Disorder (SUD) Services

	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
SFY 19-Q1 (Jul to Sep)	26	9	81	67	81	47	97	0	407
SFY 19-Q2 (Oct to Dec)	29	15	82	68	64	48	91	2	399
SFY 19-Q3 (Jan to Mar)	30	18	84	84	62	43	84	1	404
SFY 19-Q4 (Apr to Jun)	28	16	104	90	63	40	71	4	408
SFY2019	72	31	198	169	160	91	176	6	891
SFY 20-Q1 (Jul to Sep)	15	16	88	86	57	30	59	2	352
SFY 20-Q2 (Oct to Dec)	28	15	85	64	69	26	52	0	339
SFY 20-Q3 (Jan to Mar)	30	15	61	62	58	46	78	0	350
SFY 20-Q4 (Apr to Jun)	15	11	53	61	50	39	61	1	290
SFY2020	57	28	162	155	131	69	151	3	753
SFY 21-Q1 (Jul to Sep)	15	10	51	57	66	36	58	2	294
SFY 21-Q2 (Oct to Dec)	14	11	61	45	67	32	109	1	339
SFY 21-Q3 (Jan to Mar)	28	7	53	58	61	33	115	0	355
SFY 21-Q4 (Apr to Jun)	34	10	54	58	67	39	110	0	370
SFY2021	61	19	112	124	145	74	250	2	780
SFY 22-Q1 (Jul to Sep)	32	4	43	47	77	37	104	1	343
SFY2022	32	4	43	47	77	37	104	1	343





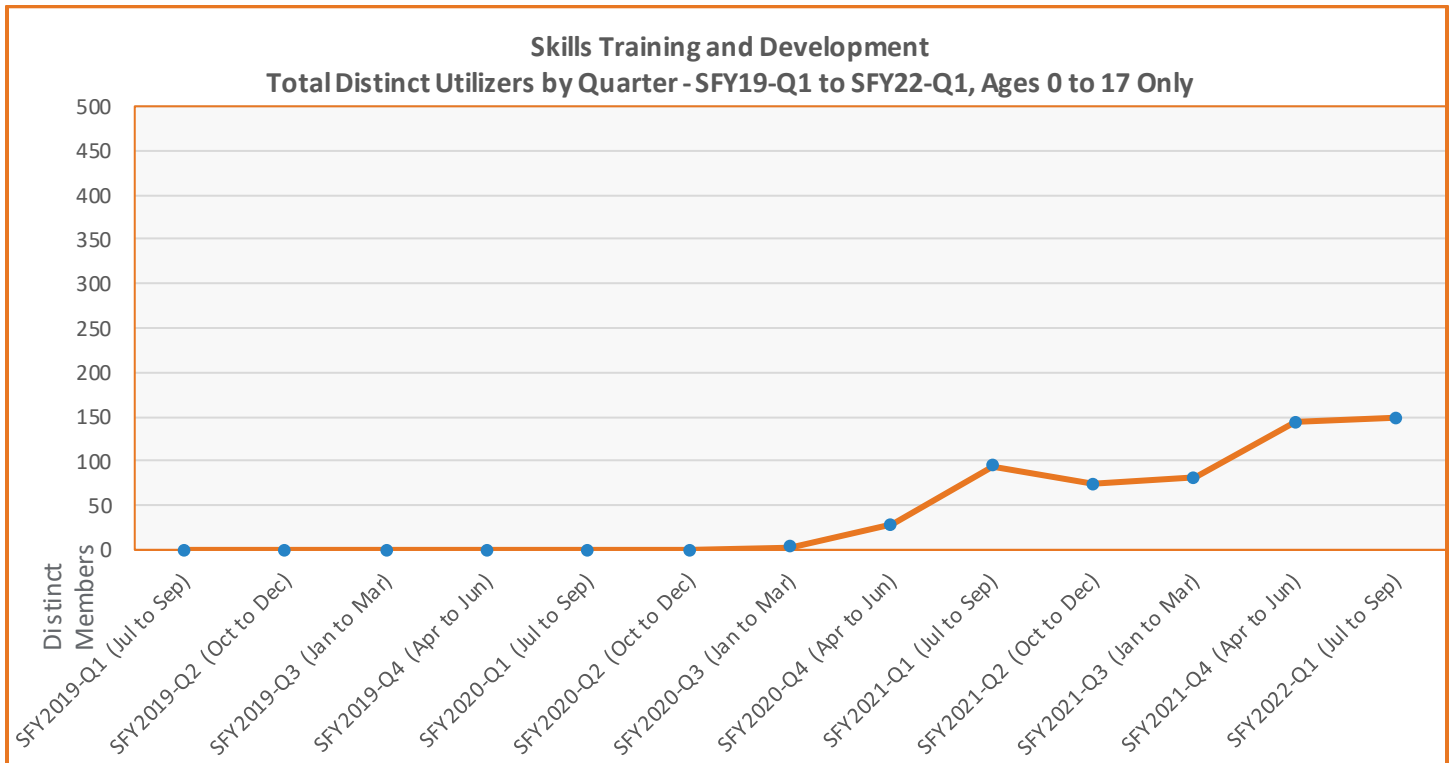
What is this data telling us?

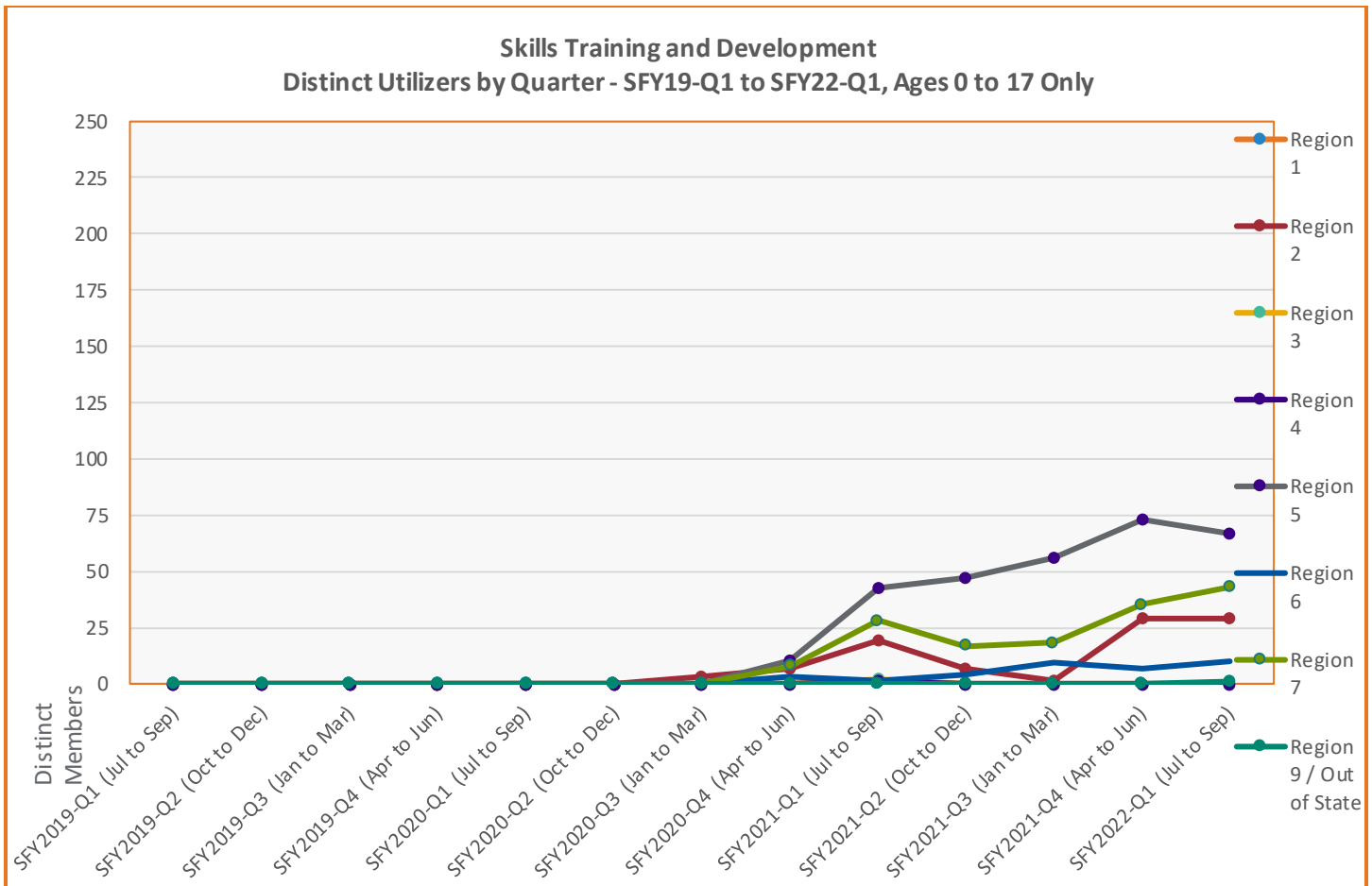
There was an increase in the use of Substance Use Disorder services in Q1 of SFY 2022 compared to SFY 2021- from 294 in 2021 to 343 in 2022 (16.7% increase). QMIA council will continue to research estimated need for SUD services

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)

	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
SFY 19-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY 19-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY 19-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY 19-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
SFY2019	0	0	0	0	0	0	0	0	0
SFY 20-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY 20-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY 20-Q3 (Jan to Mar)	0	3	0	0	0	0	0	0	3
SFY 20-Q4 (Apr to Jun)	0	7	0	0	10	3	8	0	28
SFY2020	0	10	0	0	10	3	8	0	31
SFY 21-Q1 (Jul to Sep)	0	19	2	1	43	1	28	0	94
SFY 21-Q2 (Oct to Dec)	0	7	0	0	47	4	17	0	74
SFY 21-Q3 (Jan to Mar)	0	1	0	0	56	9	18	0	81
SFY 21-Q4 (Apr to Jun)	0	29	0	0	73	7	35	0	144
SFY2021	0	44	2	1	108	10	59	0	218
SFY 22-Q1 (Jul to Sep)	0	29	0	0	67	10	43	1	149
SFY2022	0	29	0	0	67	10	43	1	149





What is this data telling us?

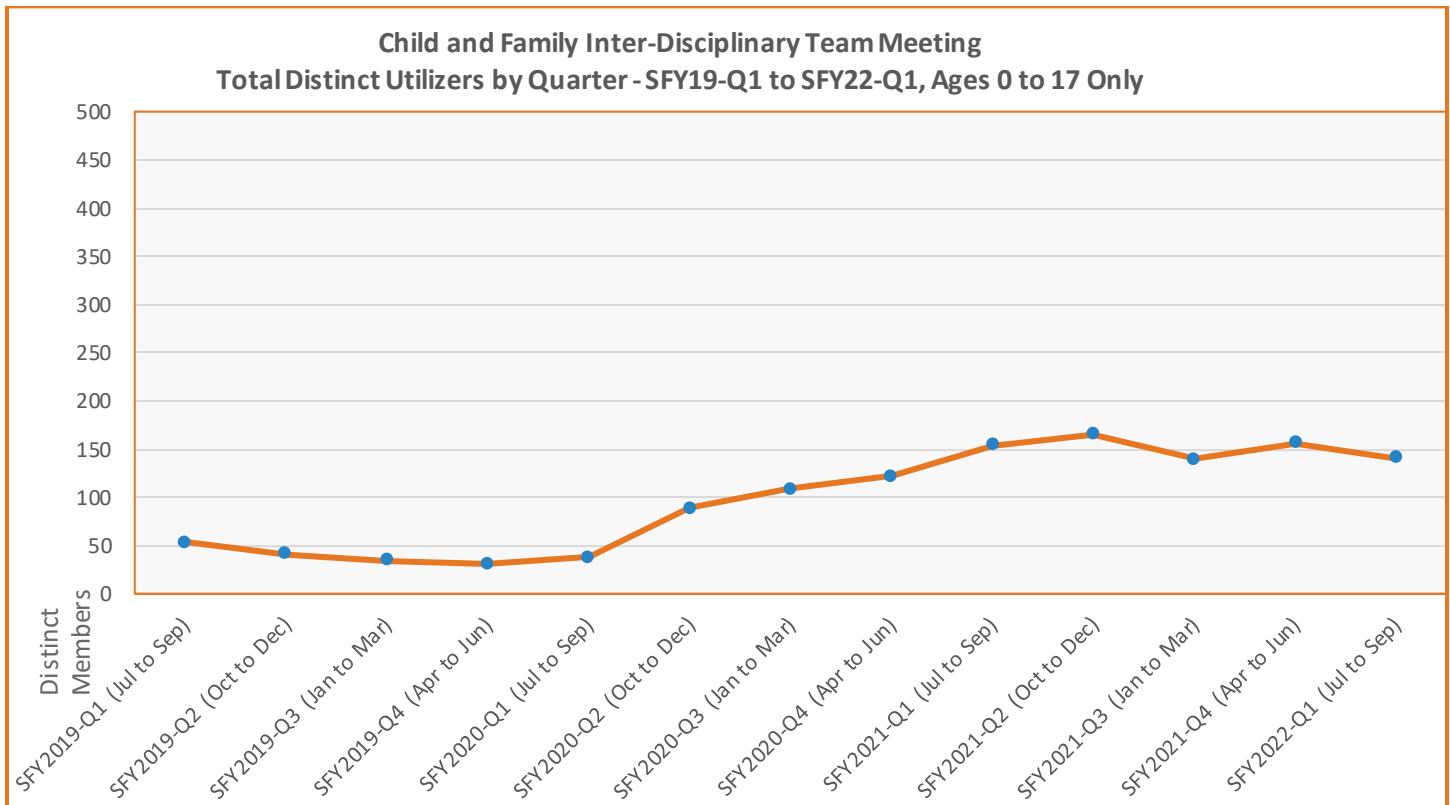
There was an increase in the use of STAD services in Q1 of SFY 2022 compared to SFY 2021- from 94 in 20 21 to 149 in 2022 (58.5% increase).

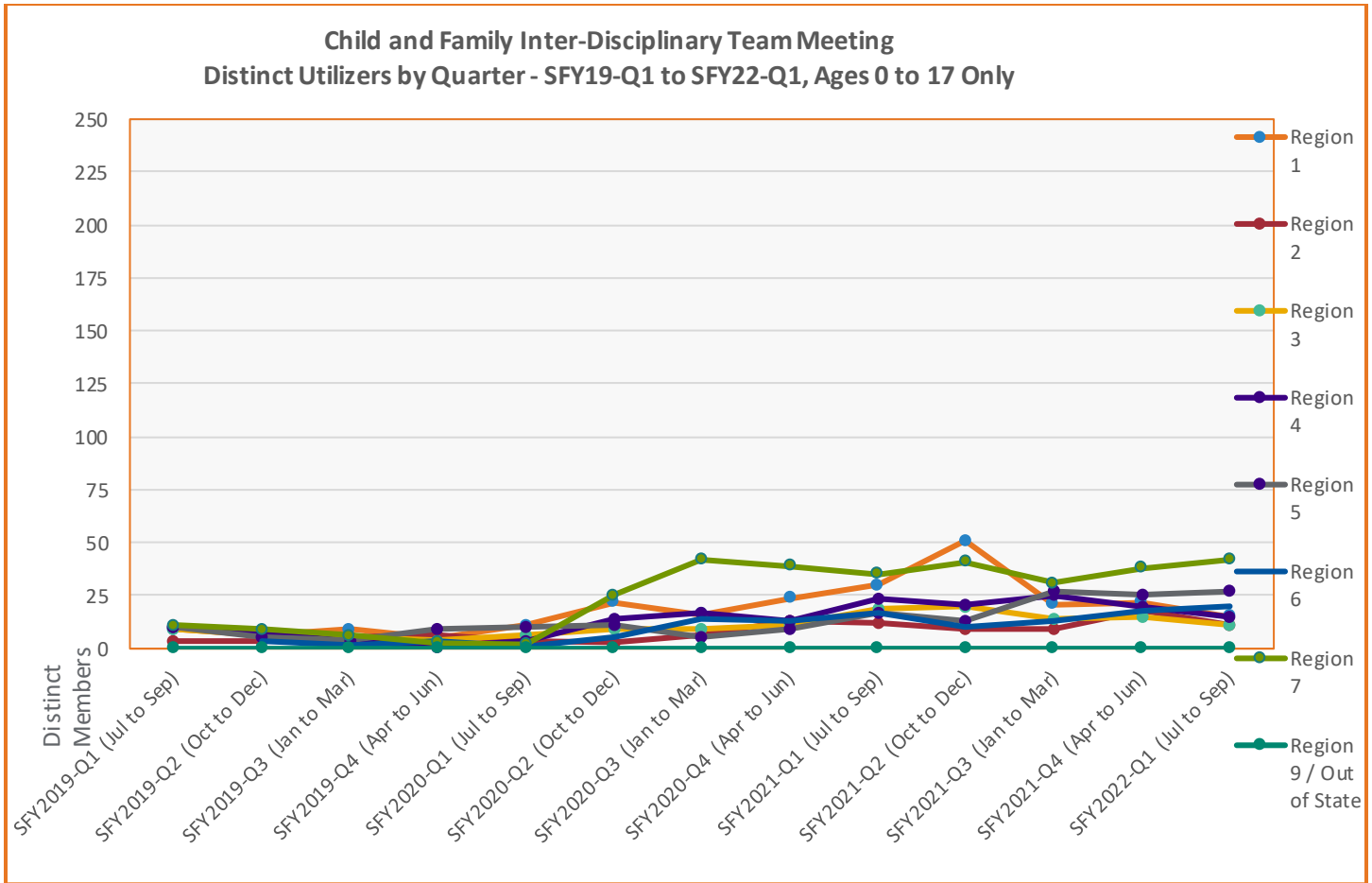
There is no research indicating expected need for Skills Training and Development (STAD).

STAD services appear to be very limited across the state - with 0 in Region 1, 3, and 4. It is notable that the amount of STAD services has increased substantially in SFY 2021.

Child and Family Inter-Disciplinary Team Meeting

	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
SFY 19-Q1 (Jul to Sep)	9	4	9	10	10		11	0	53
SFY 19-Q2 (Oct to Dec)	6	4	6	7	5	4	9	0	41
SFY 19-Q3 (Jan to Mar)	9	5	5	4	4	2	6	0	35
SFY 19-Q4 (Apr to Jun)	5	6	4	1	9	4	3	0	31
SFY2019	27	16	20	22	23	8	28	0	143
SFY 20-Q1 (Jul to Sep)	11	4	6	4	10	1	2	0	38
SFY 20-Q2 (Oct to Dec)	22	3	9	14	11	5	25	0	89
SFY 20-Q3 (Jan to Mar)	16	6	9	17	5	14	42	0	109
SFY 20-Q4 (Apr to Jun)	24	13	11	13	9	13	39	0	122
SFY2020	59	19	30	41	33	25	105	0	312
SFY 21-Q1 (Jul to Sep)	30	12	19	24	17	17	35	0	154
SFY 21-Q2 (Oct to Dec)	51	9	20	21	13	10	41	0	165
SFY 21-Q3 (Jan to Mar)	21	9	14	25	27	13	31	0	140
SFY 21-Q4 (Apr to Jun)	22	18	15	20	25	18	38	0	156
SFY2021	79	32	62	76	62	45	130	0	482
SFY 22-Q1 (Jul to Sep)	15	11	11	15	27	20	42	0	141
SFY2022	15	11	11	15	27	20	42	0	141



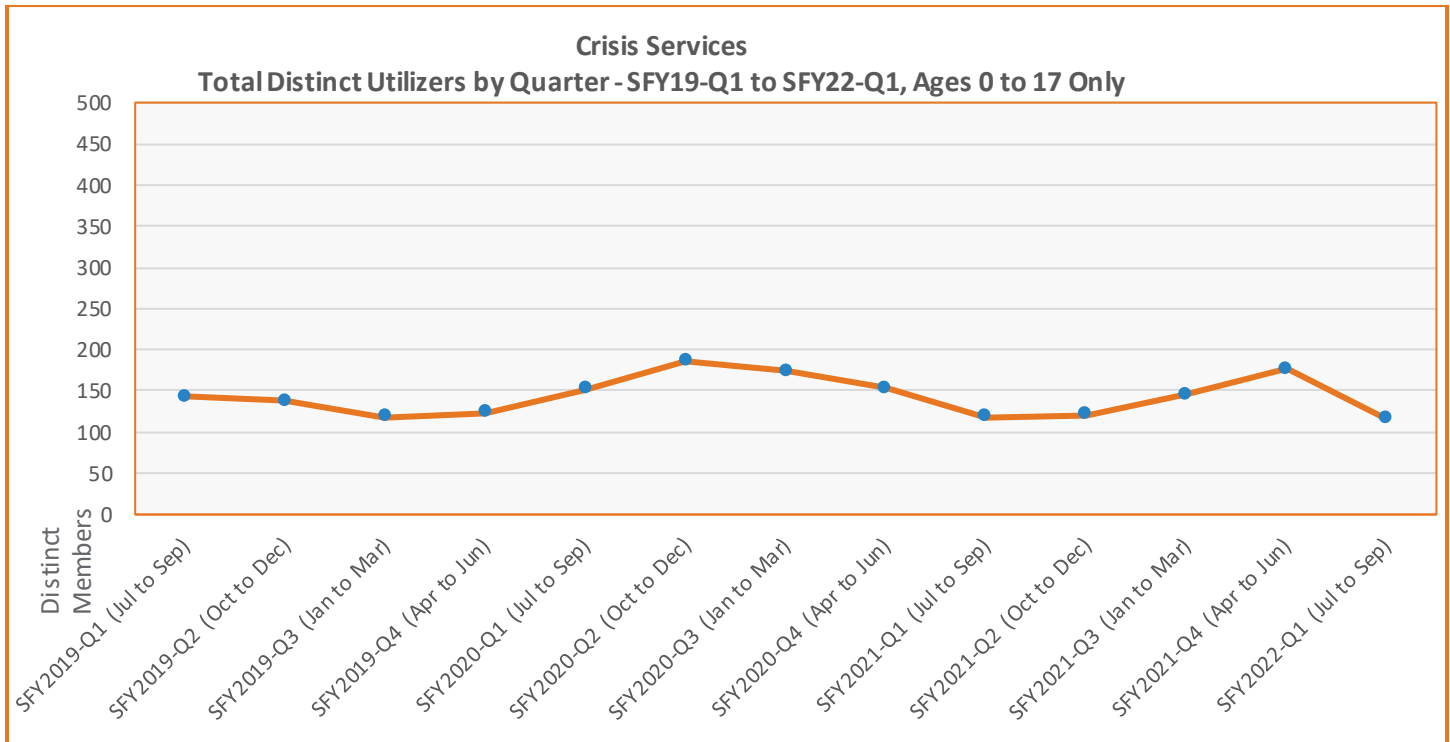


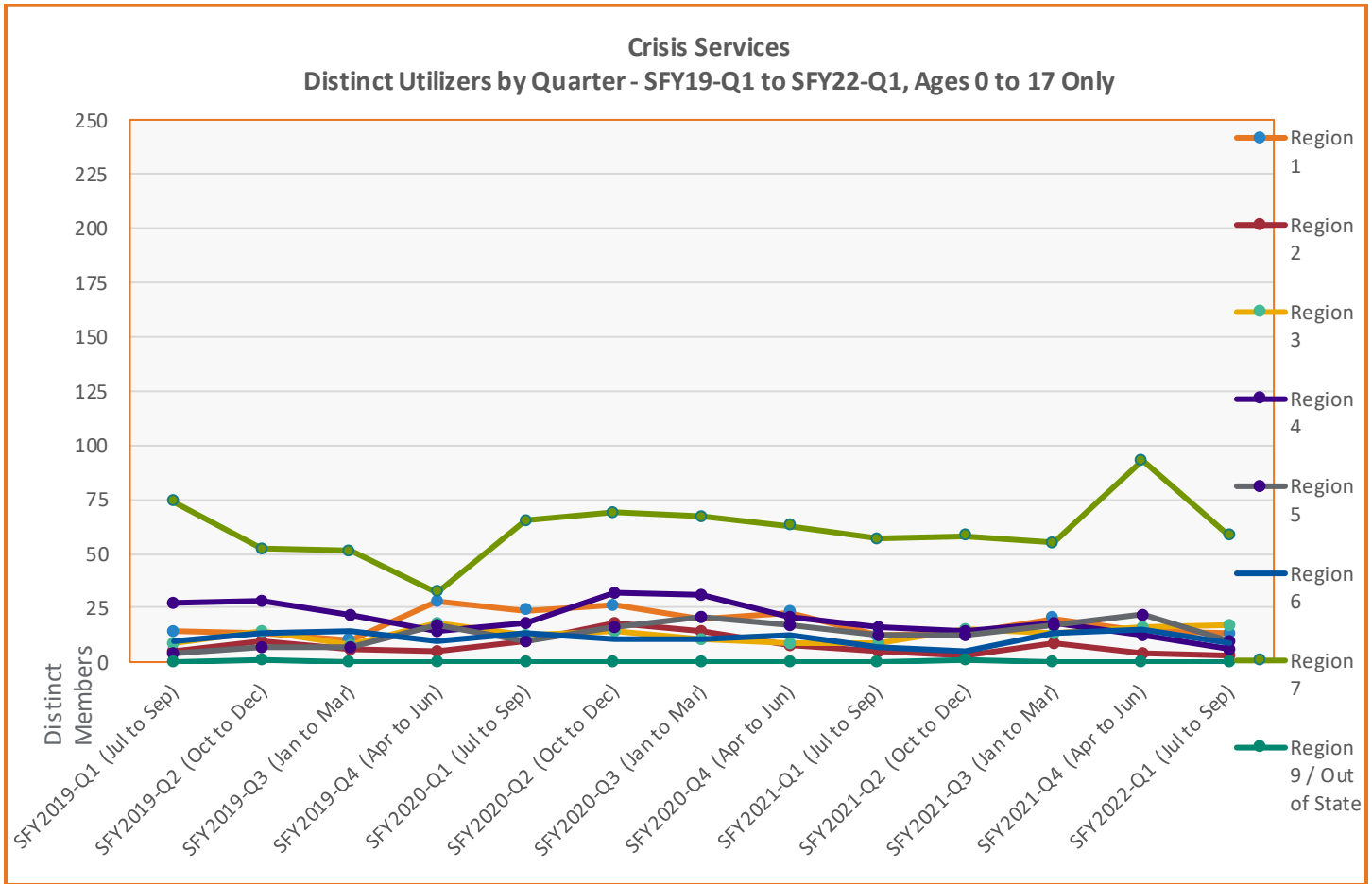
What is this data telling us?

