



Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report

SFY 2022, Q3



June 30, 2022



YES, QMIA Quarterly Report SFY22, Q3

YES QMIA-Q SFY 2022, 3rd Q includes data from January, February, and March 2022, and trends for previous SFYs.

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YES, QMIA Quarterly Report SFY 2022, 3rd Q

Overview of YES QMIA Quarterly (QMIA-Q) Report

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

The Quality Management Improvement and Accountability Quarterly Report (QMIA-Q) is a critical aspect of YES monitoring based on data collected by the YES partners, which 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 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
2 nd quarter- Oct-Dec	April
3 rd quarter Jan- March	July
4 th quarter and year end April- June and full SFY	October
1 st quarter SFY = Annual projected number	January



YES, QMIA Quarterly Report, includes data from Q3 of SFY 2022 (January, February, and March 2022), and trends from previous SFYs.

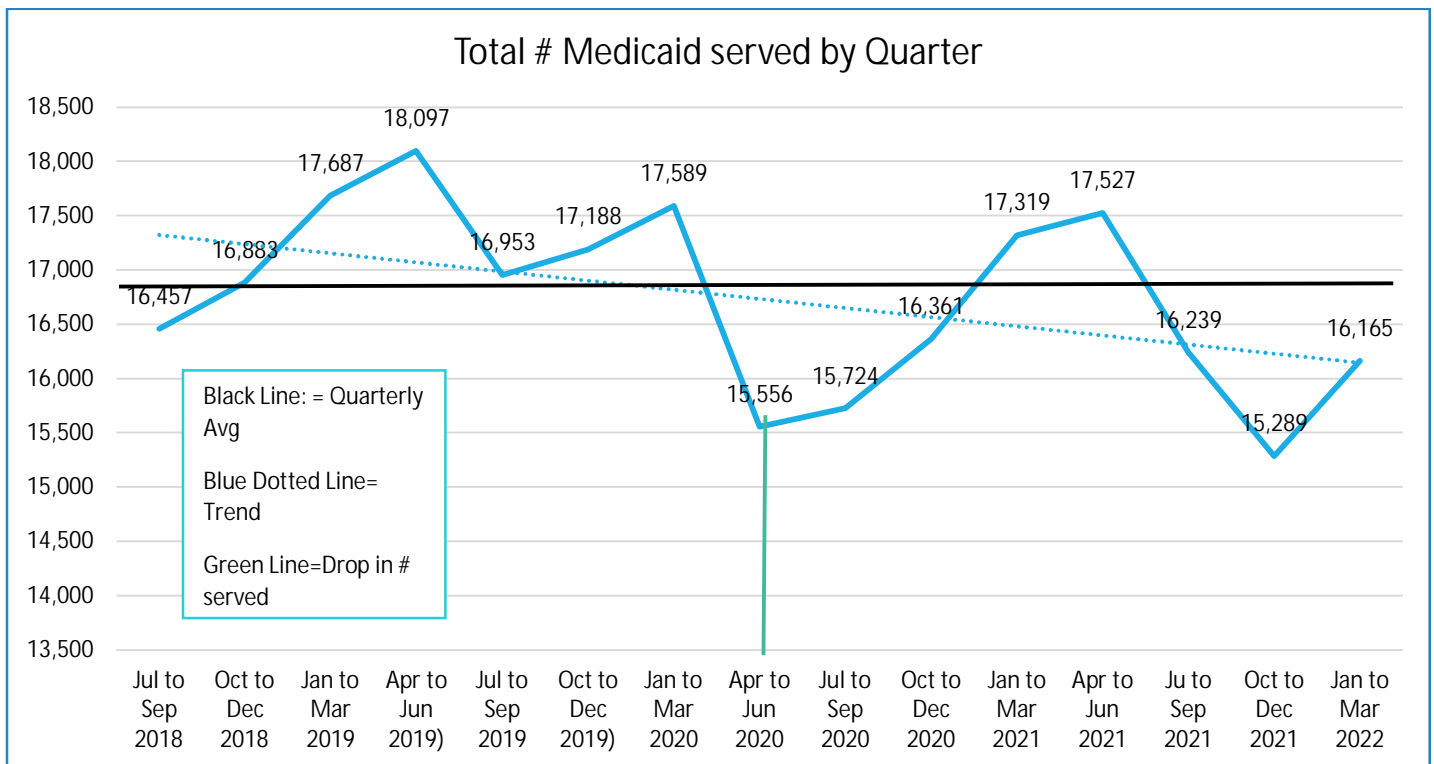
Executive Summary – Q3

The purpose of the QMIA-Q is to provide YES Partners and children's mental health stakeholders with information about the children and youth accessing YES services, the services they are accessing, and the outcomes of the services. The data in the QMIA-Q tells the story about whether YES is reaching the children, youth and families who need mental health services, if the services are meeting their needs, and if they are improving as result of the services. The 3rd Quarter 2022 QMIA-Q report includes data from January, February, and March 2022, and trend data from previous quarters and SFYs.

Some of the key points data in the Q3 QMIA-Q are the total number of Medicaid children and youth served , YES Medicaid Outpatient Services Provided by type and region, and Outcomes/Impact of Care.

Access to Services

The number of Medicaid members under the age of 18 served has varied over the last 15 quarters with the high number being 18,097 in April - June 2019, and the low of 15,289 in October - December of 2021. The average number of Medicaid served over the last 15 quarters is 16,736 (represented by the solid black line). The overall trend has been decreasing (shown by the blue dotted line) . The cause of the decrease is not known however may be due at least partially to COVID as the initial large drop did occur in about April to June of 2020 (shown by solid green line).



Medicaid Outpatient services by type and region

The following table shows the outpatient services provided to Medicaid members under the age of 18 are noted by type of service and the region in which the service is delivered. The number served is 2022 year-to-date (quarters 1, 2, and 3) and is unduplicated within the specific category of services (e.g., the number children and youth who received that specific service).

Of outpatient services such as CANS Assessments, Psych and Neuropsych Testing, Psychotherapy, Medication Management, Skills Building, Targeted Care Coordination, Substance Use, Crisis Intervention, Child and Family Interdisciplinary Teams are available statewide. Behavior Assessments, Skills Training and Development (STAD), and Behavioral Modification and Consultation are not available statewide.

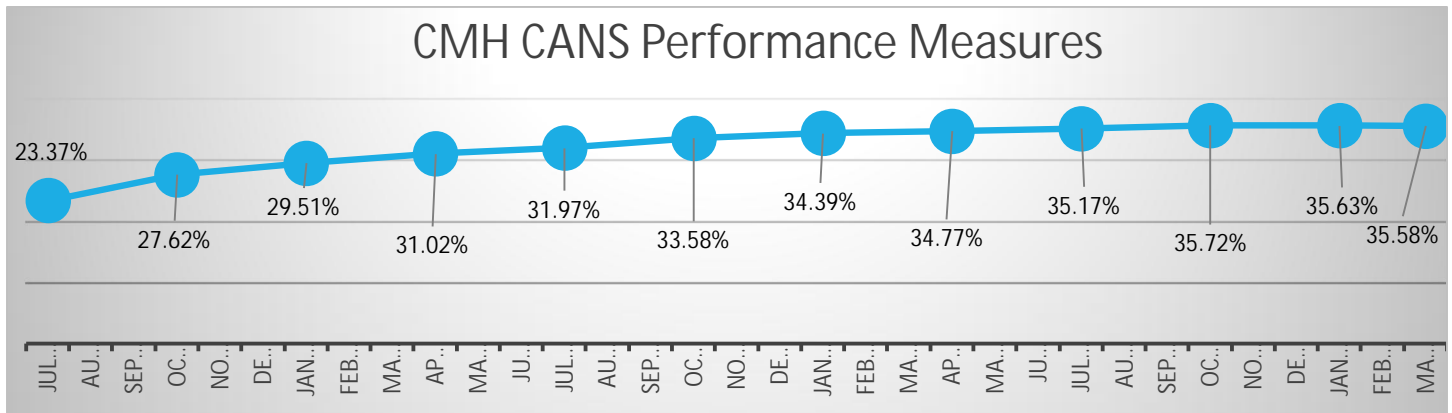
Intensive outpatient services such as Partial Hospitalization, Day Treatment, and Intensive home and Community based services are not available statewide and overall appear to be very limited even in regions in which they are available.

It is notable that services in Regions 2 and 6 appear to be the most limited.

SFY 2022, YTD (Q1, Q2 & Q3)	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 to Medicaid	1078	284	2,395	2,926	1,215	669	2,593	27	11,100
Psych and Neuropsych Testing	169	65	272	354	132	221	297	6	1,754
Behavior Assessment	37	0	15	53	0	0	0	0	119
Outpatient Treatment Services									
Psychotherapy	1,722	583	3,547	4,274	1,879	1,119	3,639	67	16,593
Med Management	185	184	1,028	1,289	343	385	744	14	4,113
Skills Building (CBRS)	119	113	372	601	70	149	947	7	2,348
Targeted Care Coordination (TCC)	27	45	127	244	53	118	536	7	1,140
Substance Use Services	46	9	94	80	142	45	214	4	627
Crisis Intervention	34	22	32	25	23	17	184	2	338
Child and Family Interdisciplinary Team (CFIT)	30	22	27	69	56	31	93	0	326
Skills Training and Development (STAD)	0	29	2	3	100	2	85	1	221
Behavior Modification and Consultation	52	0	12	44	0	0	0	0	107
Intensive Outpatient Treatment Services									
Partial Hospitalization (PHP)	0	1	90	126	8	4	12	0	240
Day Treatment	0	0	2	4	28	4	226	1	64
Intensive Home and Community Based Services (IHCBS)	0	0	2	14	0	21	9	0	46
Support services									
Respite	6	51	90	186	37	62	211	3	635
Youth Support Services	4	18	55	204	93	41	104	3	516
Family Psychoeducation	18	0	5	18	102	2	17	0	162

Outcomes and Impact of Services

YES services are leading to improved outcomes. In Q3 of SFY 2022 the percent of children and youth whose overall rating improved at least one level (e.g., from a 3 to a 2, 1, or 0) remained approximately stable at 35.58%.



The above method of measuring outcomes is very broad and does not give the kind of detail that can be used to develop plans for how to improve services. For more information about how services are impacting children and youth work has been initiated with Praed to analyze the CANS data for the impact of services.

The following table is a sample of data from Praed's analysis of the impact of YES over time for children and youth who stay in services and who have 2 or more CANS in the system.

Description of columns:

- % Presenting: The percentage of youth in the cohort that have an actionable need,
- % Improved: The percentage of youth with any rating over 0 at any CANS Assessment that decreased by 1 point or more at the latest reassessment.
- % Worsened: The percentage of youth with a rating of 2 or lower that subsequently had a rating of 3 at latest assessment.

	% Presenting	% Improved	% Worsened
Anger Control	48.7%	41.2%	2.2%
Suicide Watch	7.7%	80.6%	.02%
Psychosis	3.1%	67.5%	.01%

In this sample data we see that approximately 48% of the children and youth with a CANS have issues with Anger Control (48.7%) and at the time of the last CANS assessment for 41% of them it has improved by 1 point or more. When compared with the Suicide Watch for which approximately 8% of the children and youth have actionable issue and at the time of the last CANS assessment for 80% of them it has improved by 1 point or more. When compared with the Psychosis for which approximately 3% of the children and youth have actionable issue and at the time of the last CANS assessment for 67% of them it has improved by 1 point or more. This is an indicator that while YES services seem to be effective for Suicide Watch and Psychosis there may be a need to improve skills in Anger Control interventions.

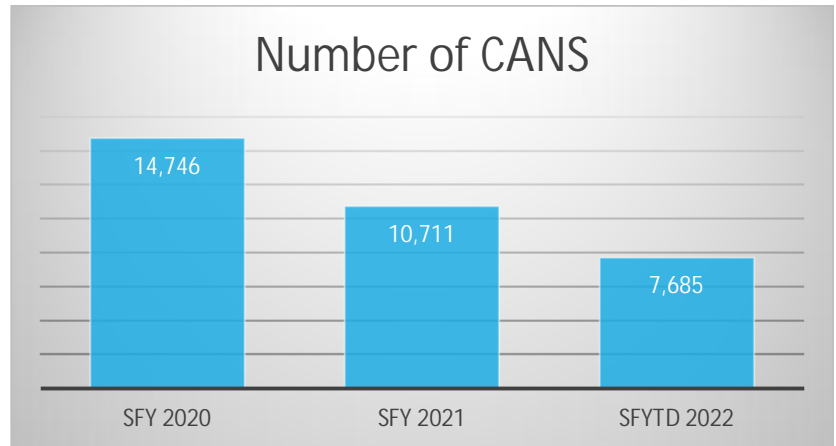
Introduction:

The purpose of the QMIA-Q is to provide YES Partners and children's mental health stakeholders with information about the children and youth who are accessing YES services, the services they are accessing, and the outcomes of the services. The data in the QMIA-Q tells the story about whether YES is reaching the children, youth and families who need mental health services, if the services are meeting their needs, and if they are improving as result of the services. The QMIA-Q 3rd Quarter 2022 includes data from the third quarter (Q3) of State Fiscal Year (SFY) 2022 (January, February, March 2022), and trend data from previous quarters and SFYs.

1. Screening for Mental Health Needs

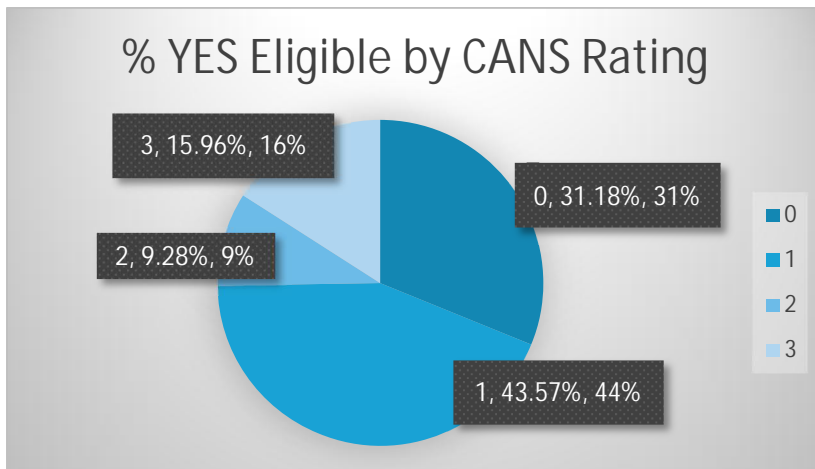
Chart 1: Total Number of Children and Youth Screened for mental health needs

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. YES eligible children and youth based on initial CANS

Chart 2: SFY to date 2022 (Q3) CANS Rating –



An algorithm based on the CANS was developed by stakeholders in collaboration with the Praed Foundation for Idaho to support identification of YES members. The algorithm results in an overall rating of 0, 1, 2, or 3. Based on that algorithm, all children who have a CANS rating of "1, 2 or 3" 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

What is this data telling us?

Of all the initial CANS completed in SFY 2022 in Q's 1, 2 and 3, approximately 70% met the criteria for eligibility for YES class membership (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 class membership (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.

CANS by Age:

Chart 3: SFY 2022 Q's 1, 2, and 3 Ages of children and youth who received an initial CANS

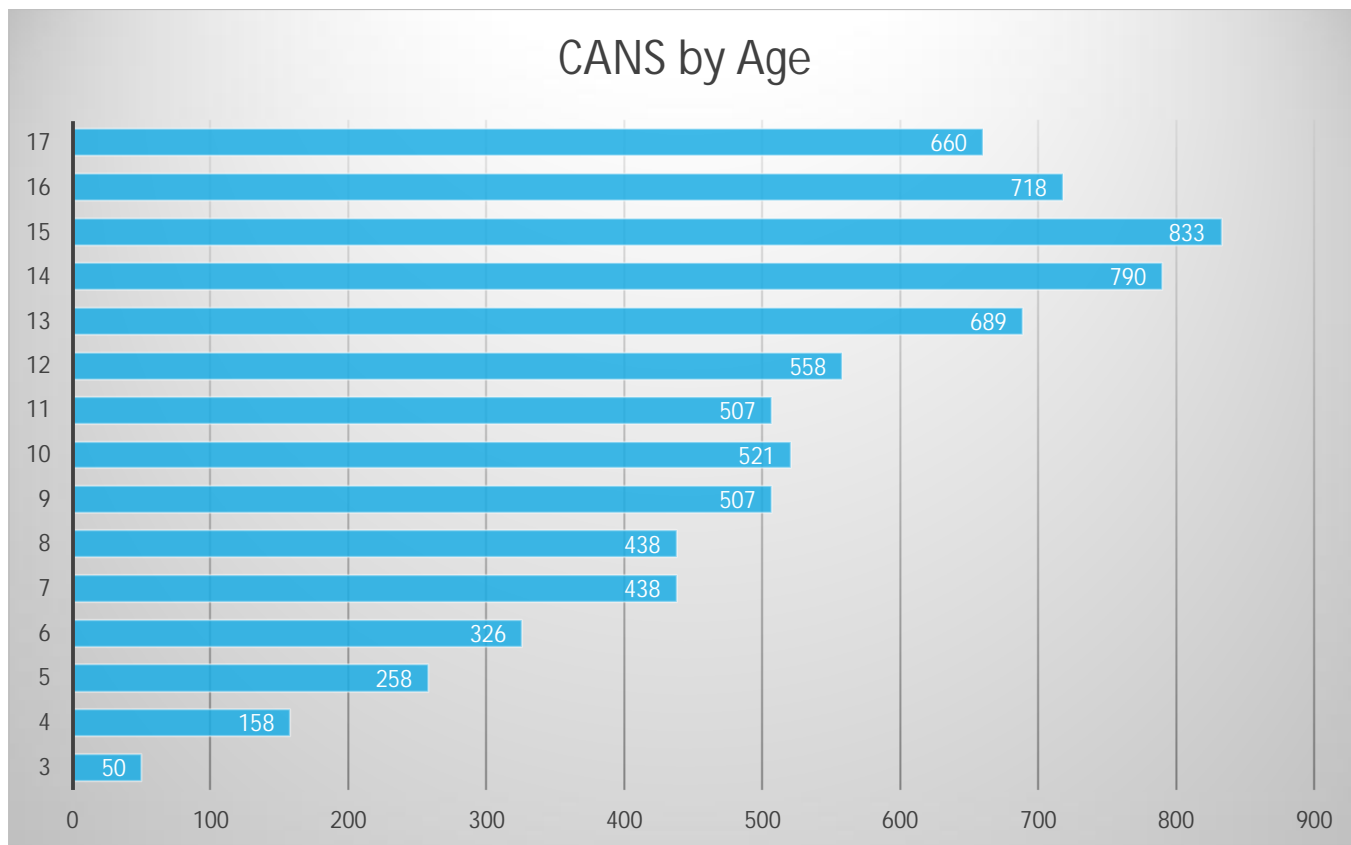
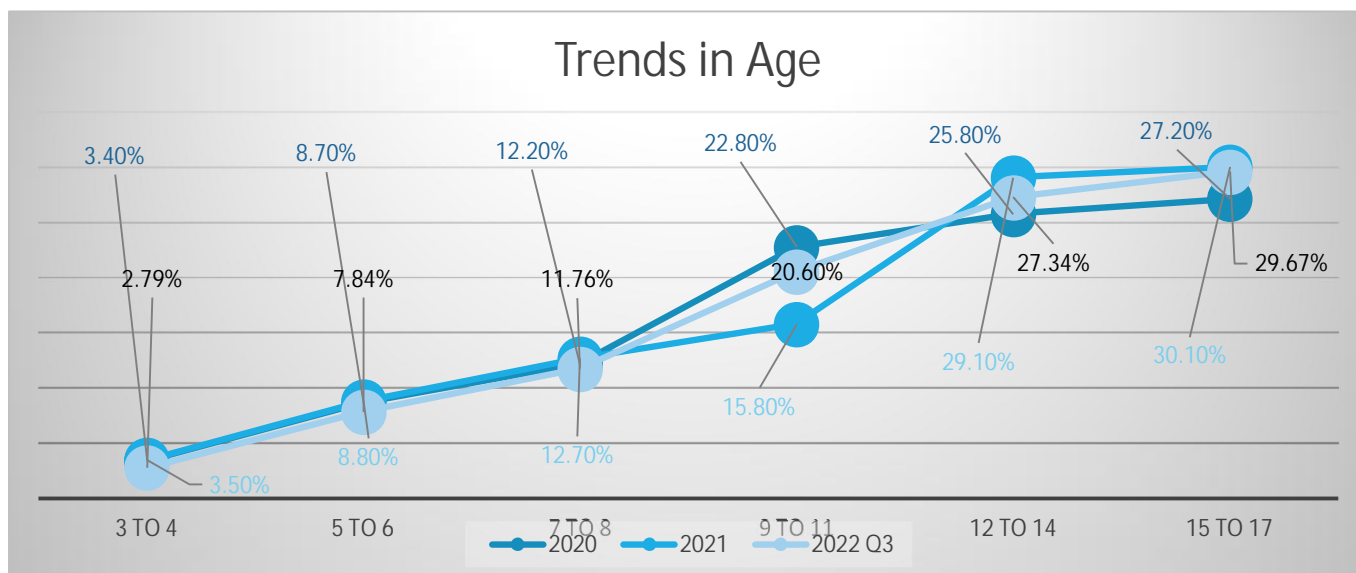


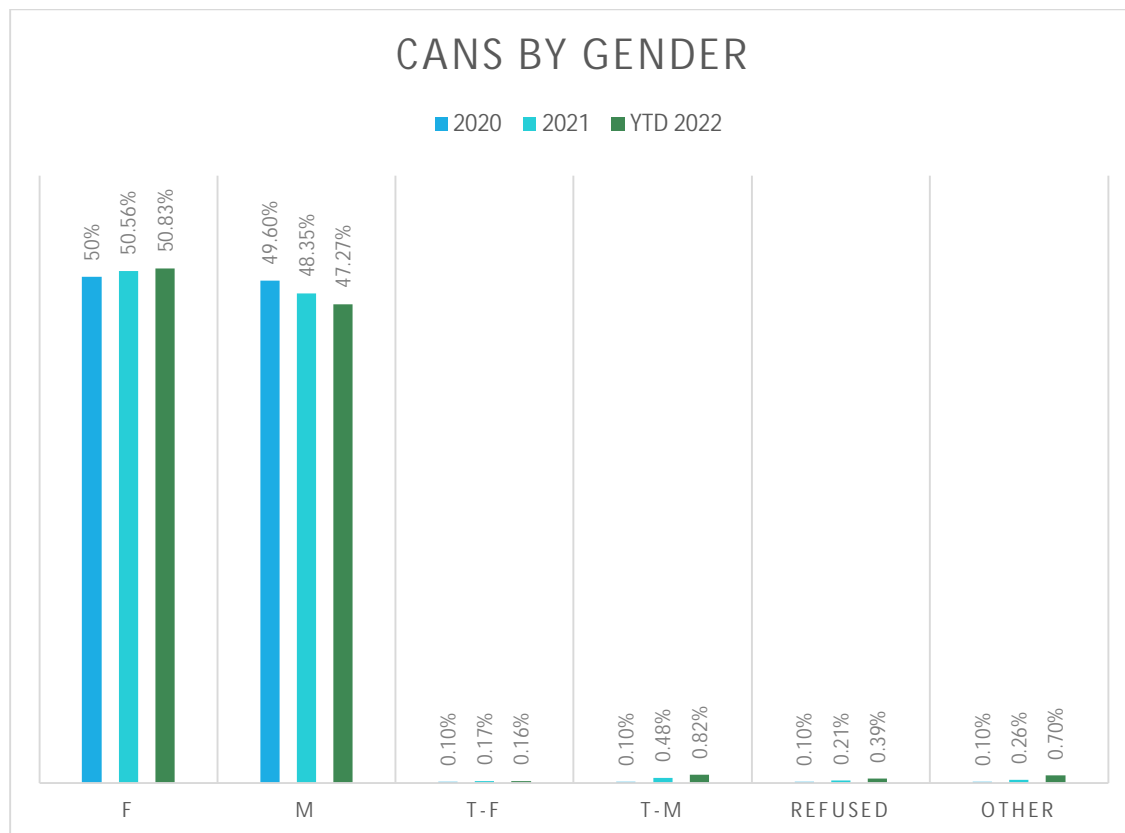
Chart 4: Historical trends: Ages of children and youth who received an initial CANS



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.

Chart 5: SFY 2020, 2021 and SFY YTD 2022, Q's 1, 2, & 3 Gender of children and youth who received a CANS



F= Female, M= Male, T-F = Transgender Femae, T-m + Transgender Male

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

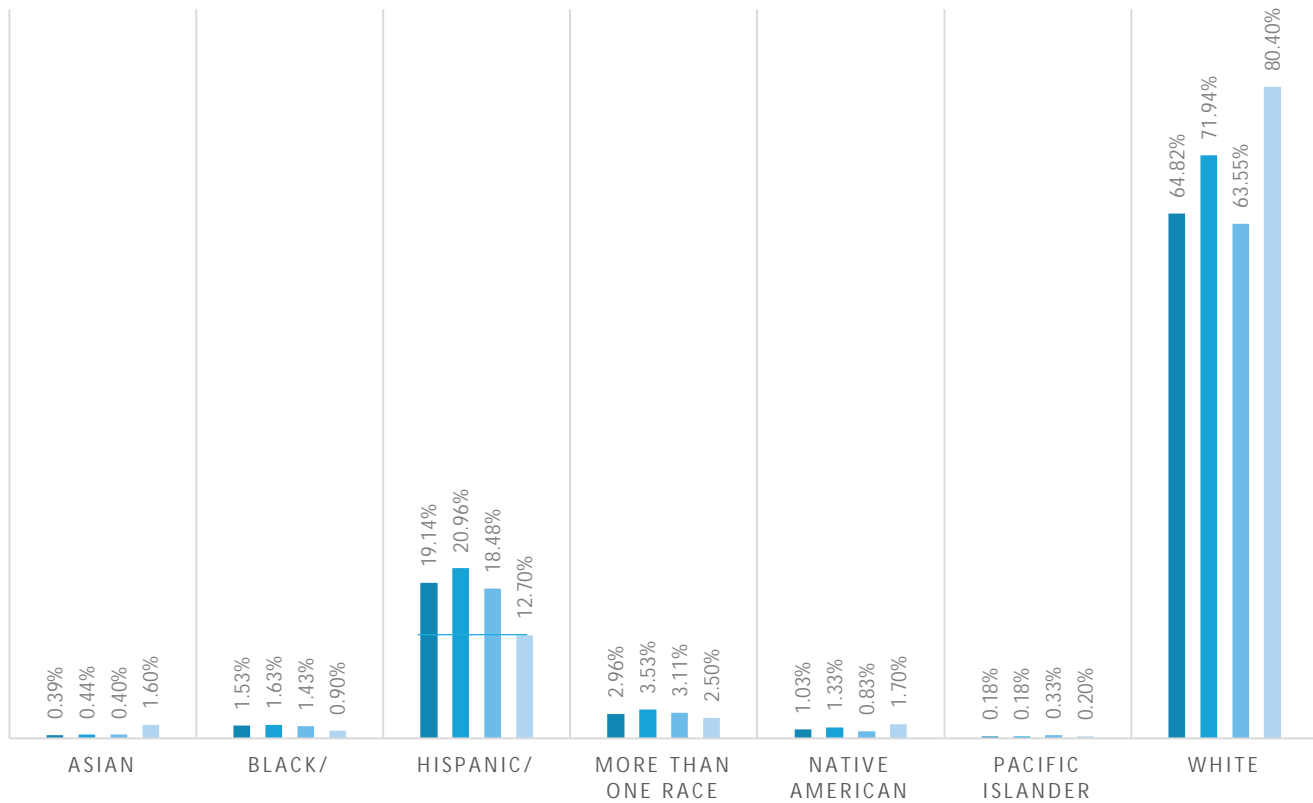
CANS by Race and Ethnicity:

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.

Chart 6 : Historical Trends; Race and Ethnicity of children and youth who received an initial CANS:

CANS BY RACE/ETHNICITY

■ 2020 ■ 2021 ■ 2022 ■ % of Idaho's population



What is this data telling us?