In Q1 of SFY 2022 there were slightly fewer children and adolescents who received CFT meetings billed under the code "Interdisciplinary Team Meeting). 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 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.

Crisis Services

	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
SFY 19-Q1 (Jul to Sep)	14	5	9	27	4	10	74	0	143
SFY 19-Q2 (Oct to Dec)	13	10	14	28	7	13	52	1	138
SFY 19-Q3 (Jan to Mar)	10	6	8	22	7	14	51	0	118
SFY 19-Q4 (Apr to Jun)	28	5	18	14	17	10	32	0	124
SFY2019	56	23	47	73	33	42	180	1	453
SFY 20-Q1 (Jul to Sep)	24	10	12	18	10	13	65	0	152
SFY 20-Q2 (Oct to Dec)	26	18	14	32	16	11	69	0	186
SFY 20-Q3 (Jan to Mar)	20	14	11	31	21	11	67	0	174
SFY2020-Q4 (Apr to Jun)	23	8	9	21	17	12	63	0	153
SFY2020	75	43	45	95	61	46	239	0	601
SFY 21-Q1 (Jul to Sep)	12	5	9	16	12	7	57	0	118
SFY 21-Q2 (Oct to Dec)	13	3	15	14	12	5	58	1	121
SFY 21-Q3 (Jan to Mar)	20	9	13	18	17	13	55	0	145
SFY 21-Q4 (Apr to Jun)	14	4	16	12	22	15	93	0	176
SFY2021	53	20	46	59	59	36	257	1	529
SFY 22-Q1 (Jul to Sep)	13	3	17	6	10	9	58	0	116
SFY2022	13	3	17	6	10	9	58	1	116





What is this data telling us?

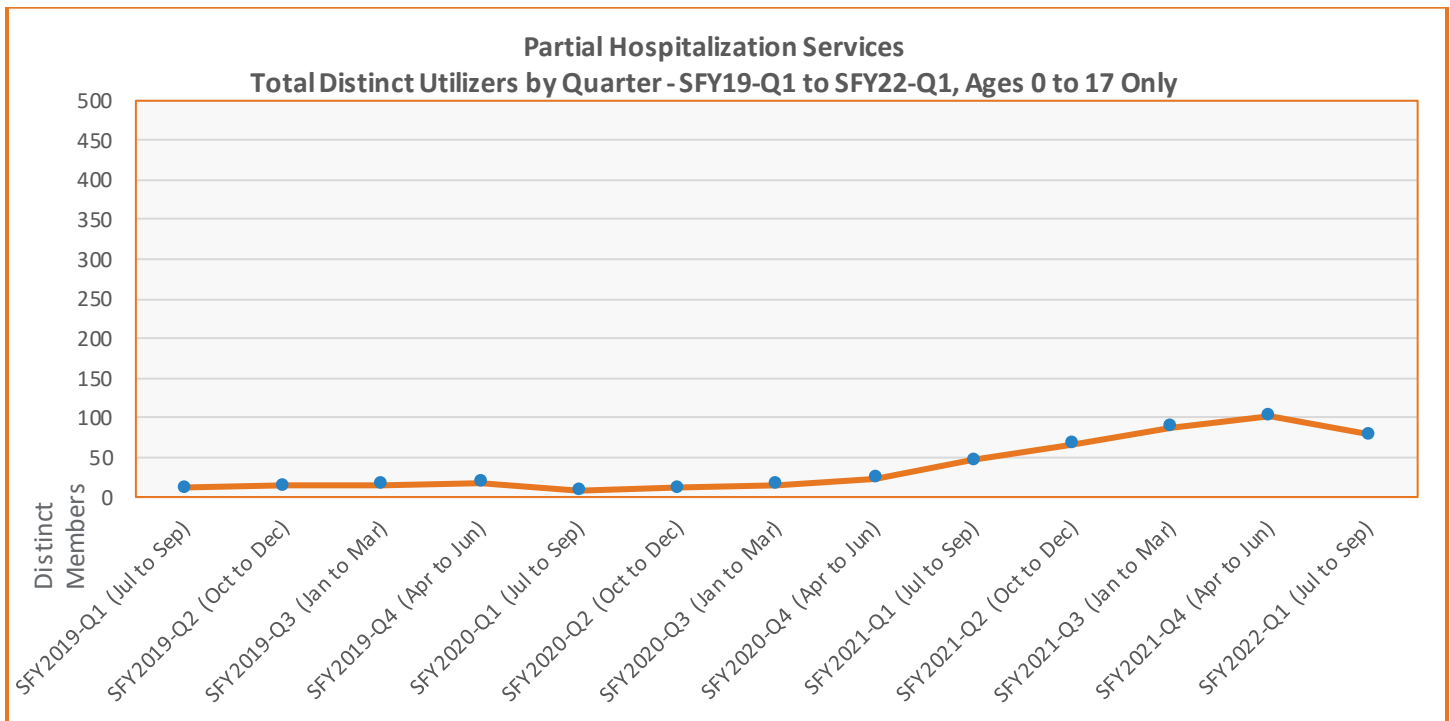
The number of crisis services provided in Q1 of SFY 2022 is roughly the same as SFY 2021 (116 compared to 118).

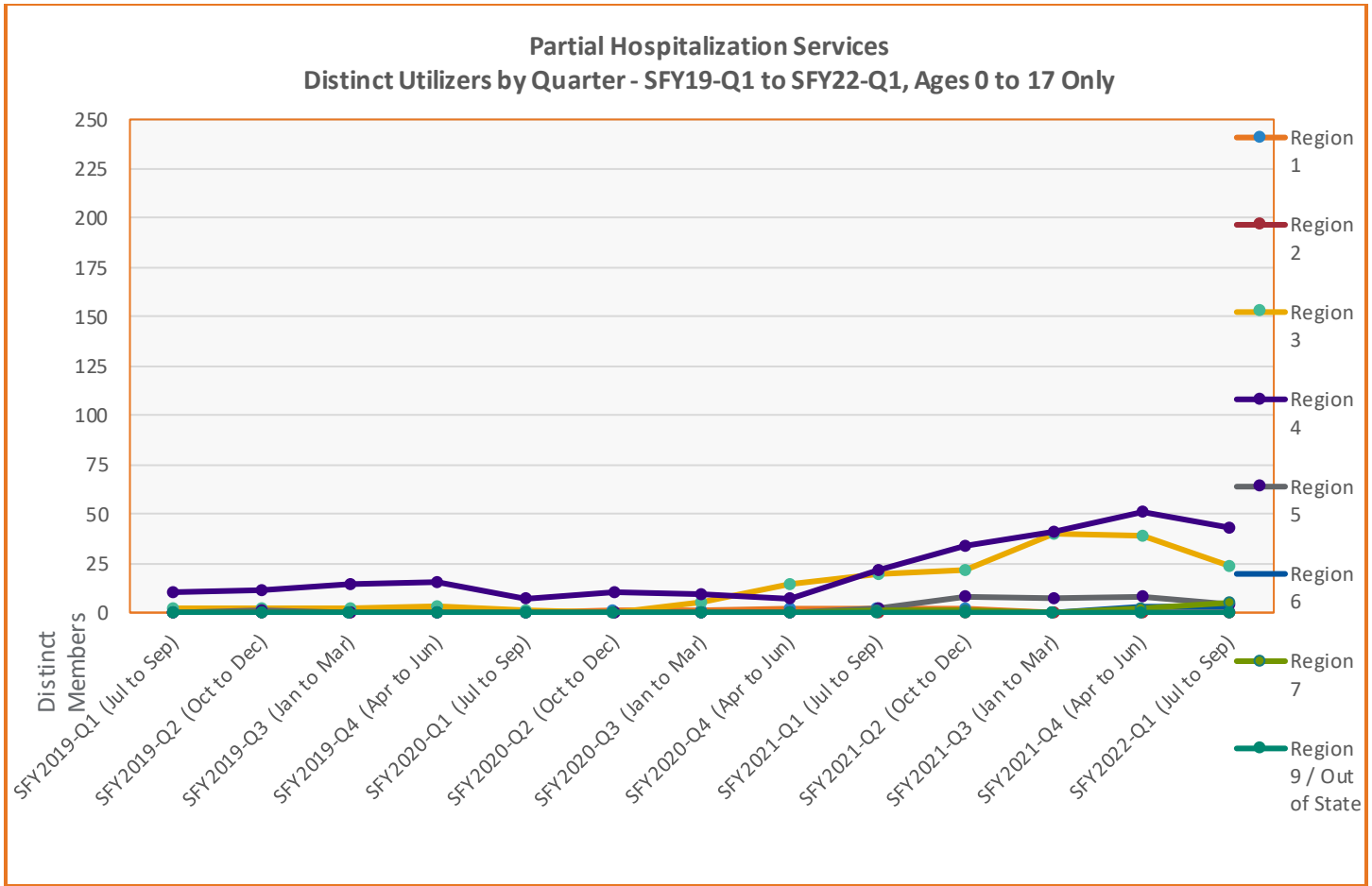
There is no research indicating expected need for crisis services.

There are crisis services in every region, but they remain very limited and decreased in SFY2021 in comparison to previous years. The QMIA Council will continue to monitor the trends in use of Crisis Services.

Partial Hospitalization Services (PHP)

	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
SFY 19-Q1 (Jul to Sep)	0	0	2	10	0	0	0	0	12
SFY 19-Q2 (Oct to Dec)	0	0	2	11	1	0	0	0	14
SFY 19-Q3 (Jan to Mar)	0	0	2	14	0	0	0	0	16
SFY 19-Q4 (Apr to Jun)	0	0	3	15	0	0	0	0	18
SFY2019	0	0	6	36	1	0	0	0	43
SFY 20-Q1 (Jul to Sep)	0	0	1	7	0	0	0	0	8
SFY 20-Q2 (Oct to Dec)	1	0	0	10	0	0	0	0	11
SFY 20-Q3 (Jan to Mar)	1	0	5	9	0	0	0	0	15
SFY 20-Q4 (Apr to Jun)	2	0	14	7	0	0	0	0	23
SFY2020	4	0	20	27	0	0	0	0	51
SFY 21-Q1 (Jul to Sep)	2	0	20	22	2	0	1	0	47
SFY 21-Q2 (Oct to Dec)	2	0	22	34	8	0	1	0	66
SFY 21-Q3 (Jan to Mar)	0	0	40	41	7	0	0	0	88
SFY 21-Q4 (Apr to Jun)	0	0	39	51	8	3	2	0	102
SFY2021	3	0	87	109	15	3	3	0	218
SFY 22-Q1 (Jul to Sep)	0	0	24	43	4	3	5	0	79
SFY2022	0	0	24	43	4	3	5	0	79





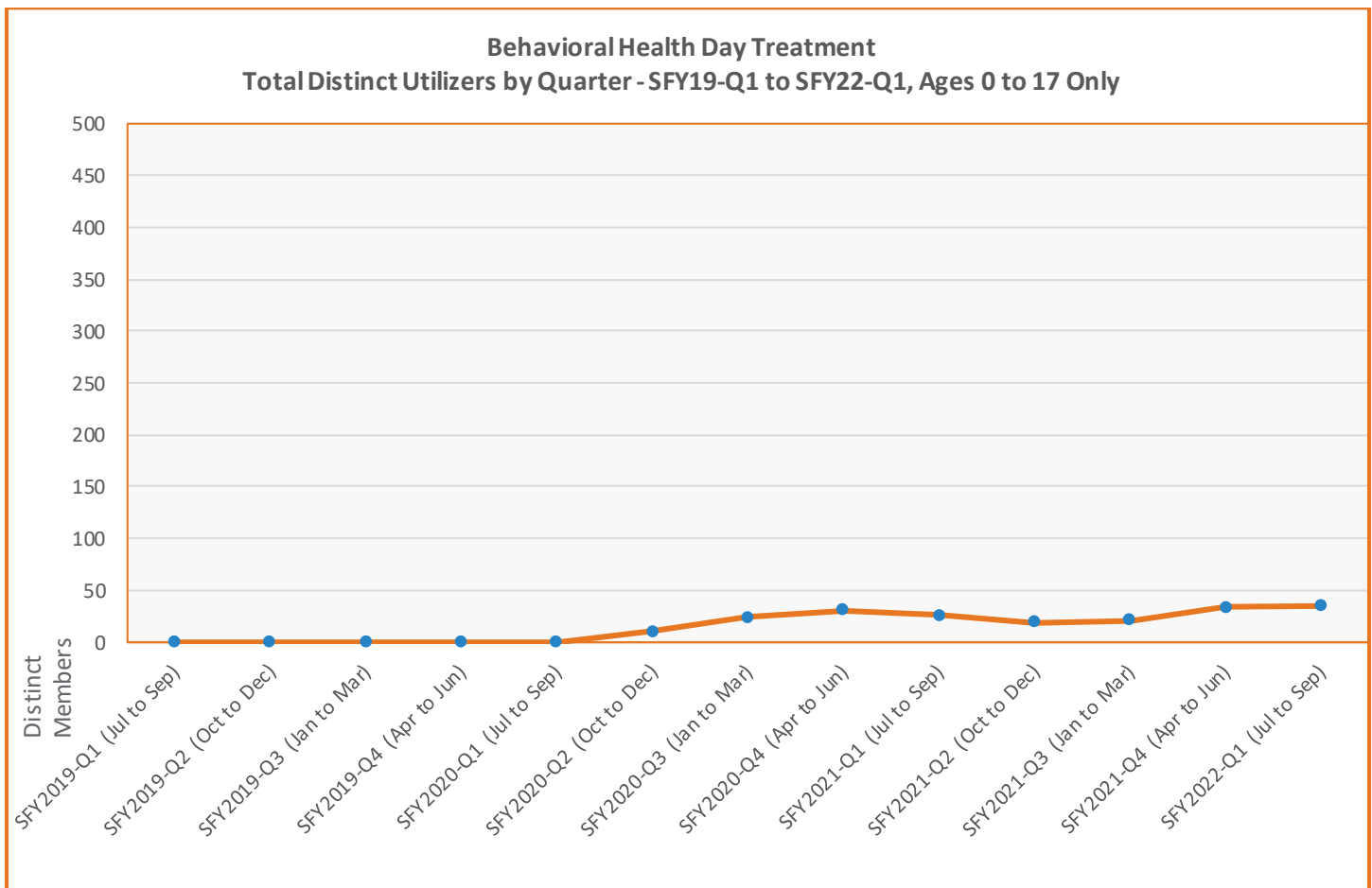
What is this data telling us?

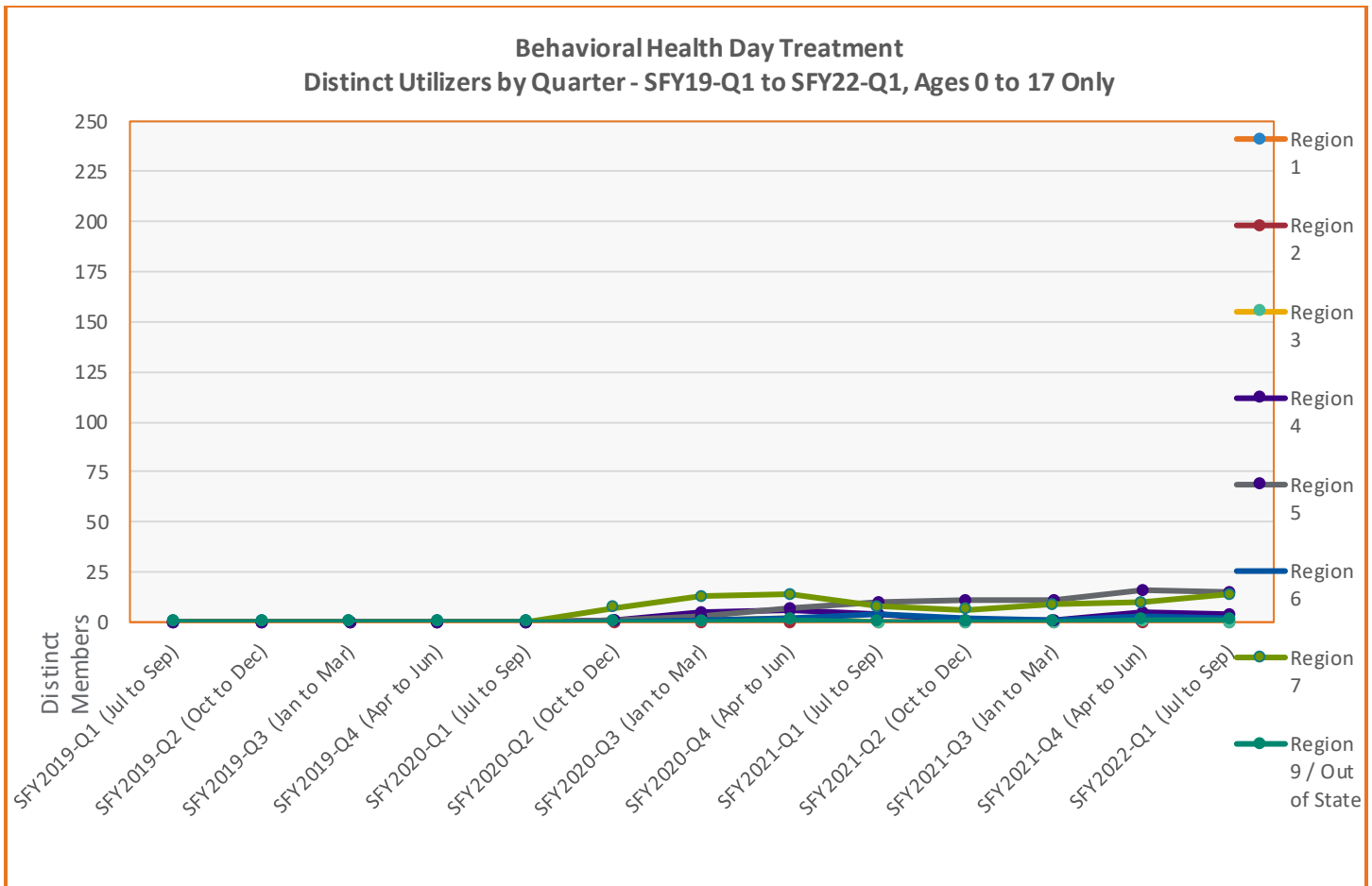
Partial Hospitalization services increased by 2/3s in Q1 of SFY2022 compared to Q1 of SFY 2021 79 compared to 47 (68%)

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

Behavioral Health Day Treatment

	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	0	0	0	0	0	0	0	0	0
SFY 20-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY 20-Q2 (Oct to Dec)	0	0	1	1	1	0	7	0	10
SFY 20-Q3 (Jan to Mar)	1	0	1	5	3	1	13	0	24
SFY 20-Q4 (Apr to Jun)	0	0	2	6	7	2	14	1	31
SFY2020	1	0	2	7	8	3	20	1	41
SFY 21-Q1 (Jul to Sep)	0	0	0	4	10	4	8	0	26
SFY 21-Q2 (Oct to Dec)	0	0	0	1	11	2	6	0	19
SFY 21-Q3 (Jan to Mar)	0	0	0	1	11	1	9	0	21
SFY 21-Q4 (Apr to Jun)	0	0	1	5	16	3	10	1	34
SFY2021	0	0	1	10	26	8	24	1	66
SFY 22-Q1 (Jul to Sep)	0	0	0	4	15	2	14	1	35
SFY2022	0	0	0	4	15	2	14	1	35



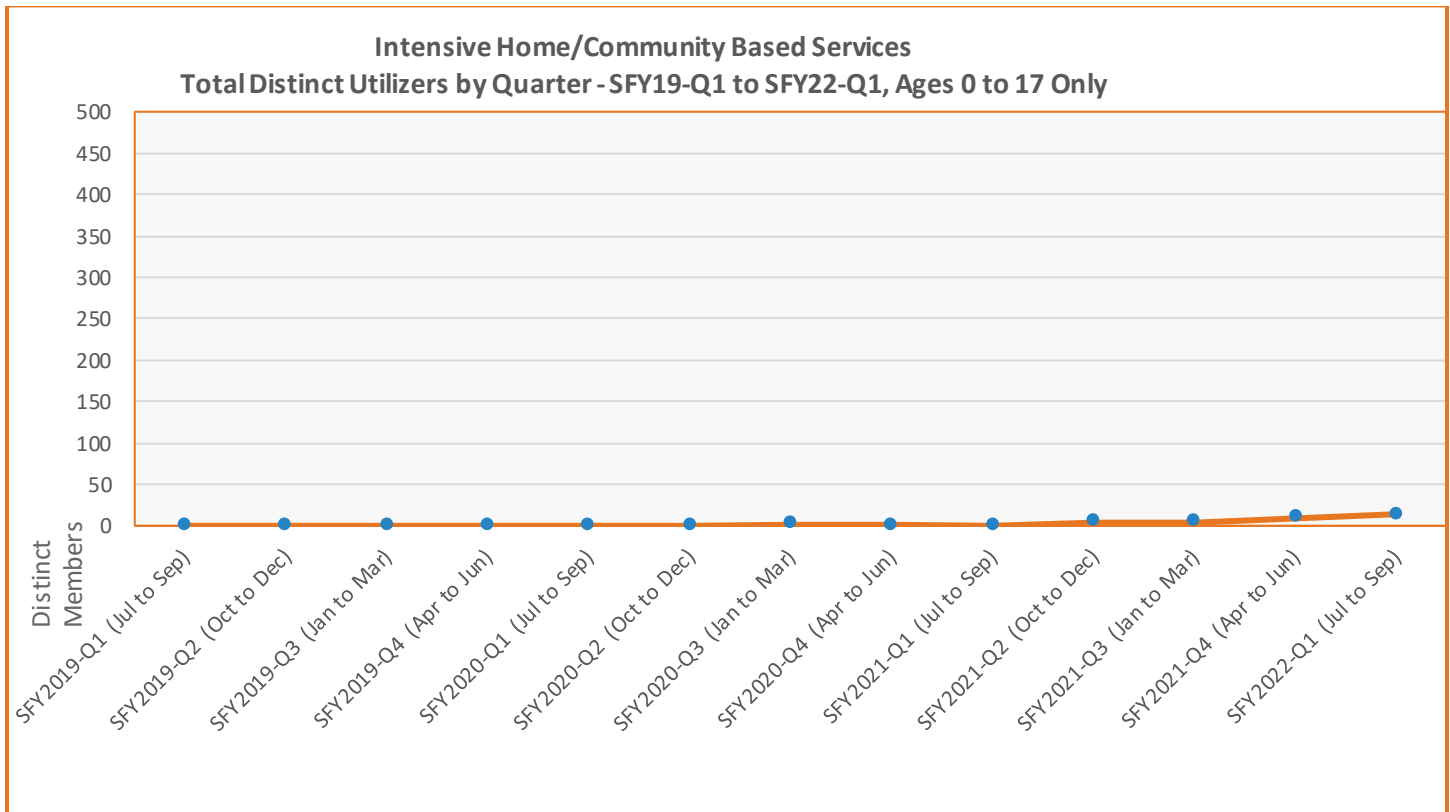


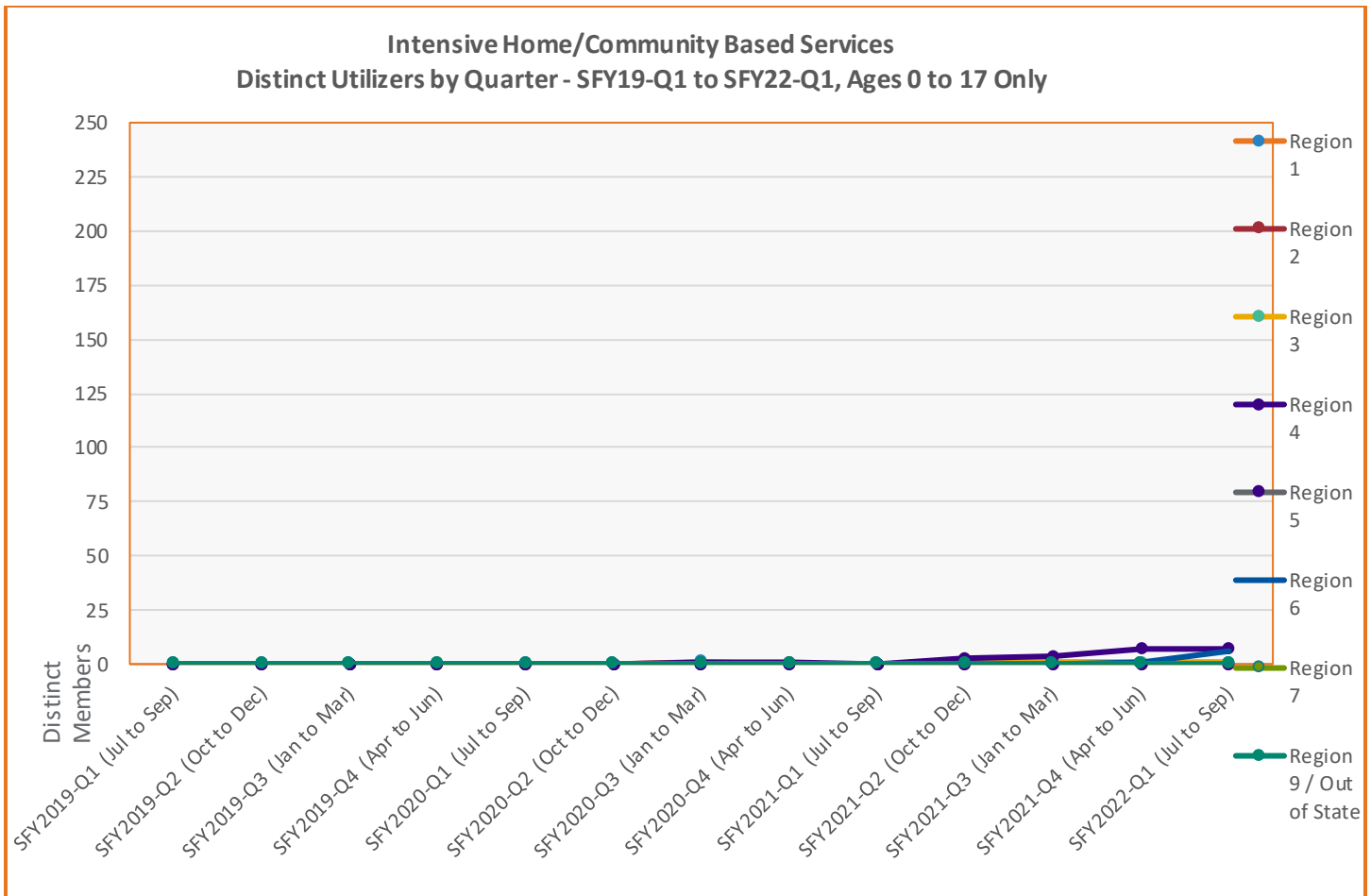
What is this data telling us?

There was a slight increase in Day Treatment services in Q1 of SFY 2022 compared to Q1 of SFY 2021. 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, 2 and 3 and very limited services in 4, 6. The QMIA Council will continue to monitor the trends in use of Behavioral Health Day Treatment.

Intensive Home/Community Based Services (IHCBS)

	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	0	0	0	0	0	0	0	0	0
SFY20-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY20-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY20-Q3 (Jan to Mar)	1	0	0	1	0	0	0	0	2
SFY20-Q4 (Apr to Jun)	0	0	0	1	0	0	0	0	1
SFY2020	1	0	0	1	0	0	0	0	2
SFY21-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY21-Q2 (Oct to Dec)	0	0	1	3	0	0	0	0	4
SFY21-Q3 (Jan to Mar)	0	0	1	4	0	0	0	0	5
SFY21-Q4 (Apr to Jun)	0	0	1	7	0	1	0	0	9
SFY2021	0	0	2	9	0	1	0	0	12
SFY22-Q1 (Jul to Sep)	0	0	1	7	0	6	0	0	14
SFY2022	0	0	1	7	0	6	0	0	14





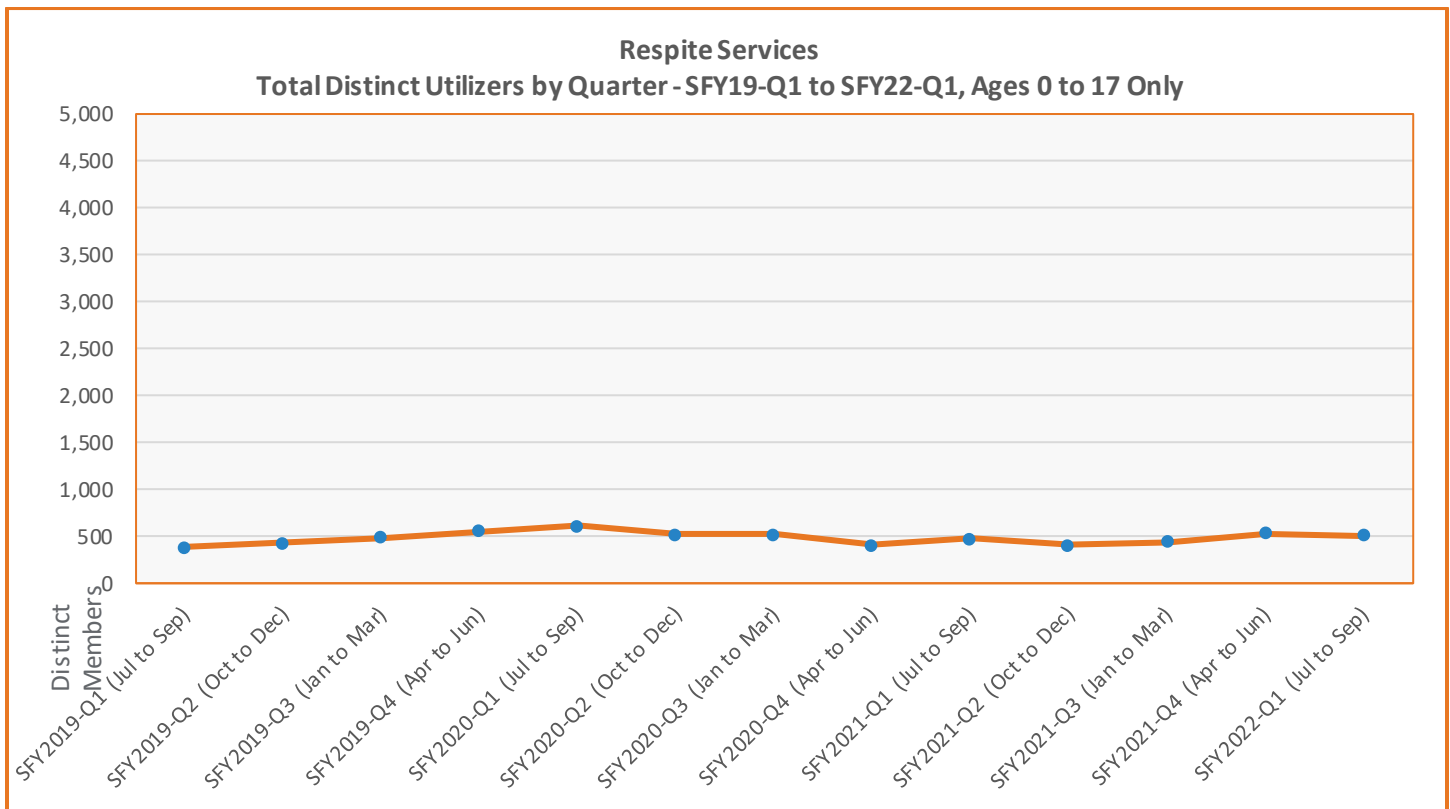
What is this data telling us?

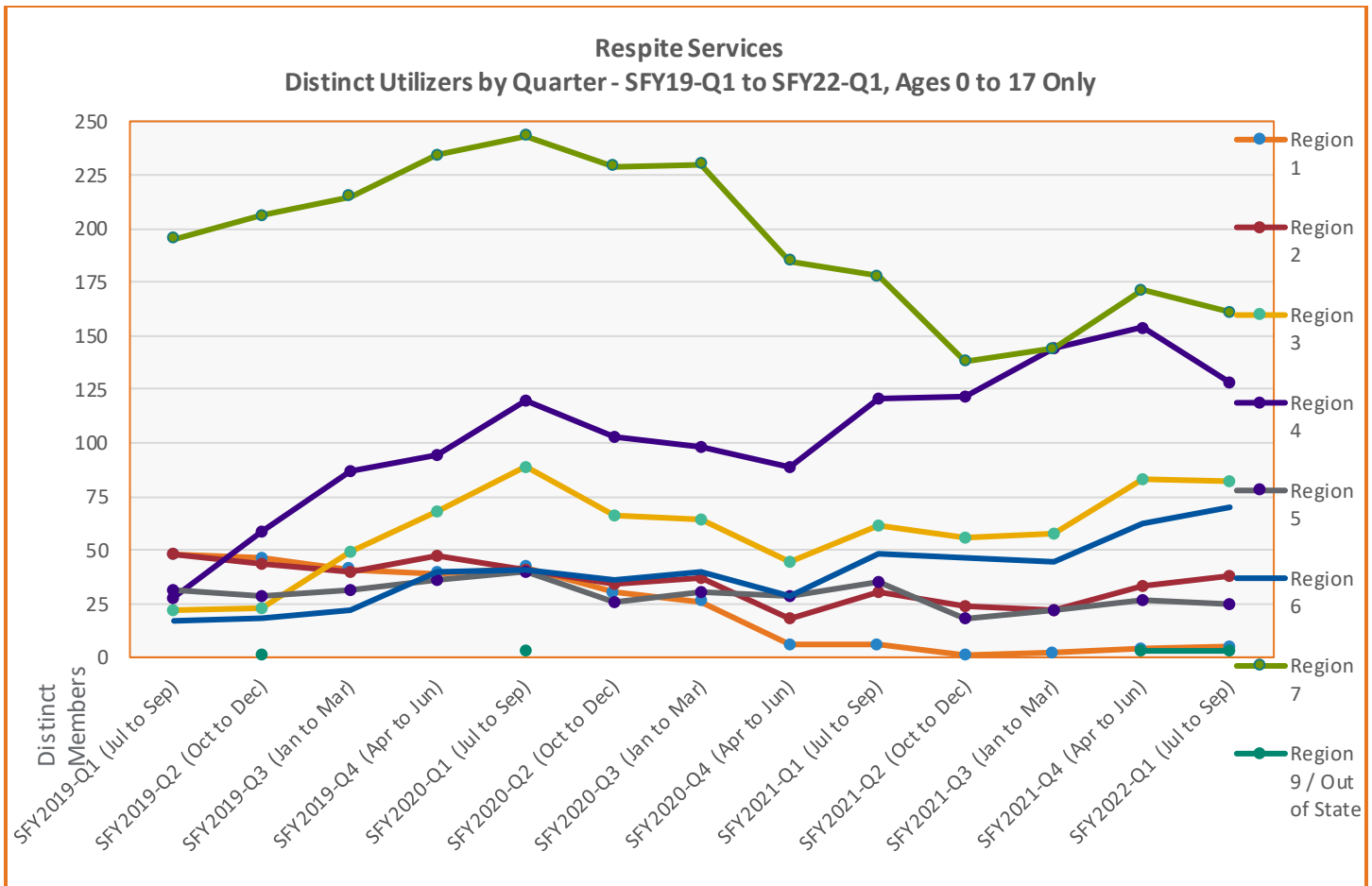
There is very small number of children/youth receiving IHCBS statewide, only 14 in Q1 of SFY 2022. . There is no research indicating expected need for Intensive Home/Community Based Services. There are extremely limited services across the state with services only in Regions 3, 4 and 6. The QMIA Council will continue to monitor the trends in use of Intensive Home/Community Based Services.

Support Services

Respite Services

Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1 (Jul to Sep)	48	48	22	28	31	17	195		388
SFY2019-Q2 (Oct to Dec)	46	44	23	59	29	18	206	1	425
SFY2019-Q3 (Jan to Mar)	41	40	49	87	31	22	215		485
SFY2019-Q4 (Apr to Jun)	39	47	68	94	36	40	234		557
SFY2019 Distinct Total Utilizers	66	59	84	134	53	51	297	1	738
SFY 20-Q1 (Jul to Sep)	42	41	89	120	40	41	243	3	616
SFY 20-Q2 (Oct to Dec)	30	34	66	103	26	36	229		524
SFY 20-Q3 (Jan to Mar)	26	37	64	98	30	40	230		525
SFY 20-Q4 (Apr to Jun)	6	18	45	89	29	29	185		401
SFY2020	54	50	116	187	63	59	339	3	868
SFY 21-Q1 (Jul to Sep)	6	30	61	121	35	48	178		476
SFY 21-Q2 (Oct to Dec)	1	24	56	122	18	46	138		404
SFY 21-Q3 (Jan to Mar)	2	22	58	144	22	45	144		437
SFY 21-Q4 (Apr to Jun)	4	33	83	154	27	62	171	3	531
SFY2021	8	39	114	219	51	87	256	3	763
SFY2022-Q1 (Jul to Sep)	5	38	82	128	25	70	161	3	508
SFY2022	5	38	82	128	25	70	161	3	508





What is this data telling us?

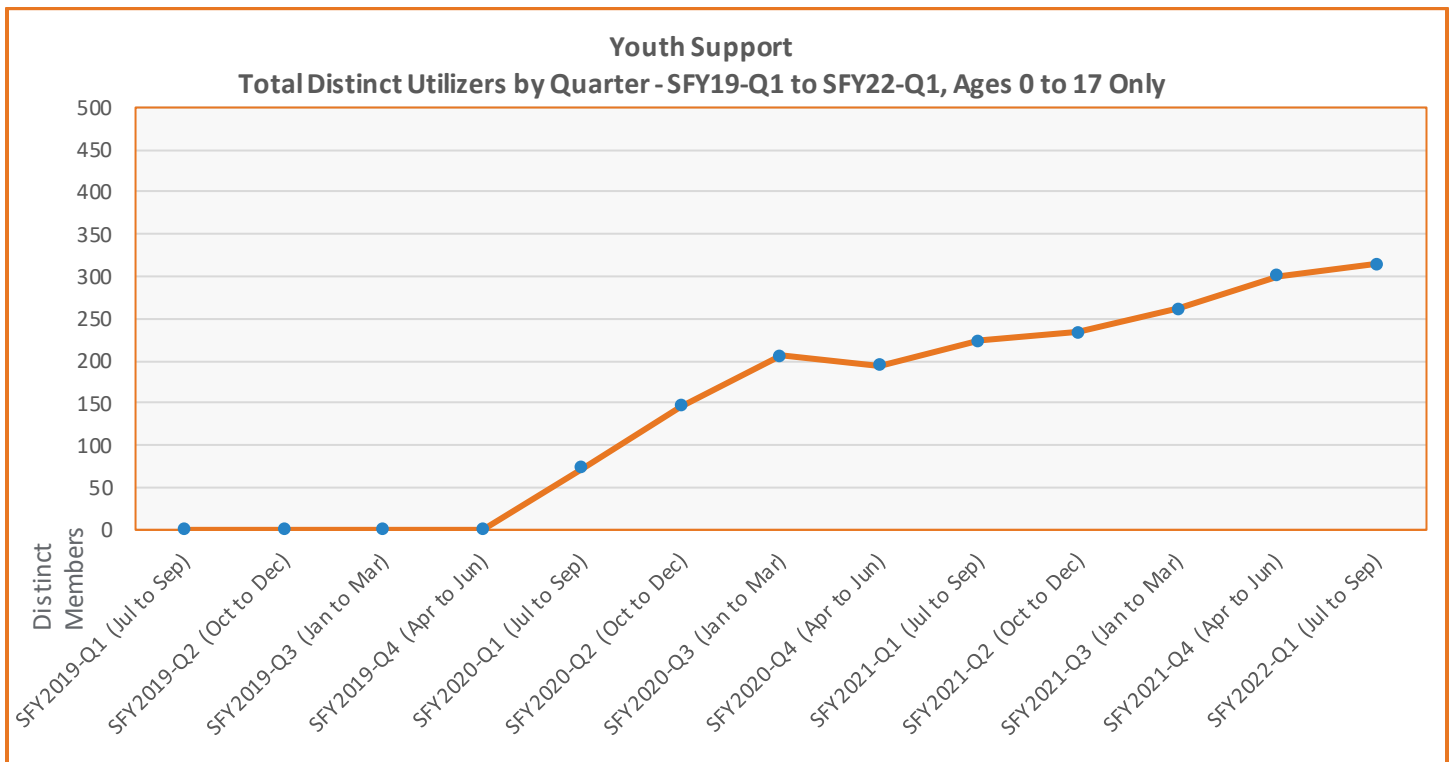
Based on data, the use of Respite care through Optum increased in SFY 2022 Q1 compared to Q1 in SFY 2021. Respite care through Optum seems most readily utilized in Regions 7 and 4.

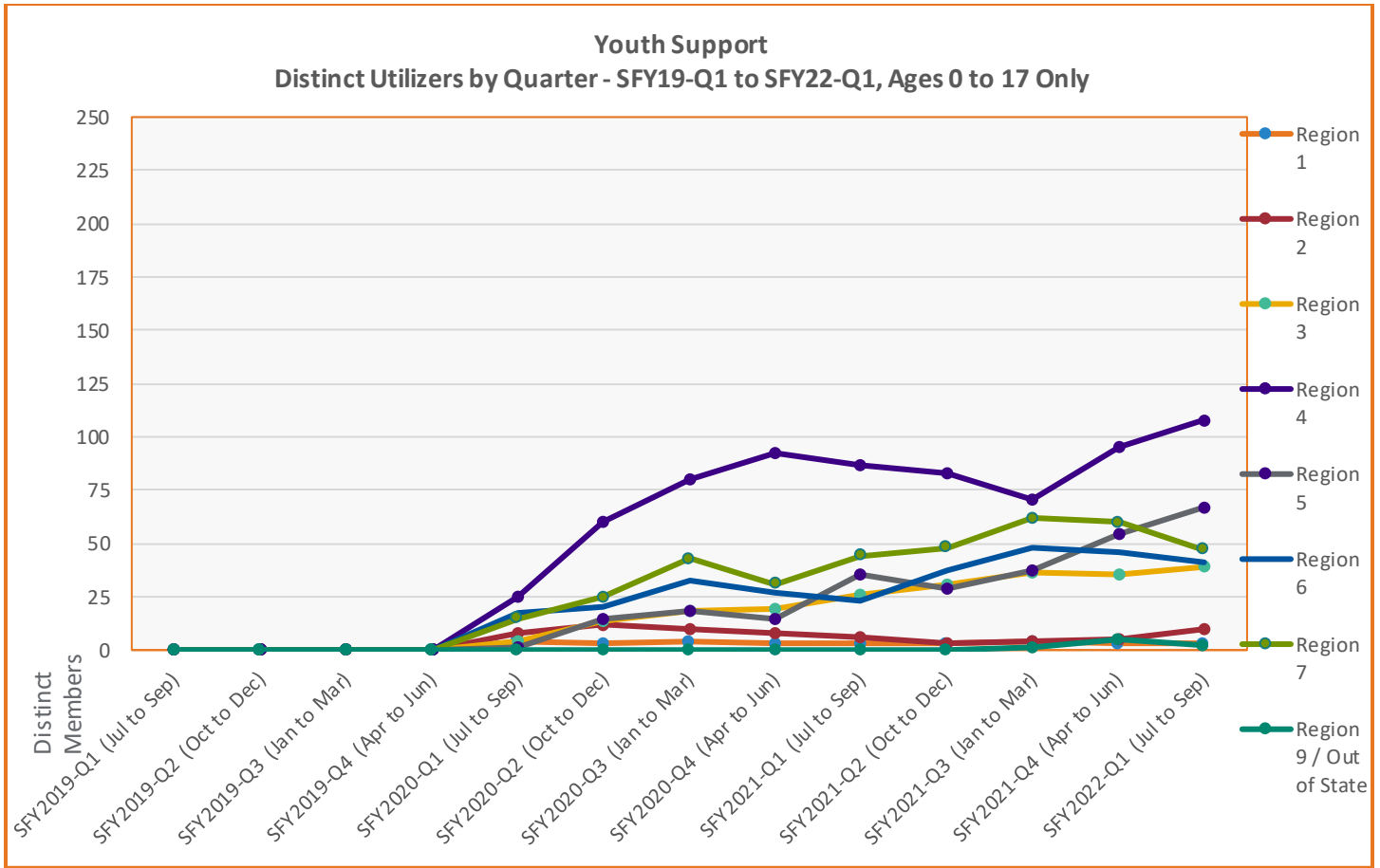
There is little or no research on predicting the need for Respite care although research in 2000 by Eric Bruns does indicate better outcomes for families receiving Respite. It is notable that while Region 7 and Region 4 have consistently utilized Respite services, Region 1 appears to be very underserved.