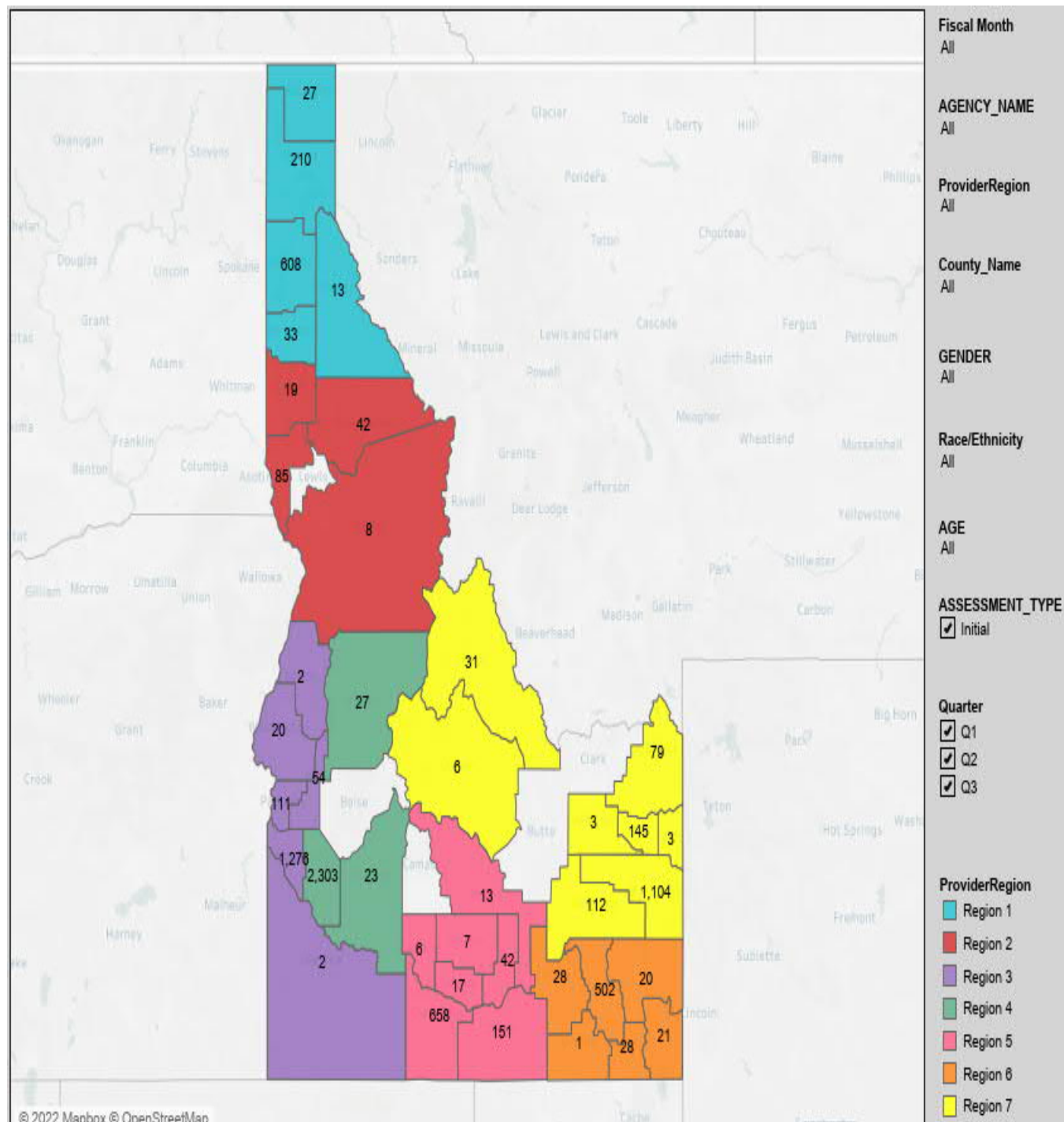
Age- The trend has been very similar over the last 3 years with one noticeable dip in 2021 of 9-11 year old's.

Gender- The trend has been very close to the actual population in Idaho.

Race/Ethnicity- While the trend does not point to any majority disparities (e.g., specific racial or ethnic groups not getting a CANS) there are trends towards certain groups receiving more assessments compared to other populations (e.g., Hispanic- see trend line).

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 YTD (Q1, Q2, & Q3), there are 5 counties with "0" completed CANS: Boise, Butte, Clark, Camas, Lewis. This is an improvement over SFY 2021 when there were 8-10 counties. 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)



Utilization of Outpatient Services-

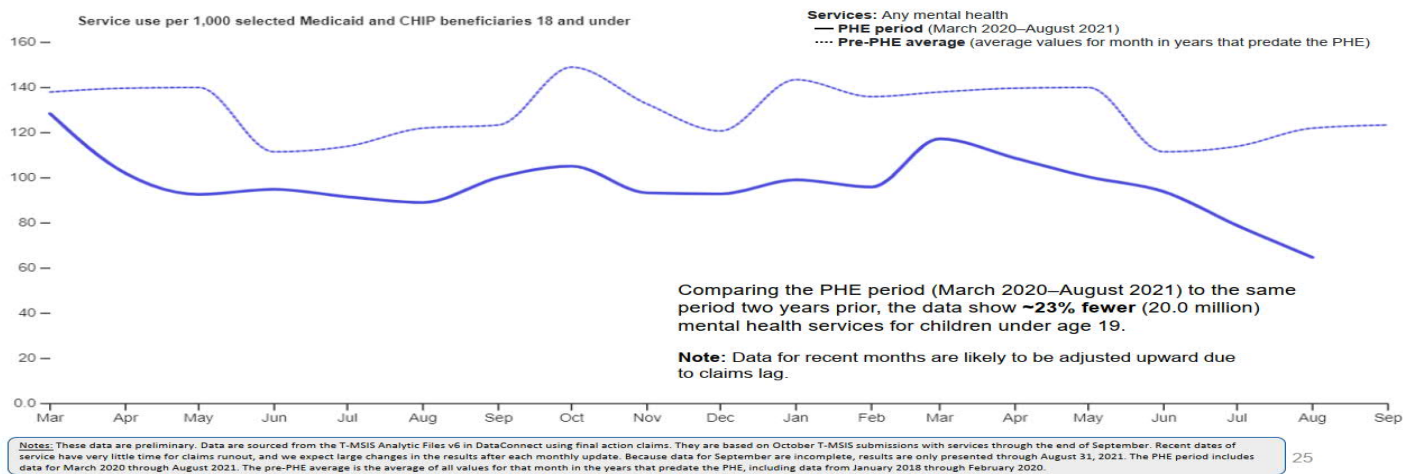
5. Medicaid Outpatient Utilization

Note about COVID impact on services:

The following charts (pages 14-55) of outpatient service utilization tend to indicate an overall decrease in the services utilized beginning in about March of 2020. While the reason why utilization of services has decreased is not confirmed, it is likely this trend is related to the time period since COVID-19 began (March 2020).

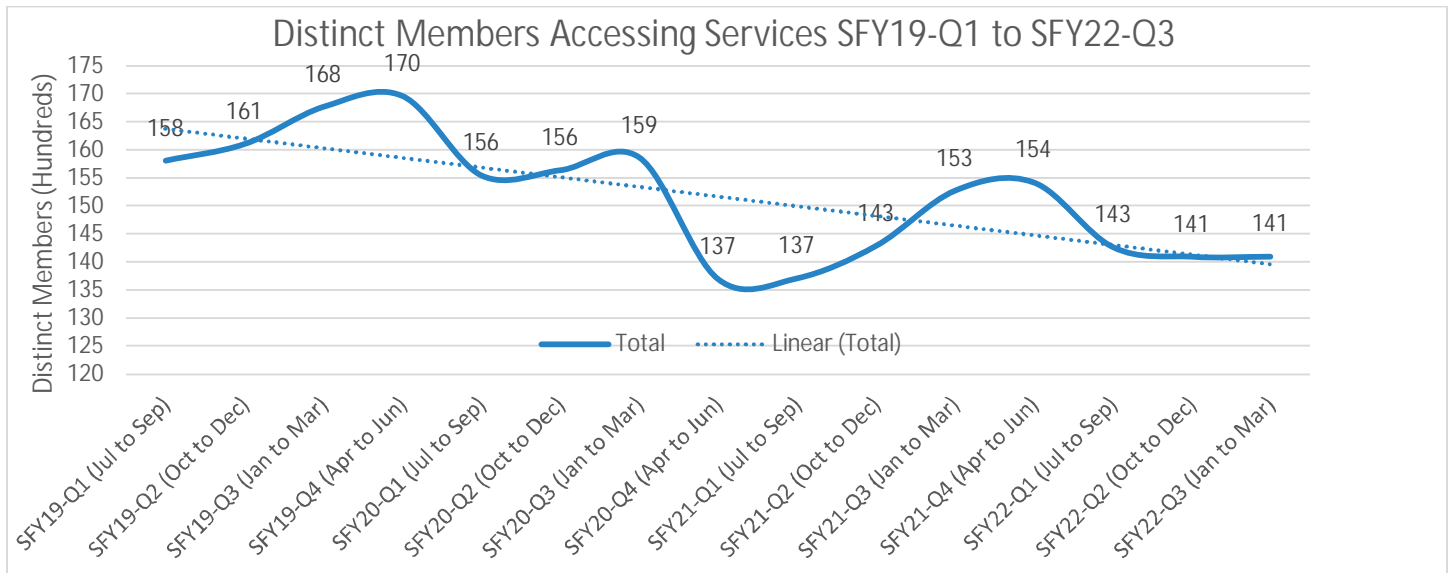
Based on the data below, nationally Medicaid has experienced a decrease of utilization of 23% between March of 2020 and August of 2021.

Preliminary data show the rate of mental health services for children under age 19 declined starting in March 2020 and continue to be lower than prior years' levels through August 2021



Idaho has also experienced a decrease, but the drop is less than what has been experienced nationally. Utilizing the same method of calculation as CMS the formula is the oldest number (158) compared to the newest number as of Q3 (141) which is 10.75%.

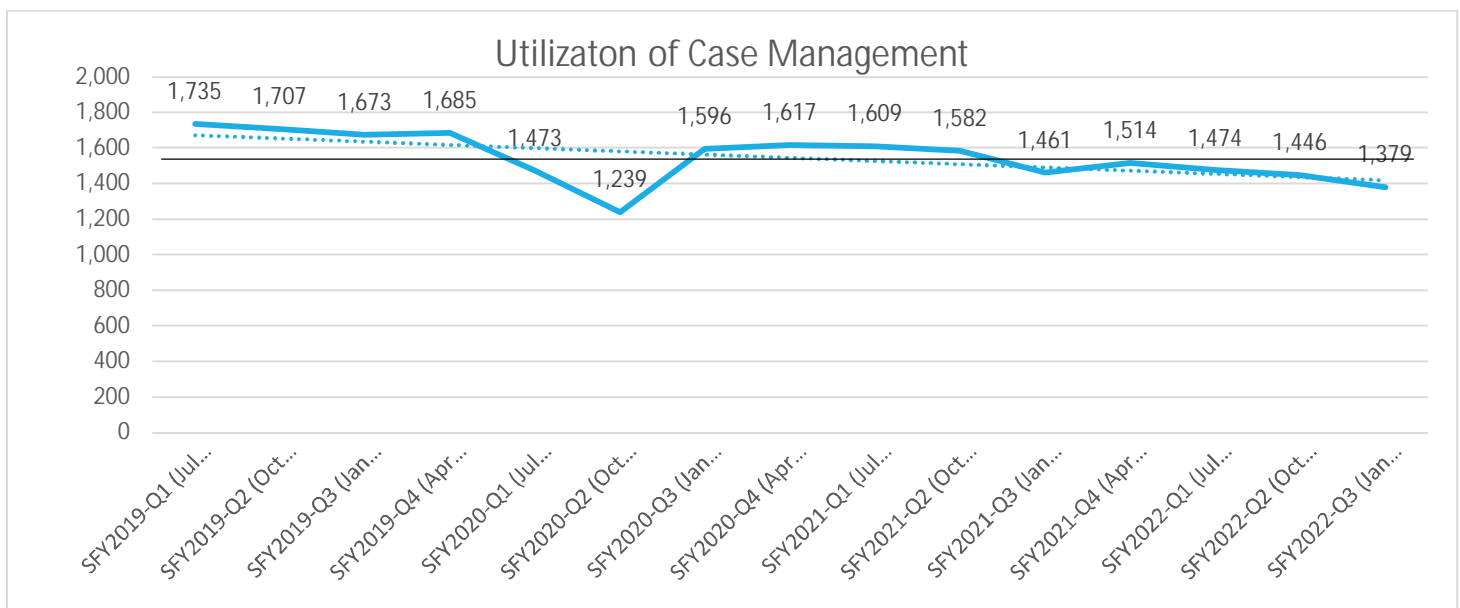
$$141 - 158 / 158 = -10.75\%$$



Service Utilization – New data¹

Recently the following data was provided regarding the use of Case Management services which is a required category of YES services. Overall, there is a trend toward fewer children accessing Case Management. There is a substantive difference between regions- with Region 2 having an average of 23 children and youth per quarter compared to Region 7 with an average of 743.

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	OOs	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	68	31	211	348	21	75	991	2	1,735
SFY2019-Q2	61	27	209	352	20	70	970	3	1,707
SFY2019-Q3	48	27	207	370	16	54	952	4	1,673
SFY2019-Q4	32	21	217	378	17	74	950	1	1,685
SFY2020-Q1	19	16	153	310	26	74	877	3	1,473
SFY2020-Q2	19	23	147	257	19	70	714	0	1,239
SFY2020-Q3	51	17	215	392	75	90	761	2	1,596
SFY2020-Q4	84	25	247	400	66	90	707	1	1,617
SFY2021-Q1	119	23	228	408	99	84	654	6	1,609
SFY2021-Q2	127	29	233	356	159	73	613	4	1,582
SFY2021-Q3	37	18	197	363	181	64	599	3	1,461
SFY2021-Q4	54	24	193	376	202	55	612	10	1,514
SFY2022-Q1	49	24	203	345	194	67	591	5	1,474
SFY2022-Q2	59	26	202	312	183	74	593	2	1,446
SFY2022-Q3	43	10	211	299	177	77	559	3	1,379
Average	58	23	205	351	97	73	743		



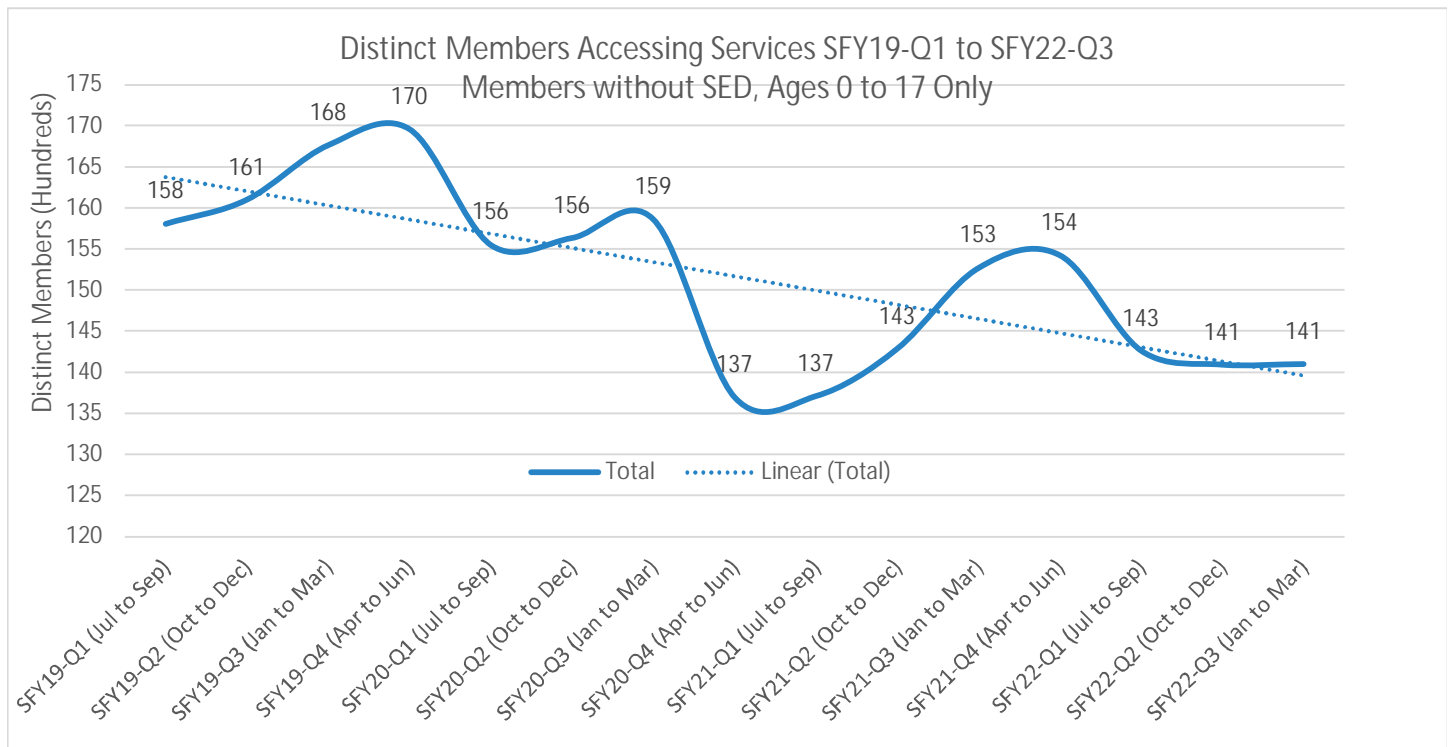
¹ The data on Case Management has not previously been included in the OMIA-Q but will be added as of this quarters report. We are still needing anuulaized data for Case Management and this has been requested.

Medicaid

: 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). 7/1/2018 to 3/31/2022. Data as of 5/3/2022.

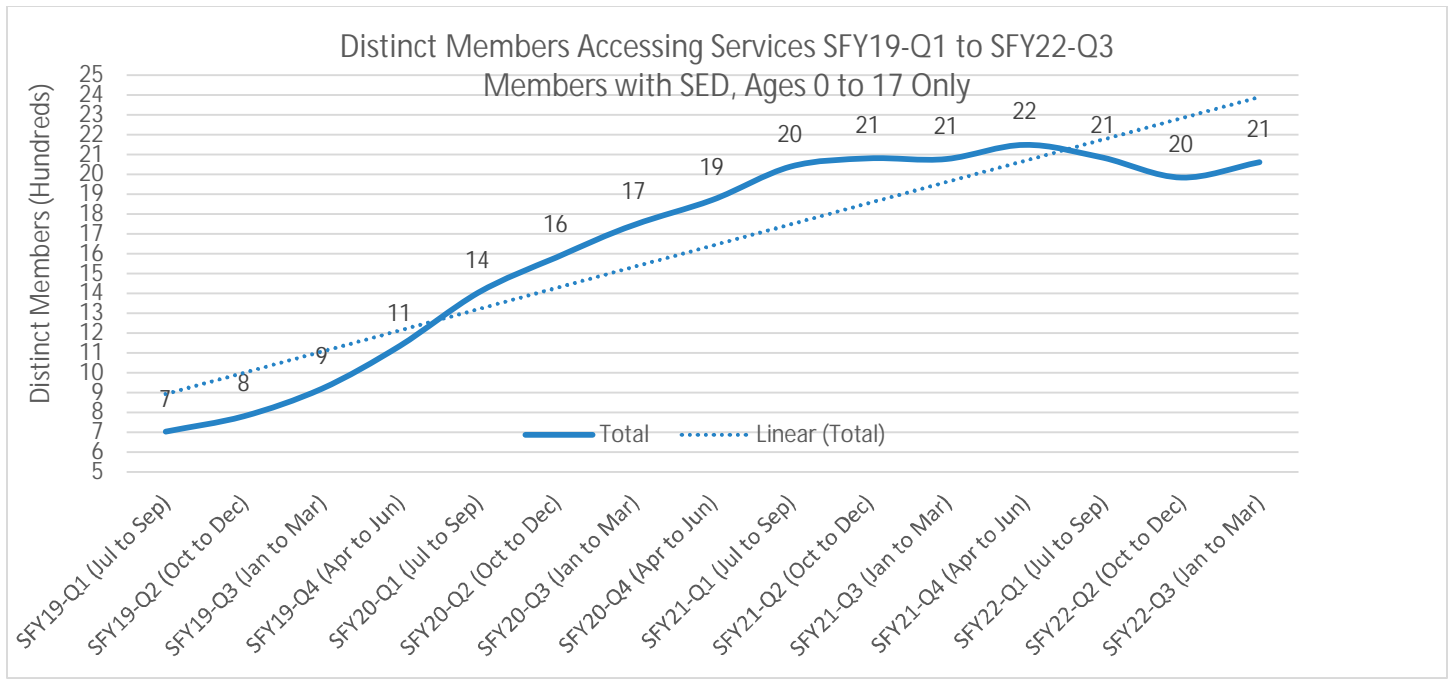
Region.	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9/ OOS	Total
SFY19-Q1	1,864	600	3,522	4,011	1,507	1,088	3,157	61	15,810
SFY19-Q2	1,840	575	3,579	4,161	1,542	1,118	3,245	42	16,102
SFY19-Q3	1,985	624	3,830	4,308	1,536	1,140	3,299	44	16,766
SFY19-Q4	1,965	560	4,014	4,275	1,562	1,158	3,364	65	16,963
SFY20-Q1	1,747	509	3,595	3,816	1,475	1,087	3,249	75	15,553
SFY20-Q2	1,752	511	3,649	3,818	1,456	1,136	3,259	54	15,635
SFY20-Q3	1,834	548	3,642	3,799	1,578	1,151	3,256	58	15,866
SFY20-Q4	1,612	448	2,954	3,210	1,314	1,066	3,039	51	13,694
SFY21-Q1	1,617	503	2,981	3,228	1,399	1,004	2,910	67	13,709
SFY21-Q2	1,673	475	3,130	3,437	1,540	996	2,989	46	14,286
SFY21-Q3	1,804	470	3,275	3,615	1,768	1,059	3,241	40	15,272
SFY21-Q4	1,792	477	3,281	3,651	1,817	1,095	3,253	61	15,427
SFY22-Q1	1,603	435	3,005	3,399	1,703	1,027	3,058	35	14,265
SFY22-Q2	1,551	440	3,056	3,371	1,519	1,034	3,090	33	14,094
SFY22-Q3	1,572	450	3,046	3,466	1,443	1,051	3,035	39	14,102



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 mental health services between 7/12018 to 3/31/2022. Data as of 5/3/2022.

Region.	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9/ OOS	Total
SFY19-Q1	101	45	64	90	49	27	321	6	703
SFY19-Q2	106	48	73	132	55	28	337	3	782
SFY19-Q3	114	55	99	180	70	38	365		921
SFY19-Q4	129	65	142	232	98	60	408	3	1,137
SFY20-Q1	164	65	199	310	123	67	471	4	1,403
SFY20-Q2	205	66	224	346	140	77	523	2	1,583
SFY20-Q3	235	76	239	390	154	93	558	3	1,748
SFY20-Q4	247	76	271	443	146	104	577	7	1,871
SFY21-Q1	256	86	298	498	156	117	621	8	2,040
SFY21-Q2	247	89	320	527	149	128	618	3	2,081
SFY21-Q3	246	89	307	530	147	131	627	2	2,079
SFY21-Q4	230	100	338	526	169	134	641	13	2,151
SFY22-Q1	211	107	322	497	173	140	623	11	2,084
SFY22-Q2	185	105	302	475	184	138	592	5	1,986
SFY22-Q3	180	110	312	530	170	154	602	5	2,063

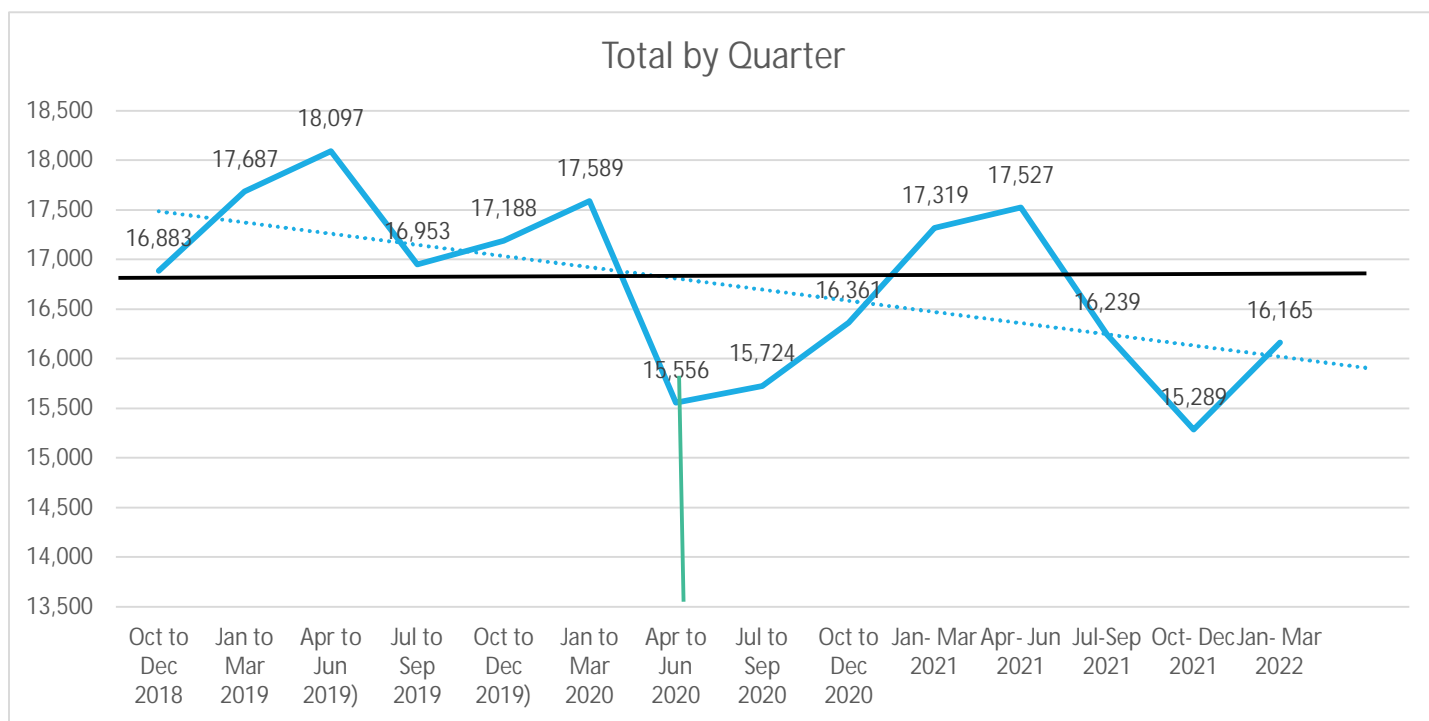


Total number of children and youth served with Medicaid Outpatient services

The following table combines the number of unduplicated 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 in each quarter from Q1 2019 through Q3 of 2022. Data as of 5/3/22. The average number served is 16,736- represented by the dark blue line.

Table 3: Table 1 and 2 data combined for total number of Medicaid members served

	Jul to Sep 2018	Oct to Dec 2018	Jan to Mar 2019	Apr to Jun 2019	Jul to Sep 2019	Oct to Dec 2019	Jan to Mar 2020	Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan- Mar 2021	Apr- Jun 2021	Jul-Sep 2021	Oct- Dec 2021	Jan- Mar 2022
Total Medicaid	15,757	16,101	16,766	16,960	15,550	15,607	15,843	13,687	13,686	14,281	15,241	15,378	14,164	13,373	14,102
Total 1915(i)	700	782	921	1,137	1,403	1,581	1,746	1,869	2,038	2,080	2,078	2,149	2,075	1,916	2,063
Total by Quarter	16,457	16,883	17,687	18,097	16,953	17,188	17,589	15,556	15,724	16,361	17,319	17,527	16,239	15,289	16,165



What is this data telling us?

The overall trend over the past 15 quarters has been that fewer children and youth overall have received outpatient services (dotted blue trend line). During the time period from March 2020 on (green vertical line) access has been markedly impacted by COVID-19 but there has been a trend toward increasing access for 5 quarters in a row. The black line indicates the median value over the past 15 quarters and while there is not a statistically significant trend for an increase or decrease, there does appear to be a possible pattern of access dropping during summer months.

Table 4: 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 through Q3 of SFY 2022. Find detail of all YES services covered through Optum follow on pages 19-54.

The following table shows the outpatient services provided to Medicaid members under the age of 18 are noted by type of service and the region in which the service is delivered. The number served is 2022 year-to-date (quarters 1, 2, and 3) and is unduplicated within the specific category of services (e.g., the number children and youth who received that specific service).

SFY 2022, YTD (Q1, Q2 & Q3)	1	2	3	4	5	6	7	OOS	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
Assessments									
CANS- Billed to Medicaid	1078	284	2,395	2,926	1,215	669	2,593	27	11,100
Psych and Neuropsych Testing	169	65	272	354	132	221	297	6	1,754
Behavior Assessment	37	0	15	53	0	0	0	0	119
Outpatient Treatment Services									
Psychotherapy	1,722	583	3,547	4,274	1,879	1,119	3,639	67	16,593
Med Management	185	184	1,028	1,289	343	385	744	14	4,113
Skills Building (CBRS)	119	113	372	601	70	149	947	7	2,348
Targeted Care Coordination (TCC)	27	45	127	244	53	118	536	7	1,140
Substance Use Services	46	9	94	80	142	45	214	4	627
Crisis Intervention	34	22	32	25	23	17	184	2	338
Child and Family Interdisciplinary Team (CFIT)	30	22	27	69	56	31	93	0	326
Skills Training and Development (STAD)	0	29	2	3	100	2	85	1	221
Behavior Modification and Consultation	52	0	12	44	0	0	0	0	107
Intensive Outpatient Treatment Services									
Partial Hospitalization (PHP)	0	1	90	126	8	4	12	0	240
Day Treatment	0	0	2	4	28	4	226	1	64
Intensive Home and Community Based Services (IHCBS)	0	0	2	14	0	21	9	0	46
Support services									
Respite	6	51	90	186	37	62	211	3	635
Youth Support Services	4	18	55	204	93	41	104	3	516
Family Psychoeducation	18	0	5	18	102	2	17	0	162

What is this data telling us?

Outpatient services such as CANS Assessments, Psych and Neuropsych Testing, Psychotherapy, Medication Management, Skills Building, Targeted Care Coordination, Substance Use, Crisis Child, and Family Interdisciplinary Teams are available statewide. Behavior Assessments, Skills Training and Development (STAD), and Behavioral Modification and Consultation are not available statewide.