Note: Respite care is also provided through vouchers by DBH

Youth Support Services

	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
SFY 19-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY 19-Q2 (Oct to Dec)	0	0	0	0	0	0	0	0	0
SFY 19-Q3 (Jan to Mar)	0	0	0	0	0	0	0	0	0
SFY 19-Q4 (Apr to Jun)	0	0	0	0	0	0	0	0	0
SFY2019	0	0	0	0	0	0	0	0	0
SFY 20-Q1 (Jul to Sep)	4	8	4	25	1	17	15	0	74
SFY 20-Q2 (Oct to Dec)	3	12	14	60	15	20	25	0	147
SFY 20-Q3 (Jan to Mar)	4	10	18	80	18	33	43	0	206
SFY 20-Q4 (Apr to Jun)	3	8	19	92	15	27	31	0	195
SFY2020	9	20	29	126	26	57	64	0	329
SFY 21-Q1 (Jul to Sep)	3	6	26	87	35	23	44	0	224
SFY 21-Q2 (Oct to Dec)	3	3	31	83	29	37	48	0	234
SFY 21-Q3 (Jan to Mar)	4	4	36	71	37	48	62	1	262
SFY 21-Q4 (Apr to Jun)	3	5	35	95	54	46	60	5	301
SFY2021	4	9	51	156	84	87	108	6	496
SFY 22-Q1 (Jul to Sep)	3	10	39	108	67	41	47	2	315
SFY2022	3	10	39	108	67	41	47	2	315





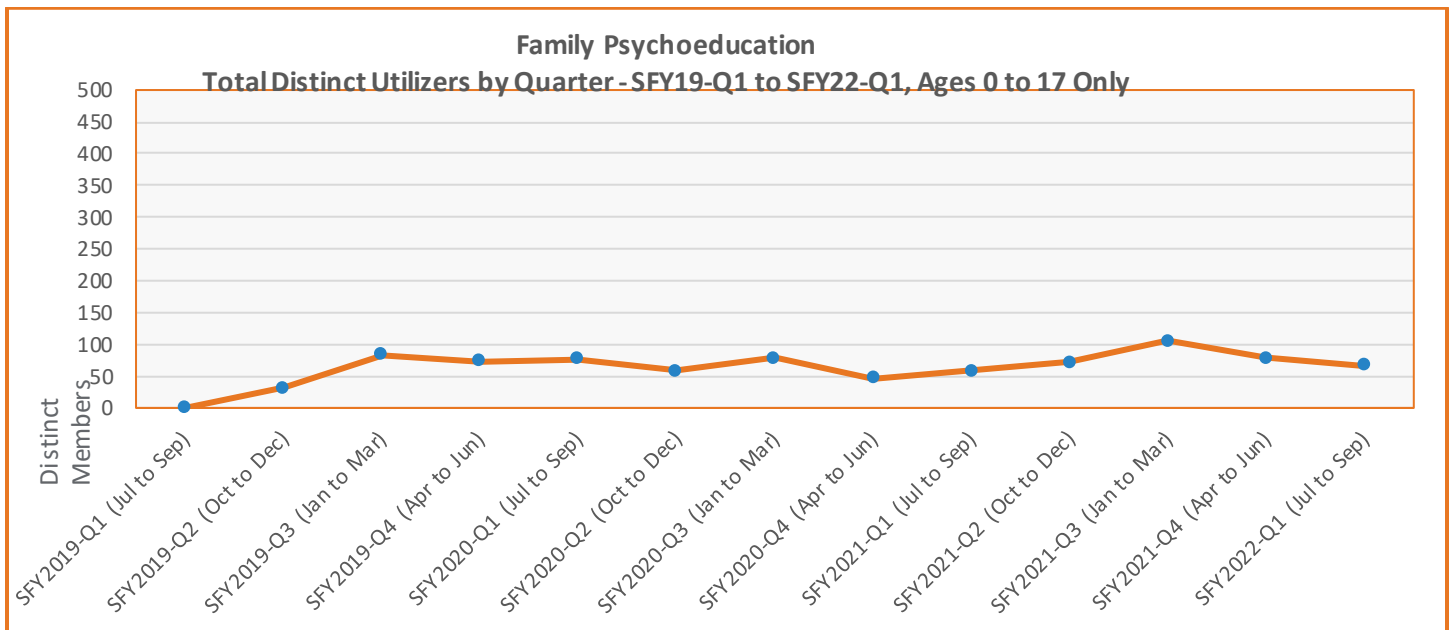
What is this data telling us?

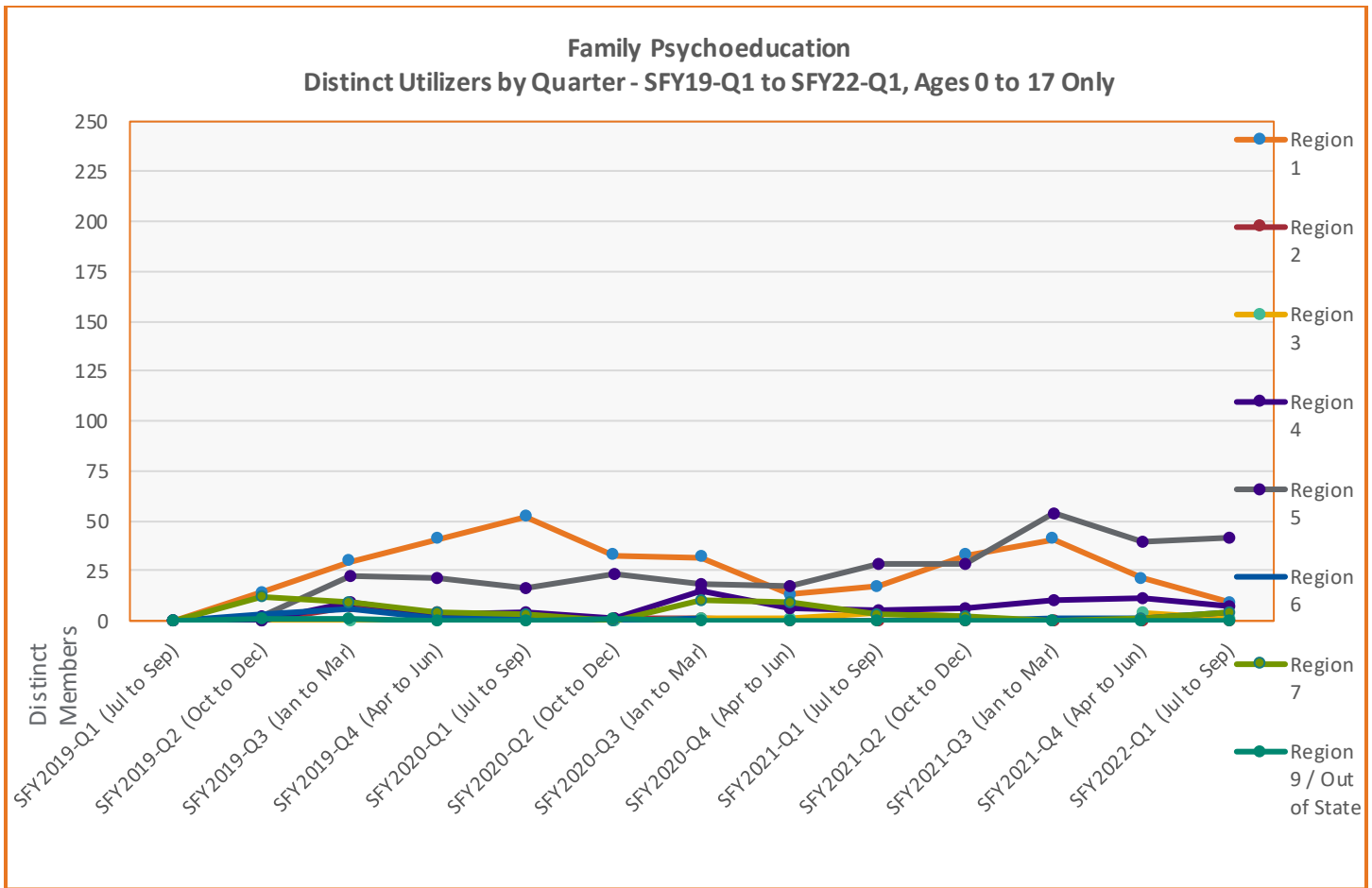
There was quite a substantial increase in the use of Youth Peer Support services in Q1 of SFY 2022 compared to SFY 2021- from 224 in 2021 to 315 in 2022 (40.6% increase). This represents the highest number of youths since the implementation of Youth Peer Support.

There is no research indicating expected need for Youth Peer Support Services.

Family Psychoeducation

	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
SFY 19-Q1 (Jul to Sep)	0	0	0	0	0	0	0	0	0
SFY 19-Q2 (Oct to Dec)	14	0	0	0	2	3	12	1	32
SFY 19-Q3 (Jan to Mar)	30	7	0	9	22	6	9	1	84
SFY 19-Q4 (Apr to Jun)	41	4	0	3	21	1	4	0	73
SFY2019	57	10	0	12	45	10	23	1	157
SFY 20-Q1 (Jul to Sep)	52		0	4	16	1	3	0	76
SFY 20-Q2 (Oct to Dec)	33	1	0	1	23	0	0	1	59
SFY 20-Q3 (Jan to Mar)	32	1	1	15	18	1	10	0	78
SFY 20-Q4 (Apr to Jun)	13	0	1	6	17		9	0	46
SFY2020	73	2	1	24	72	2	22	1	197
SFY 21-Q1 (Jul to Sep)	17	0	4	5	29	0	3	0	58
SFY 21-Q2 (Oct to Dec)	33	0	2	6	29	0	2	0	72
SFY 21-Q3 (Jan to Mar)	41	0		10	54	1	0	0	106
SFY 21-Q4 (Apr to Jun)	21	0	4	11	40	1	1	0	78
SFY2021	62	0	10	30	140	2	6	0	250
SFY 22-Q1 (Jul to Sep)	9	0	1	7	42	4	4	0	67
SFY2022	9	0	1	7	42	4	4	0	67





What is this data telling us?

There is a small increase in the number of family psychoeducational services – however the increase was primarily in Region 5.

There is no research indicating expected need for family psychoeducation. Region 5 seems to have maintained or increased family psychoeducation 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.

6. YES DBH Outpatient Service Utilization

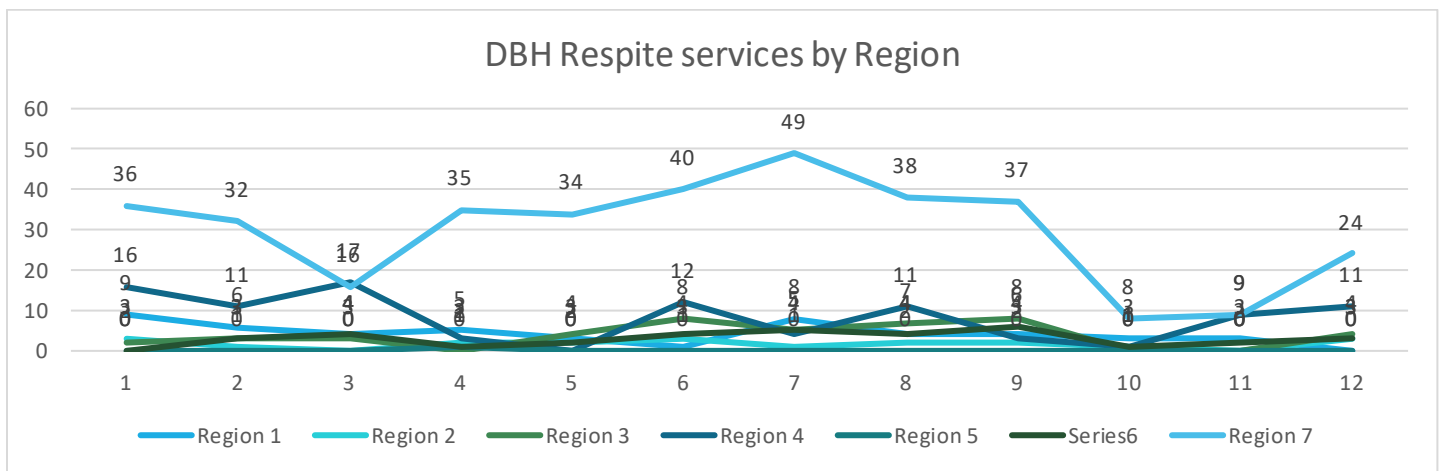
DBH Vouchered Respite

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 14 - Vouchered Respite SFY22 (Q1)

Region	July	Aug	Sept	Total # of Vouchers
1	2	3	4	9
2	1	0	3	4
3	1	3	0	4
4	8	5	6	19
5	0	0	1	1
6	2	5	1	8
7	13	7	14	34
Total	27	23	29	79

Graphic Chart 2- Vouchered Respite SFY21 (Q1- Q4)



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, 188 in SFY 2021, and since the initial implementation of Wraparound in Idaho, in January of 2018, 514 children and families have received WInS.

Table 15: WInS- SFY20 and 21 and SFY 22 (Q1)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY 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
SFY 2022 Q1	23	14	21										52

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 16: PLL SFY 20 and 21, and SFY 22 (Q1)

	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
SFY 2022 Q1	7	8	0										

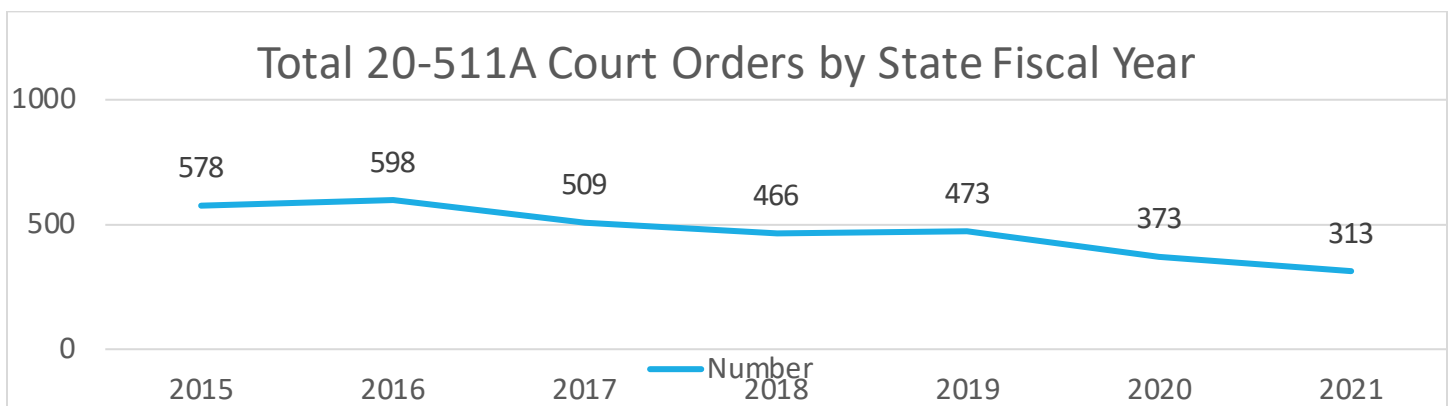
The number of families receiving PLL has trended downward substantially for SFY 2021.

DBH 20-511A:

Table 17: Number of 20-511A for SFY 2021 and SFY 2022 Q1 by region

Region	1	2	3	4	5	6	7	Total
SFY 2021	39	6	36	77	56	19	80	313
SFY 2022 Q1	5	0	12	14	17	7	13	68

Graphic Chart 3: Historical Annualized # of Court Ordered 20-511A, SFY 2015- 2021

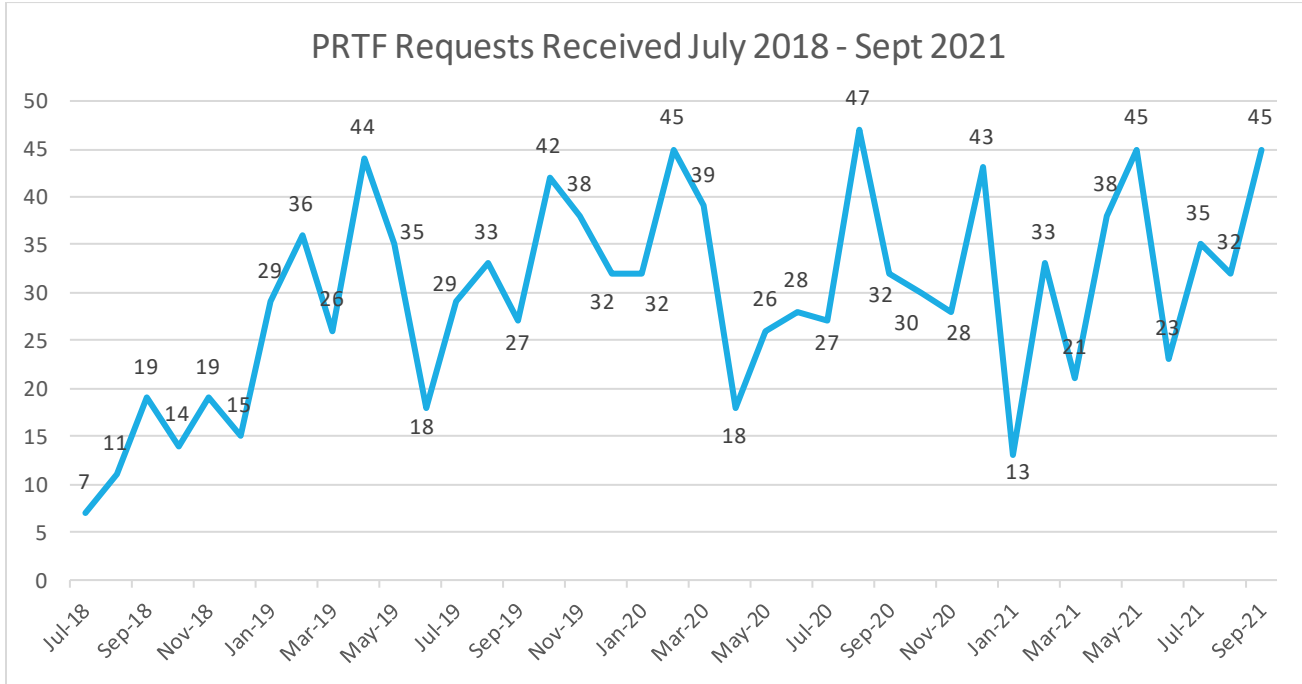


Utilization of 24-hour Services

7. Medicaid Residential Placement Requests- Psychiatric Residential Treatment Facility (PRTF)

Psychiatric Residential Treatment Facility (PRTF):

Graphic Chart 4: Number of PRTF Requests Monthly



What is this data telling us?

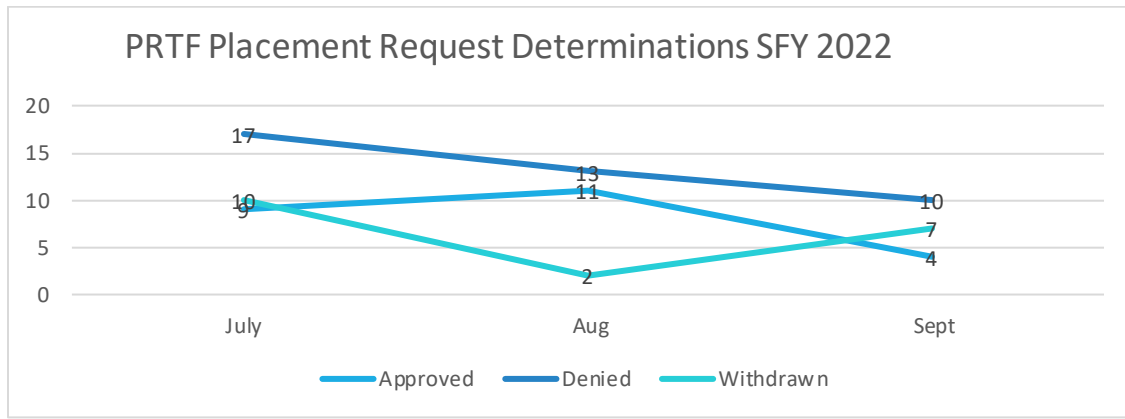
There continues to be higher overall number of requests for PRTF with an average in Q1 of SFY 2022 of 37.3 compared to 31.7 for the FY 2021.

PRTF Determinations

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)

Graphic Chart 5: Q1 PRTF Determinations



Graphic Chart 6 Historical Trends for PRTF SFY 2019, 2020 and 2021

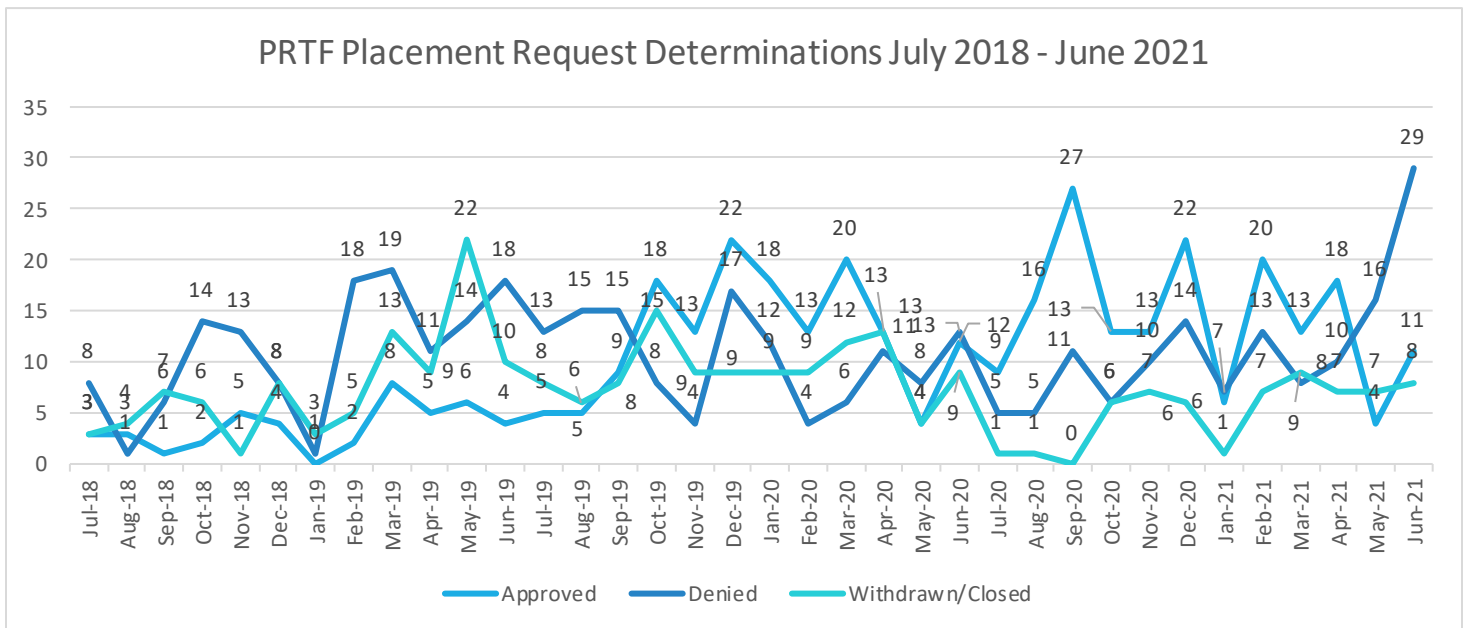


Table 18: Historical Trends for PRTF SFY 2019, 2020 and 2021

SFY	# of Placement Determinations	Approved		Withdrawn/Closed		Denied	
		#	%	#	%	#	%
SFY 2019	265	131	49.4%	91	34.3%	43	16.2%
SFY 2020	376	113	30.1%	111	29.5%	152	40.4%
SFY 2021	366	172	47.0%	60	16.4%	134	36.6%
SFY 2022 Q1	83	24	28.9%	19	22.9%	40	48.2%

What is this data telling us?

The percent of approvals dropped from 49.4% in 2019, to 20.1% in 2020, increased to 47% in 2021, and dropped again in Q1 of SFY 2022 to 28.9%.

Table 19 and 20: Timeliness of PRTF Decisions

5 NOD sent between 09/01/2021-09/30/2021 with an approval status

0 required second reviews and are not included in calculations.

Total Approvals September 2021 n= 5			
# ≤ 45 days	% ≤ 45	# > 45	% > 45
4	80%	1	20%

2021 Month	# NOD	# ≤ 45 days	% ≤ 45	# > 45	% > 45
January	6	6	100%	0	-
February	13	12	92.3%	1	7.7%
March	15	13	86.7%	2	13.3%
April	13	11	84.6%	2	15.4%
May	4	3	75%	1	25%
June	12	7	58.3%	5	41.7%
July	8	7	87.5%	1	12.5%
August	10	9	90%	1	10%
September	5	4	80%	1	20%

Table 21: Historical report on Medicaid Hospital 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
SFY 2021	188	207	184	209	201	155	181	213	248	238	221	166	2411

SFY 2022 Q1: Medicaid is no longer receiving this data from Telligen and is working on a mechanism to pull the data so there is no update for Q1.

Graphic Chart 7: : Historical report on Medicaid Hospital Admits per month

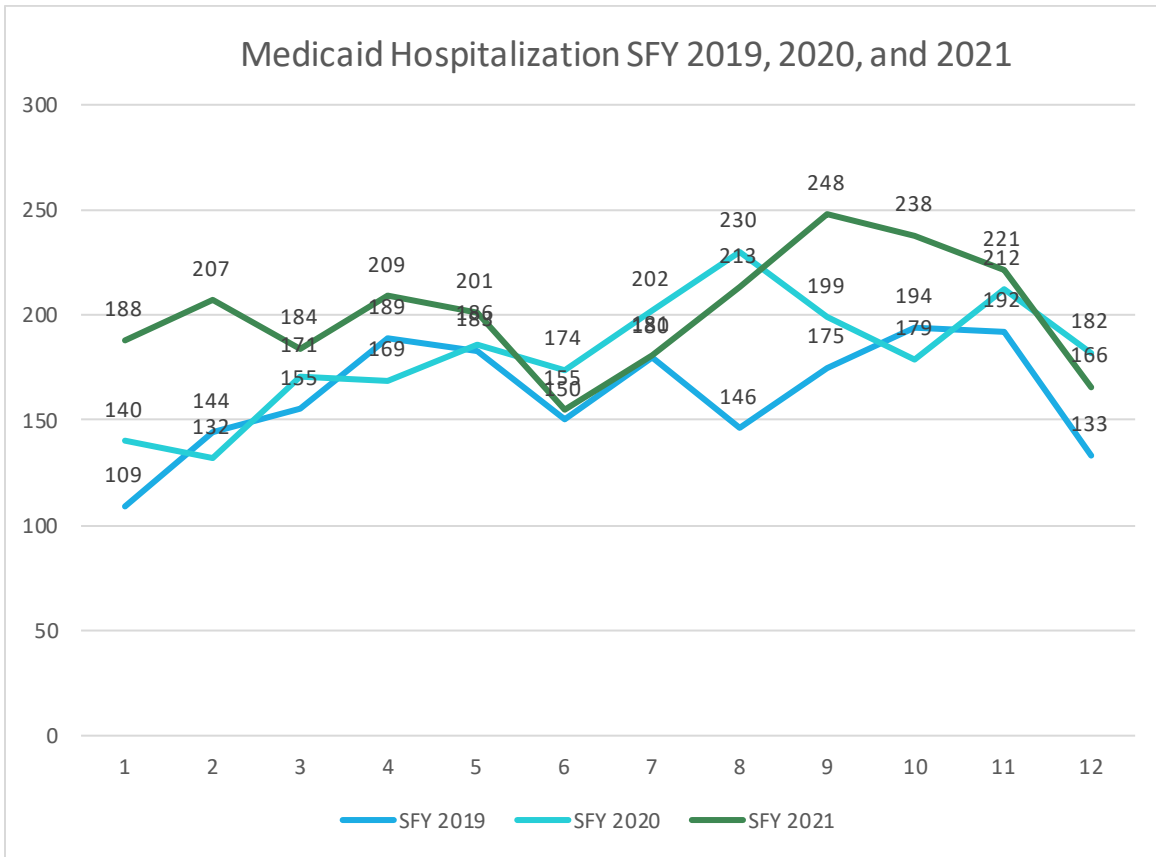


Table 22: Average trend for past three years

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.

8. DBH 24-hour Utilization:*Table 23: Residential Active by month SFY20 and 21 and SFY 22 (Q1)*

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY2020	8	3	4	3	2	2	4	4	6	6	6	8	18
SFY2021	9	9	14	NA*	13	14	15	12	10	9	10	12	24
SFY2022 Q1	12	17	16										

- * 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 2020 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 opened in May 2021)*Table 24: SHS/SHW Active by month SFY20 and 21 and SFY 22 (Q1)*

	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
SFY 2021	28	24	30	NA*	19	20	16	19	17	17	15	8	69
SFY 2022 Q1	18	15	13										

DBH SHS/SHW Readmission Incidents (not unique individuals)*Table 25: SFY 17 - 21 and SFY 22 (Q1)*

Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2021 SHW**	SFY 2022 – Q1
Re-admission 30 days or less	0	0	0	1	0	0	0
Re-admission 31 to 90 day	5	6	2	3	0	0	0
Re-admission 90 to 180 days	4	1	6	2	0	0	0
Re-admission 181 to 365 days	5	6	7	4	0	0	0
Re-admission more than 365 days	11	9	9	7	3	0	0

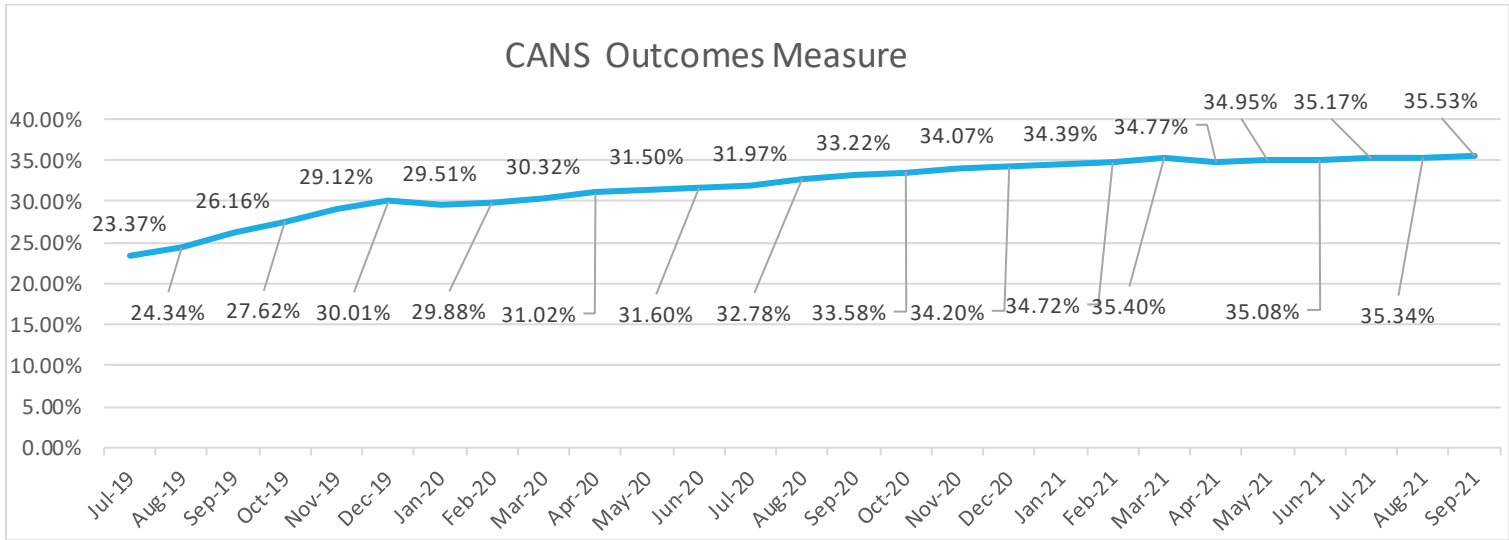
DBH has been tracking the trend of readmissions incidents for SHS/SHW. It is notable that the number of incidents within 30 days has been extremely low. The only year in which there was a readmission within 30 days was 2020 and the rate of readmission for that year is still 1% ($1/101 = .99\%$). The 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 began adding in State Hospital West data in Q4.

9. YES Service Outcomes

YES services are leading to improved outcomes. In Q1 of SFY the percent of children and youth whose overall rating improved from at least one level (e.g., from a 3 to a 2, or a 2 to 1) continued to increase.

Graphic Chart 8: CMH CANS ratings continue to demonstrate improvement in outcomes.



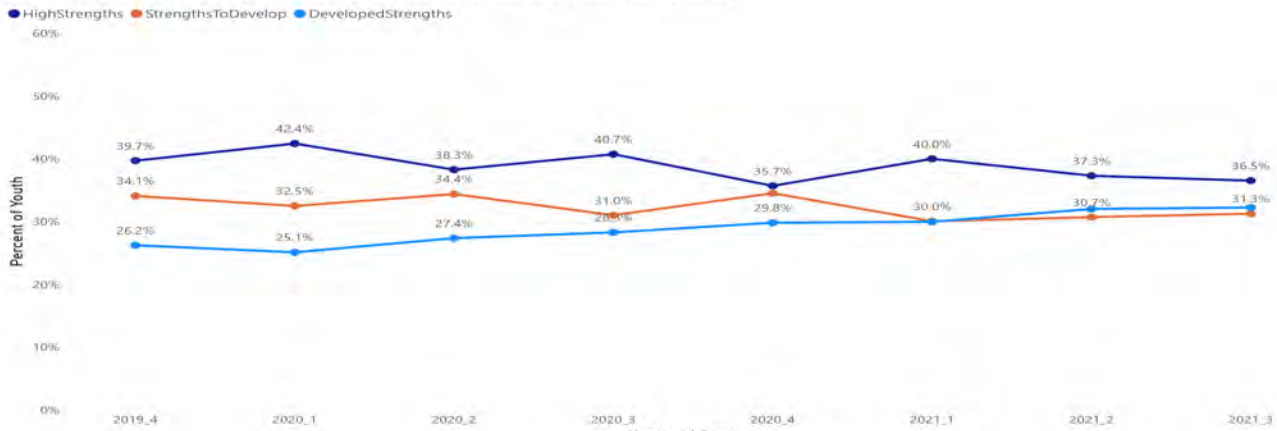
Note: Outcome's data includes all children who received outpatient services but does not exclude children who received other services in addition to outpatient.

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 was an increase 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 improvement in the area of building strengths.

Graphic Chart 9: Praed report on Strengths

HighStrengths, StrengthsToDevelop and DevelopedStrengths by Year and Quarter



Strengths Category	2019_4	2020_1	2020_2	2020_3	2020_4	2021_1	2021_2	2021_3	Total
Developed Strengths	140	295	288	247	228	322	441	1151	3112
High Strengths	212	499	403	356	273	430	514	1304	3991
Strengths to Develop	182	382	362	271	264	323	423	1116	3323
Total	534	1176	1053	874	765	1075	1378	3571	10426

YES Principles of Care**10. Family involvement with Quality Improvement**

In SFY 2021 two types of quality reviews were completed to assess the quality of services being delivered and evaluate the integration of the YES Principles of Care into the system of care.

The results of the reviews were published on the YES Website and previously reported briefly in the QMIA-Q.

YES Quality Survey-

A comparison between the results of the 2020 survey and 2021 indicates the following:

The YES system of care overall improved from 71.5% 2020 76.8% in 2021 .

This is result was based on a better response rate and increased number of responses.

It is notable that the score for every item improved or stayed the same.

Table 26: Summary of Family Survey

	2020 Result	2021 Result
Family Centered Care		
Provider encourages me to share what I know about my child/youth	85%	85%
The goals we are working on are the ones I believe are most important	88%	88%
My child and I are the main decision makers	79%	83%
Family and Youth Voice and Choice		
Provider respects me as an expert on my child/youth	82%	85%
The assessment completed by the provider accurately represents my child/youth	78%	81%
**My youth/child is an active participant in planning services	58%	67%
My child/youth has the opportunity to share his/her own ideas when decisions are made	72%	83%
**I know who to contact if I have a concern or complaint about my provider	62%	68%
Strengths-Based Care		
Services focus on what my child/youth is good at, not just problems	78%	84%
Provider discusses how to use things we are good at to overcome problems	70%	77%
Individualized Care		
Provider makes suggestions about what services might benefit my child/youth	75%	76%
Provider suggests changes when things aren't going well	69%	74%
**Provider leads discussion of how to make things better when services are not working	62%	69%
Community-Based Service array		
**My family can easily access the services my child needs	61%	71%
Meetings occur at times and locations that are convenient for me	79%	83%
Collaborative/Team -Based Care	65%	73%
Culturally Competent Care	92%	93%
Outcome-Based Care		
Outcome-Based care	73%	75%
Adequacy of Safety/Crisis Planning		
Provider helped make a safety/crisis plan	48%	60%
I feel confident that my child/youth's safety/crisis plan will be useful	54%	61%
Total	71.5%	76.8%

There were two items that were scored overall as very low although we did note some improvement in both items (highlighted in dark blue). There is currently a Quality Improvement Project (QIP) that was implemented by the QMIA Council to address the need identified for Safety/Crisis Plans. The project details are in Appendix B

The items in blue font with ** preceding the item were scored low did progress.

The survey will be administered again in early 2022. The survey will continue to use most of the same items so that system improvement can be assessed and areas needing focus will be identified and targeted for improvement projects.

Quality Review (QR) Pilot –

The results of the Quality Review pilot in 2021 indicates the following:

Overall scores for the system of care indicate a developing system (2 for majority and non-majority)

Scores for majority population compared to the non-majority population indicate similar results.

Access to care and selecting care appear to be areas that are most needing improvement.

Table 27: Summary of YES Quality Review pilot

	Target	2021 Result	2021 Result
QR		Majority	Non-Majority
Access	80%	66%	67%
Assessment	80%	79%	80%
Goal Setting	80%	84%	82%
Selecting care	80%	65%	69%
Therapist Alliance	80%	93%	94%
Progress Review	80%	86%	86%
Crisis Care	80%	78%	77%
Transition	80%	78%	79%
Total for All Services	80%	78.63%	79.25%

The YES Quality Review process is in progress to be updated based on input from Plaintiffs' counsel. The revised QR process will be implemented again in early 2022.

The QMIA Family Advisory Subcommittee (Q-FAS)

The Family Advisory Subcommittee (Q-FAS) presents an opportunity for YES partners to gather information and learn from current issues that families often have to deal with in accessing the children's mental health system of care. Q-FAS solicits input from family members' and family advocates' 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.

The QFAS has developed a list of barriers to care that have been identified. The issue most recently discussed is discharge from Hospitals and ERs when the child/adolescent has mental health problems, and the family does not feel safe having the child come home. While there was legislation passed to assist families by providing a "Quick Response Team" the Q-FAS discussed the issue that discharge plans from hospitals may need to be improved.

The QFAS has agreed to the plan for development of a Quality Standard to address what is needed in an effective discharge plan. The quality improvement project will be proposed to the QMIA Council for consideration in January

11. YES Medicaid Expenditures

As of the report run date (11/15/21), the total dollars paid for services rendered to members between the ages of 0 to 17 during SFY22-Q1 decreased over the previous quarter (SFY21-Q4 to SFY22-Q1). The decrease was observed in all regions. While there was a decrease over the previous quarter, Year over Year (YoY) (SFY21-Q1 to SFY22-Q1) expenditures increased by 2.6%.

QoQ (SFY21-Q1 to SFY22-Q1): -12.3%

YoY (SFY21-Q1 to SFY22-Q1): 2.6%

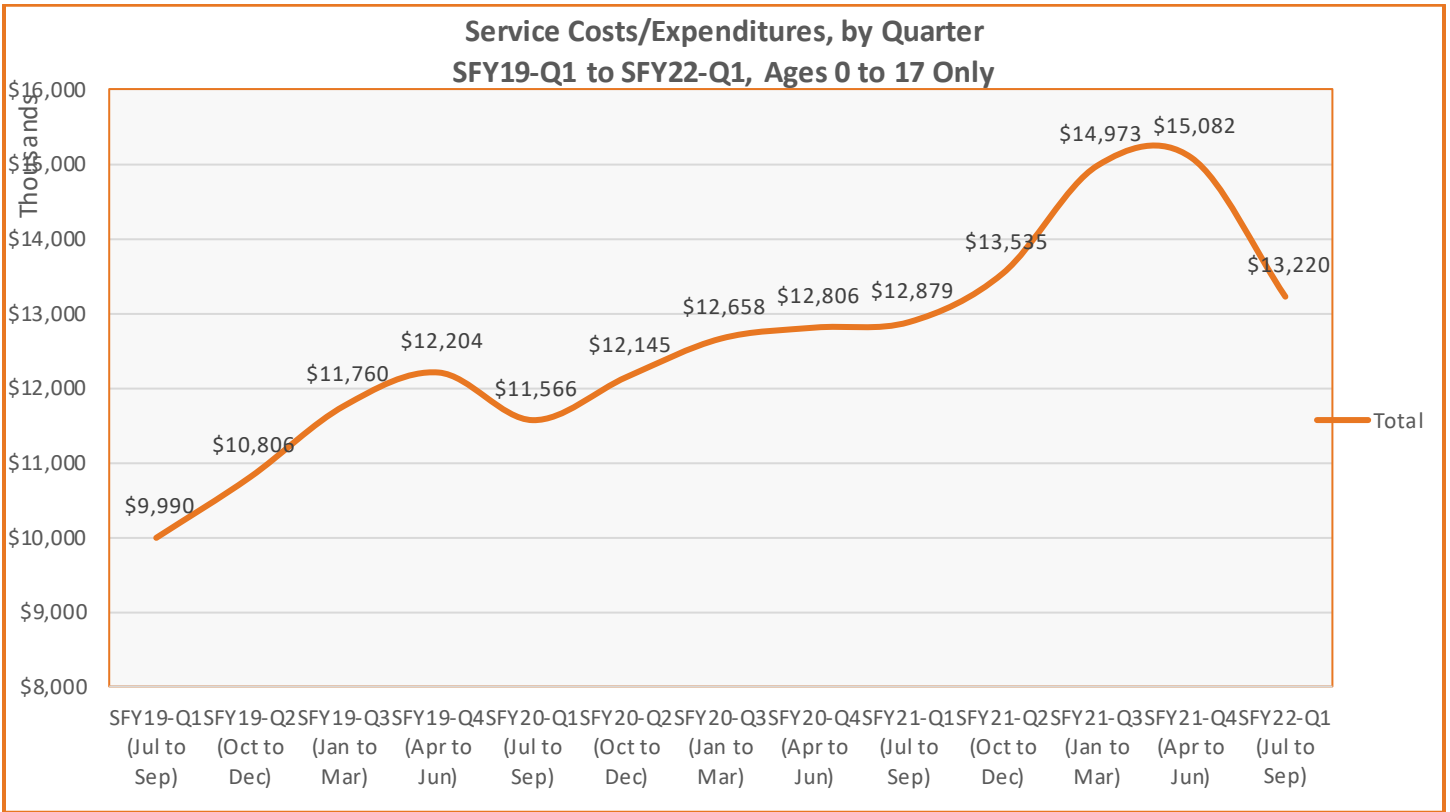
Table 30 SFY 2021 and Q1 SFY 2022

Region.	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	SFY22-Q1 (Jul to Sep)
Region 1	\$ 1,990,372	\$ 2,159,781	\$ 2,402,233	\$ 2,426,204	\$ 1,881,213
Region 2	\$ 352,287	\$ 329,144	\$ 362,766	\$ 400,841	\$ 373,936
Region 3	\$ 2,315,046	\$ 2,462,608	\$ 2,849,079	\$ 2,675,381	\$ 2,264,230
Region 4	\$ 3,010,136	\$ 3,069,936	\$ 3,473,099	\$ 3,607,998	\$ 3,283,329
Region 5	\$ 1,020,916	\$ 1,293,238	\$ 1,362,538	\$ 1,456,756	\$ 1,276,149
Region 6	\$ 1,218,756	\$ 1,231,039	\$ 1,360,851	\$ 1,392,063	\$ 1,263,343
Region 7	\$ 2,949,025	\$ 2,975,681	\$ 3,144,938	\$ 3,094,439	\$ 2,856,280
Region 9/Out of State	\$ 22,866	\$ 13,246	\$ 17,440	\$ 28,574	\$ 21,365
Total	\$ 12,879,403	\$ 13,534,673	\$ 14,972,945	\$ 15,082,256	\$ 13,219,844