Intensive outpatient services such as Partial Hospitalization, Day Treatment, and Intensive Home and Community Based Services are not available statewide and overall appear to be very limited even in regions in which they are available.

It is notable that in general services in Regions 2 and 6 appear to be the most limited.

Outpatient Service Utilization – Detail by service and region – pages 19-54

The following tables display distinct number of members served through the Medicaid Network 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 1/24/2022.

Additional analysis of the data is included for the core outpatient services based on projected number needing services or comparison to median quarterly number served: CANS, Psych and Neuro-Psych testing, Psychotherapy, Medication Management, and CBRS.

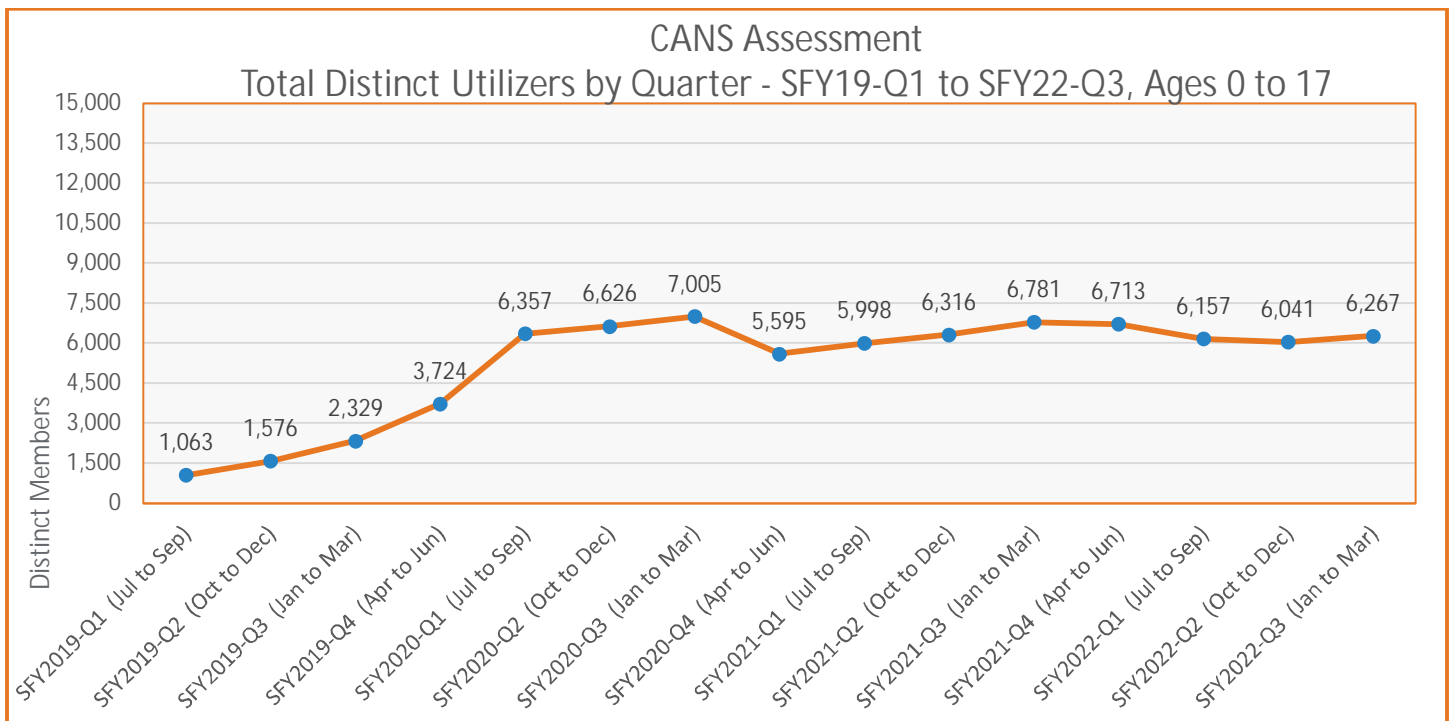
Services that are not covered by Optum (such as Residential or Inpatient) are noted in Section 6, 7 and 8

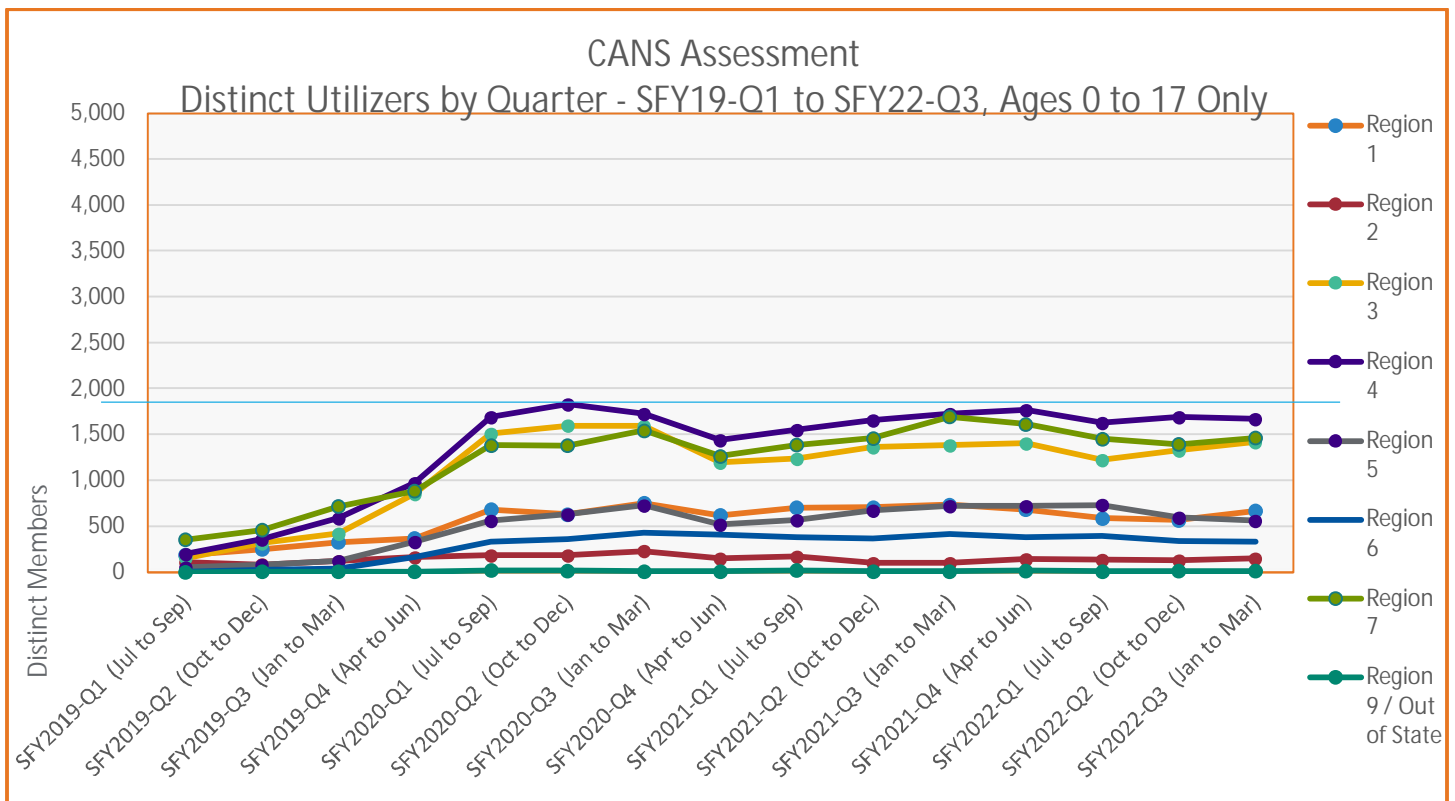
Note: Data on utilization is based on claims made by providers. Providers have several months to claim payment for the services and therefore the data reported does get updated in each quarter. The change varies by service but ranges between a 3% change from one quarter to the following quarter, to less than 1% from one year to the previous year.

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
SFY2019-Q1	189	107	155	199	52	8	351	2	1,063
SFY2019-Q2	248	85	317	361	77	26	458	4	1,576
SFY2019-Q3	324	123	424	586	120	34	716	3	2,329
SFY2019-Q4	367	163	853	969	327	161	881	5	3,724
2019 Distinct Utilizers	736	308	1,180	1,365	489	193	1,526	10	5,779
SFY2020-Q1	682	187	1,511	1,690	563	329	1,380	19	6,357
SFY2020-Q2	629	185	1,597	1,832	631	358	1,379	16	6,626
SFY2020-Q3	752	229	1,594	1,726	724	431	1,542	8	7,005
SFY2020-Q4	616	151	1,193	1,439	521	407	1,262	8	5,595
2020 Distinct Utilizers	1,421	423	3,169	3,591	1,406	857	3,018	35	13,776
SFY2021-Q1	701	173	1,233	1,550	565	378	1,385	18	5,998
SFY2021-Q2	706	97	1,360	1,655	673	363	1,457	9	6,316
SFY2021-Q3	732	101	1,385	1,721	723	416	1,695	9	6,781
SFY2021-Q4	679	142	1,406	1,768	721	377	1,611	16	6,713
2021 Distinct Utilizers	1,404	326	2,734	3,507	1,568	867	3,200	44	13,479
2022-Q1	587	132	1,221	1,630	734	395	1,452	9	6,157
2022-Q2	567	130	1,325	1,688	593	336	1,392	11	6,041
2022-Q3	667	151	1,419	1,667	563	329	1,460	11	6,267
2022 Distinct Utilizers	1,078	284	2,395	2,926	1,215	669	2,593	27	11,100





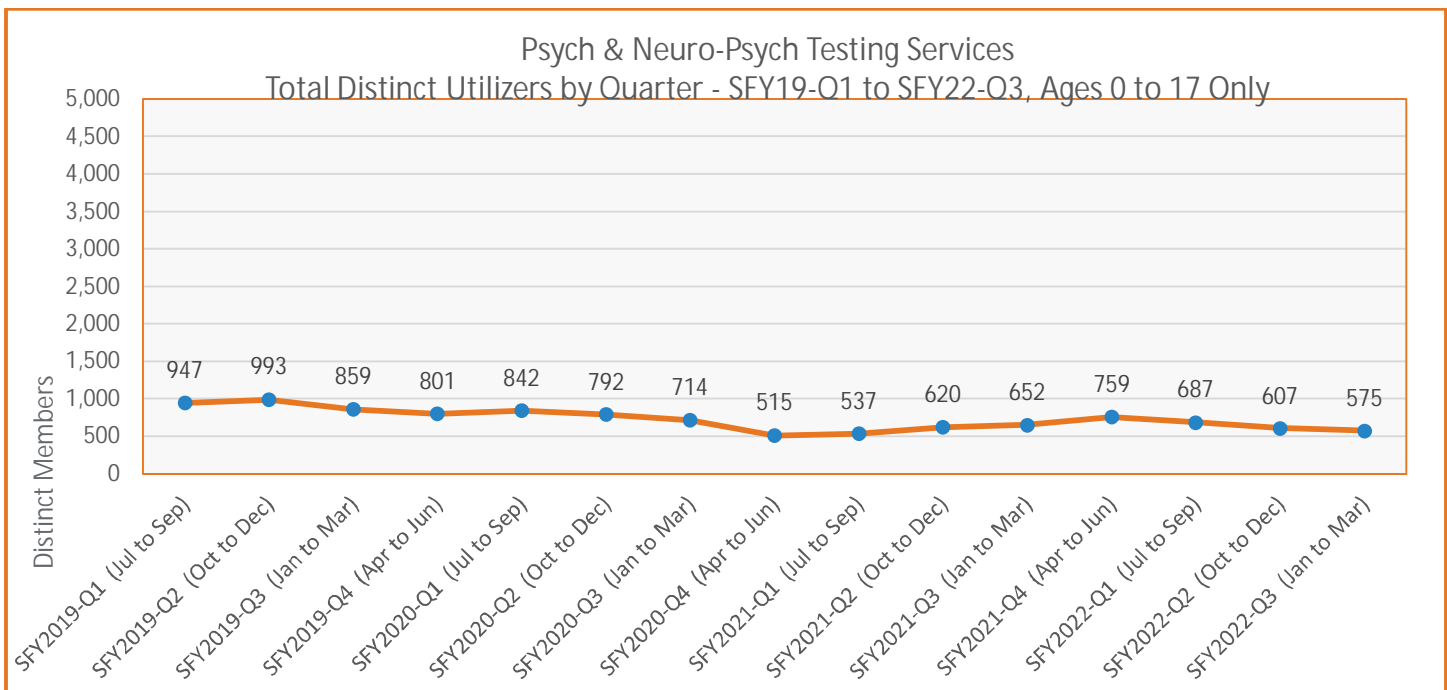
What is the data telling us?

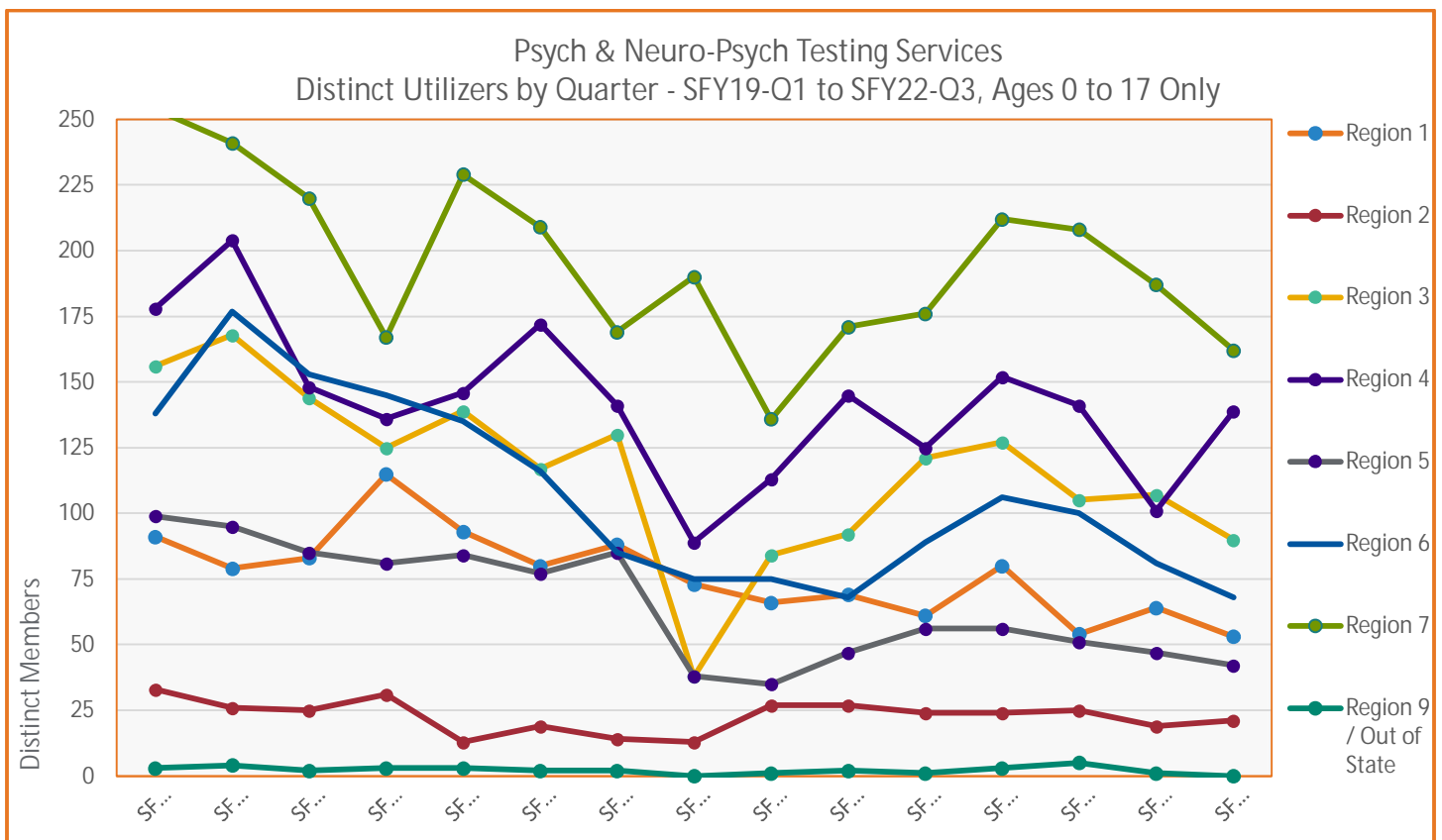
The number of CANS claimed quarterly to Medicaid since July of 2020 has been fairly stable with a median value of 6,064. There have been minor increases and decreases but no substantial trends. There still may be children and youth who are not being assessed using the CANS, and therefore unidentified need.

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 assessments 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
SFY2019-Q1	91	33	156	178	99	138	254	3	947
SFY2019-Q2	79	26	168	204	95	177	241	4	993
SFY2019-Q3	83	25	144	148	85	153	220	2	859
SFY2019-Q4	115	31	125	136	81	145	167	3	801
2019 Distinct Utilizers	359	100	545	622	326	454	737	12	3,142
2020-Q1	93	13	139	146	84	135	229	3	842
2020-Q2	80	19	117	172	77	116	209	2	792
2020-Q3	88	14	130	141	85	85	169	2	714
2020-Q4	73	13	38	89	38	75	190	0	515
2020 Distinct Utilizers	330	57	404	529	254	347	760	7	2,686
2021-Q1	66	27	84	113	35	75	136	1	537
2021-Q2	69	27	92	145	47	68	171	2	620
2021-Q3	61	24	121	125	56	89	176	1	652
2021-Q4	80	24	127	152	56	106	212	3	759
2021 Distinct Utilizers	273	85	401	512	163	284	641	7	2,363
2022-Q1	54	25	105	141	51	100	208	5	687
2022-Q2	64	19	107	101	47	81	187	1	607
2022-Q3	53	21	90	139	42	68	162	0	575
2022 Distinct Utilizers	169	65	272	354	132	221	297	6	1,754





What is this data telling us?

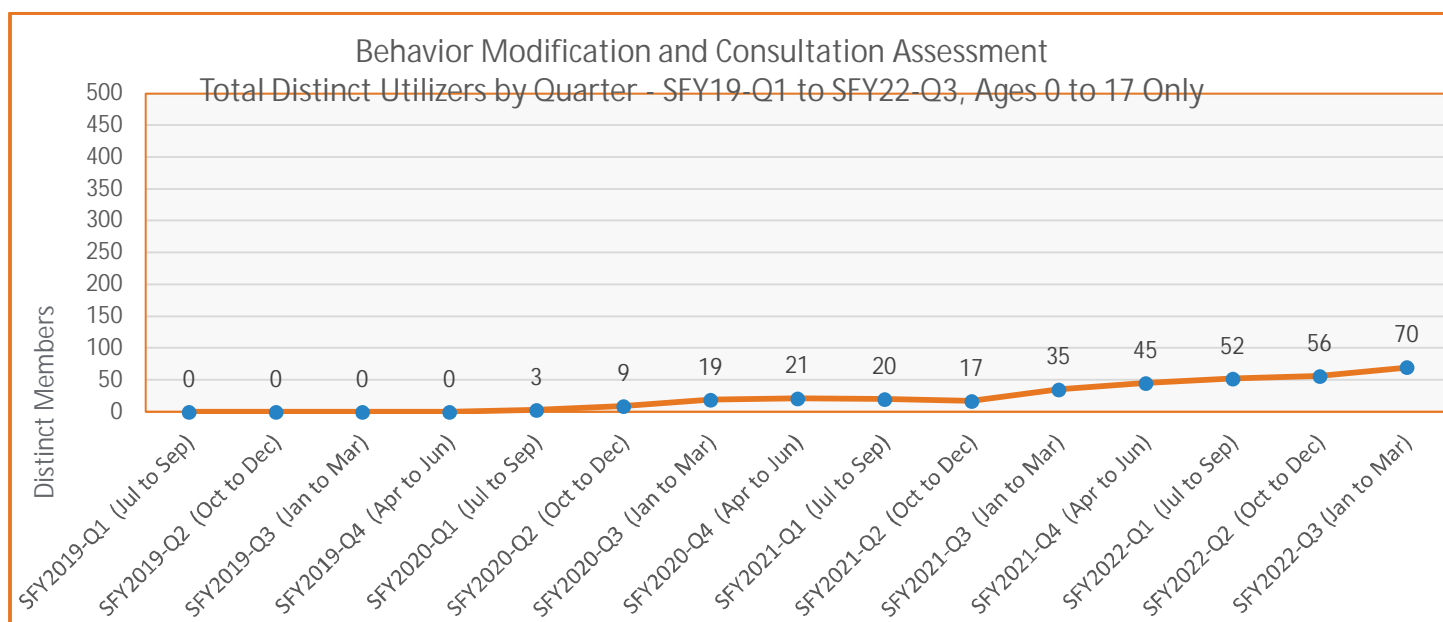
There is little or no research indicating a predicted number of children and youth who should have a psychological or neuropsychological assessment.

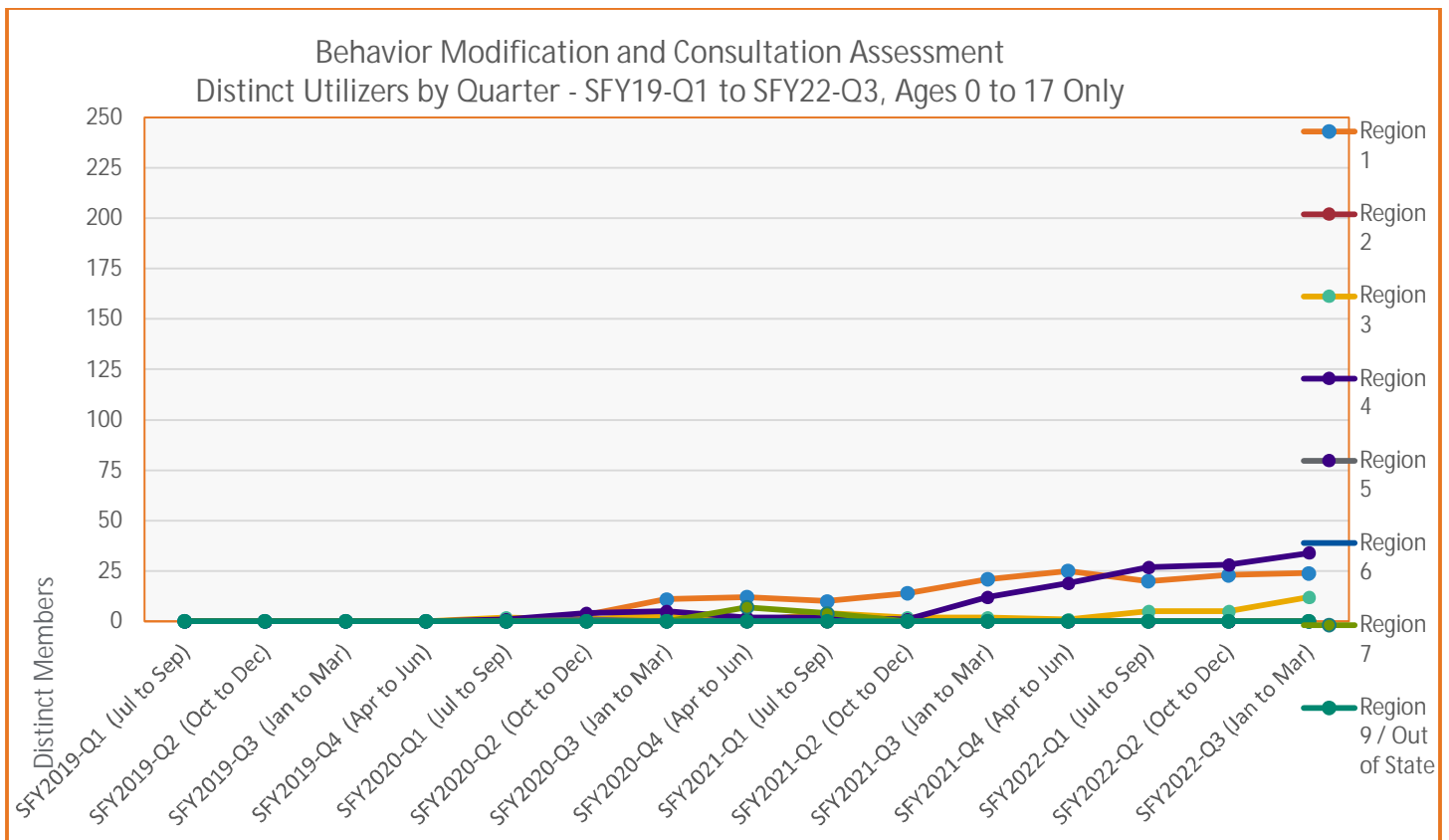
The number of psychological and neuropsychological assessments has varied over the 14 quarters and overall, the trend appears to be fewer assessments - however the median value is 735 per quarter so toward the end of SFY 2021 the number provided was above the median, but access has dropped in SFY 2022.

Regional variation over time has been dramatic with most regions appearing to trend down except for Region 2.

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	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
2019-Q1	0	0	0	0	0	0	0	0	0
2019-Q2	0	0	0	0	0	0	0	0	0
2019-Q3	0	0	0	0	0	0	0	0	0
2019-Q4	0	0	0	0	0	0	0	0	0
2019 Distinct Utilizers	0	0	0	0	0	0	0	0	0
2020-Q1	0	0	2	1	0	0	0	0	3
2020-Q2	3	0	1	4	1	0	0	0	9
2020-Q3	11	0	3	5	0	0	0	0	19
2020-Q4	12	0	0	2	0	0	7	0	21
2020 Distinct Utilizers	23	0	4	9	1	0	7	0	44
2021-Q1	10	0	4	2	0	0	4	0	20
2021-Q2	14	0	2	1	0	0	0	0	17
2021-Q3	21	0	2	12	0	0	0	0	35
2021-Q4	25	0	1	19	0	0	0	0	45
2021 Distinct Utilizers	51	0	7	29	0	0	4	0	91
2022-Q1	20	0	5	27	0	0	0	0	52
2022-Q2	23	0	5	28	0	0	0	0	56
2022-Q3	24	0	12	34	0	0	0	0	70
2022 Distinct Utilizers	37	0	15	53	0	0	0	0	119





What is this data telling us?

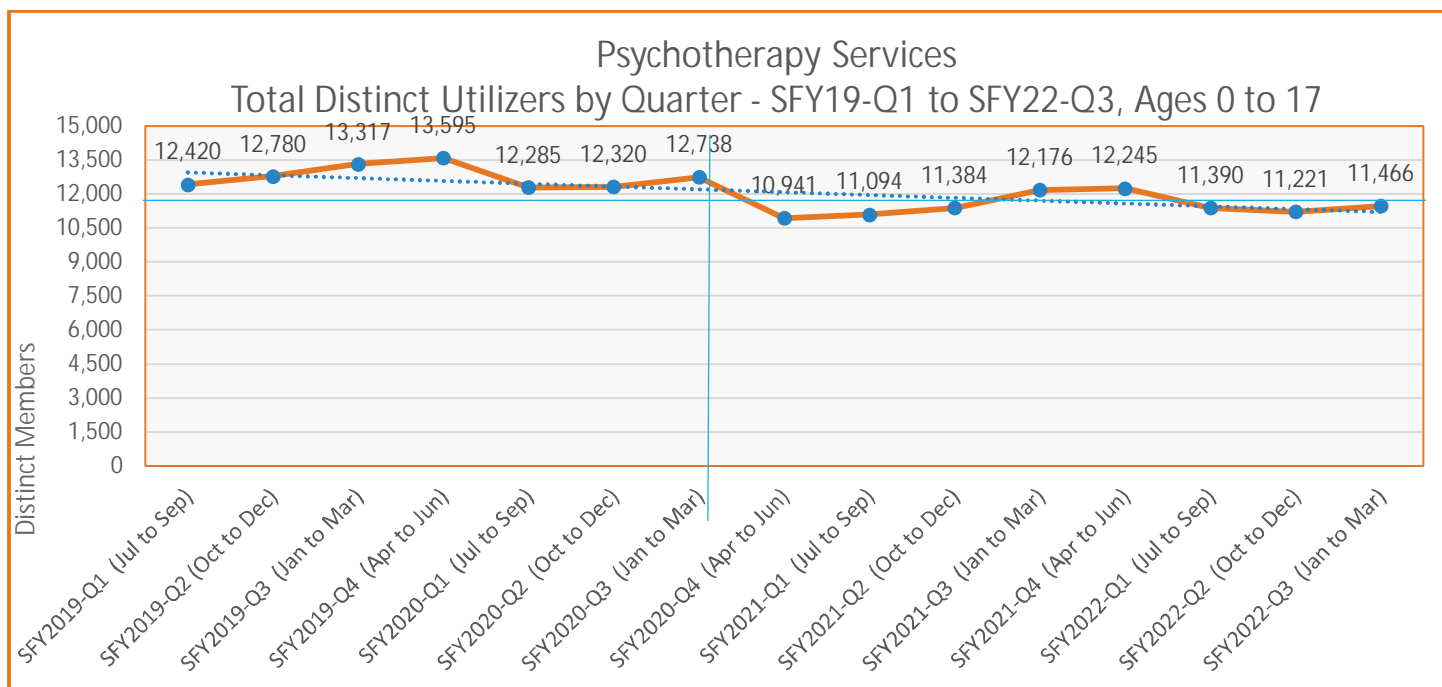
There is no research indicating expected need for Behavior Identification Assessment.

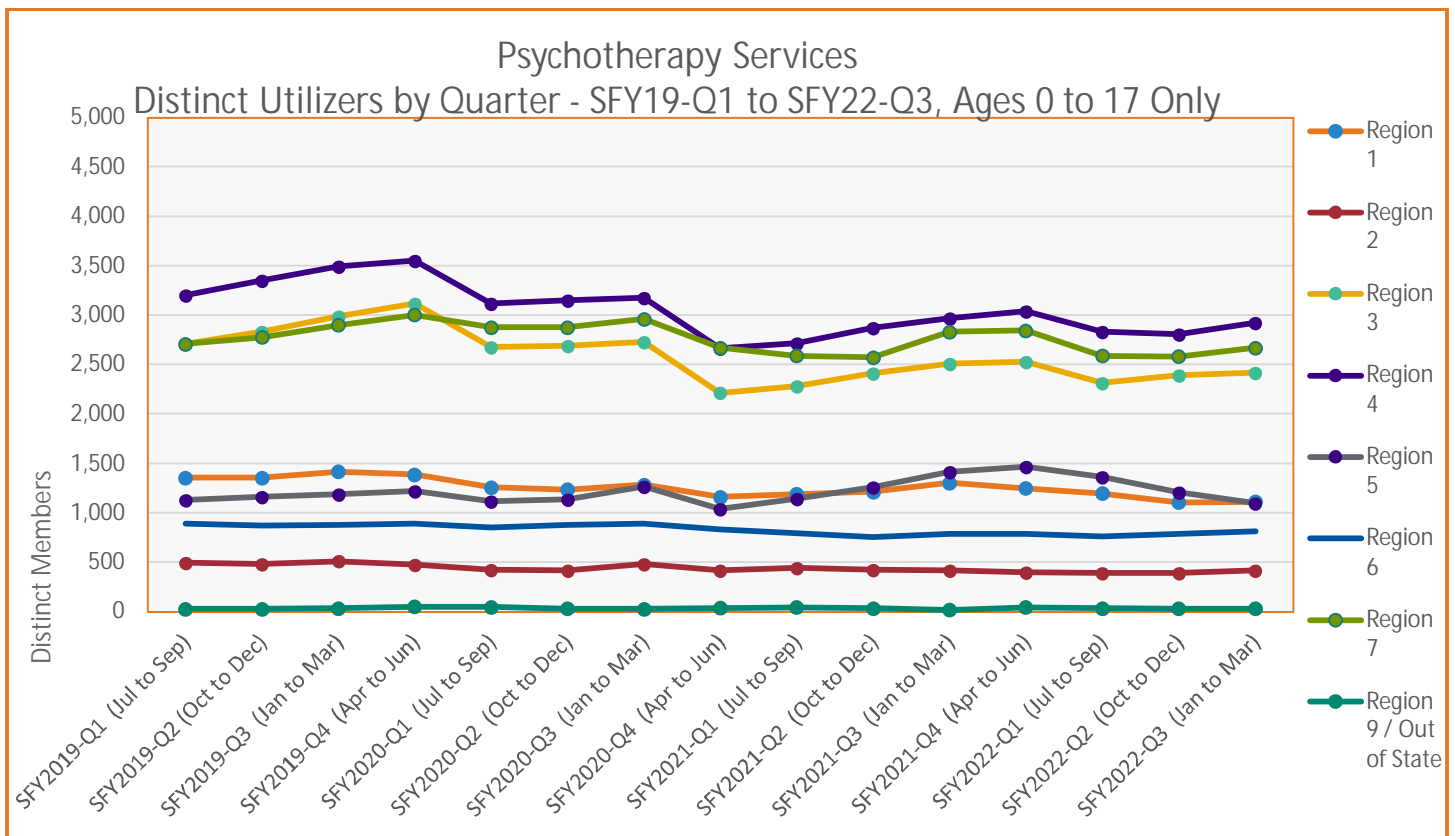
This service is minimally available. There are no services in Region 2, 5, 6, or 7 and very limited services in 3. The QMIA Council will continue to monitor the trends in use of Behavior Identification Assessment Services.

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
SFY2019-Q1	1,352	490	2,711	3,198	1,126	891	2,706	26	12,420
SFY2019-Q	1,353	480	2,834	3,351	1,161	869	2,773	25	12,780
SFY2019-Q3	1,414	512	2,985	3,494	1,187	875	2,898	31	13,317
SFY2019-Q4	1,385	474	3,118	3,552	1,221	894	3,005	47	13,595
2019 Distinct Utilizers	2,296	791	5,025	5,624	2,143	1,509	4,461	91	21,541
SFY2020-Q1	1,255	424	2,675	3,119	1,116	851	2,875	46	12,285
SFY2020-Q2	1,234	417	2,690	3,150	1,132	877	2,875	29	12,320
SFY2020-Q3	1,283	481	2,728	3,175	1,264	887	2,960	25	12,738
SFY2020-Q4	1,159	416	2,213	2,665	1,037	828	2,668	34	10,941
2020 Distinct Utilizers	2,053	708	4,441	5,115	2,024	1,433	4,357	92	19,857
SFY2021-Q1	1,186	442	2,281	2,714	1,140	788	2,585	42	11,094
SFY2021-Q2	1,210	423	2,409	2,868	1,257	755	2,572	32	11,384
SFY2021-Q3	1,300	417	2,507	2,968	1,414	782	2,830	19	12,176
SFY2021-Q4	1,247	397	2,529	3,039	1,465	785	2,843	40	12,245
2021 Distinct Utilizers	1,980	683	4,103	4,899	2,293	1,296	4,137	106	19,027
SFY2022-Q1	1,194	392	2,310	2,830	1,359	756	2,588	30	11,390
SFY2022-Q2	1,104	392	2,391	2,805	1,203	785	2,579	28	11,221
SFY2022-Q3	1,109	415	2,416	2,923	1,097	811	2,668	27	11,466
2022 Distinct Utilizers	1,722	583	3,547	4,274	1,879	1,119	3,639	67	16,593





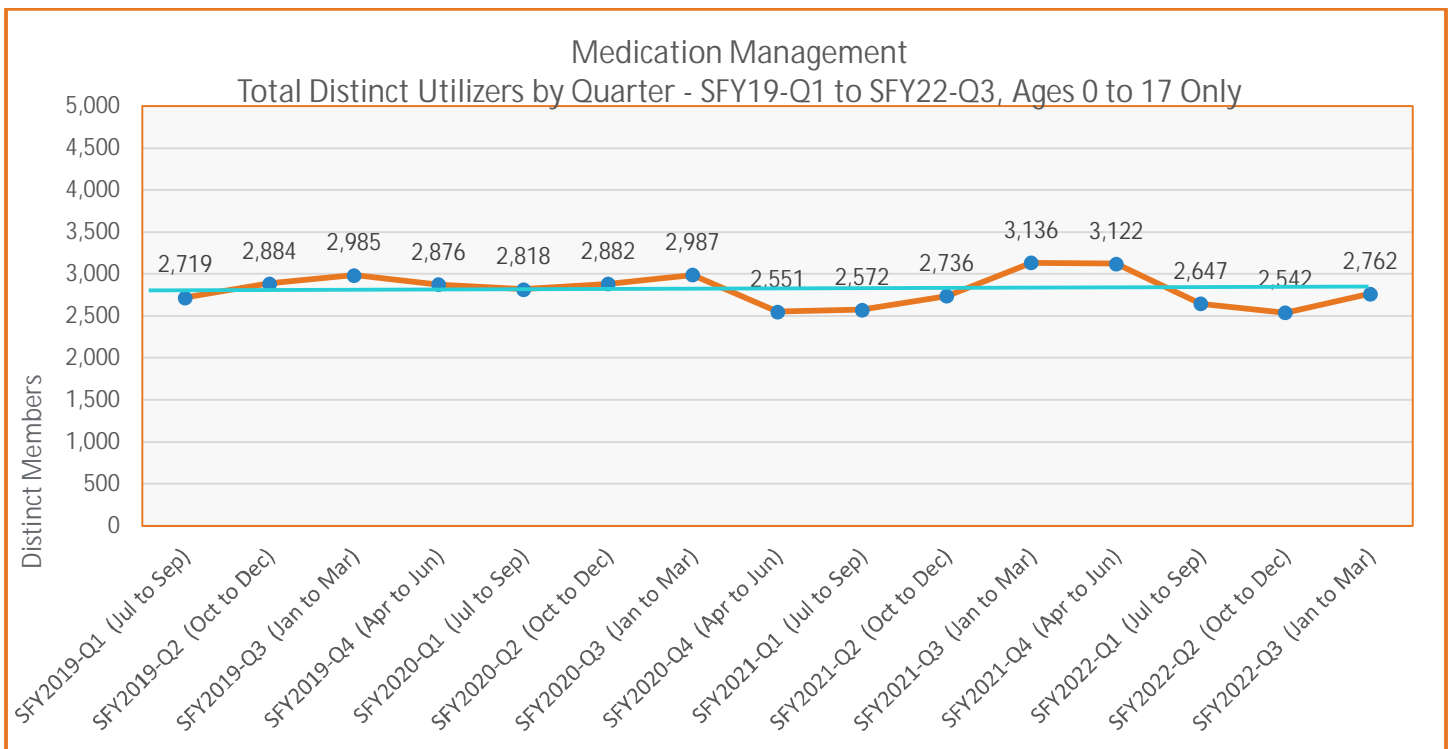
What is the data telling us?

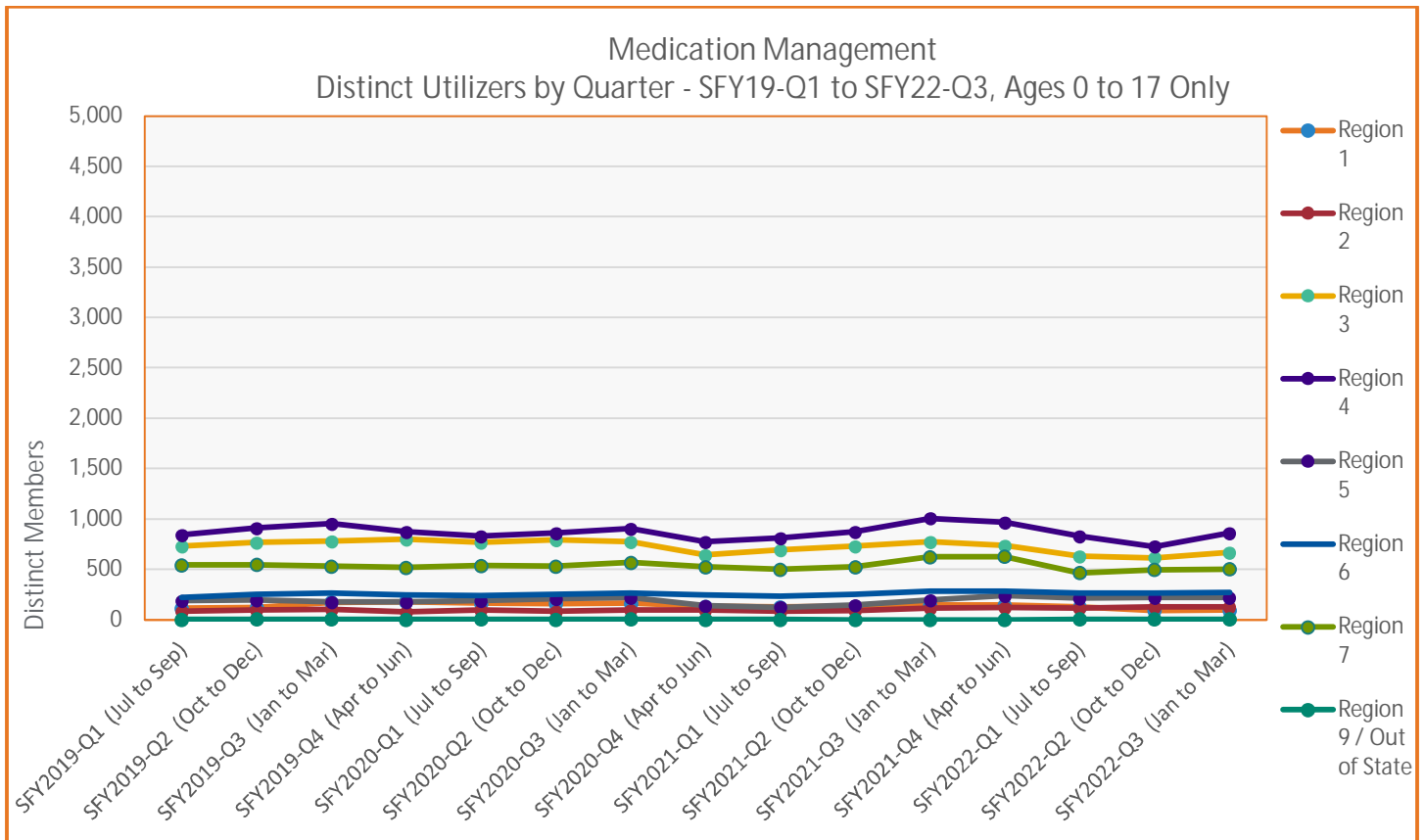
There has been an overall trend toward decreasing number of Psychotherapy services provided quarterly after March of 2020. This likely due to COVID-19, although there may be other factors as well, such as fewer providers.

The projected number of children and youth who meet the criteria for YES is approximately 20,000 annually. The median number of services provided quarterly is approximately 12,090

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
SFY2019-Q1	113	84	729	840	189	226	543	2	2,719
SFY2019-Q2	119	94	768	909	196	252	546	4	2,884
SFY2019-Q3	172	105	782	955	179	264	530	5	2,985
SFY2019-Q4	178	80	800	874	180	247	517	3	2,876
2019 Distinct Utilizers	251	155	1,318	1,525	292	435	926	9	4,835
SFY2020-Q1	163	94	771	830	189	238	535	5	2,818
SFY2020-Q2	160	85	792	860	209	249	530	2	2,882
SFY2020-Q3	163	94	773	907	219	263	569	5	2,987
SFY2020-Q4	132	96	642	777	140	245	524	3	2,551
2020 Distinct Utilizers	246	174	1,235	1,436	331	415	939	11	4,708
SFY2021-Q1	126	87	695	814	127	232	498	3	2,572
SFY2021-Q2	132	93	732	872	147	250	525	1	2,736
SFY2021-Q3	144	114	772	1,008	194	283	625	1	3,136
SFY2021-Q4	144	119	737	970	242	288	629	1	3,122
2021 Distinct Utilizers	201	172	1,264	1,603	358	435	1,045	6	4,984
SFY2022-Q1	127	115	634	828	214	264	468	4	2,647
SFY2022-Q2	93	126	616	729	220	267	496	4	2,542
SFY2022-Q3	95	130	671	864	223	268	503	8	2,762
2022 Distinct Utilizers	185	184	1,028	1,289	343	385	744	14	4,113

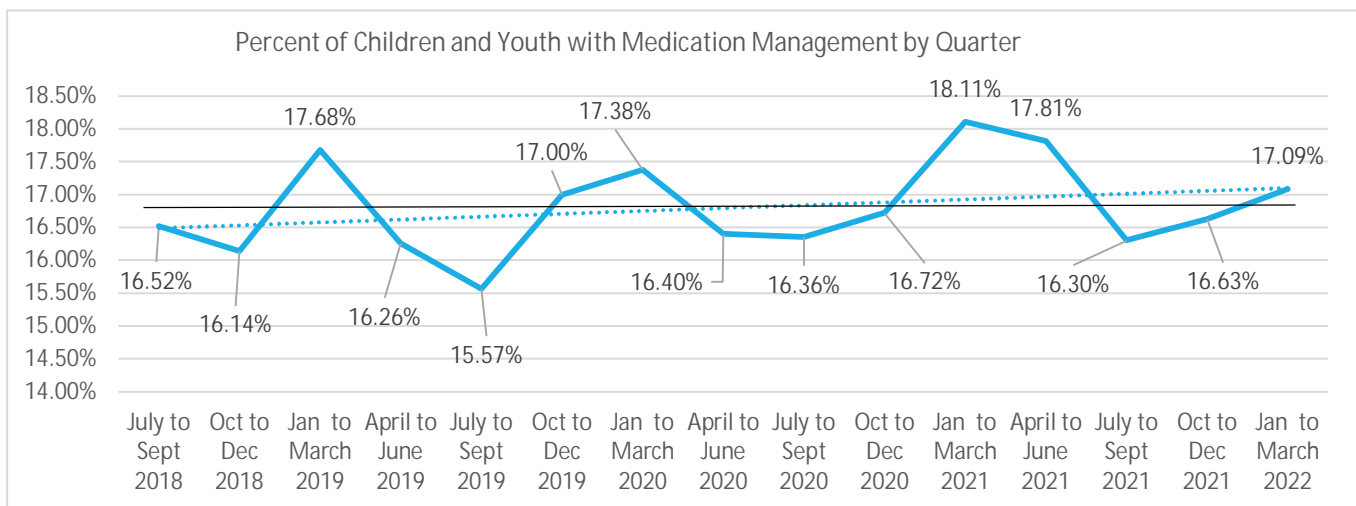




What is this data telling us?

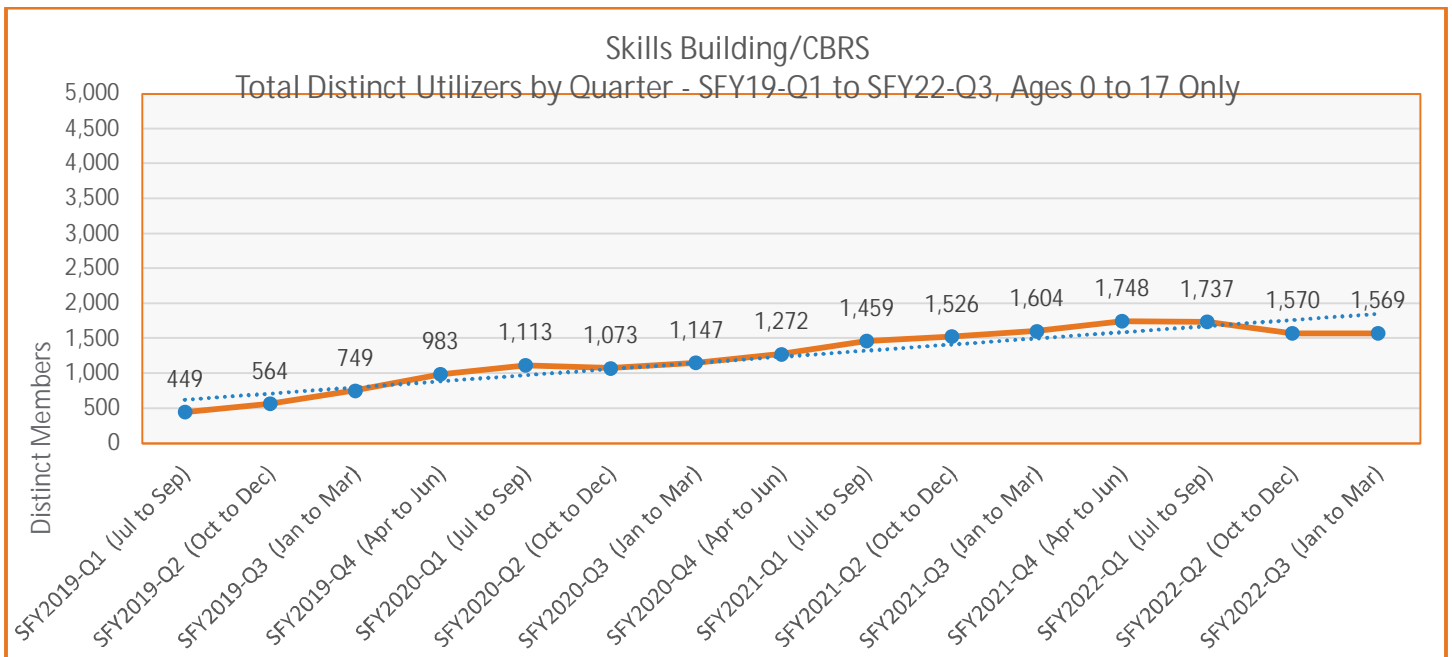
There is no research on the prediction for number of children and youth who need Medication Management.

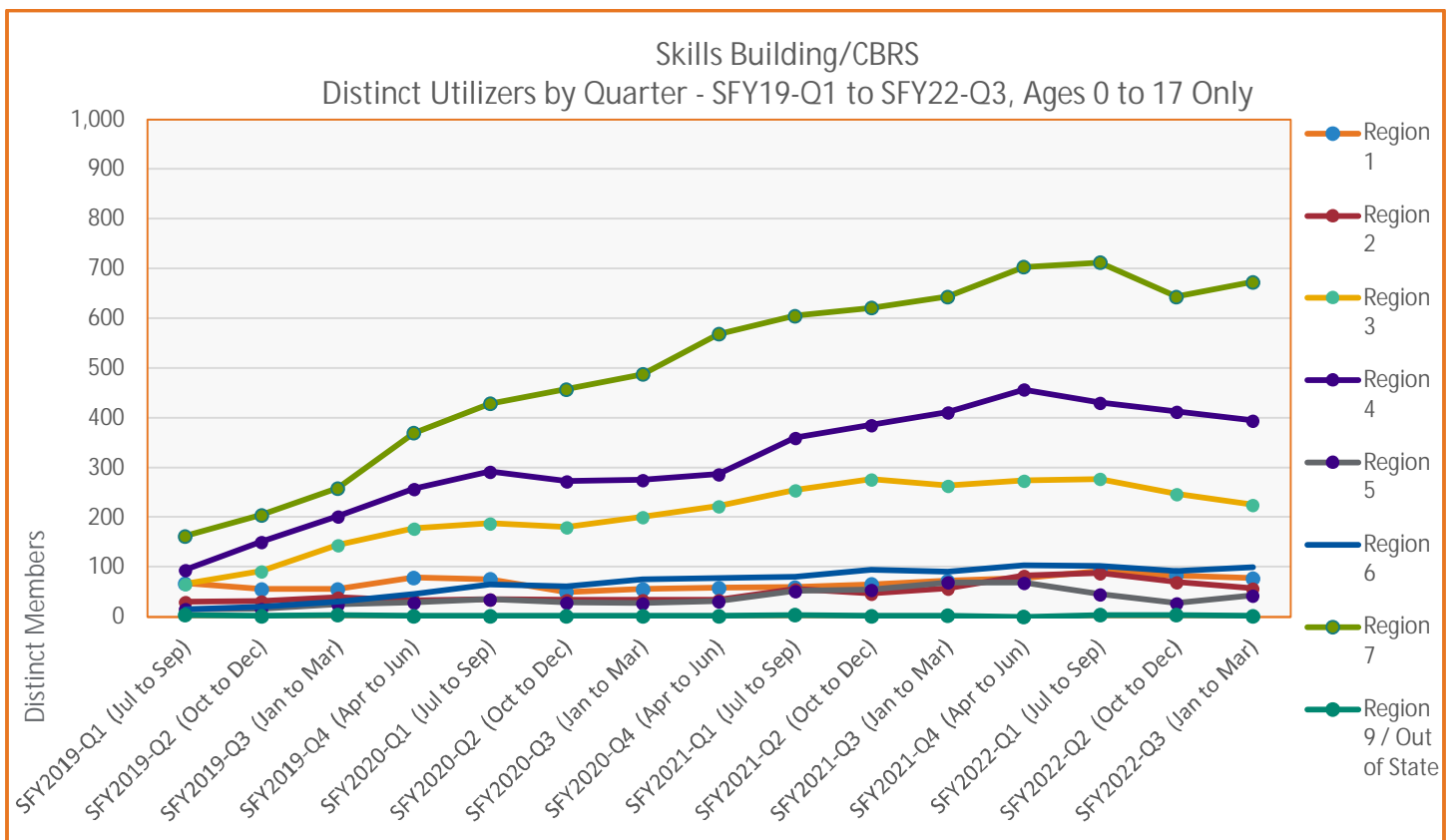
The median for the quarterly number of children and youth receiving Medication Management services over the last 15 quarters is 2,814. The number receiving services was very stable until March of 2020. Since March the number has fluctuated- first decreased, then increased, decreased, and then increasing again, but none of these changes indicate a substantial trend in either direction, although overall the trend is up. The average percent of children and youth receiving Medication Management by the end of March was 16.8% (see Black line in chart below).



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
SFY2019-Q1	67	30	66	94	15	15	162	4	449
SFY2019-Q2	55	31	92	150	16	19	204	1	564
SFY2019-Q3	55	39	144	202	24	30	258	3	749
SFY2019-Q4	78	32	177	257	29	45	369	1	983
2019 Distinct Utilizers	119	57	230	330	34	56	460	6	1,271
SFY2020-Q1	75	35	188	292	35	65	428	1	1,113
SFY2020-Q2	50	34	180	272	28	60	457	1	1,073
SFY2020-Q3	55	33	200	275	27	75	487	1	1,147
SFY2020-Q4	58	34	222	286	31	77	568	1	1,272
2020 Distinct Utilizers	115	63	369	484	62	125	778	4	1,975
SFY2021-Q1	59	55	254	360	51	80	605	3	1,459
SFY2021-Q2	65	46	276	385	54	94	621	1	1,526
SFY2021-Q3	72	57	264	411	69	90	643	2	1,604
SFY2021-Q4	77	82	274	457	68	103	703	0	1,748
2021 Distinct Utilizers	124	115	433	674	109	158	1,003	5	2,577
SFY2022-Q1	92	88	277	430	45	102	712	3	1,737
SFY2022-Q2	83	69	247	413	27	92	643	4	1,570
SFY2022-Q3	77	57	225	395	42	99	673	1	1,569
2022 Distinct Utilizers	119	113	372	601	70	149	947	7	2,348





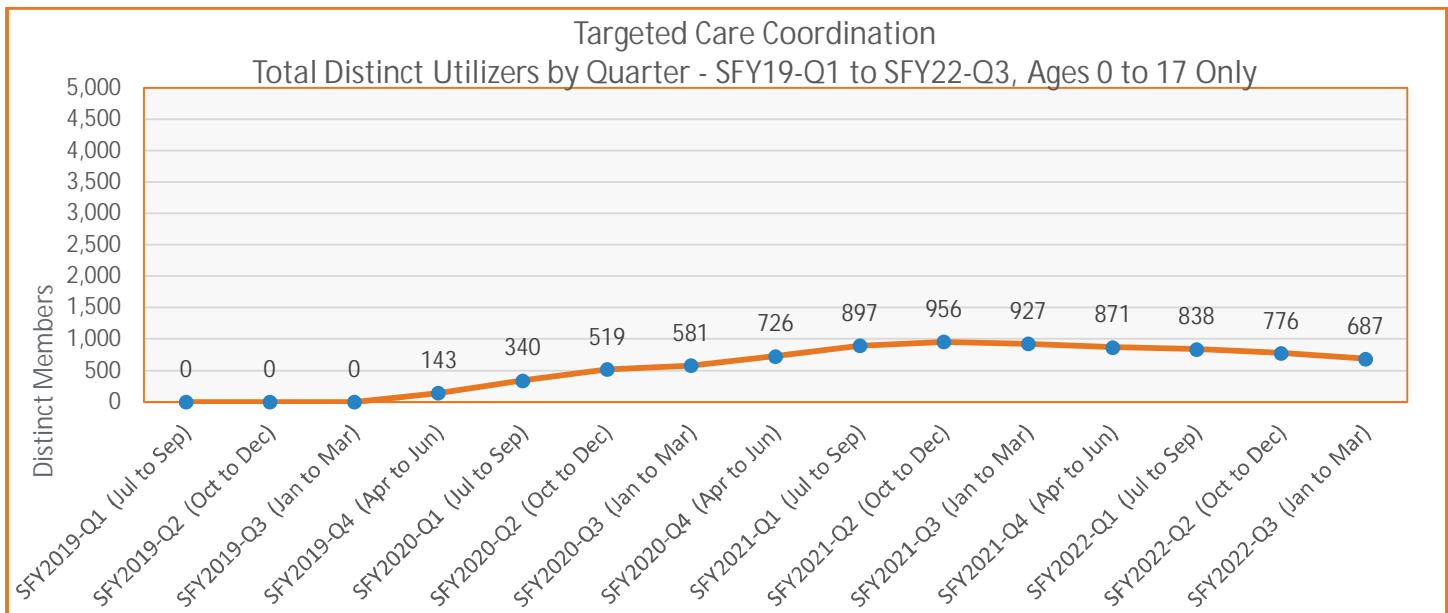
What is this data telling us?