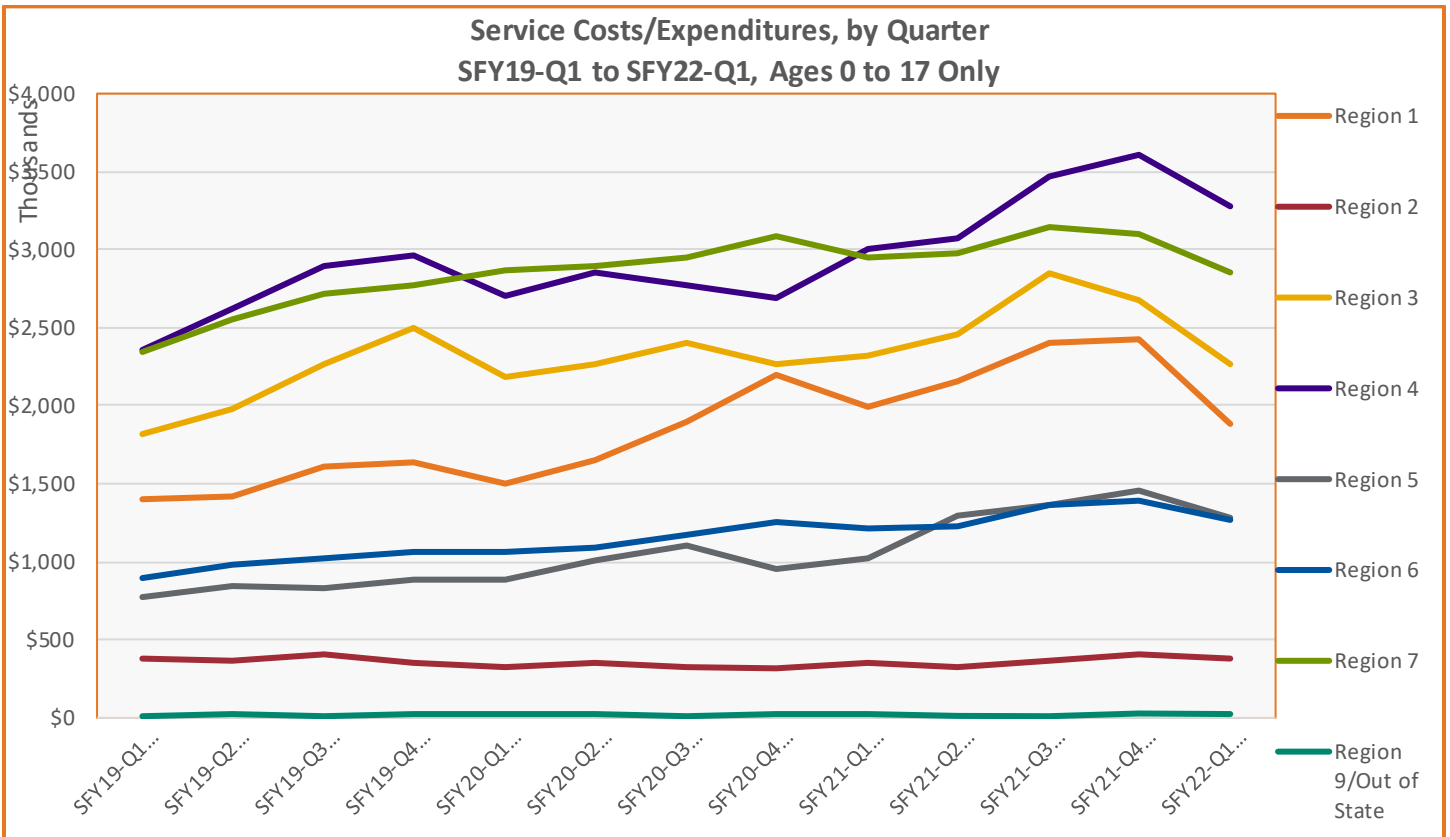
Table 31: SFY 2019 and SFY 2020

Region.	SFY19-Q1 (Jul to Sep)	SFY19-Q2 (Oct to Dec)	SFY19-Q3 (Jan to Mar)	SFY19-Q4 (Apr to Jun)	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)
Region 1	\$ 1,401,287	\$ 1,425,126	\$ 1,607,447	\$ 1,640,457	\$ 1,507,908	\$ 1,648,906	\$ 1,901,682	\$ 2,196,376
Region 2	\$ 380,943	\$ 366,544	\$ 407,471	\$ 356,614	\$ 320,376	\$ 347,238	\$ 332,142	\$ 317,964
Region 3	\$ 1,818,948	\$ 1,984,479	\$ 2,262,676	\$ 2,496,251	\$ 2,190,600	\$ 2,265,892	\$ 2,401,451	\$ 2,262,152
Region 4	\$ 2,357,817	\$ 2,624,914	\$ 2,891,160	\$ 2,963,930	\$ 2,704,689	\$ 2,859,468	\$ 2,775,816	\$ 2,696,874
Region 5	\$ 774,344	\$ 847,167	\$ 833,016	\$ 891,339	\$ 890,428	\$ 1,011,994	\$ 1,104,224	\$ 961,124
Region 6	\$ 896,258	\$ 984,169	\$ 1,028,336	\$ 1,057,313	\$ 1,061,088	\$ 1,091,127	\$ 1,179,493	\$ 1,259,197
Region 7	\$ 2,344,737	\$ 2,554,547	\$ 2,712,035	\$ 2,775,606	\$ 2,865,871	\$ 2,900,643	\$ 2,945,821	\$ 3,093,279
Region 9/Out of State	\$ 15,942	\$ 18,734	\$ 17,717	\$ 22,661	\$ 25,347	\$ 19,386	\$ 17,249	\$ 18,692
Total	\$9,990,276	\$10,805,681	\$11,759,859	\$12,204,171	\$11,566,306	\$12,144,654	\$12,657,878	\$12,805,658

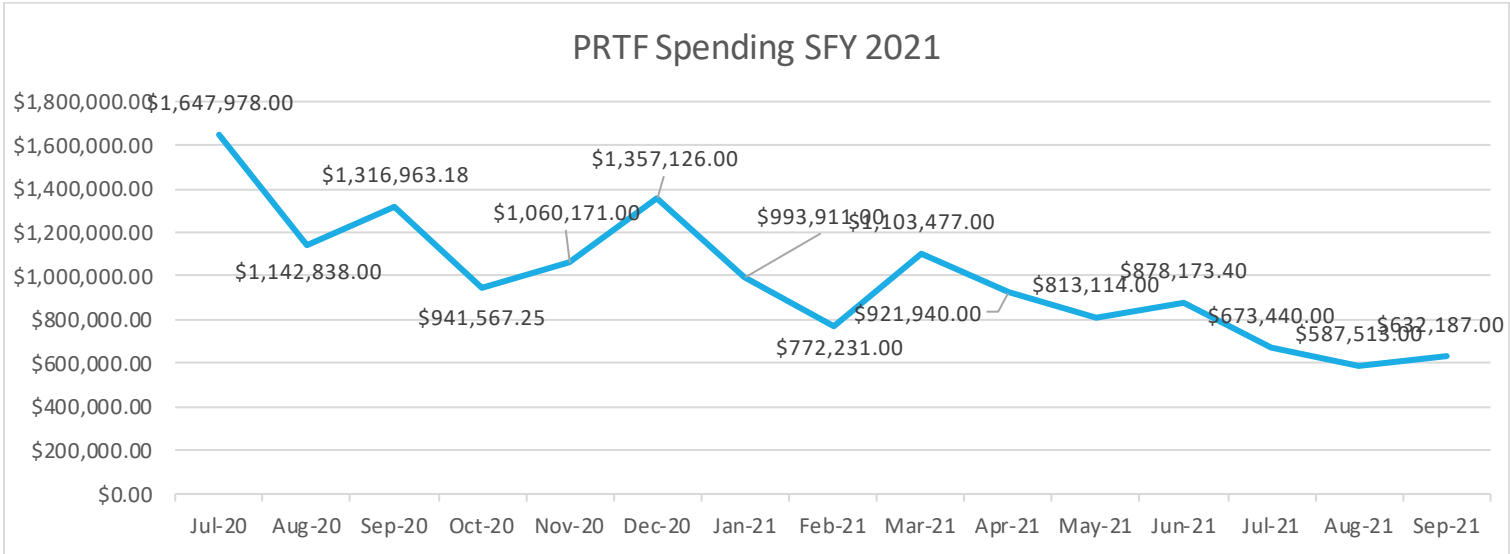
Graphic Chart 10: Medicaid Service Expenditures



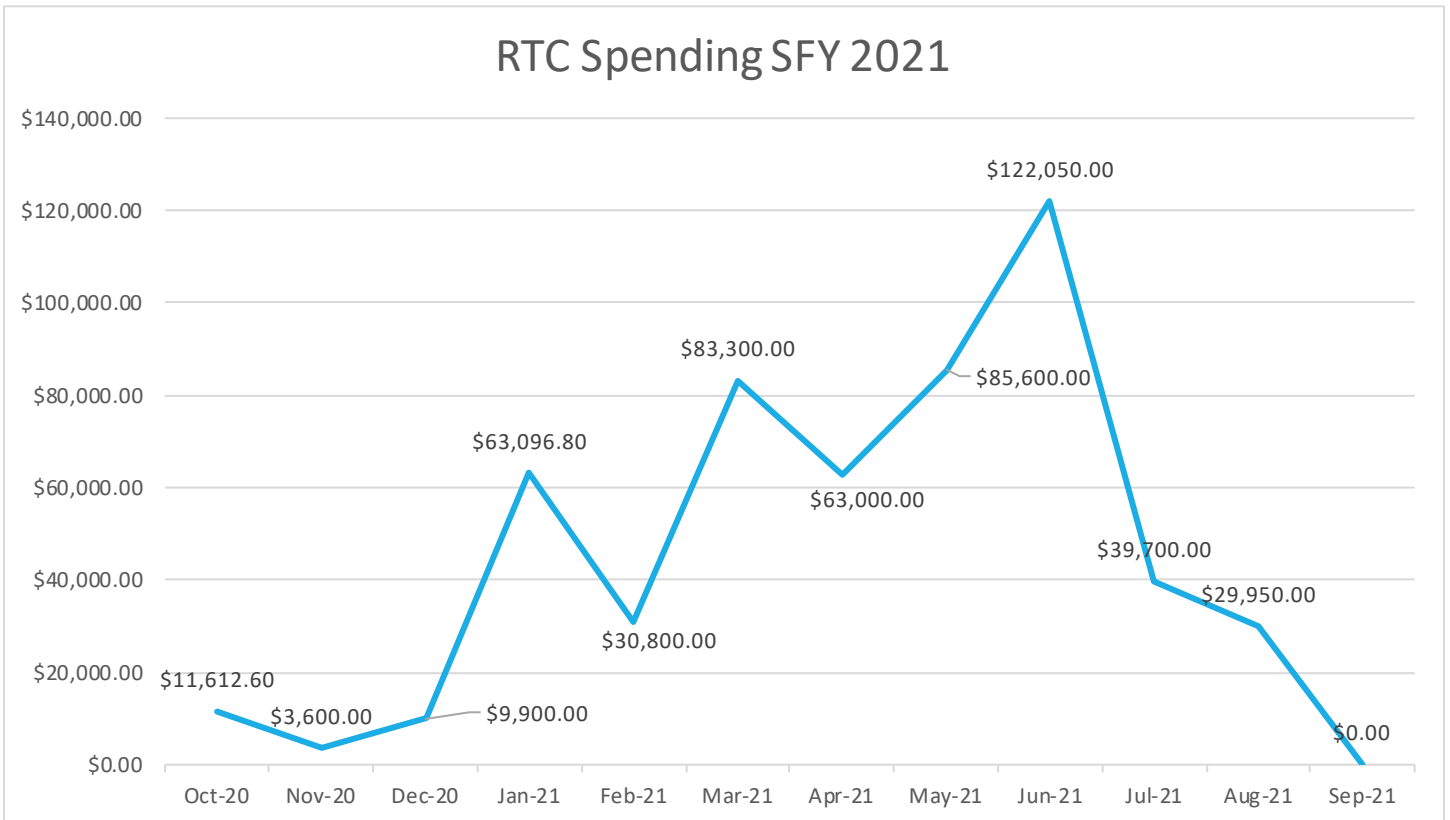
Graphic Chart 11: Medicaid Service Expenditures by Region



Graphic Chart 12: PRTF Expenditures



Graphic Chart 13: RTC Expenditures SFY 2021



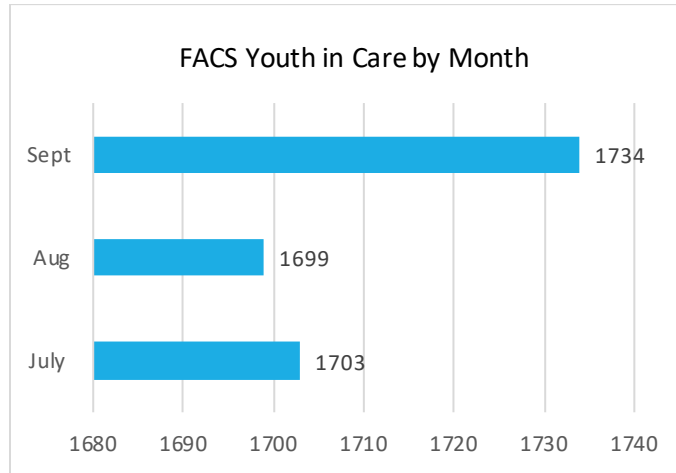
Additional YES Data

12. YES Partners Information

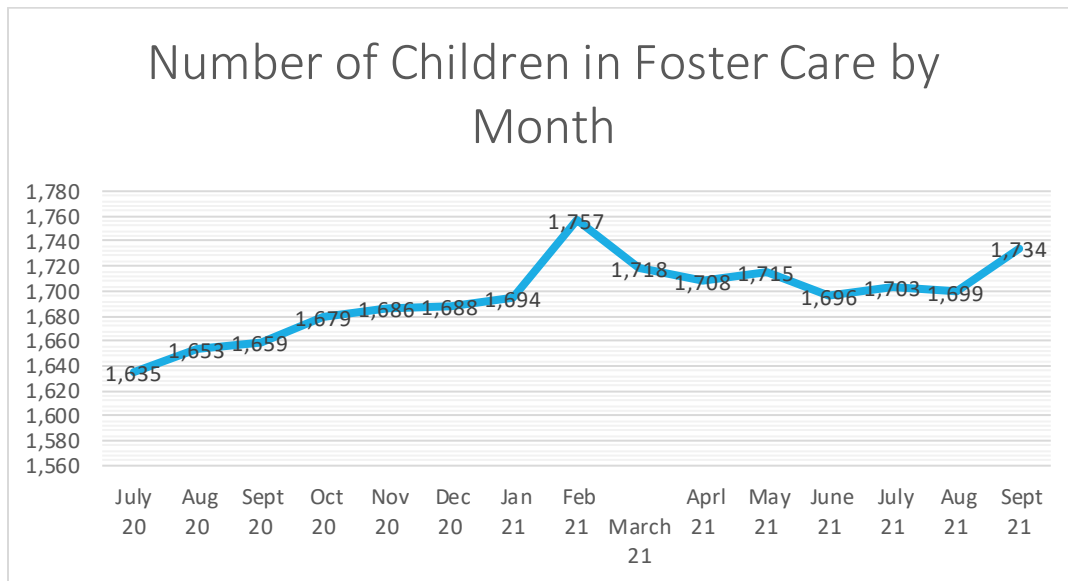
Family and Community Services (FACS)

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.

Graphic Chart 14: SFY 2022, 1Q Number of Children active in Foster Care by month



Graphic Chart 15: Historical Number of Children active in Foster Care by month: SFY 2021 and SFY 2022, 1Q



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.

The average number of children in care per month in SFY 2021 was 1,691. The number in care in each month in Q1 has exceeded the 2021 average.

Idaho Department of Juvenile Corrections (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 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.

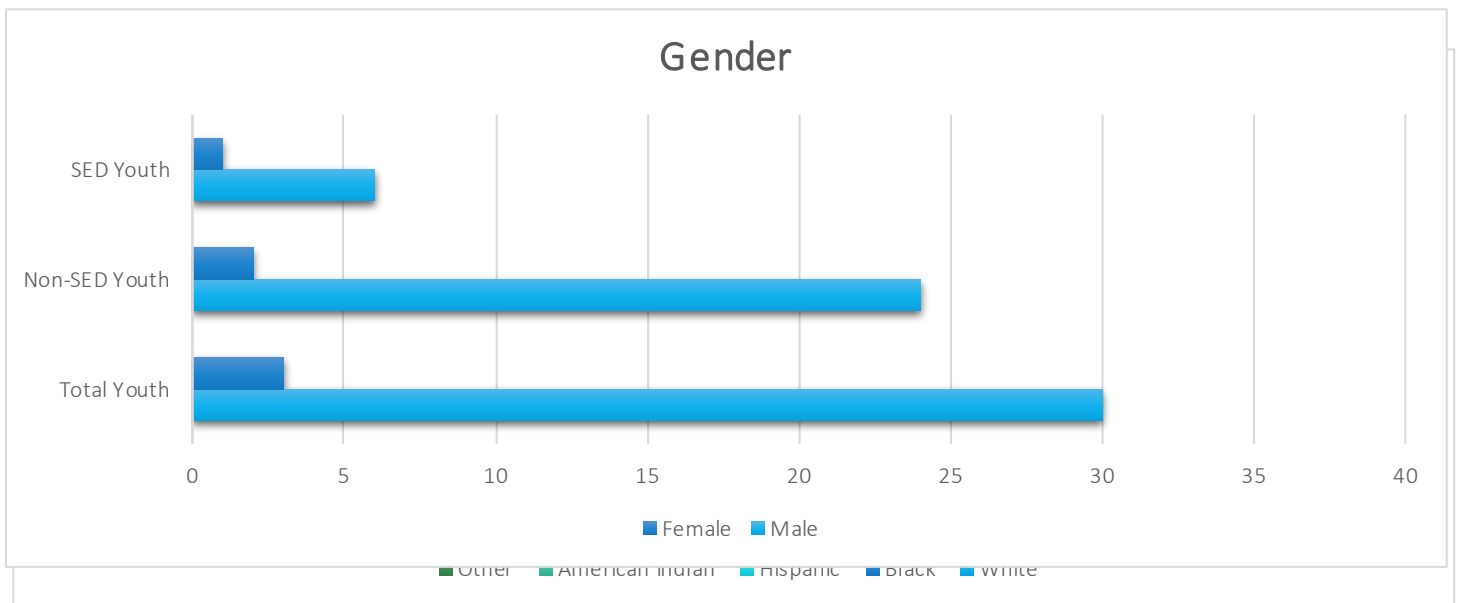
IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex offending behavior, serious substance use disorders, mental health disorders, and female offenders. All programs focus on youth’s strengths 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.

YES QMIA SFY 1st Q (IDJC 2021 Fourth Quarter Report)

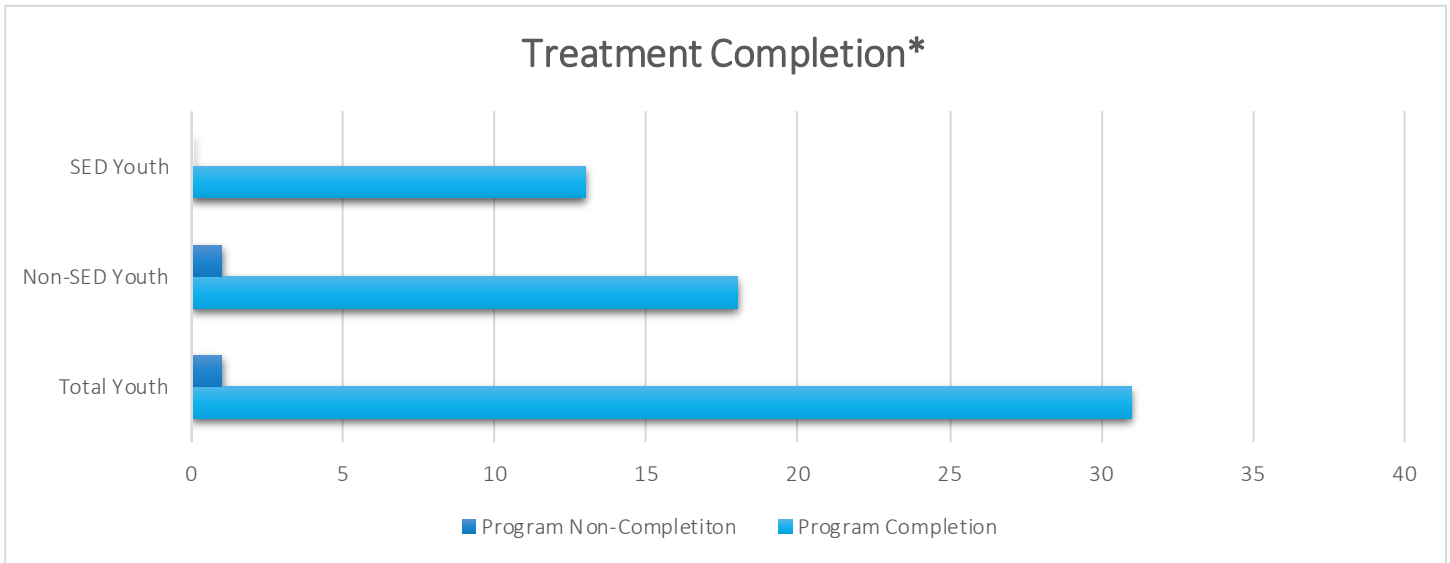
The graphs below compare ethnicity and gender between all youth committed to IDJC and SED youth committed to IDJC.

Graphic Chart 16: IDJC placement by Gender

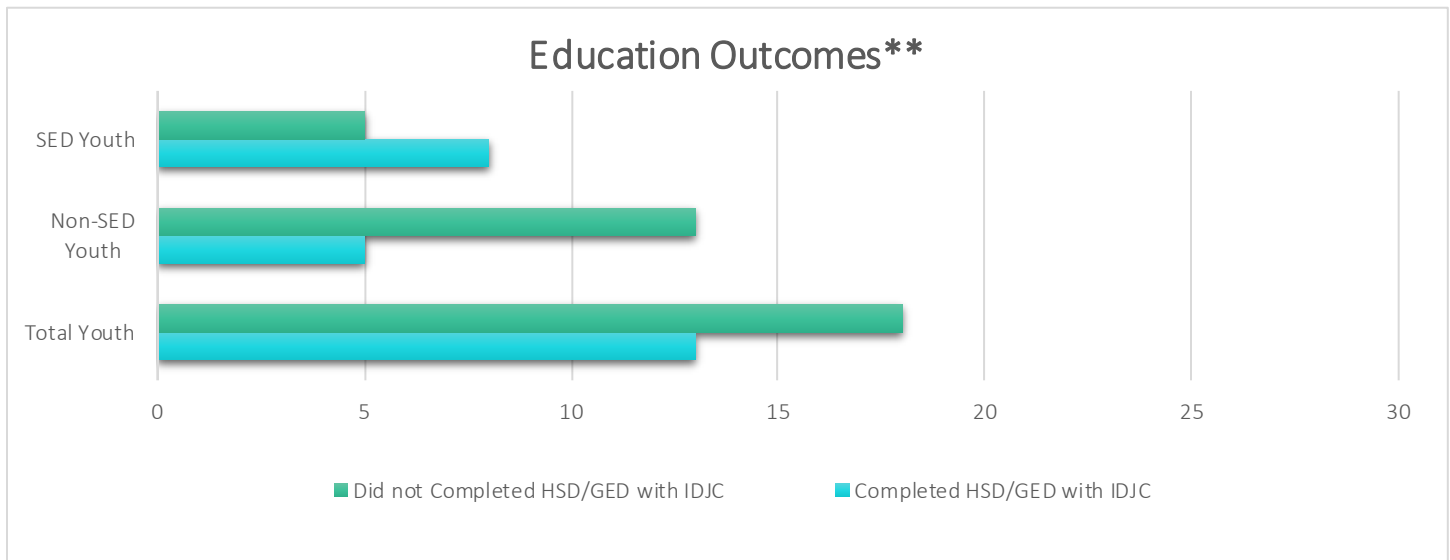


The graphs below compare positive youth outcomes between all youth committed to IDJC and SED youth committed to IDJC.

Graphic Chart 17: IDJC Treatment Completion



Graphic Chart 18: IDJC Education Outcomes by SED and Non-SED



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 last QMIA-Q was a summary of the 4th quarter Idaho Lives Project report, more information is available at <https://www.sde.idaho.gov/student-engagement/ilp/>.

Below is a table with the SFY yearend complaint information.