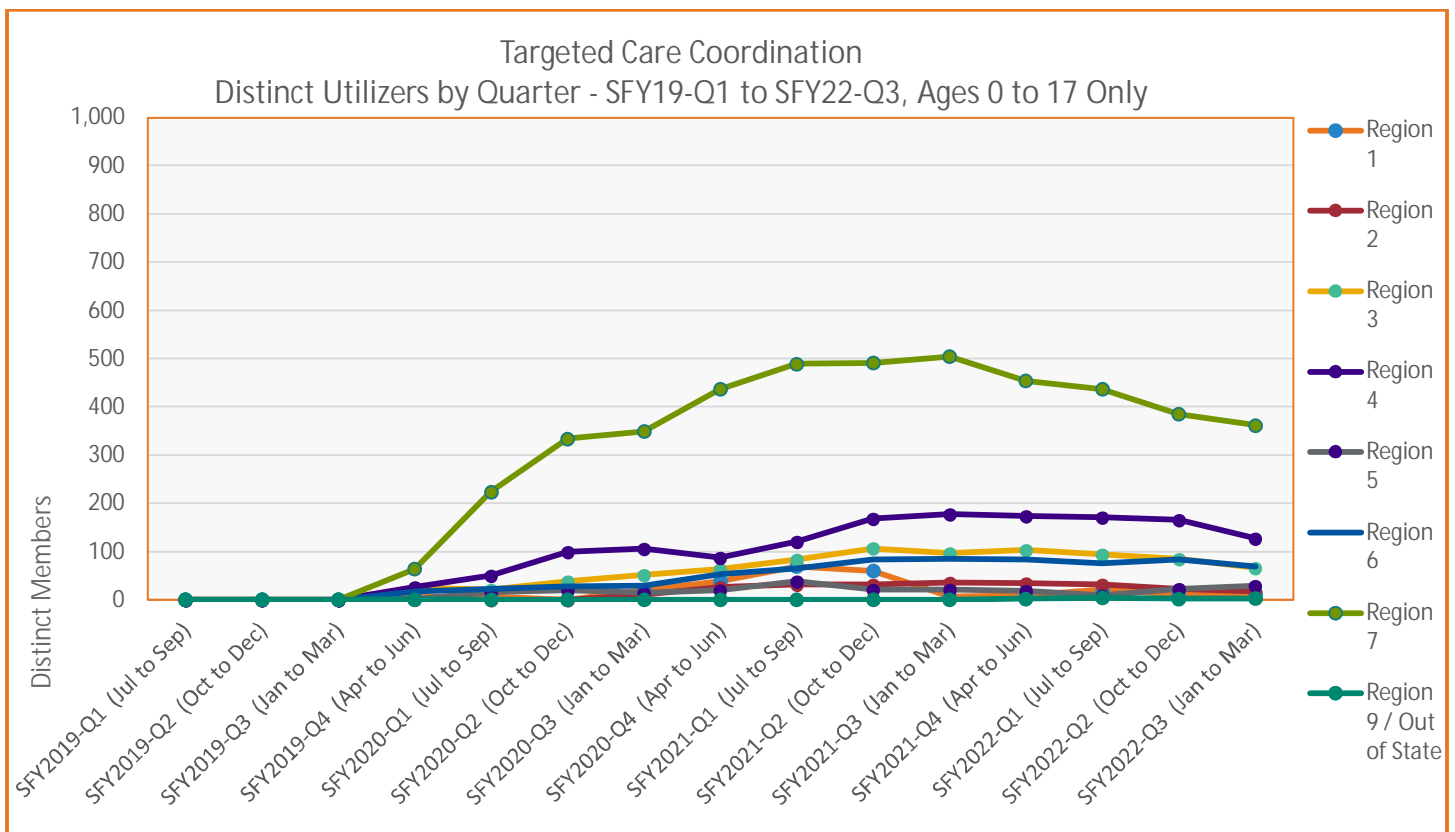
The trend for access to CBRS has been increasing substantially over the 15 quarters that are reported, with only a small dip in Q2 of 2020. Access to CBRS has remained stable or increased in all regions except Region 5.

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.

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
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	7	1	25	27	1	17	64	1	143
2019 Distinct Utilizers	7	1	25	27	1	17	64	1	143
SFY2020-Q1	7	0	21	50	16	22	224	0	340
SFY2020-Q2	0	0	38	100	20	28	334	0	519
SFY2020-Q3	20	11	52	106	14	29	349	0	581
SFY2020-Q4	39	27	63	88	20	53	437	0	726
2020 Distinct Utilizers	56	28	113	219	54	78	582	0	1,126
SFY2021-Q1	69	32	83	121	39	65	489	0	897
SFY2021-Q2	60	32	107	169	21	83	491	0	956
SFY2021-Q3	6	36	97	178	21	85	505	0	927
SFY2021-Q4	9	35	104	174	19	84	454	2	871
2021 Distinct Utilizers	92	54	169	295	70	141	702	2	1,500
SFY2022-Q1	21	32	94	171	9	75	437	4	838
SFY2022-Q2	11	23	85	166	23	84	385	2	776
SFY2022-Q3	14	17	66	127	29	69	362	3	687
2022 Distinct Utilizers	27	45	127	244	53	118	536	7	1,140



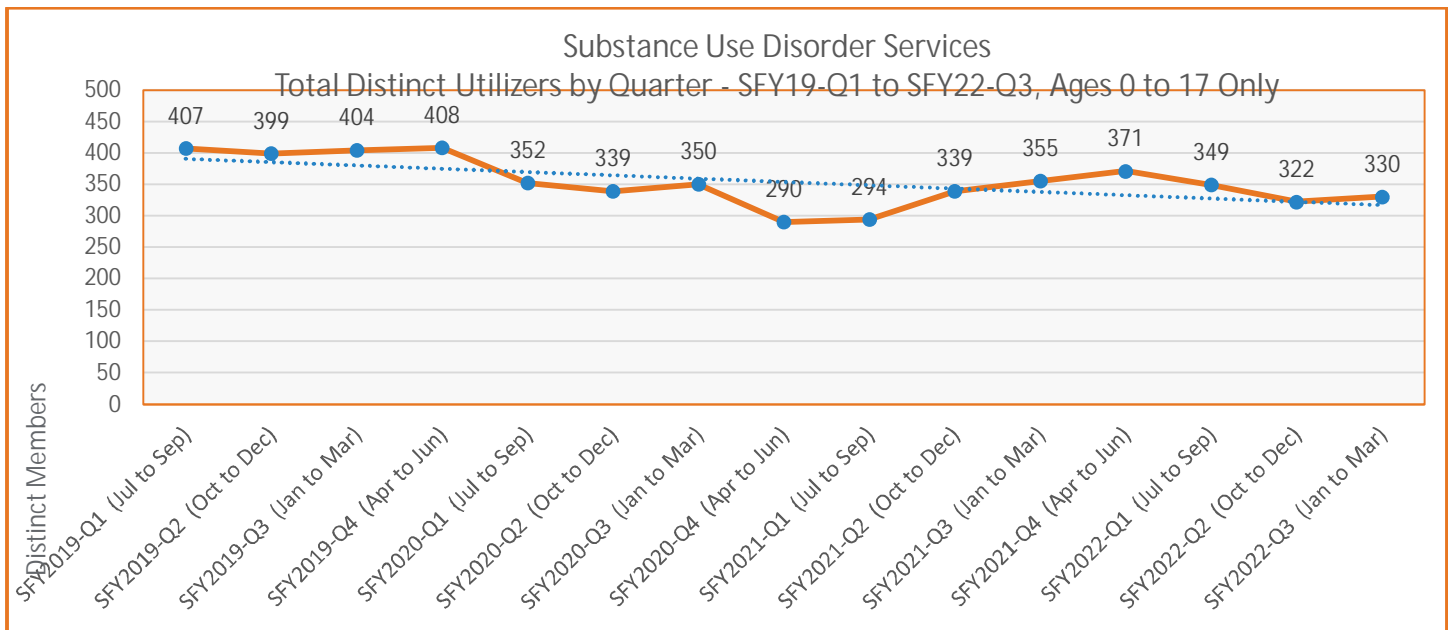


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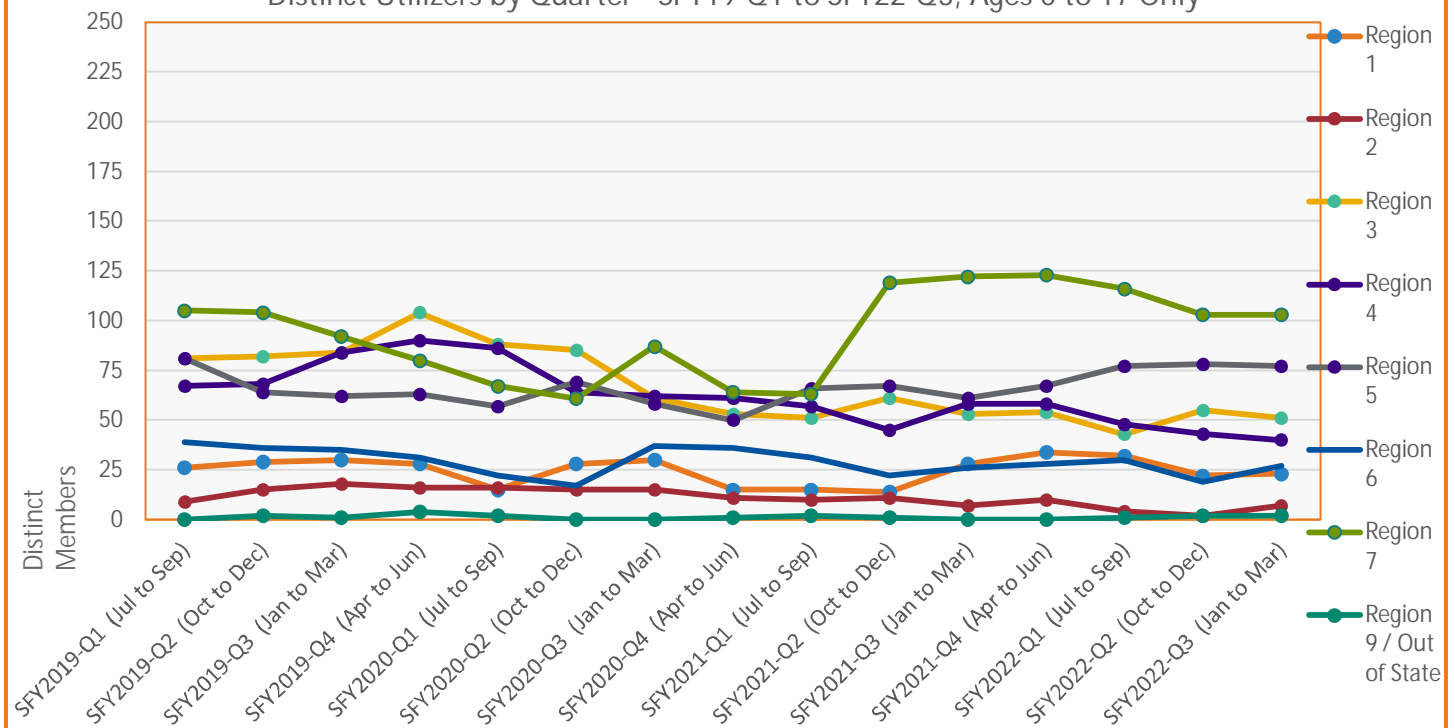
All children and youth with Medicaid eligibility under the 1915(i) Waiver should be receiving TCC (the number varies quarterly but approximately 2,000 children and youth per quarter) and all other children and youth who meet criteria for YES may receive TCC. As of the end of SFY 2021, a total of 1,500 children and youth had received TCC. This indicates that some children and youth who should be receiving TCC are currently not receiving the service.

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
SFY2019-Q1	26	9	81	67	81	39	105	0	407
SFY2019-Q2	29	15	82	68	64	36	104	2	399
SFY2019-Q3	30	18	84	84	62	35	92	1	404
SFY2019-Q4	28	16	104	90	63	31	80	4	408
2019 Distinct Utilizers	72	31	198	169	160	72	196	6	891
SFY2020-Q1	15	16	88	86	57	22	67	2	352
SFY2020-Q2	28	15	85	64	69	17	61	0	339
SFY2020-Q3	30	15	61	62	58	37	87	0	350
SFY2020-Q4	15	11	53	61	50	36	64	1	290
2020 Distinct Utilizers	57	28	162	155	131	53	167	3	753
SFY2021-Q1	15	10	51	57	66	31	63	2	294
SFY2021-Q2	14	11	61	45	67	22	119	1	339
SFY2021-Q3	28	7	53	58	61	26	122	0	355
SFY2021-Q4	34	10	54	58	67	28	123	0	371
2021 Distinct Utilizers	62	19	112	124	145	55	272	2	782
SFY2022-Q1	32	4	43	48	77	30	116	1	349
SFY2022-Q2	22	2	55	43	78	19	103	2	322
SFY2022-Q3	23	7	51	40	77	27	103	2	330
2022 Distinct Utilizers	46	9	94	80	142	45	214	4	627



Substance Use Disorder Services
Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q3, Ages 0 to 17 Only



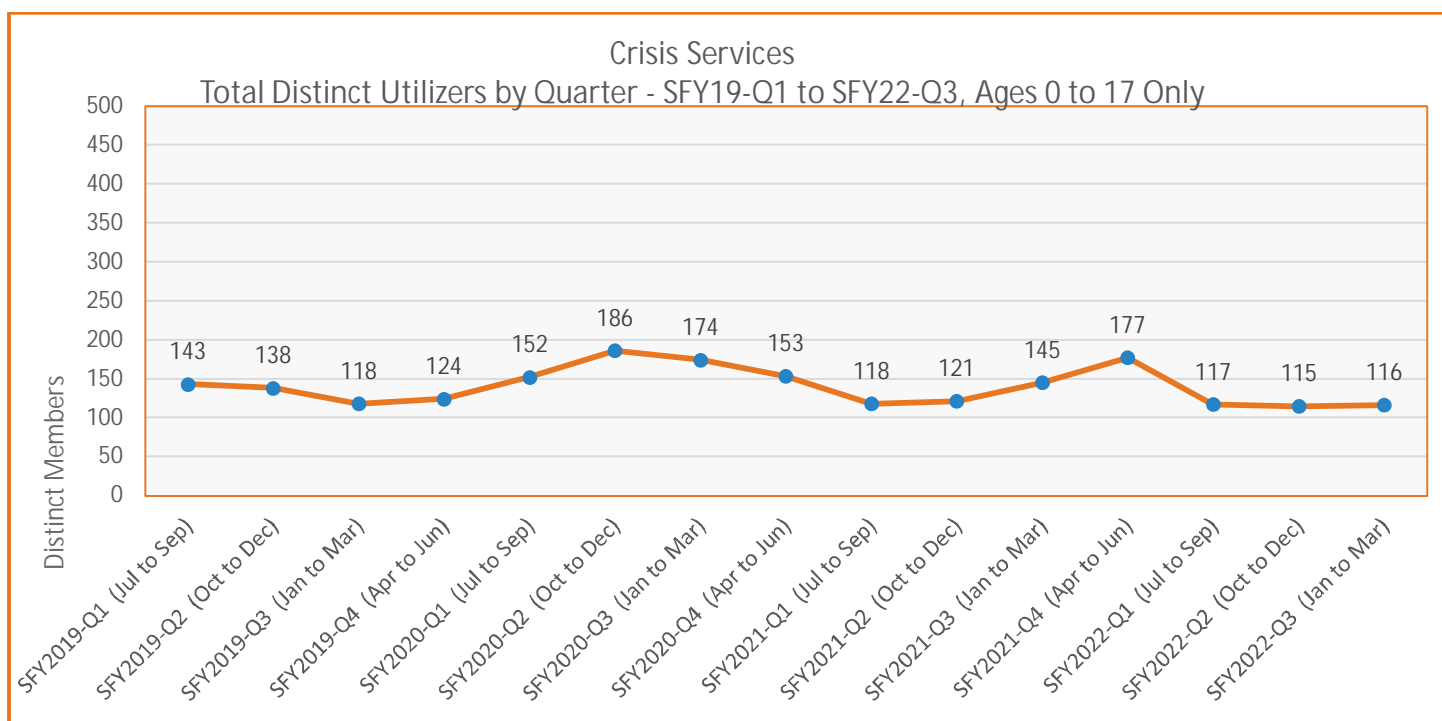
What is this data telling us?

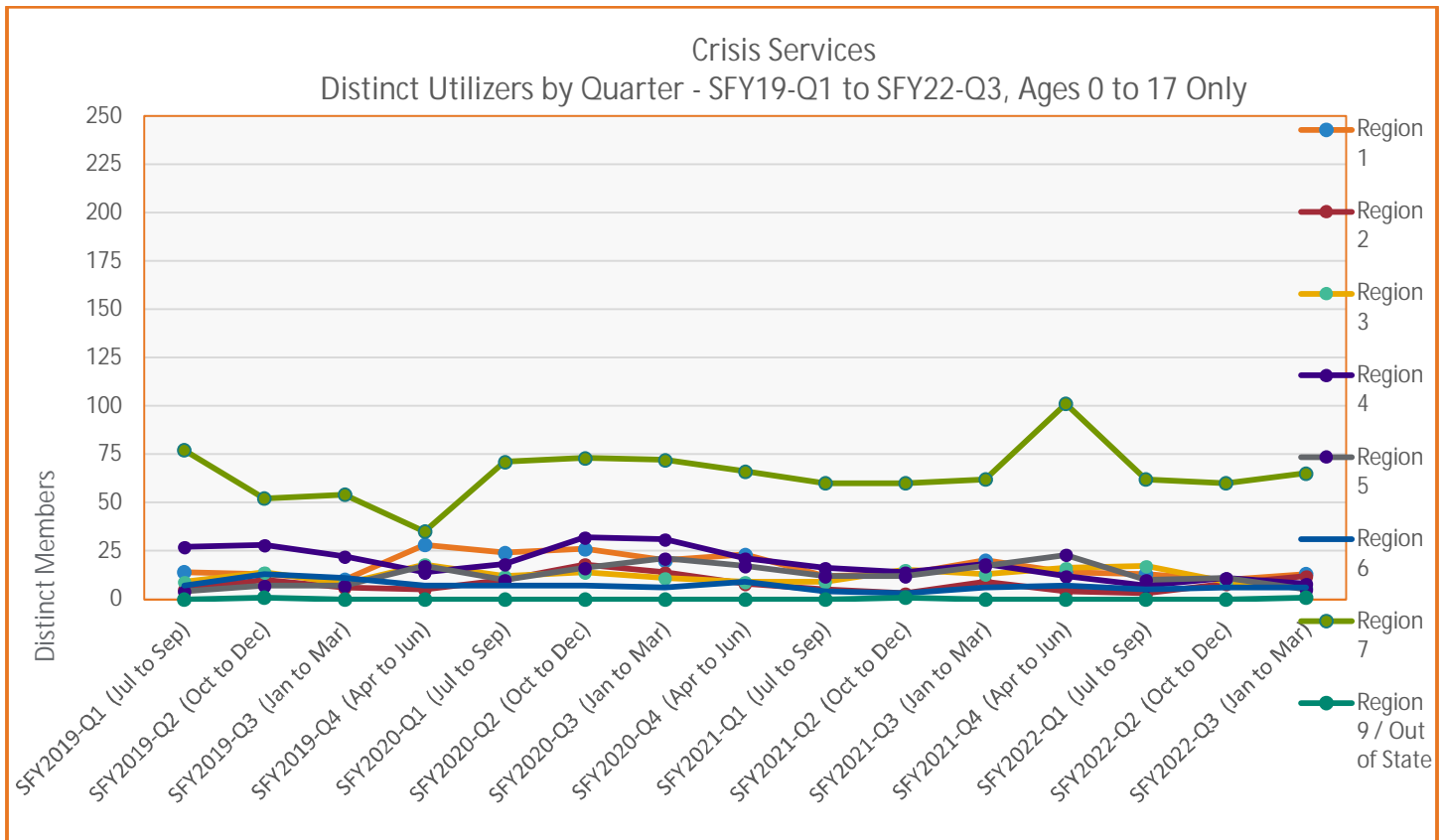
SUD services are accessed statewide and have been trending down somewhat over the last 15 quarters. Also, the number receiving the service remains limited.

It is predicted that up to 2% of all children and youth under the age of 18 may have substance use problems. In Idaho, that would indicate that 9,000+ would potentially need SUD services. SUD services reported by Optum include only those that are specific to SUD-focused programs and do not include integrated mental health and SUD services for children with co-occurring disorders.

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
SFY2019-Q1	14	5	9	27	4	7	77	0	143
SFY2019-Q2	13	10	14	28	7	13	52	1	138
SFY2019-Q3	10	6	8	22	7	11	54	0	118
SFY2019-Q4	28	5	18	14	17	7	35	0	124
2019 Distinct Utilizers	56	23	47	73	33	34	188	1	453
SFY2020-Q1	24	10	12	18	10	7	71	0	152
SFY2020-Q2	26	18	14	32	16	7	73	0	186
SFY2020-Q3	20	14	11	31	21	6	72	0	174
SFY2020-Q4	23	8	9	21	17	9	66	0	153
2020 Distinct Utilizers	75	43	45	95	61	29	255	0	601
SFY2021-Q1	12	5	9	16	12	4	60	0	118
SFY2021-Q2	13	3	15	14	12	3	60	1	121
SFY2021-Q3	20	9	13	18	17	6	62	0	145
SFY2021-Q4	14	4	16	12	23	7	101	0	177
2021 Distinct Utilizers	53	20	46	59	60	17	275	1	530
SFY2022-Q1	13	3	17	7	10	5	62	0	117
SFY2022-Q2	10	8	9	11	11	6	60	0	115
SFY2022-Q3	13	12	6	8	5	6	65	1	116
2022 Distinct Utilizers	34	22	32	25	23	17	184	1	338





What is this data telling us?

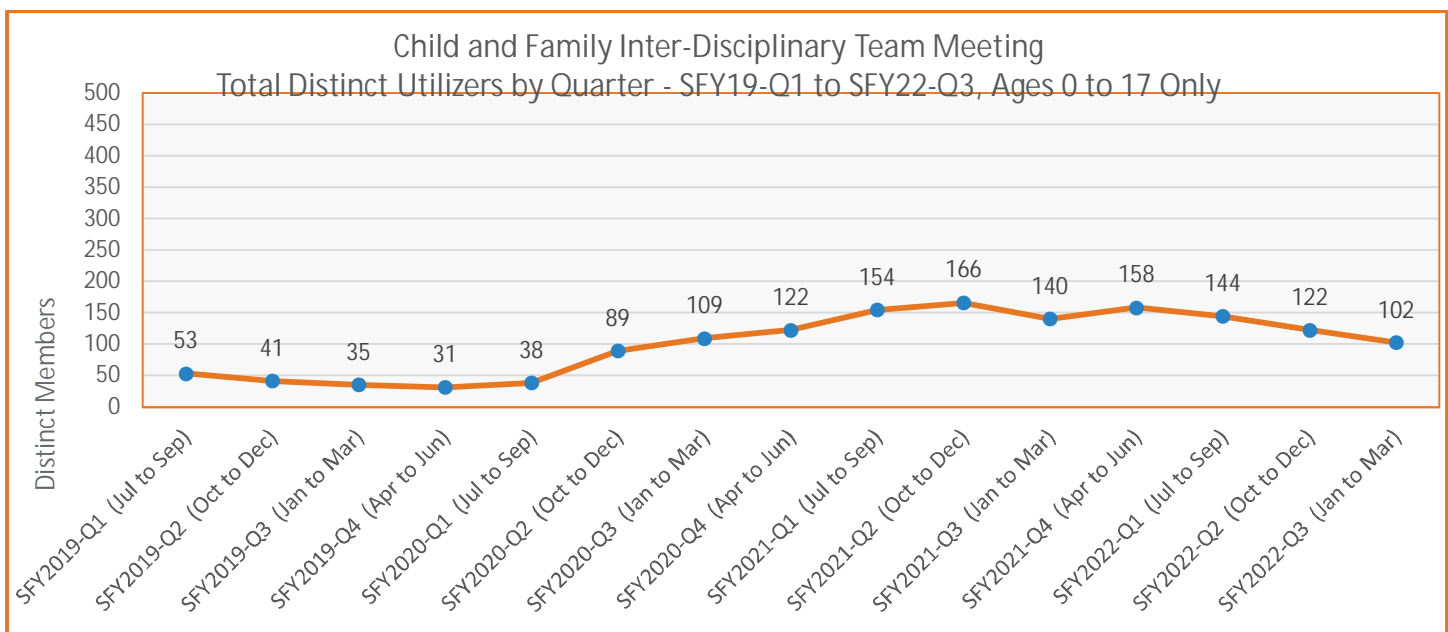
There is no research indicating expected need for crisis services.

There are crisis services in every region, but they remain very limited.

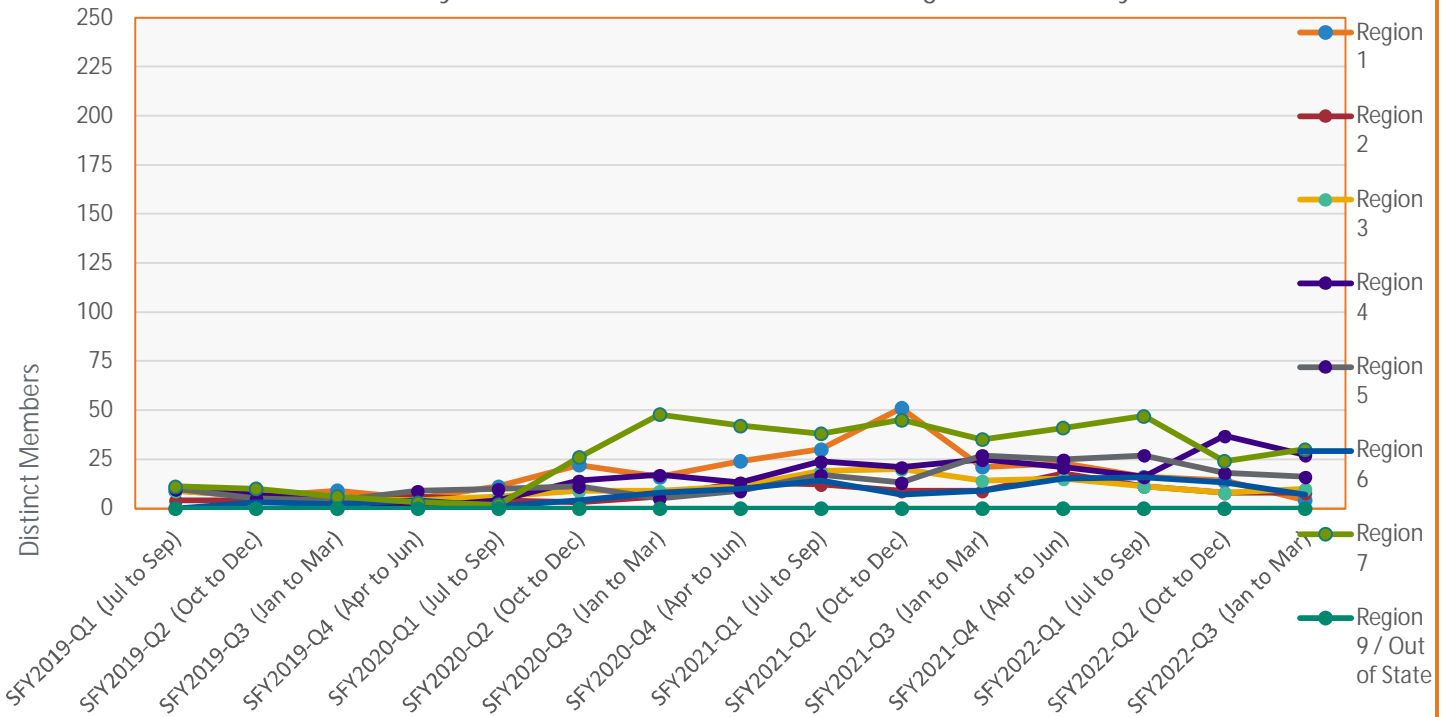
The QMIA Council will continue to monitor the trends in use of Crisis Services.

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
SFY2019-Q1	9	4	9	10	10	0	11	0	53
SFY2019-Q2	6	4	6	7	5	3	10	0	41
SFY2019-Q3	9	5	5	4	4	2	6	0	35
SFY2019-Q4	5	6	4	1	9	4	3	0	31
2019 Distinct Utilizers	27	16	20	22	23	7	29	0	143
SFY2020-Q1	11	4	6	4	10	1	2	0	38
SFY2020-Q2	22	3	9	14	11	4	26	0	89
SFY2020-Q3	16	6	9	17	5	8	48	0	109
SFY2020-Q4	24	13	11	13	9	10	42	0	122
2020 Distinct Utilizers	59	19	30	41	33	17	113	0	312
SFY2021-Q1	30	12	19	24	17	14	38	0	154
SFY2021-Q2	51	9	20	21	13	7	45	0	166
SFY2021-Q3	21	9	14	25	27	9	35	0	140
SFY2021-Q4	23	18	15	21	25	15	41	0	158
2021 Distinct Utilizers	80	32	62	76	62	33	142	0	483
SFY2022-Q1	16	11	11	16	27	16	47	0	144
SFY2022-Q2	14	8	8	37	18	13	24	0	122
SFY2022-Q3	4	8	10	27	16	7	30	0	102
2022 Distinct Utilizers	30	22	27	69	56	31	93	0	326



Child and Family Inter-Disciplinary Team Meeting
Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q3, Ages 0 to 17 Only



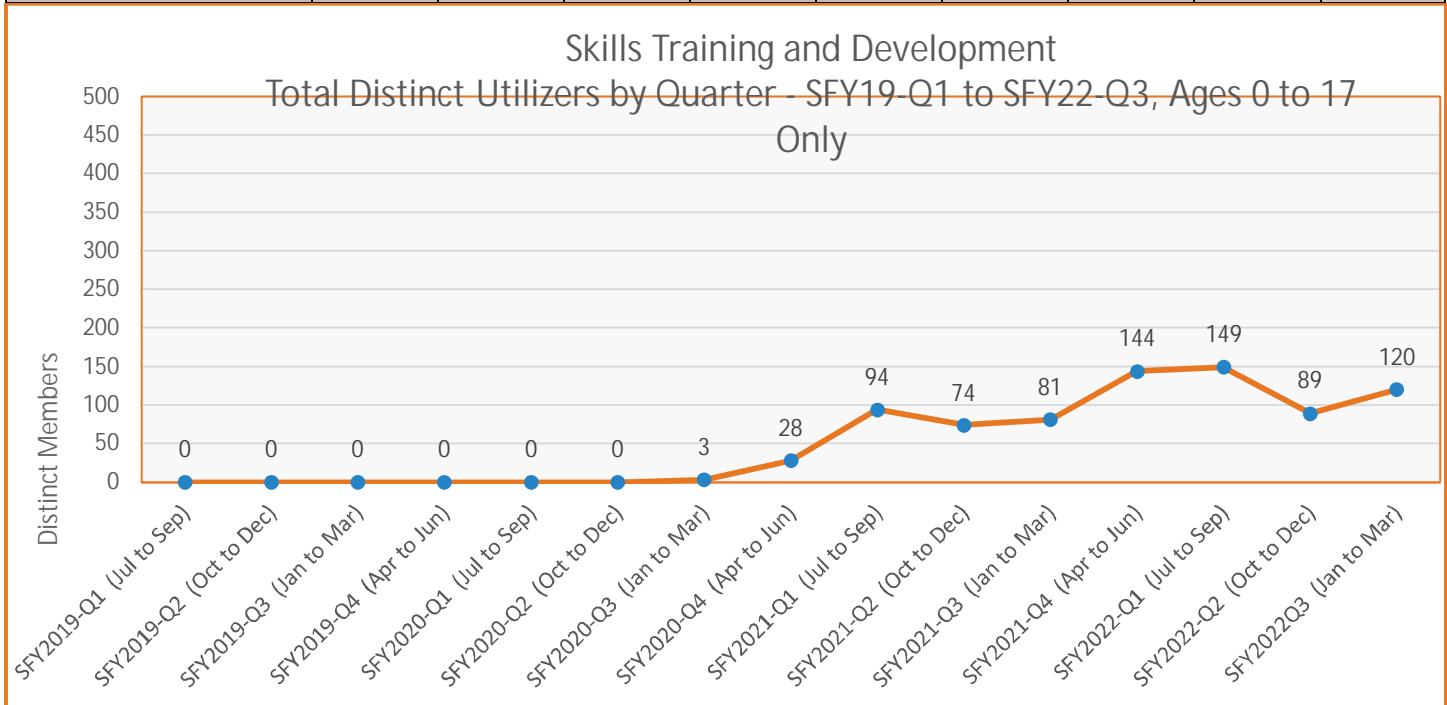
What is this data telling us?

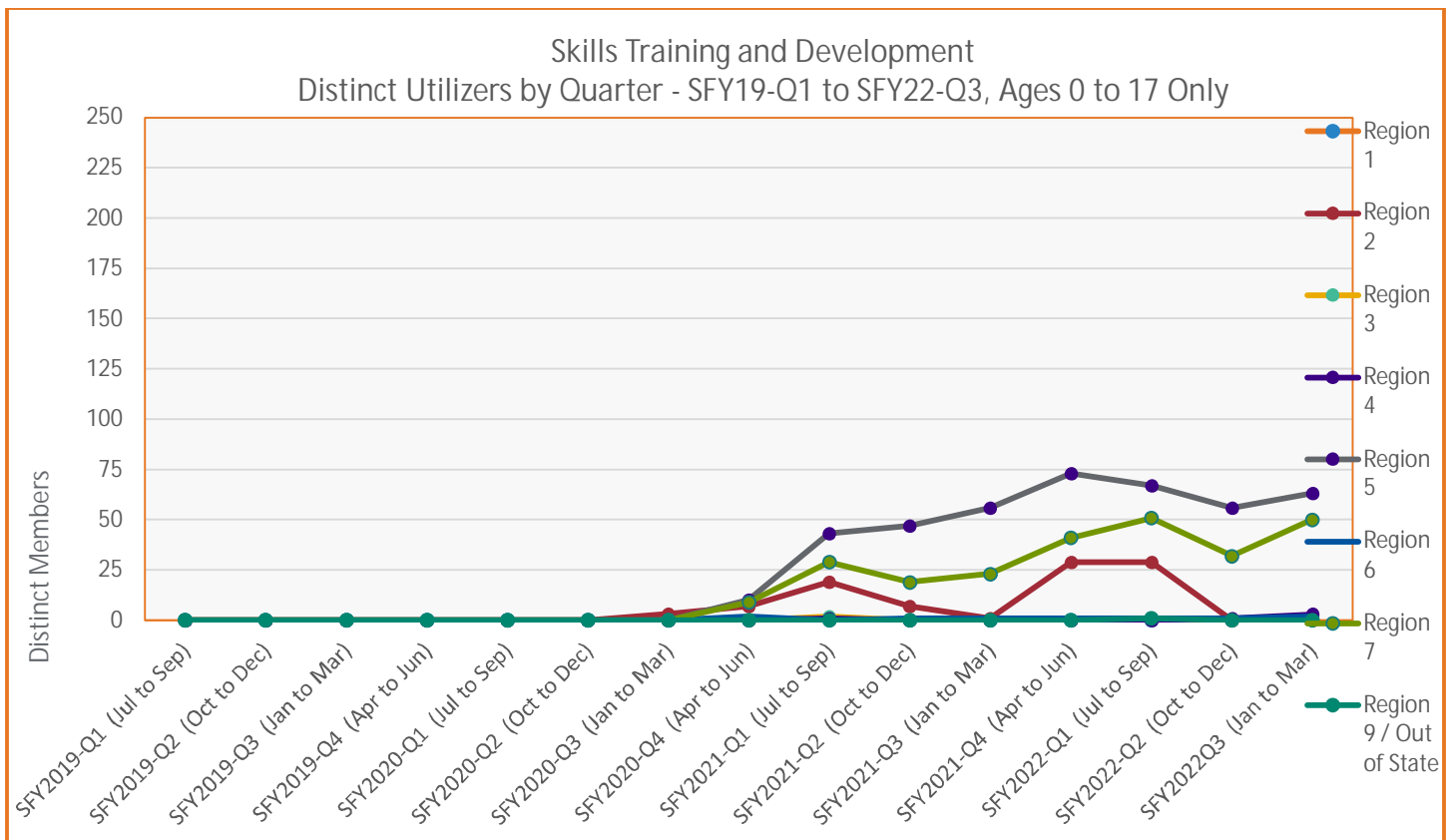
The Child and Family Interdisciplinary Team (CFIT) services are services billed mostly by providers who participate in the Targeted Care Coordination (TCC) meetings. This number does not represent all Child and Family Team (CFT) sessions which are held.

The QMIA Data and Reports team is discussing how to track the occurrence of CFTs.

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
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
2019 Distinct Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	0	0	0	0	0	0	0
SFY2020-Q3	0	3	0	0	0	0	0	0	3
SFY2020-Q4	0	7	0	0	10	2	9	0	28
2020 Distinct Utilizers	0	10	0	0	10	2	9	0	31
SFY2021-Q1	0	19	2	1	43	0	29	0	94
SFY2021-Q2	0	7	0	0	47	1	19	0	74
SFY2021-Q3	0	1	0	0	56	1	23	0	81
SFY2021-Q4	0	29	0	0	73	1	41	0	144
2021 Distinct Utilizers	0	44	2	1	108	1	63	0	218
SFY2022-Q1	0	29	0	0	67	1	51	1	149
SFY2022-Q2	0	0	0	1	56	1	32	0	89
SFY2022Q3		0	2	3	63	2	50	0	120
2022 Distinct Utilizers	0	29	2	3	100	2	85	1	221





What is this data telling us?

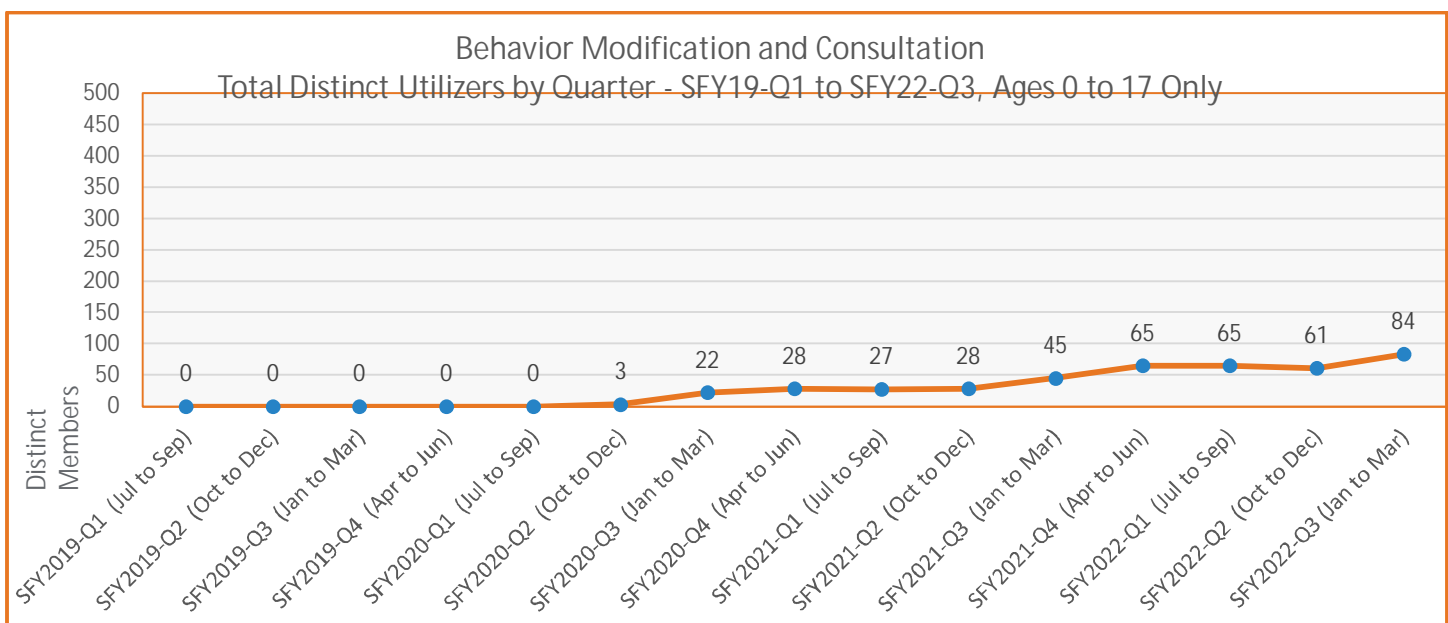
There is no research indicating expected need for Skills Training and Development (STAD).

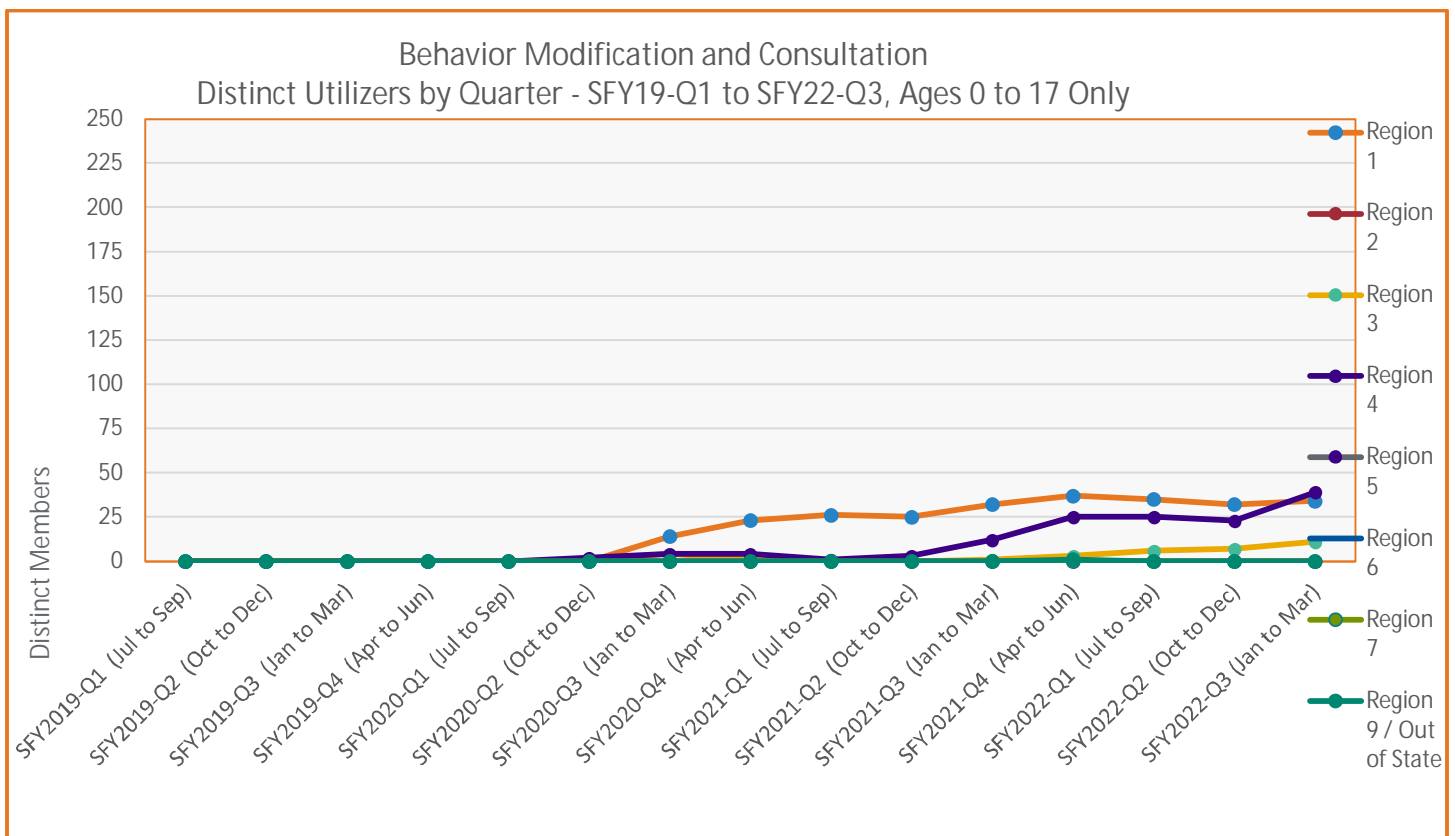
STAD services appear to be very limited across the state - with 0 in Regions 1, 2, and 3, and only 1 child in Region 4. It is notable that the amount of STAD services increased substantially in SFY 2021, and although the number receiving the service is limited, Regions 5, 6, and 7 do appear to be increasing.

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

Behavior Modification and Consultation 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-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
2019 Distinct Total Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	1	2	0	0	0	0	3
SFY2020-Q3	14	0	4	4	0	0	0	0	22
SFY2020-Q4	23	0	1	4	0	0	0	0	28
2020 Distinct Utilizers	25	0	4	4	0	0	0	0	33
SFY2021-Q1	26	0	0	1	0	0	0	0	27
SFY2021-Q2	25	0	0	3	0	0	0	0	28
SFY2021-Q3	32	0	1	12	0	0	0	0	45
SFY2021-Q4	37	0	3	25	0	0	0	1	65
2021 Distinct Utilizers	52	0	3	28	0	0	0	1	83
SFY2022-Q1	35	0	6	25	0	0	0	0	65
SFY2022-Q2	32	0	7	23	0	0	0	0	61
SFY2022-Q	34	0	11	39	0	0	0	0	84
2022 Distinct Utilizers	52	0	12	44	0	0	0	0	107





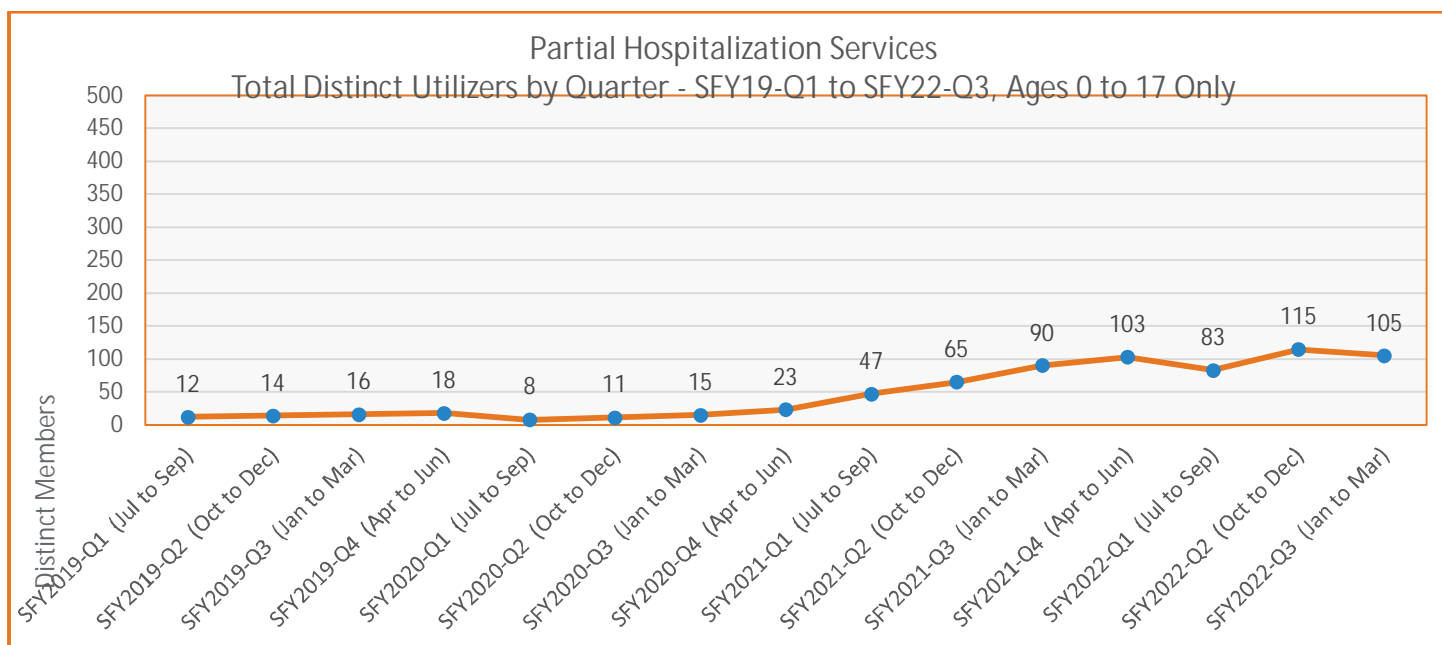
What is this data telling us?

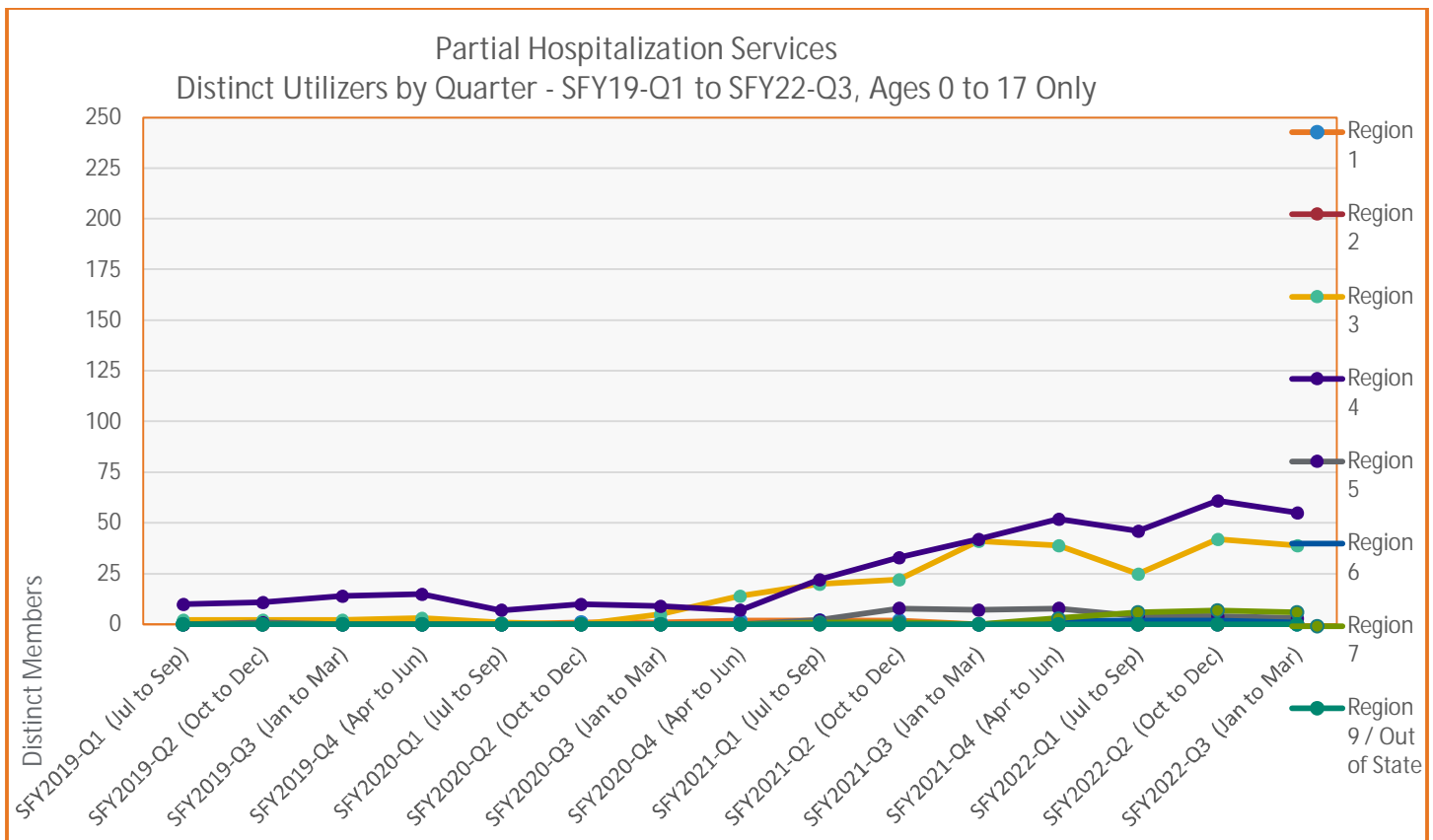
There is no research indicating expected need for Adaptive Behavior Treatment.

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.

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
SFY2019-Q1	0	0	2	10	0	0	0	0	12
SFY2019-Q2	0	0	2	11	1	0	0	0	14
SFY2019-Q3	0	0	2	14	0	0	0	0	16
SFY2019-Q4	0	0	3	15	0	0	0	0	18
2019 Distinct Utilizers	0	0	6	36	1	0	0	0	43
SFY2020-Q1	0	0	1	7	0	0	0	0	8
SFY2020-Q2	1	0	0	10	0	0	0	0	11
SFY2020-Q3	1	0	5	9	0	0	0	0	15
SFY2020-Q4	2	0	14	7	0	0	0	0	23
2020 Distinct Utilizers	4	0	20	27	0	0	0	0	51
SFY2021-Q1	2	0	20	22	2	0	1	0	47
SFY2021-Q2	2	0	22	33	8	0	1	0	65
SFY2021-Q3	0	0	41	42	7	0	0	0	90
SFY2021-Q4	0	0	39	52	8	2	3	0	103
2021 Distinct Utilizers	3	0	88	110	15	2	4	0	220
SFY2022-Q1	0	0	25	46	4	2	6	0	83
SFY2022-Q2	0	0	42	61	4	2	7	0	115
SFY2022-Q3	0	1	39	55	3	1	6	0	105
2022 Distinct Utilizers	0	1	90	126	8	4	12	0	240





What is this data telling us?

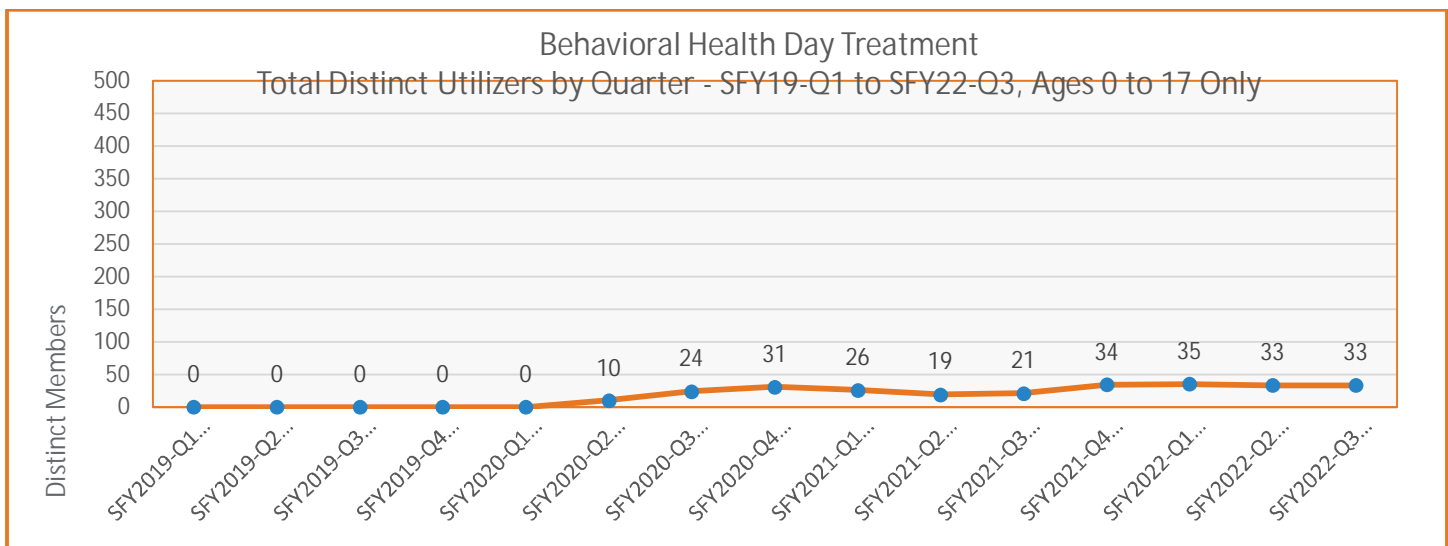
There is no research indicating expected need for Partial Hospitalization.

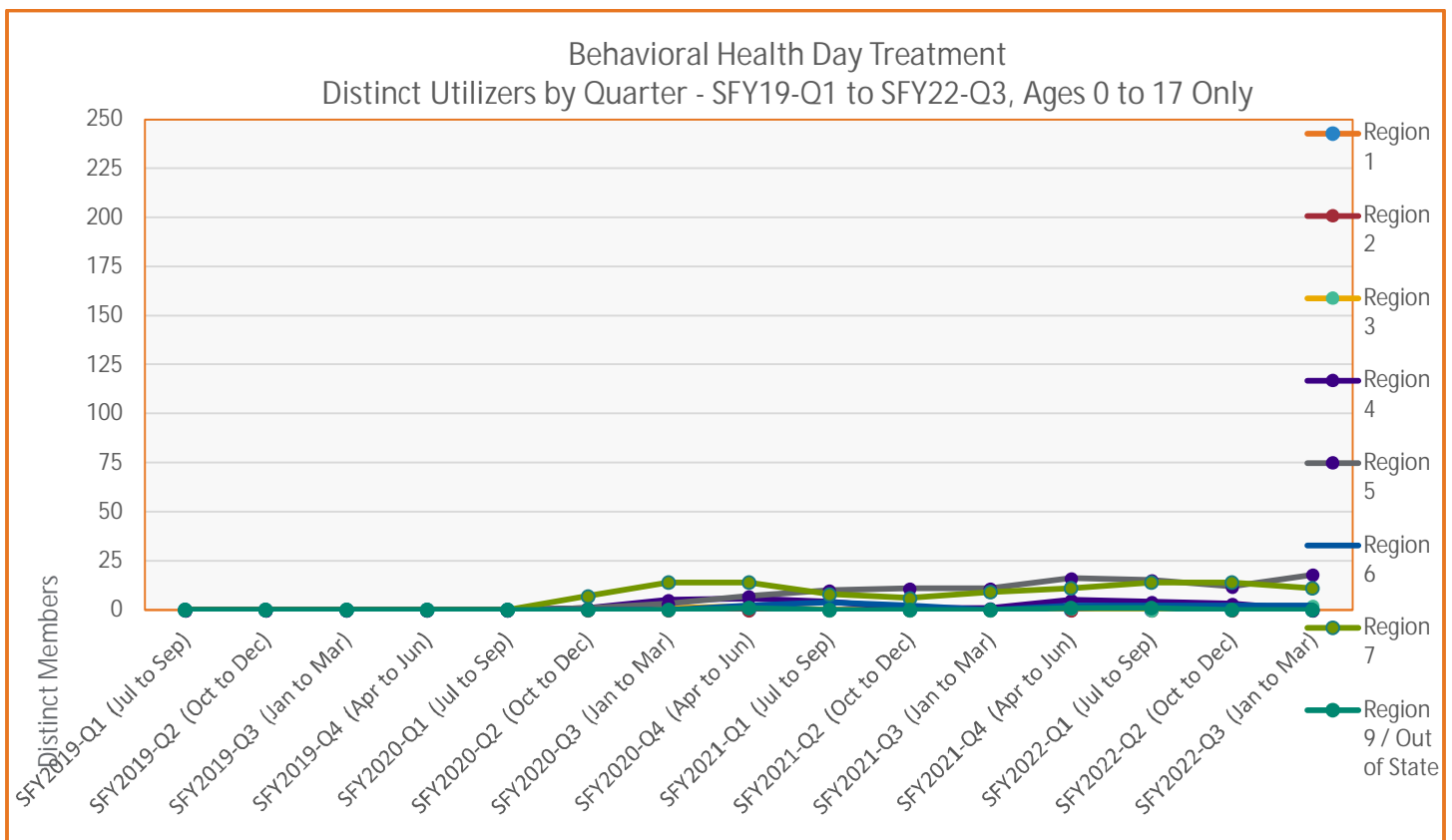
There are no services in Region 1, and very limited services in Regions 2, 5, 6, and 7.