Table 32: SDE Dispute Resolution

This worksheet contains four tables representing five years of dispute resolution data for school years 2016-2017, 2017-2018, 2018-2019, 2019-2020, and 2020-2021.						
Section A: Written, Signed Complaints						
Item #	Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
1	Total number of written signed complaints filed.	28	41	29	30	30
1.1	Complaints with reports issued.	22	35	23	27	24
1.1 a	Reports with findings of noncompliance.	16	20	16	22	21
1.1 b	Reports within timelines.	22	35	23	27	24
1.1 c	Reports within extended timelines.	0	0	0	0	0
1.2	Complaints pending.	0	0	0	0	0
1.2 a	Complaints pending a due process hearing.	0	0	0	0	0
1.3	Complaints withdrawn or dismissed.	6	6	6	3	6
Section B: Mediation Requests						
Item #	Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
2	Total number of mediation requests received through all dispute resolution processes.	19	18	9	14	20
2.1	Mediations held.	9	13	2	14	15
2.1 a	Mediations held related to due process complaints.	1	1	0	1	3
2.1 a.i	Mediation agreements related to due process complaints.	1	1	0	1	3
2.1 b	Mediations held not related to due process complaints.	8	12	0	13	12
2.1 b.i	Mediation agreements not related to due process complaints.	6	12	2	13	10
2.2	Mediations pending.	0	0	0	0	0
2.3	Mediations withdrawn or not held.	10	5	7	0	5
Section C: Due Process Complaints						
Item #	Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
3	Total number of due process complaints filed.	5	3	5	5	7
3.1	Resolution meetings.	4	3	2	2	5
3.1 a	Written settlement agreements reached through resolution meetings.	2	2	0	2	4
3.2	Hearings fully adjudicated.	2	1	2	1	3
3.2 a	Decisions within timeline (include expedited).	0	0	1	1	0
3.2 b	Decisions within extended timeline.	2	1	1	0	3
3.3	Due process complaints pending.	0	0	3	0	0
3.4	Due process complaints withdrawn or dismissed (including resolved without a hearing).	3	2	0	4	4
Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)						
Item #	Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
4	Total number of expedited due process complaints filed.	1	1	0	2	0
4.1	Expedited resolution meetings.	0	1	0	1	0
4.1 a	Expedited written settlement agreements.	0	1	0	1	0
4.2	Expedited hearings fully adjudicated.	0	0	0	0	0
4.2 a	Change of placement ordered.	0	0	0	0	0
4.3	Expedited due process complaints pending.	0	0	0	0	0
4.4	Expedited due process complaints withdrawn or dismissed.	1	1	0	2	0

13 Supplemental Quality Data:

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 at initial CANS, and children and youth, safety, school, and legal issues at initial assessment.

YES Communications

YES WEBSITE ANALYTICS

Reporting Period: July 1, 2021 — September 30, 2021

VISITORS AND PAGES

Visits

3,537
% of Total: 100.00% (3,537)



Unique Visitors

2,302
% of Total: 100.00% (2,302)



Type of Visitors

■ New Visitor ■ Returning Visitor



Visits by Location

City	Sessions
Boise	1,240
Nampa	289
(not set)	151
Meridian	141
Seattle	132
Idaho Falls	115
Twin Falls	101
Plymouth	81
Ashburn	80
Salt Lake City	78

Average Pages per Visit

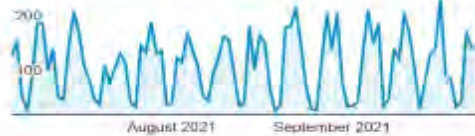
2.42
Avg for View: 2.42 (0.00%)

Average Visit Duration

00:02:49
Avg for View: 00:02:49 (0.00%)

Pageviews

● Pageviews
300



Unique Page Views *Top 10: 7/1/21-9/30/21*

Page Title	Unique Pageviews	Pageviews
Welcome to YOUTH EMPOWERMENT SERVICES	2,481	3,243
Contact Us YOUTH EMPOWERMENT SERVICES	538	588
Quick Start Guide YOUTH EMPOWERMENT SERVICES	464	527
YOUTH EMPOWERMENT SERVICES	425	496
YES History and Current Development YOUTH EMPOWERMENT SERVICES	376	425
Parents YOUTH EMPOWERMENT SERVICES	282	351
Getting Started YOUTH EMPOWERMENT SERVICES	257	330
YES Publications YOUTH EMPOWERMENT SERVICES	175	249
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	173	191
YES Training YOUTH EMPOWERMENT SERVICES	155	192

Visits by Device

■ desktop ■ mobile ■ tablet



Visits by Device

Device Category	Sessions	Bounce Rate
desktop	2,592	44.29%
mobile	897	55.85%
tablet	48	22.92%

Visits by Traffic Site

Traffic Type	Sessions
direct	1,774
organic	1,281
referral	482

Bounce Rate

46.93%
Avg for View: 46.93% (0.00%)

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: July 1, 2021 — September 30, 2021

TRAFFIC SOURCES AND FILES

Source / Medium	Sessions	Pages / Session	Event Category	Unique Events
(direct) / (none)	1,774	2.28	File Download	1,947
google / organic	1,053	2.45	External Links	121
bing / organic	150	2.36	true	6
us10.campaign-archive.com / referral	102	5.41	External	3
m.facebook.com / referral	62	1.26		
idaholas.com / referral	57	3.07		
yahoo / organic	41	1.68		
sharepoint16.dhw.state.id.us / referral	34	2.50		
fyidaho.org / referral	27	2.96		
baidu / organic	21	1.00		

File Name	Q3 Downloads
1. Getting Started	325
2. YES 101	246
3. MH Crisis Definitions and Expectations	129
4. Mental Health Checklist for Youth	118
5. Youth Crisis Safety Plan	112
6. MH Checklist for Families	108
7. YES Overview (trifold)	101
8. YES Practice Manual	70
9. DHW CMH Office Map	62
10. YES for Youth FAQ	38

Q3 Downloads
1. Q3 Downloads
2. Q3 Downloads
3. Q3 Downloads
4. Q3 Downloads
5. Q3 Downloads
6. Q3 Downloads

Q3 Downloads
1. Q3 Downloads
2. Q3 Downloads
3. Q3 Downloads
4. Q3 Downloads
5. Q3 Downloads
6. Q3 Downloads

Document Download Data Note

Download numbers may appear low for documents posted mid-quarter to late-quarter, because there was less than a full quarter for visitors to review them. Documents posted in the past quarter should be marked accordingly.

Utilization Rate - Percentage of Eligible Members Using Services

While data reveals variation in total members 0-17 eligible and utilizing services over the report time period (Jul 2018 to Sep 2021), It should also be noted that variation can be attributed to seasonality consistent with previous plan experience similar for each year.

QoQ (SFY21-Q4 to SFY22-Q1): -9.4%

YoY (SFY21-Q1 to SFY22-Q1): -3.8%"

Table 33: 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 9/30/2021 for utilizers/members between the ages of 0 to 17. Data as of 11/15/21.

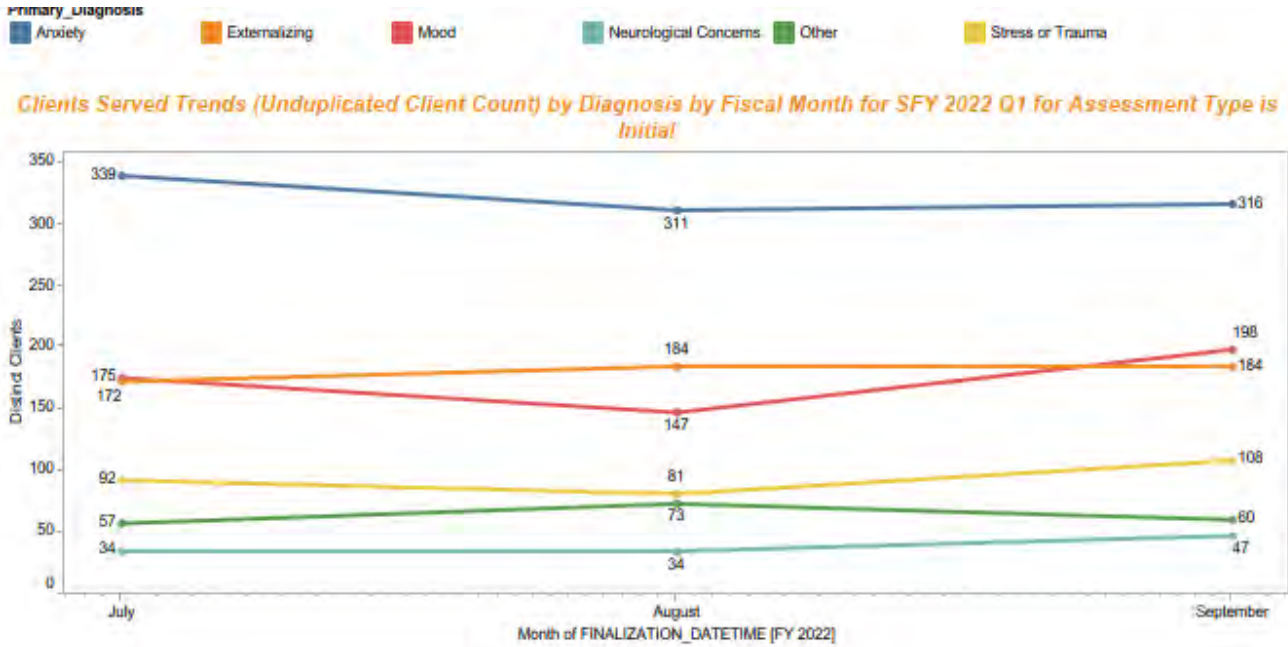
Rate per thousand Medicaid members– total Medicaid members under 18 (includes Medicaid members that do not meet criteria for YES)

Qtr	Total Utilizers per Quarter	Total Distinct Members per Quarter	Pct Utilizers	Rate per Thousand
SFY19-Q1 (Jul to Sep)	16,457	199,943	8.23%	82
SFY19-Q2 (Oct to Dec)	16,883	201,127	8.39%	84
SFY19-Q3 (Jan to Mar)	17,686	193,634	9.13%	91
SFY19-Q4 (Apr to Jun)	18,097	195,904	9.24%	92
SFY20-Q1 (Jul to Sep)	16,951	192,231	8.82%	88
SFY20-Q2 (Oct to Dec)	17,187	189,973	9.05%	90
SFY20-Q3 (Jan to Mar)	17,580	177,928	9.88%	99
SFY20-Q4 (Apr to Jun)	15,555	181,845	8.55%	86
SFY21-Q1 (Jul to Sep)	15,724	186,447	8.43%	84
SFY21-Q2 (Oct to Dec)	16,353	189,865	8.61%	86
SFY21-Q3 (Jan to Mar)	17,290	192,571	8.98%	90
SFY21-Q4 (Apr to Jun)	17,445	194,907	8.95%	90
SFY22-Q1 (Jul to Sep)	15,848	195,415	8.11%	81

YES Diagnosis

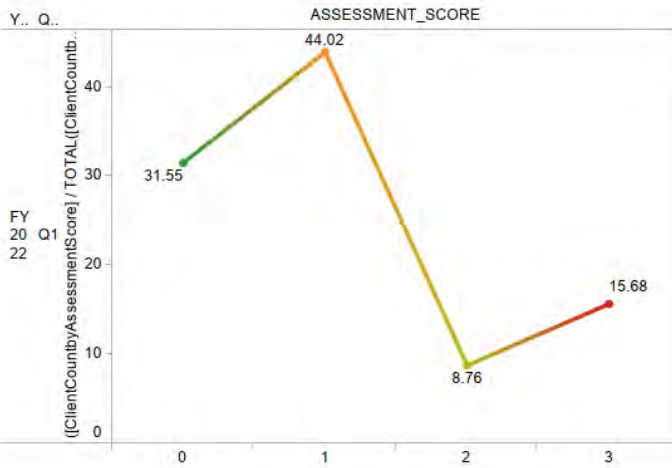
The following charts are based on Diagnosis data from the ICANS system. Anxiety is the most frequent diagnosis, although there may be a downward trend.

Graphic Chart 19: Diagnosis by month – SFY22 Q1

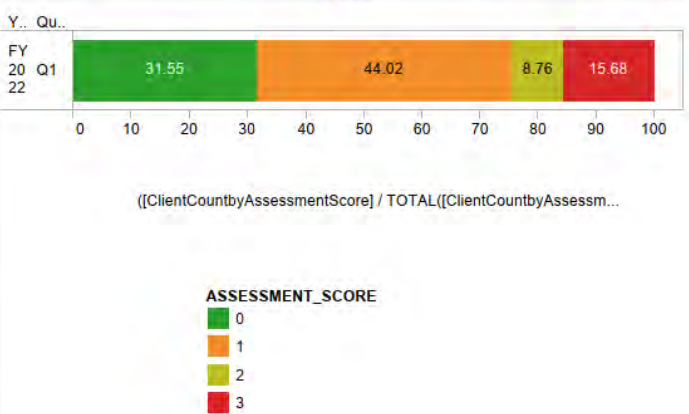


Graphic Chart 20: Clients by CANS ratings- SFY22 Q1

Client Served % by quarter and by assessment score for Q1 SFY 2022



Client Served % by quarter and by assessment score for Q1 SFY 2022

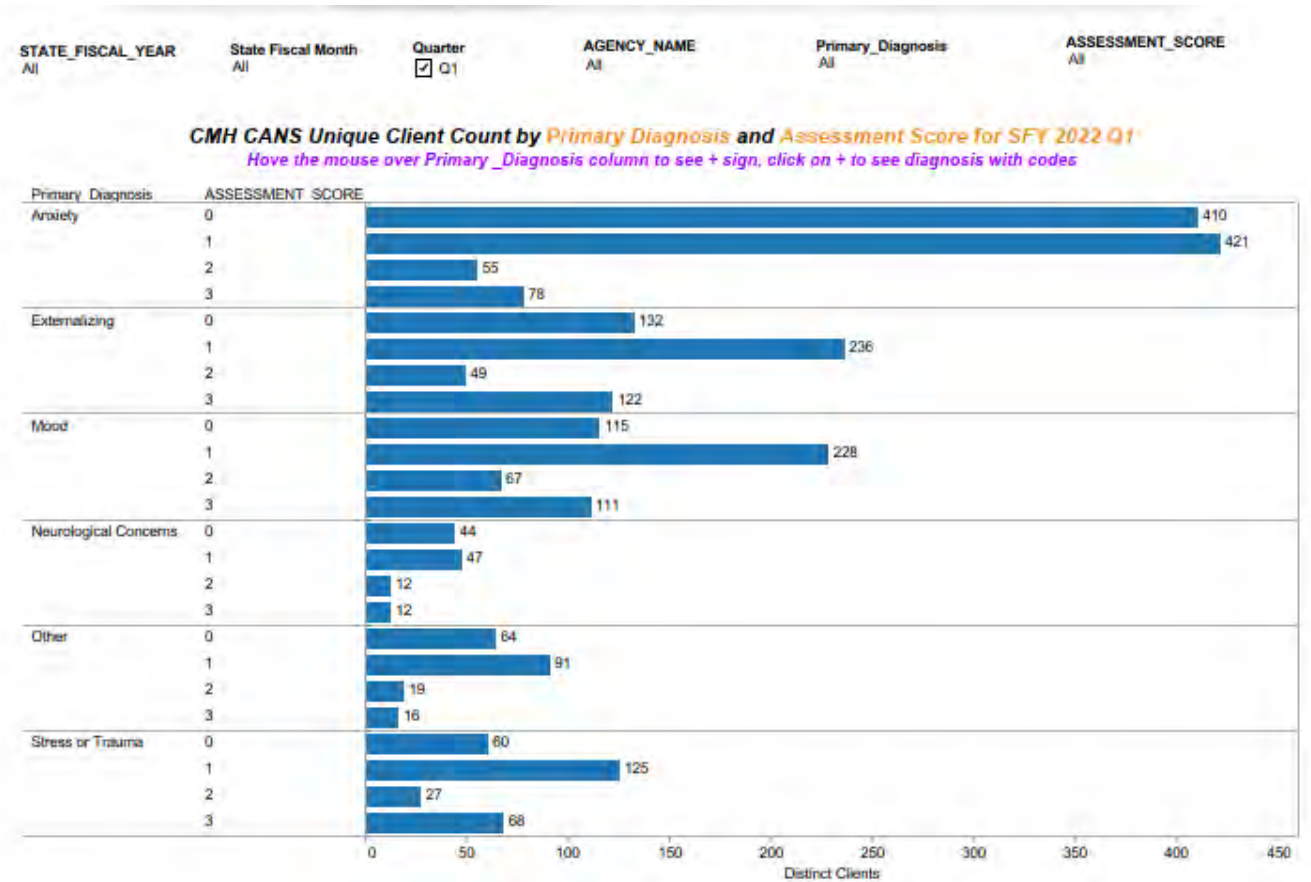


Graphic Chart 21: Diagnosis and CANS scores- SFY22 Q1

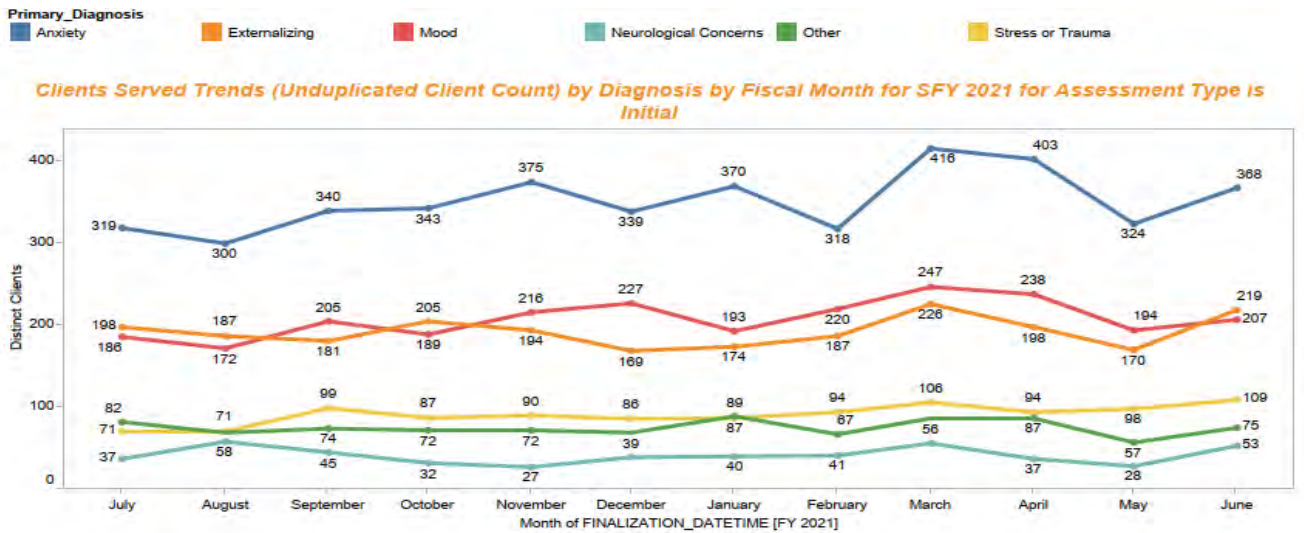
Clients Served(Unduplicated Client Count) by Diagnosis by Fiscal Month for SFY 2022 Q1 for Assessment Type is Initial

Primary_Diagnosis	Month of FINALIZATION_DATETIME			Grand To..
	July 2021	August 20..	Septembe..	
Anxiety	339	311	316	960
Externalizing	172	184	184	533
Mood	175	147	198	519
Neurological Concerns	34	34	47	115
Other	57	73	60	190
Stress or Trauma	92	81	108	279
Grand Total	866	827	907	2,574

Graphic Chart 22: Diagnosis and CANS scores- SFY22 Q1



Graphic Chart 23: Diagnosis by month and region



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 2022 Q1.

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 2022 Q1, approximately 76% on average have no evidence of safety issues (score of zero on the CANS), 18% have some safety concerns noted, 6% have safety issues that are interfering with their functioning, and 1% are having severe problems with safety issues.

CMH CANS Clients (SAFE) for SFY 2022 Q1

	SUICIDE_WATCH				Grand Total	
	0	1	2	3		
Suicide Watch	1,821	603	158	13	2,574	SUICIDE_WATCH
% along SUICIDE_...	70.75%	23.43%	6.14%	0.51%	100.00%	Assessment Score
						Applies to SUICIDE WATCH
						Table only
						All

	DANGER_TO_OTHERS				Grand Total	
	0	1	2	3		
Distinct Clients	1,964	409	198	21	2,574	DANGER_TO_OTHERS
% along DANGER_T..	76.30%	15.89%	7.69%	0.82%	100.00%	Assessment Score
						Applies to DANGER TO OTHERS
						Table only
						All

	SELF_MUTILATION				Grand Total	
	0	1	2	3		
Distinct Clients	1,824	561	199	6	2,574	SELF_MUTILATION
% along SELF_MUTILA..	70.86%	21.79%	7.73%	0.23%	100.00%	Assessment Score
						Applies to SELF MUTILATION
						Table only
						All

	SELF_HARM				Grand Total	
	0	1	2	3		
Distinct Clients	2,019	389	173	14	2,574	SELF_HARM
% along SELF_HARM	78.44%	15.11%	6.72%	0.54%	100.00%	Assessment Score
						Applies to SELF HARM
						Table only
						All

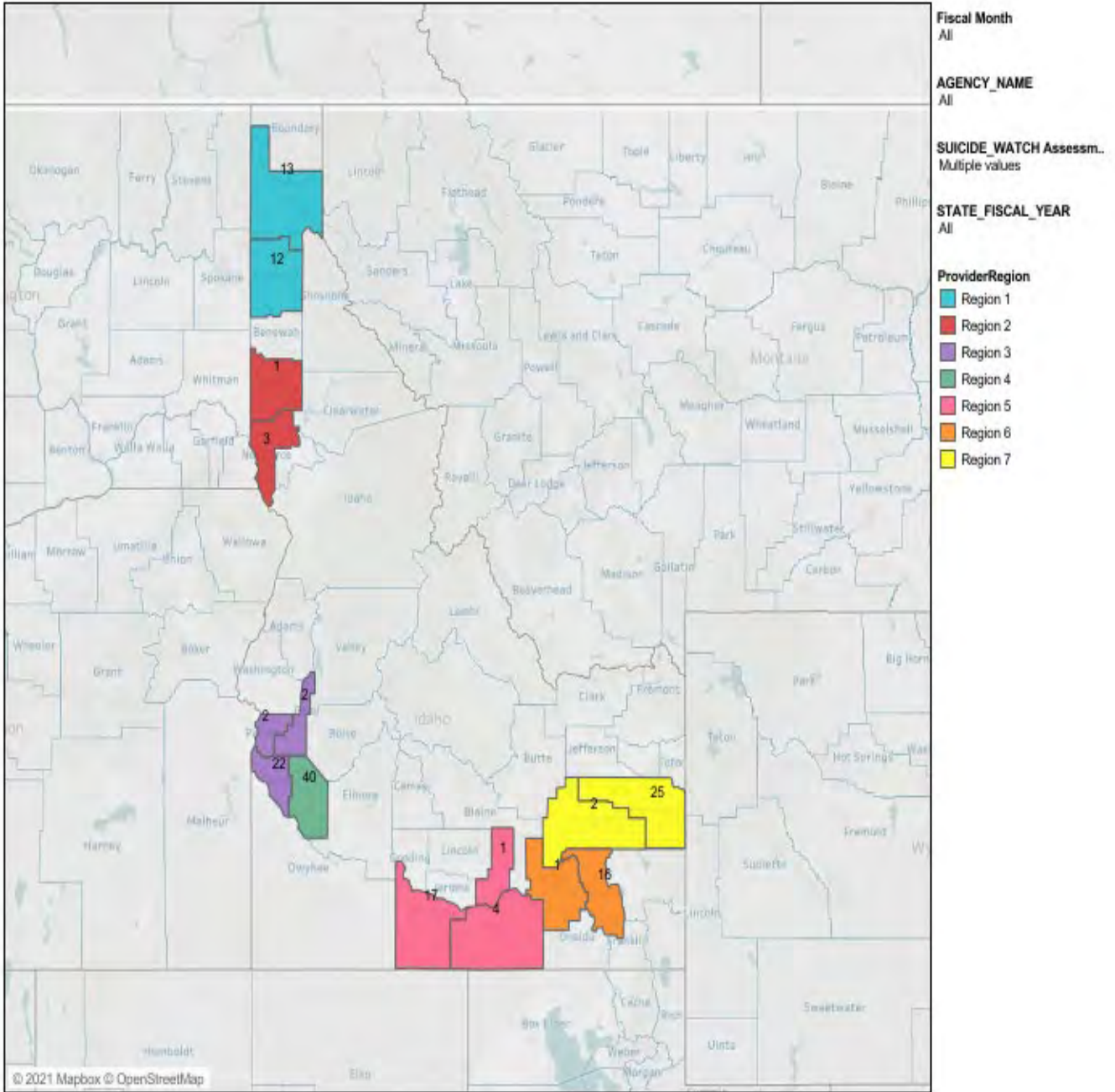
	FLIGHT_RISK				Grand Total	
	0	1	2	3		
Distinct Clients	2,115	353	98	21	2,574	FLIGHT_RISK
% along FLIGHT_RISK	82.17%	13.71%	3.81%	0.82%	100.00%	Assessment Score
						Applies to FLIGHT RISK
						Table only
						All

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

SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2022 Q1

Suicide Watch Domin with assessment score 2 and 3

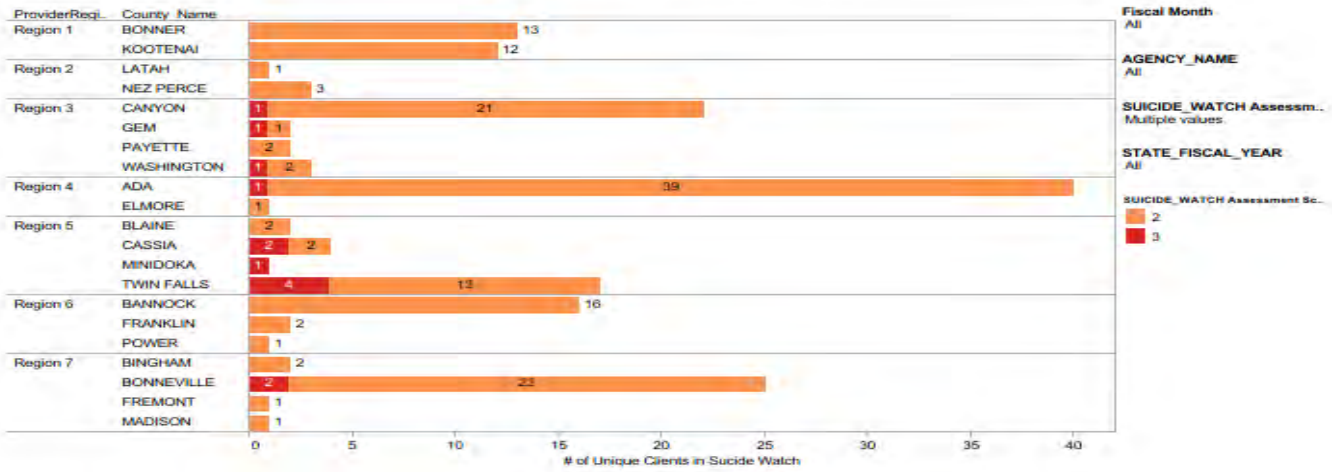
Suicide Watch Domin with assessment score 2 and 3 With re..



SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2022 Q1

Suicide Watch Domin with assessment score 2 and 3

Suicide Watch Domin with assessment score 2 and 3 With re-



In School – SFY 2022-Q1

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

Criteria: CMH Initial CANS with Finalized Status

Date as of: 03/30/2021

SAFE/RISK School Attendance and Behavior Juvenile Justice

CMH CANS Clients (In School) for SFY 2022 Q1

View Criteria apply to this dashboard

AGENCY_NAME All STATE_FISCAL_YEAR All Fiscal Month All County Name All AGE All GENDER All Race/Ethnicity All

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

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

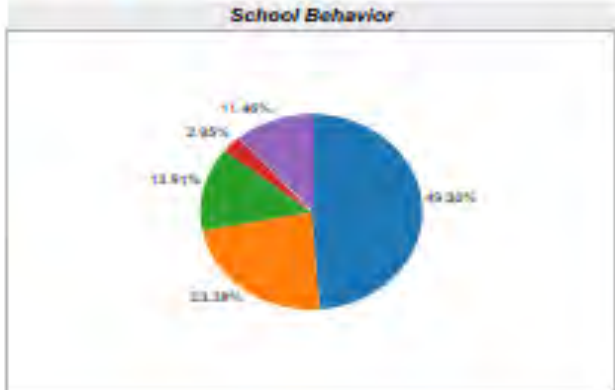
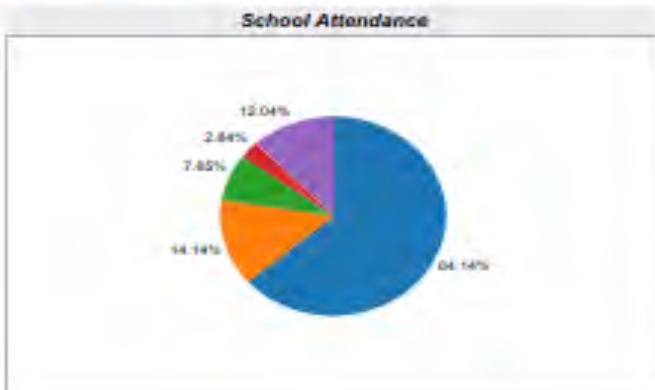
	0	1	2	3	N/A	Grand T.
Distinct Client	1,851	304	107	73	310	2,574
%	64.14%	14.14%	7.85%	2.84%	12.04%	100.00%

	0	1	2	3	N/A	Grand T.
Distinct Client	1,249	602	358	76	295	2,574
%	49.32%	23.39%	13.91%	2.95%	11.46%	100.00%

SCHOOL_ATTENDANCE Assessment Score



SCHOOL_BEHAVIOR Assessment Score



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 2022-Q1

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

Criteria: CMH Initial CANS with Finalized Status

Date as of: 03/30/2021

SAFE/RISK

School Attendance and Behavior

Juvenile Justice

CMH CANS Clients (Juvenile Justice) SFY 2022 Q1

Press Filters apply to full dashboard

AGENCY_NAME All STATE_FISCAL_YEAR All 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

	0	1	2	3	Grand Total
Distinct Clients	2,985	223	258	36	2,574
% LEGAL_ISSUES	80%	8%	10%	1%	100%

RISK_BEHAVIORS_DELIQUENCY (Applies to Delinquency items only)
RISK_BEHAVIORS_DELIQUENCY All

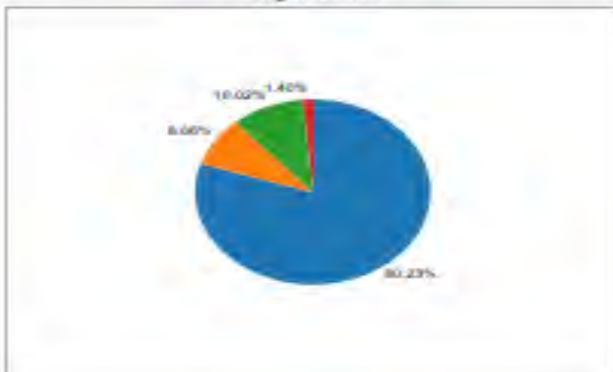
Delinquency

	0	1	2	3	Grand Total
Distinct Clients	2,145	308	121	6	2,574
% BEHAVIORS_DELIQ.	83%	12%	5%	2%	100%

LIFE FUNCTIONING LEGAL ISSUES

0 1 2 3

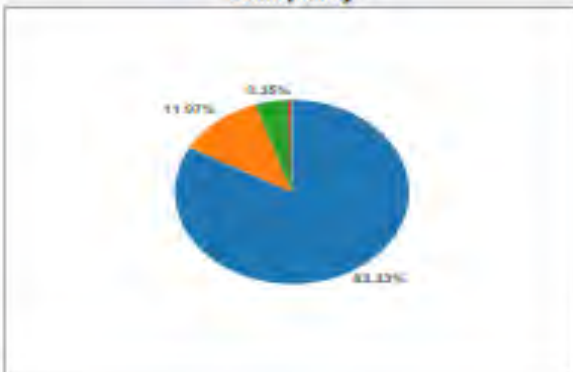
Legal Issues



RISK_BEHAVIORS_DELIQUENCY

0 1 2 3

Delinquency



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	System of Care terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/ YES Project Terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/

Appendix B – Quality Improvement Project- Crisis and Safety Plans

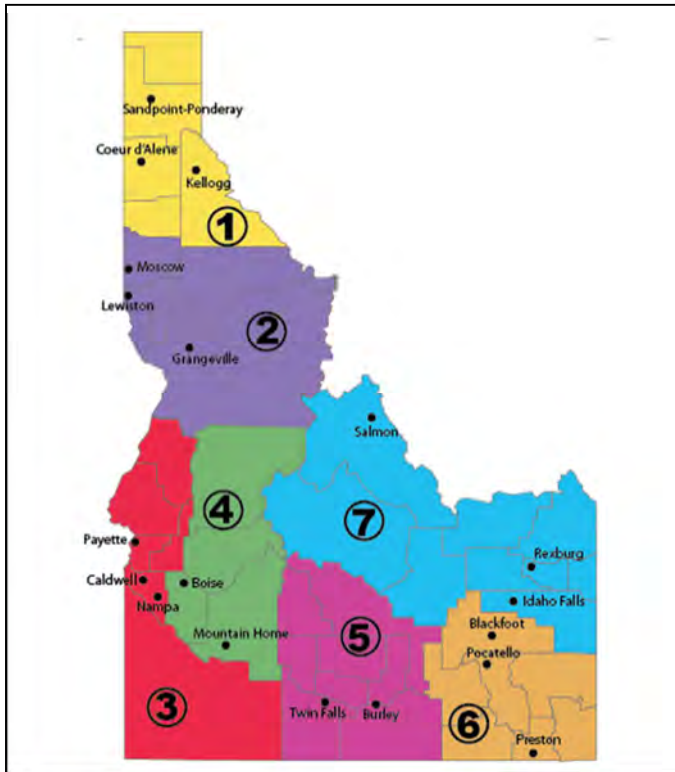
Purpose (Problem Statement?)			
Issues have been identified by families regarding crisis plans. The areas of concern include families not having a crisis plan in place and when a crisis plan is in place, it is not effective in times of crisis.			
Desired Outcomes		Measures	
Increased use of Crisis/Safety Plans Improved usefulness of Crisis/Safety Plans		Yearly ongoing Quality Survey Report (QSR) measuring family's perceptions as to the creation and effectiveness of crisis and safety plans. <i>Measurement will continue for the next 3 to 5 years</i> QSR Survey 2019 showed that: <ul style="list-style-type: none"> 19% Safety plans are effective QSR Survey 2020 <ul style="list-style-type: none"> 48% felt provider helped family make a safety/crisis plan. 54% feel confident safety/crisis plan will be useful. 	
Customer focus: Who will be impacted		Leadership Involvement	
Children, youth, families, and providers		QMIA Council <i>Increase leadership involvement</i>	
Short Term Actions	Lead	Timeline	Status
Create format for Safety Plans to publish on YES Website	Dave Peters	11/30/2020	COMPLETE
Ask about crisis and safety plans as a part of QSR survey- Report results to the QMIA Council	Michelle Schildhauser	1/14/2021	COMPLETE
Schools should have	Michelle Schildhauser	3/30/2021	3/10/21 COMPLETE

information available to counselors, teachers, and students: Idaho School Counselors Association			
Share documents with IDJC and FACS (these documents are not mandatory)	Michelle Schildhauser		3/9/21 COMPLETE
Share crisis information for AWARE grant and contract monitors	Michelle Schildhauser		3/10/21 COMPLETE
IBHP have information available on their website or through an alert	Michelle Schildhauser		3/10/21 COMPLETE
Present information at ICAT for feedback	Michelle Schildhauser		11/5/21 COMPLETE
Ask President of Idaho Provider's Association (Lydia Dawson) to share Crisis template	Michelle Schildhauser		3/9/21 COMPLETE
Long Term Actions	Lead	Timeline	Status
Publish Crisis Safety on	Michelle Schildhauser		3/10/21 COMPLETE

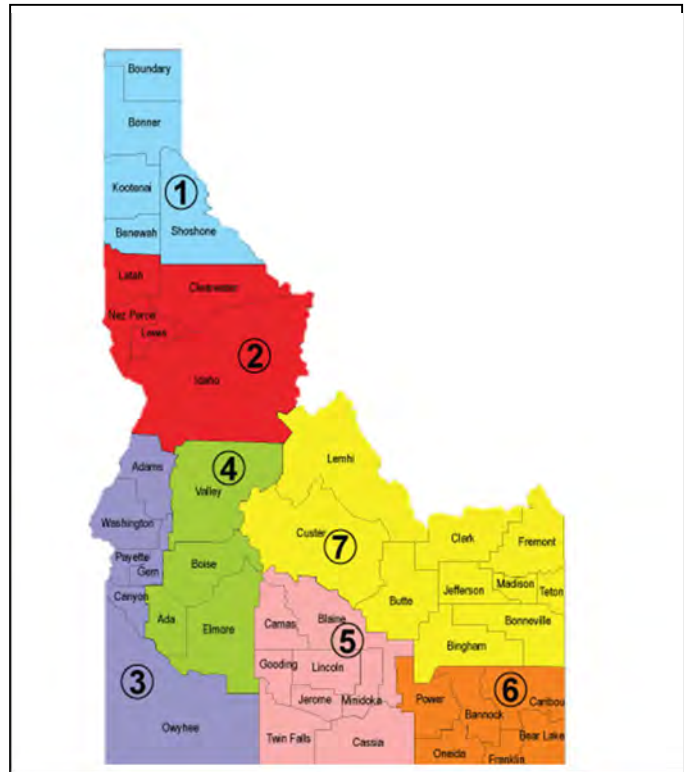
YES Website			
Identify trainer and provide training for providers	Michelle Schildhauser	Trainer identified 11/2021 Training date: 1/2022-2/2022	11/18/21 by Portland State System of Care Institute Dates of Training: 1/25 2p-4p MST 2/4 1p-3p MST 2/18 1p-3p MST
Create Crisis and Safety Planning Video for families	Group members: Michelle Schildhauser DBH Tricia Ellinger: Parent Kaylene Tynell: Reg 3 DBH Kristin Green Crisis XFT Heidi Napier; DD reg 6 Natalie Perry: Youth Nate Hamilton: DJC		8/30/21 COMPLETE English and Spanish video completed and published to YES website
Develop and Provide training for Youth	Michelle Schildhauser	ON HOLD	ON HOLD
Continue to include question on the BSU QSR survey	Michelle Schildhauser	11/2021	ONGOING
Ensure COEs incorporate crisis and safety planning		October 2022?	

Appendix C- Regional Maps

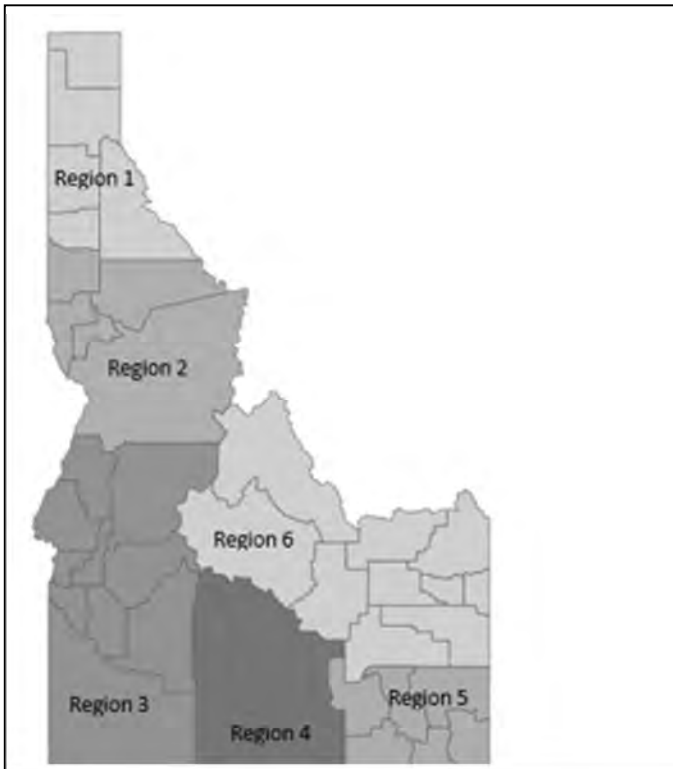
Idaho Department of Health and Welfare: Medicaid,



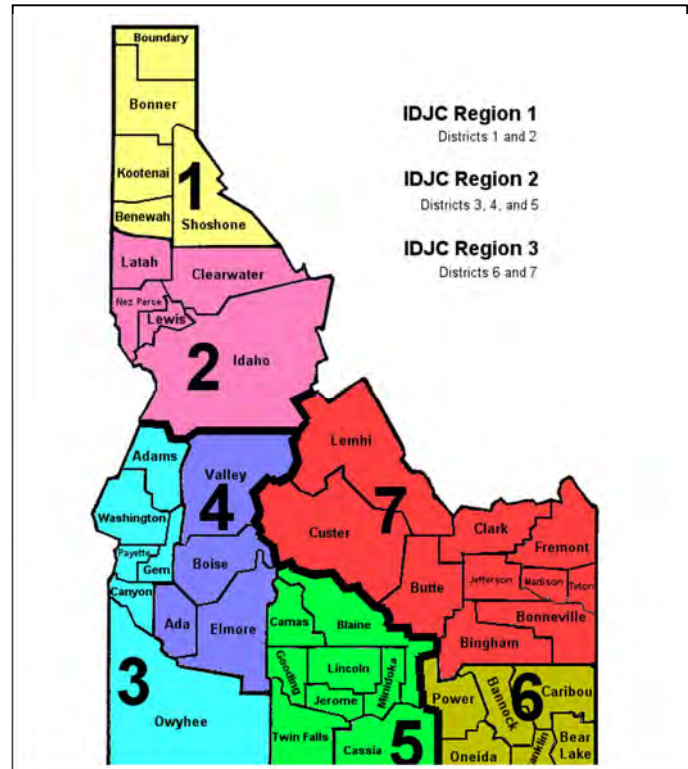
Idaho Department of Health and Welfare: DBH



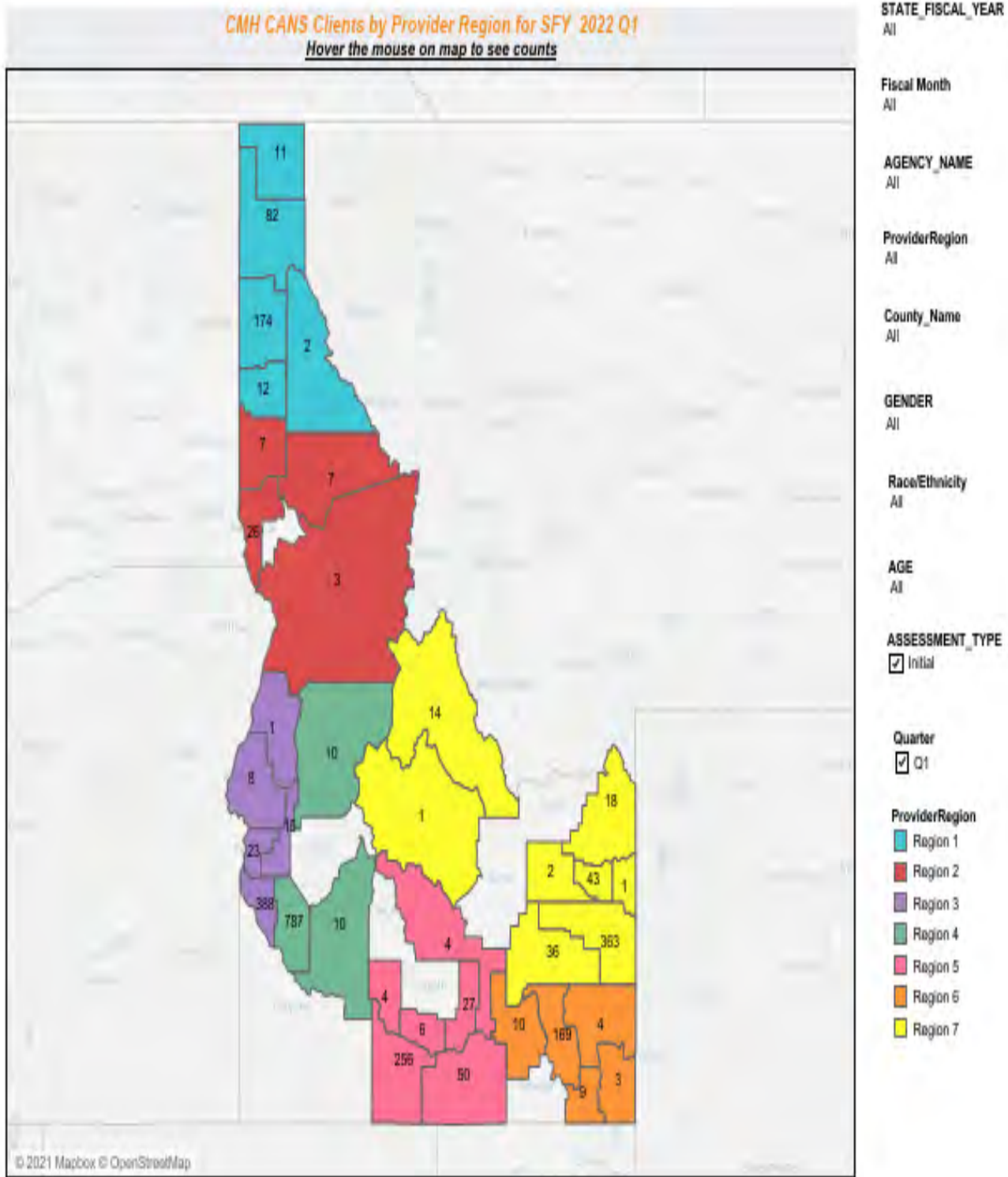
Idaho State Department of Education



Idaho Department of Juvenile Corrections



Appendix D- CANS Assessment by County for SFY 2021



The following table shows the comparison between the number of initial CANS completed in SFY 2021 in each county. In addition to the 7 counties in which there were no CANS in SFY 2021, 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 – Historical SFY2021 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

Appendix E- Medicaid Members by Quarter

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)	SFY22-Q1 (Jul to Sep)
1	22,969	23,293	22,467	22,771	22,437	22,161	20,746	21,341	21,968	22,566	22,998	23,373	23,459
2	7,845	7,897	7,671	7,747	7,657	7,593	7,150	7,328	7,547	7,734	7,835	7,981	8,072
3	43,178	43,586	41,660	42,175	41,132	40,778	38,053	38,951	39,893	40,759	41,314	41,839	42,066
4	39,597	39,991	38,480	38,897	38,235	37,721	35,313	36,168	37,084	37,968	38,539	38,989	39,292
5	27,319	27,621	26,690	27,086	26,540	26,374	24,645	25,236	25,935	26,577	26,997	27,327	27,459
6	21,529	21,757	20,995	21,243	20,788	20,800	19,530	20,014	20,576	20,985	21,326	21,625	21,894
7	29,418	29,690	28,671	29,132	28,828	28,661	26,882	27,385	28,283	28,899	29,505	30,122	30,505
OOS	8,088	7,292	7,000	6,853	6,614	5,885	5,609	5,422	5,161	4,377	4,057	3,651	2,668
Total	199,943	201,127	193,634	195,904	192,231	189,973	177,928	181,845	186,447	189,865	192,571	194,907	195,415