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-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
2019 Distinct Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	1	2	0	0	0	0	3
SFY2020-Q3	14	0	4	4	0	0	0	0	22
SFY2020-Q4	23	0	1	4	0	0	0	0	28
2020 Distinct Utilizers	25	0	4	4	0	0	0	0	33
SFY2021-Q1	26	0	0	1	0	0	0	0	27
SFY2021-Q2	25	0	0	3	0	0	0	0	28
SFY2021-Q3	32	0	1	12	0	0	0	0	45
SFY2021-Q4	37	0	3	25	0	0	0	1	65
2021 Distinct Utilizers	52	0	3	28	0	0	0	1	83
SFY2022-Q1	35	0	6	25	0	0	0	0	65
SFY2022-Q2	32	0	7	23	0	0	0	0	61
SFY2022-Q3	34	0	11	39	0	0	0	0	84
2022 Distinct Utilizers	52	0	12	44	0	0	0	0	107





What is this data telling us?

There is no research indicating expected need for Day Treatment.

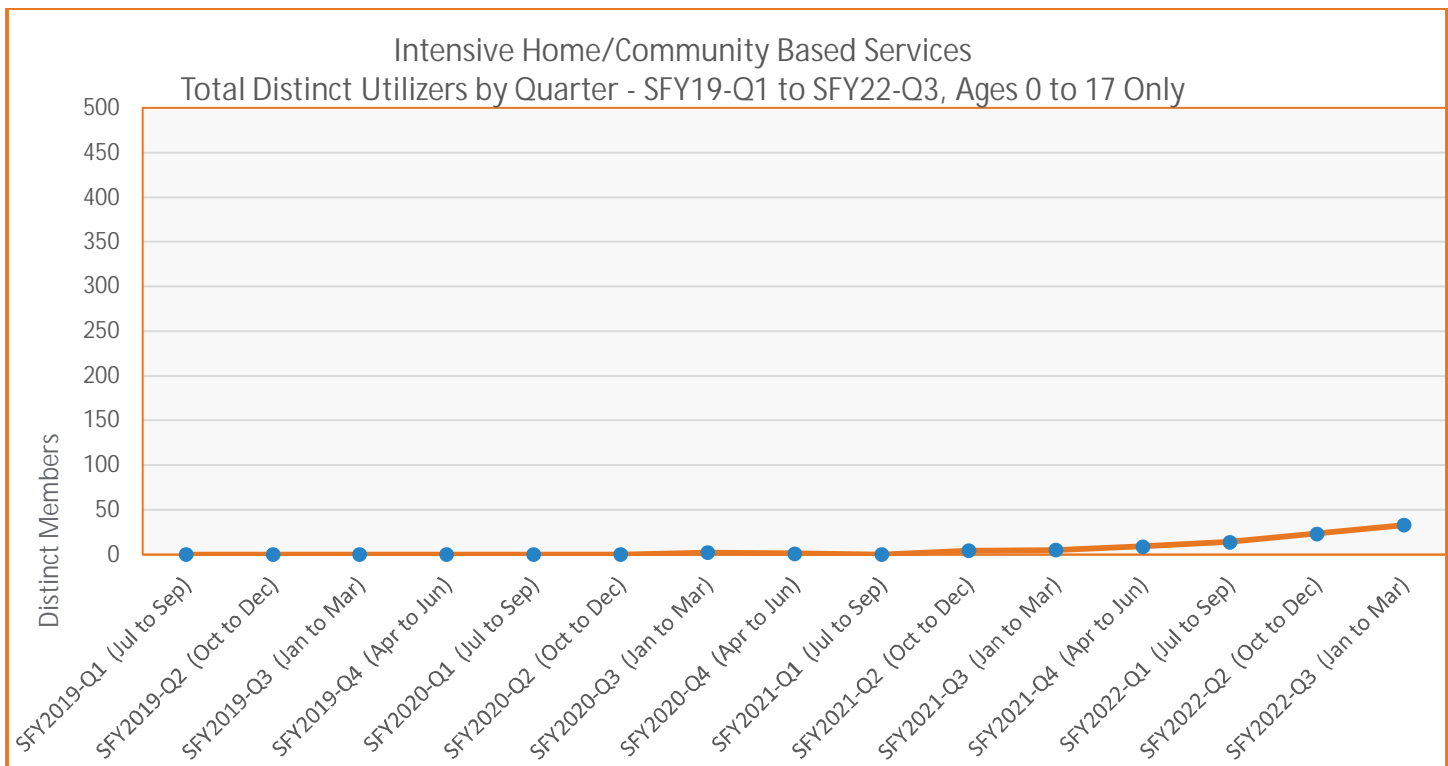
Services have been increasing in Region 5 and remained stable in Region 7.

There are no services in Regions 1 and 2 and very limited services in Regions 3, 4, and 6.

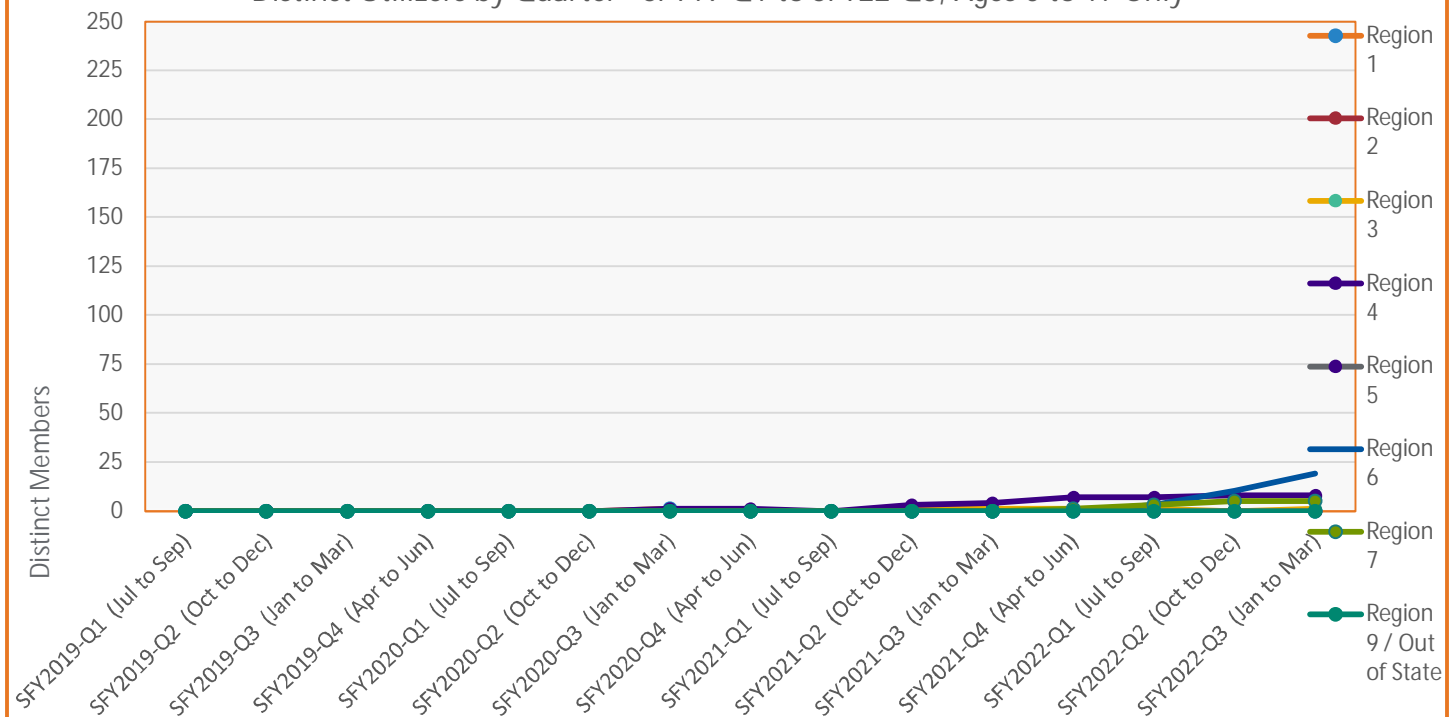
The QMIA Council will continue to monitor the trends in use of Behavioral Health Day Treatment.

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
2019 Distinct Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	0	0	0	0	0	0	0	0	0
SFY2020-Q2	0	0	0	0	0	0	0	0	0
SFY2020-Q3 ***	1	0	0	1	0	0	0	0	2
SFY2020-Q4	0	0	0	1	0	0	0	0	1
2020 Distinct Utilizers	1	0	0	1	0	0	0	0	2
SFY2021-Q1	0	0	0	0	0	0	0	0	0
SFY2021-Q2	0	0	1	3	0	0	0	0	4
SFY2021-Q3	0	0	1	4	0	0	0	0	5
SFY2021-Q4	0	0	1	7	0	0	1	0	9
2021 Distinct Utilizers	0	0	2	9	0	0	1	0	12
SFY2022-Q1	0	0	1	7	0	3	3	0	14
SFY2022-Q2	0	0	0	8	0	10	5	0	23
SFY2022-Q3	0	0	1	8	0	19	5	0	33
2022 Distinct Utilizers	0	0	2	14	0	21	9	0	46



Intensive Home/Community Based Services Distinct Utilizers by Quarter - SFY19-Q1 to SFY22-Q3, Ages 0 to 17 Only



What is this data telling us?

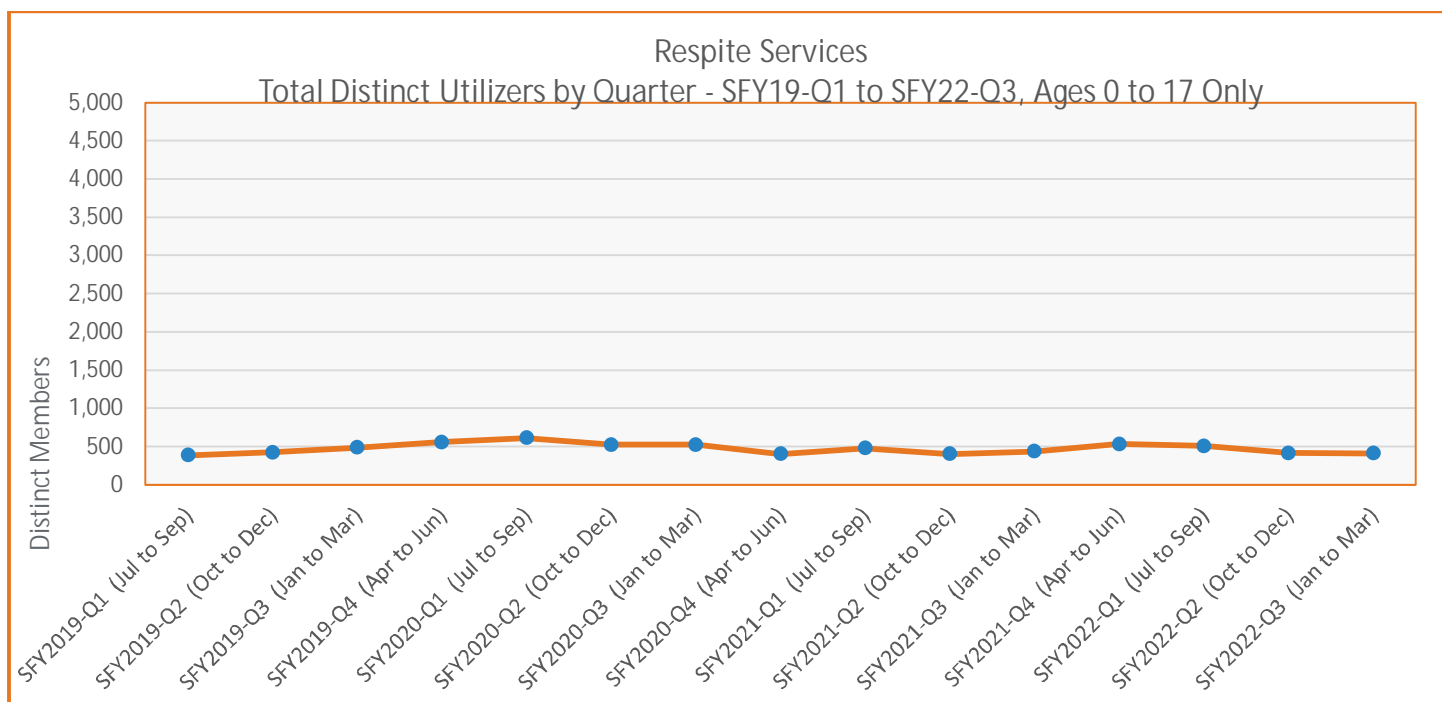
There is no research indicating expected need for Intensive Home/Community Based Services.

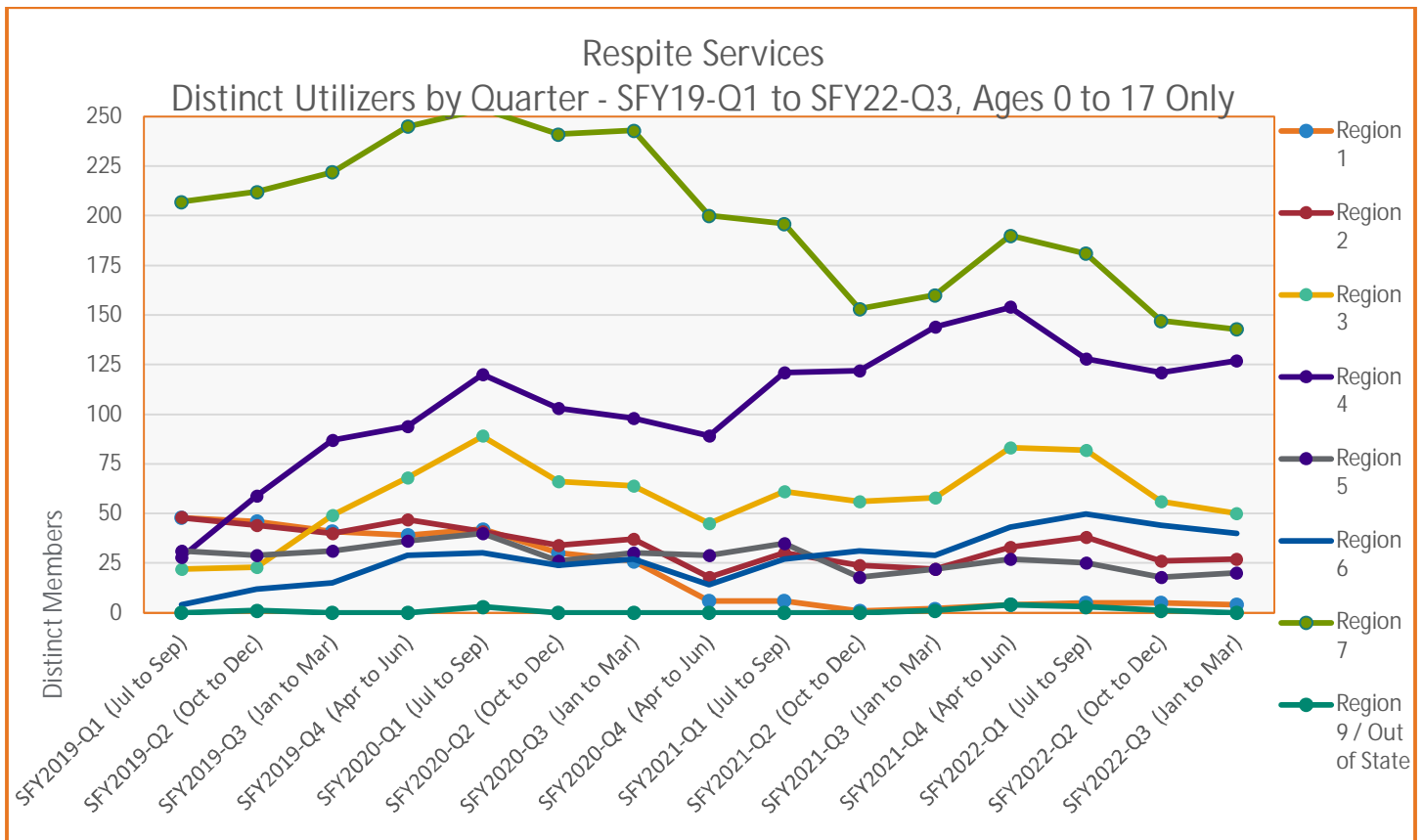
There is very small number of children/youth receiving IHCBS statewide. There are still no IHCBS in Regions 1 or 2 and extremely limited services across the remainder of the state. However, services in Regions 4 and 6 appear to be increasing.

The QMIA Council will continue to monitor the trends in use of Intensive Home/Community Based Services.

Respite 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-Q1	48	48	22	28	31	4	207	0	388
SFY2019-Q2	46	44	23	59	29	12	212	1	425
SFY2019-Q3	41	40	49	87	31	15	222	0	485
SFY2019-Q4	39	47	68	94	36	29	245	0	557
2019 Distinct Utilizers	66	59	84	134	53	32	314	1	738
SFY2020-Q1	42	41	89	120	40	30	254	3	616
SFY2020-Q2	30	34	66	103	26	24	241	0	524
SFY2020-Q3	26	37	64	98	30	27	243	0	525
SFY2020-Q4	6	18	45	89	29	14	200	0	401
2020 Distinct Utilizers	54	50	116	187	63	40	358	3	868
SFY2021-Q1	6	30	61	121	35	27	196	0	476
SFY2021-Q2	1	24	56	122	18	31	153	0	404
SFY2021-Q3	2	22	58	144	22	29	160	1	437
SFY2021-Q4	4	33	83	154	27	43	190	4	531
2021 Distinct Utilizers	8	39	114	219	51	55	283	4	763
SFY2022-Q1	5	38	82	128	25	50	181	3	508
SFY2022-Q2	5	26	56	121	18	44	147	1	417
SFY2022-Q3	4	27	50	127	20	40	143	0	410
2022 Distinct Utilizers	6	51	90	186	37	62	211	3	635





What is this data telling us?

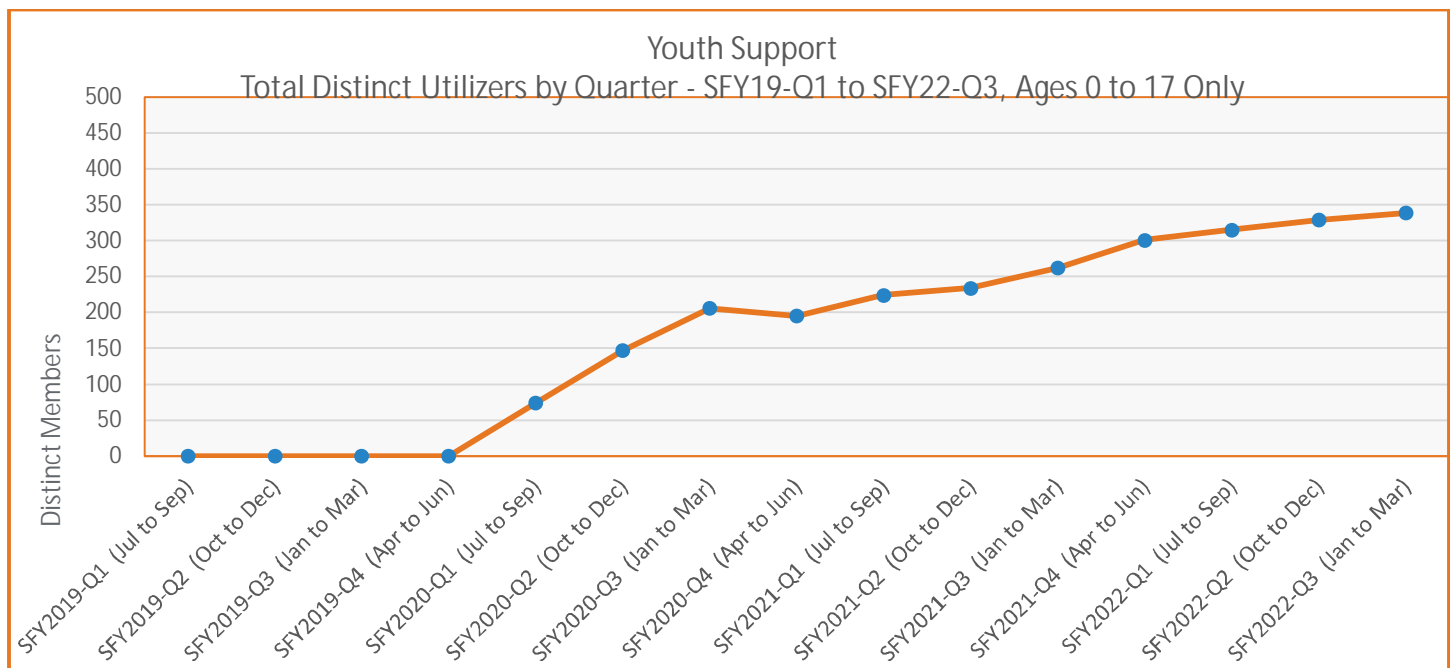
There is little or no research on predicting the need for Respite care, although research in 2000 by Eric Bruns does indicate better outcomes for families of children and youth with SED who receive Respite.

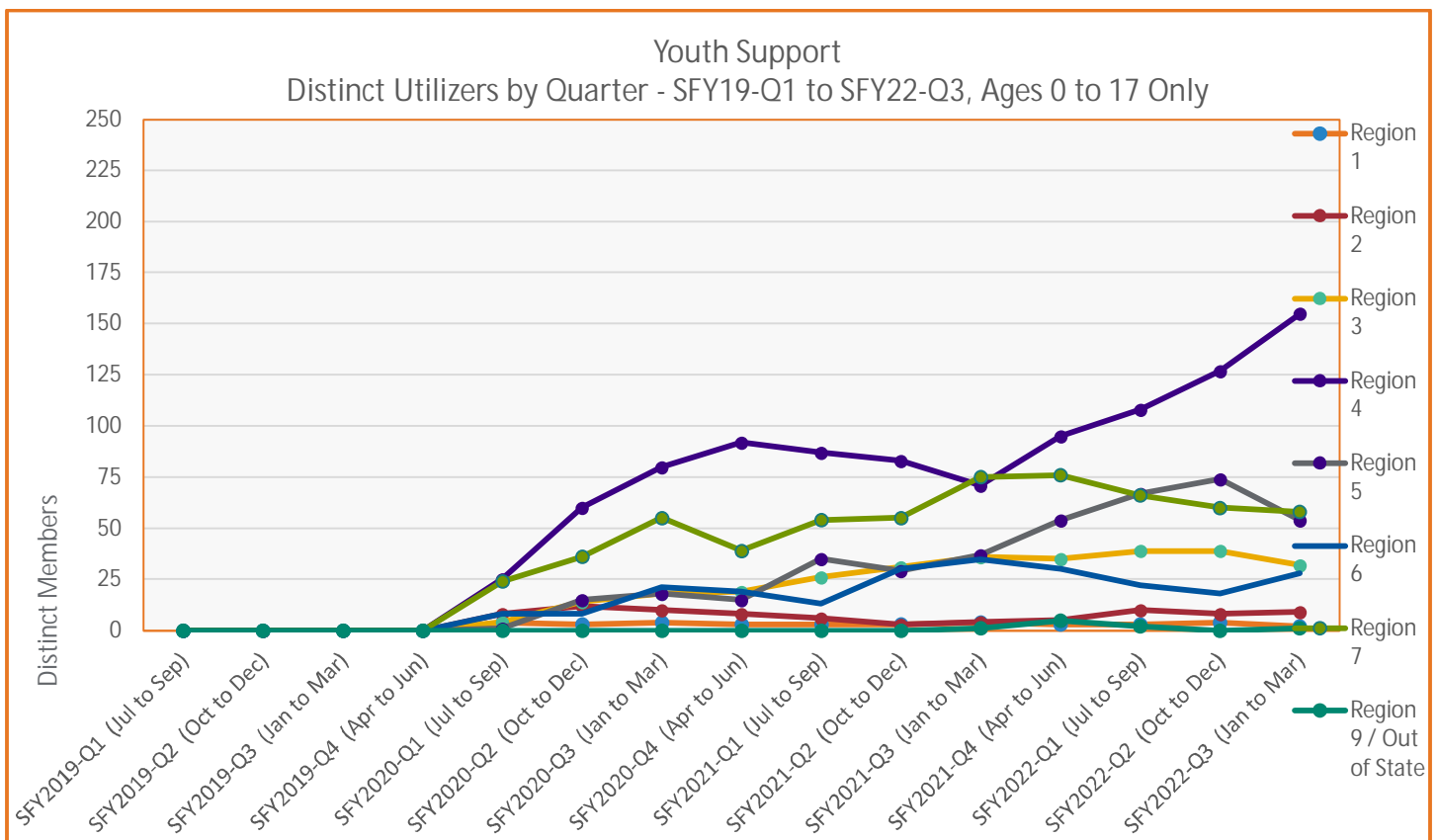
Respite services are provided in every region . It is notable that while Region 7 and Region 4 have consistently utilized Respite services, Region 1 continues to appear to be very underserved.

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
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	0	0	0	0	0	0	0	0	0
SFY2019-Q3	0	0	0	0	0	0	0	0	0
SFY2019-Q4	0	0	0	0	0	0	0	0	0
2019 Distinct Utilizers	0	0	0	0	0	0	0	0	0
SFY2020-Q1	4	8	4	25	1	8	24	0	74
SFY2020-Q2	3	12	14	60	15	8	36	0	147
SFY2020-Q3	4	10	18	80	18	21	55	0	206
SFY2020-Q4	3	8	19	92	15	19	39	0	195
2020 Distinct Utilizers	9	20	29	126	26	39	81	0	329
SFY2021-Q1	3	6	26	87	35	13	54	0	224
SFY2021-Q2	3	3	31	83	29	30	55	0	234
SFY2021-Q3	4	4	36	71	37	35	75	1	262
SFY2021-Q4	3	5	35	95	54	30	76	5	301
2021 Distinct Utilizers	4	9	51	156	84	59	136	6	496
SFY2022-Q	3	10	39	108	67	22	66	2	315
SFY2022-Q	4	8	39	127	74	18	60	0	329
SFY2022-Q3	2	9	32	155	54	28	58	1	339
SFY2022 Distinct Utilizers	4	18	55	204	93	41	104	3	516





What is this data telling us?

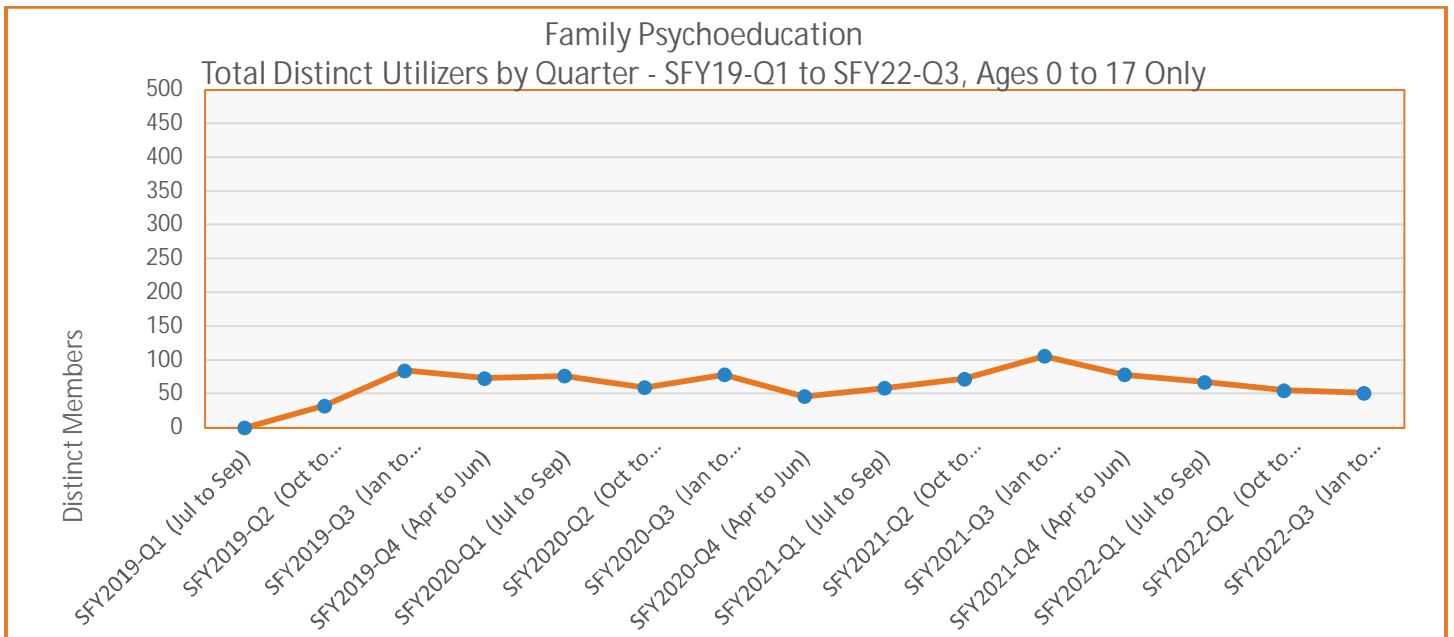
There is no research indicating expected need for Youth Peer Support Services.

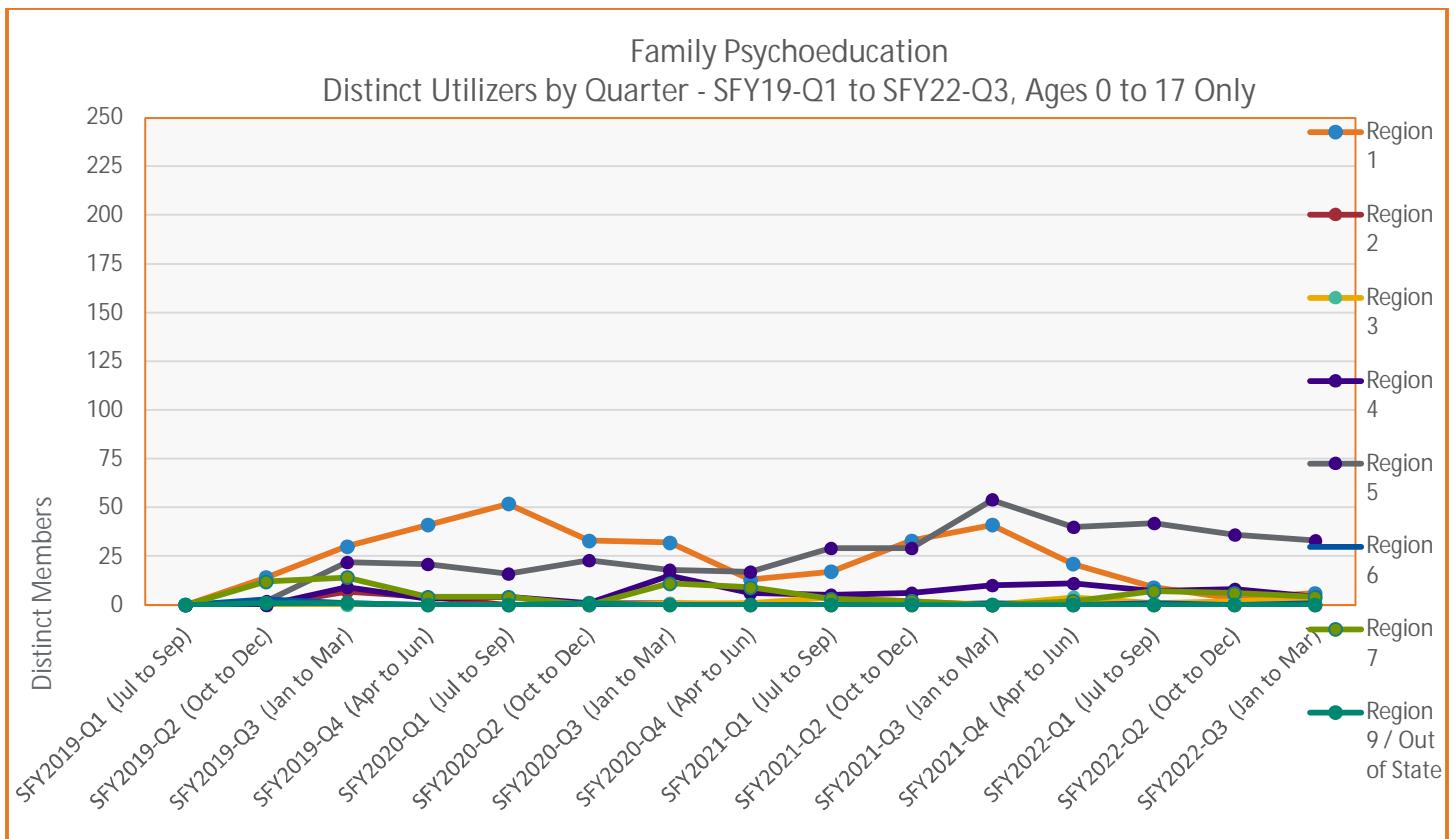
There was quite a substantial increase in the use of Youth Peer Support services in Q1, Q2 and Q3 of SFY 2022 compared to SFY 2021.

Youth Support services were provided in all regions; however, Region 1 appears to be underserved.

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
SFY2019-Q1	0	0	0	0	0	0	0	0	0
SFY2019-Q2	14	0	0	0	2	3	12	1	32
SFY2019-Q3	30	7	0	9	22	1	14	1	84
SFY2019-Q4	41	4	0	3	21	0	4	0	73
SFY2019 Distinct Utilizers	57	10	0	12	45	4	28	1	157
SFY2020-Q1	52	0	0	4	16	0	4	0	76
SFY2020-Q2	33	1	0	1	23	0	0	1	59
SFY2020-Q3	32	1	1	15	18	0	11	0	78
SFY2020-Q4	13	0	1	6	17	0	9	0	46
SFY2020 Distinct Utilizers	73	2	1	24	72	0	24	1	197
SFY2021-Q1	17	0	4	5	29	0	3	0	58
SFY2021-Q2	33	0	2	6	29	0	2	0	72
SFY2021-Q3	41	0	0	10	54	1	0	0	106
SFY2021-Q4	21	0	4	11	40	0	2	0	78
SFY2021 Distinct Utilizers	62	0	10	30	140	1	7	0	250
SFY2022-Q1	9	0	1	7	42	1	7	0	67
SFY2022-Q2	3	0	2	8	36	0	6	0	55
SFY2022-Q3	6	0	3	4	33	1	4	0	51
SFY2022 Distinct Utilizers	18	0	5	18	102	2	17	0	162





What is this data telling us?

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, limited services in Regions 1, 4, and 7, and very limited services in Regions 3 and 6.

QMIA will continue to monitor the trends in use family psychoeducation.

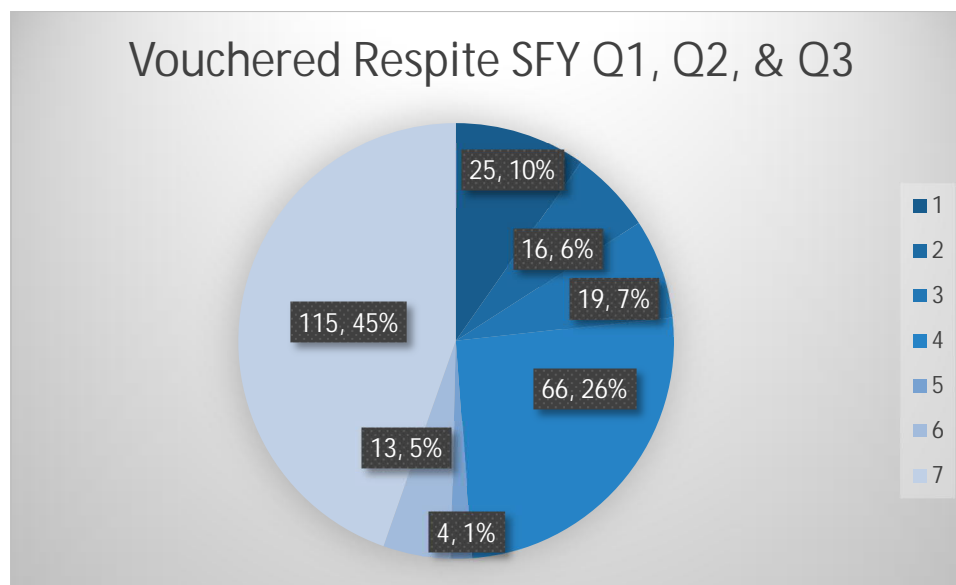
6. YES DBH Outpatient Service Utilization

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 5 - Vouchered Respite SFY22 (Q1, Q2 & Q3)

Regions	1	2	3	4	5	6	7	Total
July	2	1	1	8	0	2	13	27
Aug	3	0	3	5	0	5	7	23
Sept	4	3	0	6	1	1	14	29
Oct	5	1	6	5	0	3	19	39
Nov	1	0	3	2	1	1	10	17
Dec	2	1	0	8	1	0	10	22
Jan	2	3	2	3	0	1	12	23
Feb	1	3	0	16	1	0	16	37
March	5	4	4	13	0	0	14	40
Total	25	16	19	66	4	13	115	257



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 received Wraparound in SFY 2021, and since the initial implementation of Wraparound in Idaho, in January of 2018, 579 children and families have received WInS.

Table 6: WInS- SFY 20 and 21 and SFY 22 (Q1, Q2 & Q3)

	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 YTD	23	16	29	33	23	13	31	22	22				154

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 7: PLL SFY 20 and 21, and SFY 22 (Q1 & Q2)

	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 YTD	7	8	0	6	3	1	10	3	6				44

The number of families receiving PLL has continued to trend downward substantially for SFY 2022.

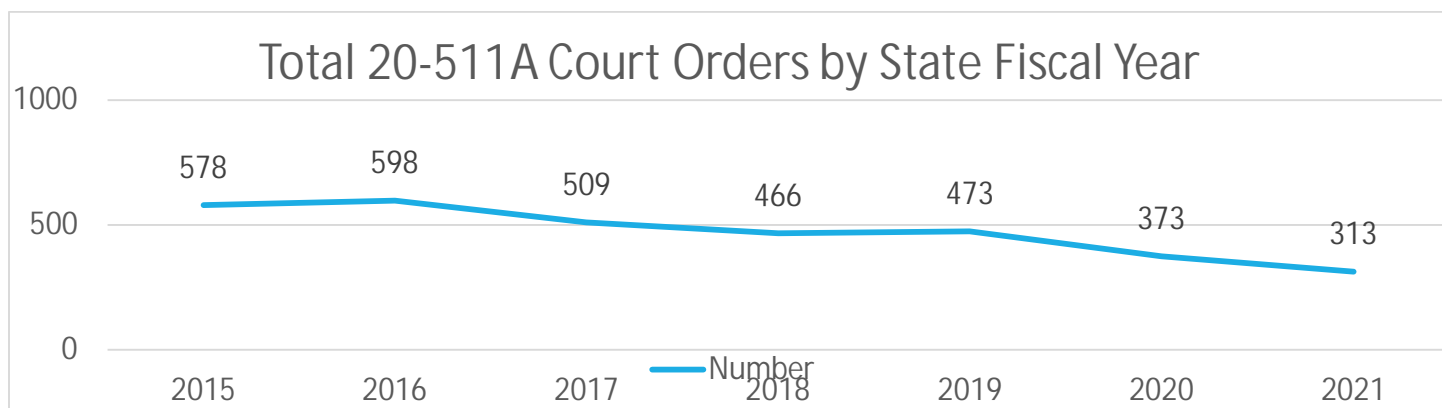
DBH 20-511A:

Table 8: Number of 20-511A for SFY 2021 and SFY 2022 Q1, Q2 and Q3 by region.

Region	1	2	3	4	5	6	7	Total
SFY 2021	39	6	36	77	56	19	80	313
SFY 2022 YTD	24	1	29	51	51	15	64	235

If this rate stays the same through the remainder of the year (average of 78 per month) the number of 20-11A is projected to be approximately equal to last year.

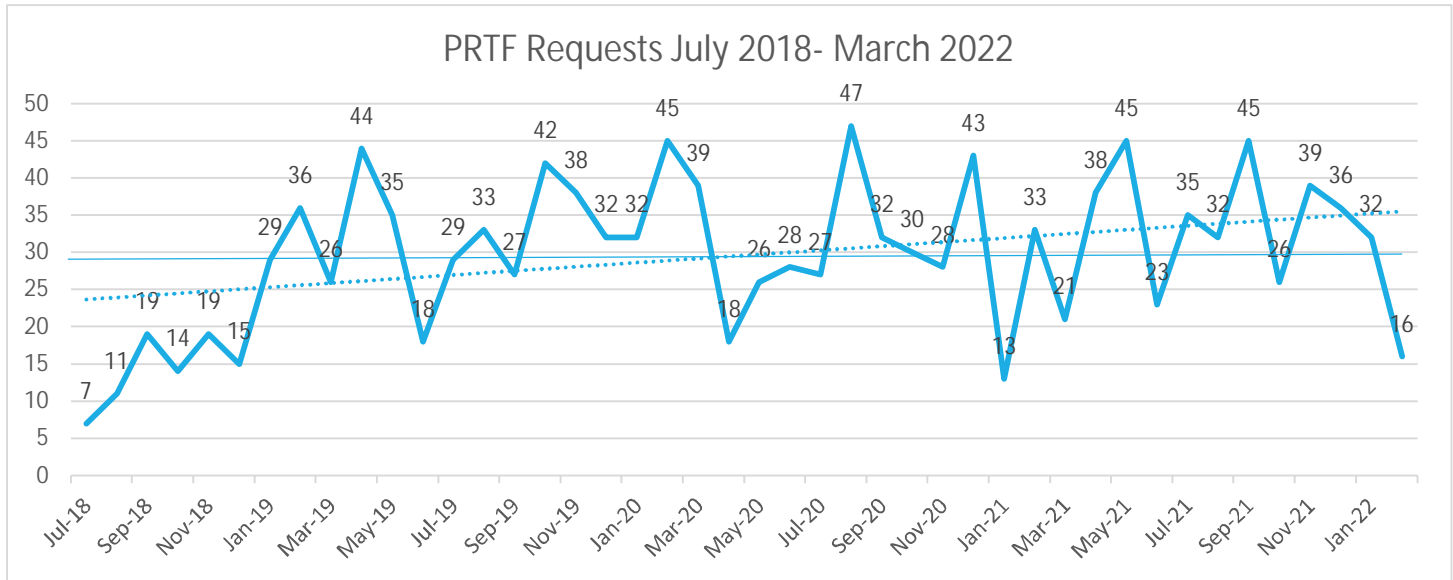
Chart 7: Historical Annualized # of Court Ordered 20-511A, SFY 2015- 2021



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

Psychiatric Residential Treatment Facility (PRTF):

Chart 8: Number of PRTF Requests Monthly



What is this data telling us?

Since SFY 2019 there has been a trend toward a higher overall number of requests for PRTF although the trend appears to have slowed after SFY 2020. The average in Q1,Q2 & Q3 of SFY 2022 of 30.33 is lower compared to the average of 31.67 for SFY 2021.

# of requests	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	AVG
SFY 2019	7	11	19	14	19	15	29	36	26	44	35	18	22.75
SFY 2020	29	33	27	42	38	32	32	45	39	18	26	28	32.42
SFY 2021	27	47	32	30	28	43	13	33	21	38	45	23	31.67
SFY 2022	35	32	45	26	39	36	32	16	12				30.33

Over the last 4 years the average number of requests is approximately 29.29 per month (shown by the blue solid line above). In comparison to this average the variation in the number of requests is random demonstrated by the shifts between the # of requests over and under 29 (e.g., no number of consecutive requests either up or down).

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).

Chart 9: Q1 PRTF Determinations SFY 2022 Q1, Q2 & Q3

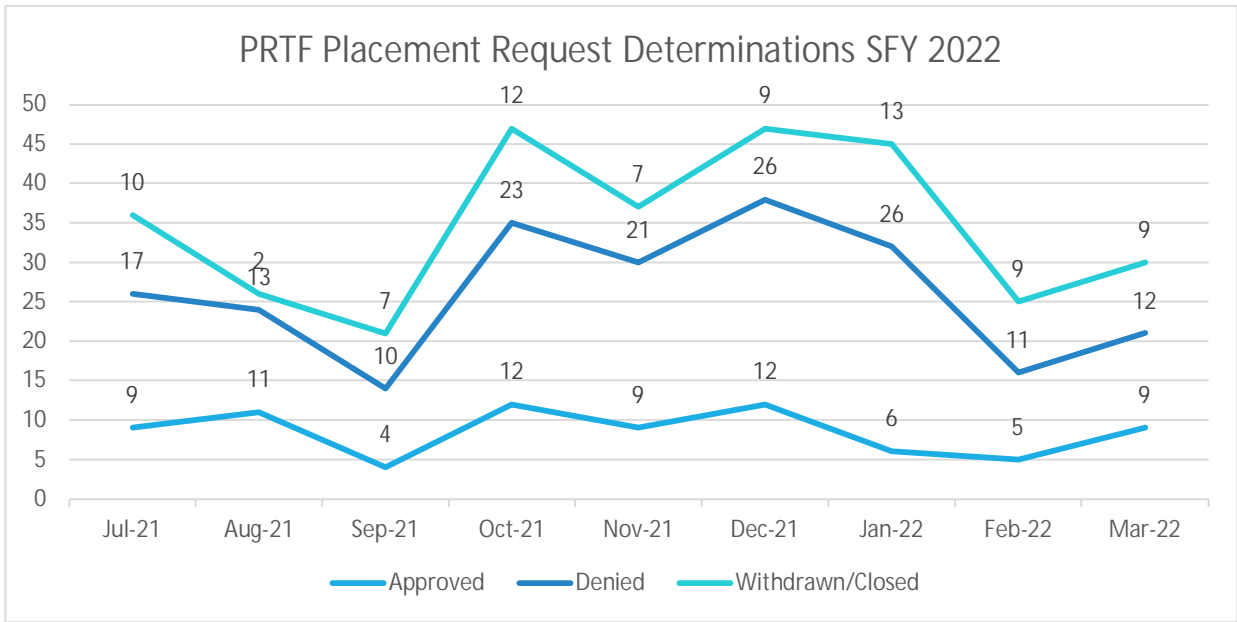


Chart 10: Historical Trends for PRTF SFY 2019, 2020, 2021, 2022 (Q1, Q2, & Q3)

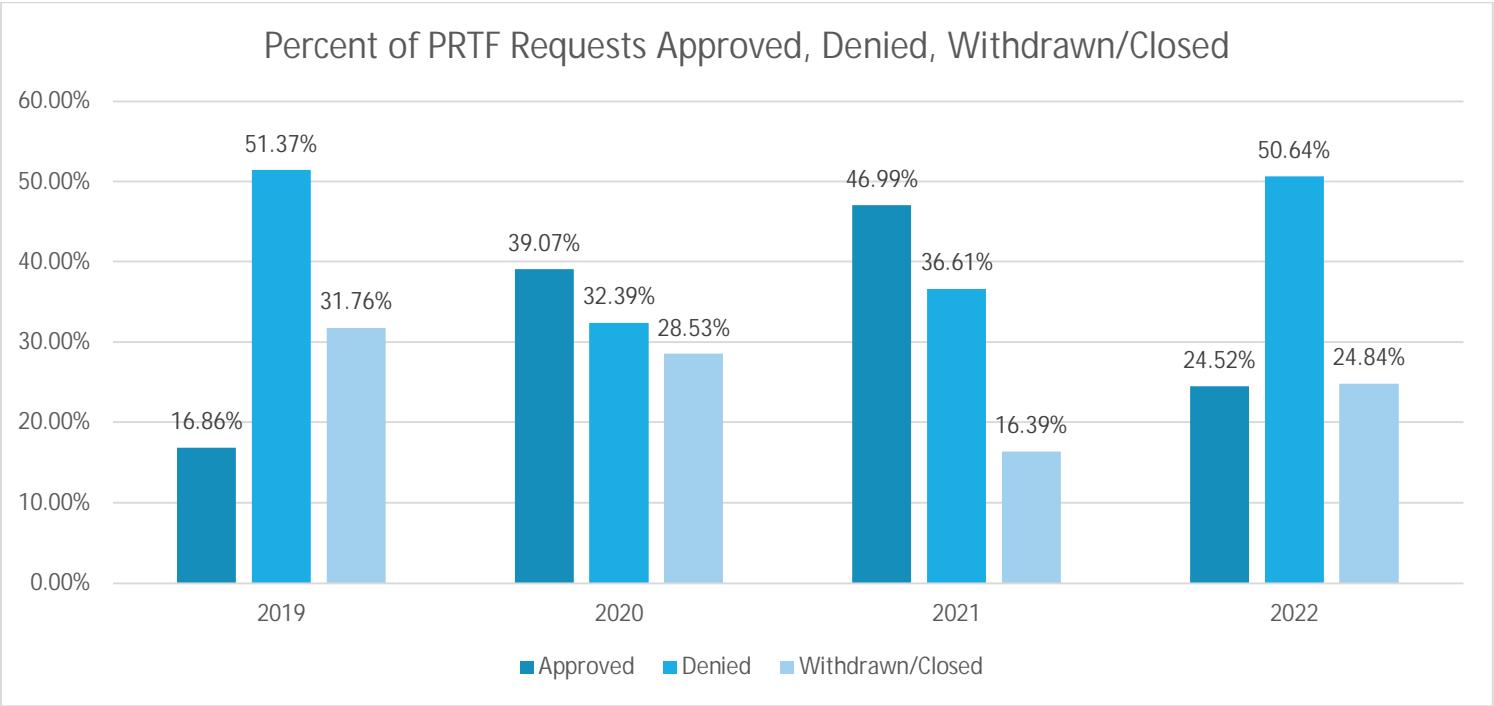
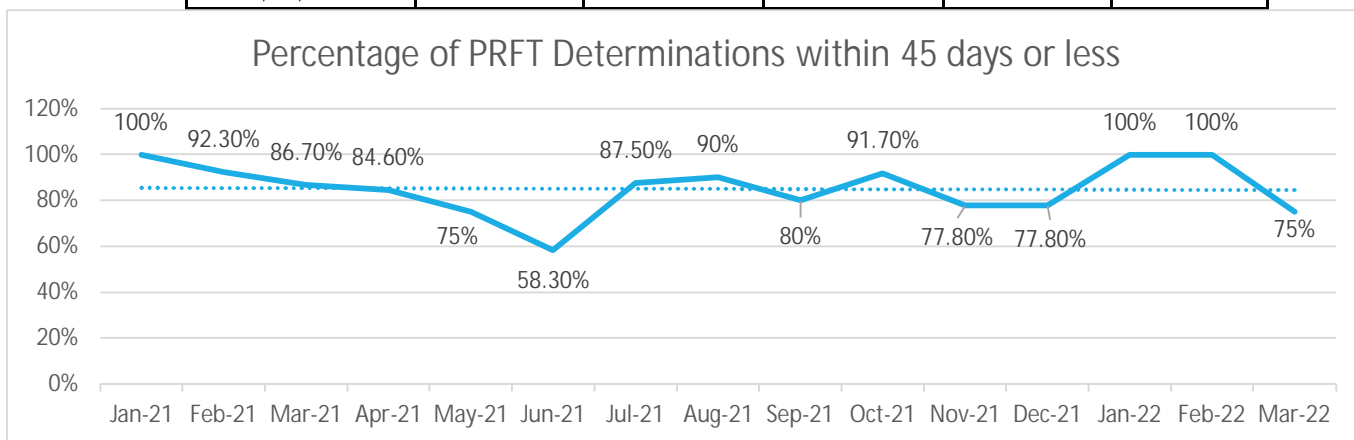


Table 9: Historical Trends for PRTF SFY 2019, 2020 and 2021, 2022 Q1, Q2, & Q3

SFY	# of Placement Determinations	Approved		Denied		Withdrawn/Closed	
		#	%	#	%	#	%
SFY 2019	255	43	16.86%	131	51.37%	81	31.76%
SFY 2020	389	152	39.70%	126	32.39%	111	28.53%
SFY 2021	366	172	46.99%	134	36.61%	60	16.39%
SFY 2022 Q1,Q2 & Q3	314	77	24.52%	159	50.64%	78	24.84%

Table10: Timeliness of Notice of Determination (NOD) PRTF Decisions

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%
SFY 2021	63	52	82.82%	11	17.81%
2022	# NOD	# ≤ 45 days	% ≤ 45	# > 45	% > 45
July	8	7	87.5%	1	12.5%
August	10	9	90%	1	10%
September	5	4	80%	1	20%
October	12	11	91.7%	1	8.3%
November	9	7	77.8%	2	22.2%
December	9	7	77.8%	2	22.2%
January	5	5	100%	0	-
February	6	6	100%	0	-
March	8	6	75%	2	25%
SFY Q1, Q2, and Q3	72	62	86.64%	10	13.36%



What is this data telling us?

The number and percent of determinations that result in denials for PRTF have increased in SFY 2022

The percent of determinations of approvals dropped from 49.4% in 2019, to 20.1% in 2020, increased to 47% in 2021, and dropped again in SFY 2022 Q1, Q2 & Q3 to 24.52%.

8. DBH 24-hour Utilization:

DBH Residential

Table 11: Residential Active by month SFY 2020 and 2021 and SFY 2022 (Q1 & Q2)

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	8	3	4	3	2	2	4	4	6	6	6	8	18
SFY 2021	9	9	14	NA*	13	14	15	12	10	9	10	12	24
SFY 2022 YTD	12	17	16	16	18	17	17	16	17				

* Data for October SFY 2021 is not available as there was a change in how data was being collected.

DBH is seeing an increased number of residential placements SFY 2022 YTD vs. SFY 2020 and 2021.

DBH State Hospital – Includes State Hospital South (SHS) Adolescent Unit and State Hospital West (SHW) which opened in May 2021

Table 12: SHS/SHW Active by month SFY 2020 and 2021 and SFY 2022 (Q1 & Q2)

	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 YTD	18	15	13	11	12	12	12	10	8				

*Data for October SFY 2021 is not available as there was a change in how data was being collected

DBH SHS/SHW Readmission Incidents (not unique individuals)

Table 13: SFY 2017 -20 21 and SFY 2022 (Q1, Q2 & Q3)

Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021 SHS + SHW	SFY 2022 Q1	SFY 2022 Q2	SFY 2022 Q3
Re-admission 30 days or less	0	0	0	1	0	0	0	0
Re-admission 31 to 90 day	5	6	2	3	0	0	0	0
Re-admission 90 to 180 days	4	1	6	2	0	0	1	1
Re-admission 181 to 365 days	5	6	7	4	0	0	0	2
Re-admission more than 365 days	11	9	9	7	3	0	0	0

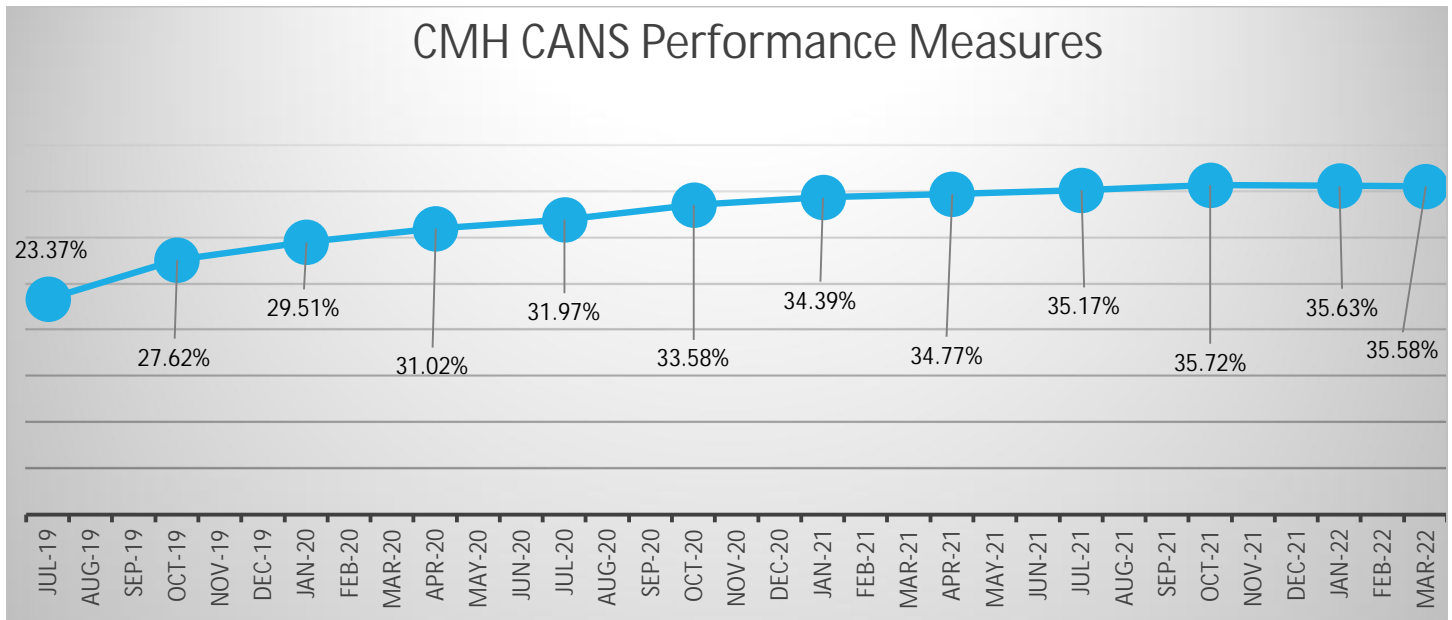
DBH has been tracking the trend of readmissions incidents for SHS/SHW. It is notable that the number of incidents within 30 days has been extremely low. The only year in which there was a readmission within 30 days was 2020 and the rate of readmission for that year is still 1% ($1/101=.99\%$). It is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

**SHS closed its adolescent unit in April/May 2021 and State Hospital West began accepting adolescent admissions in May 2021. The QMIA-Q report began adding in State Hospital West data in Q4 SFY 2021.

9. YES Service Outcomes

YES services are leading to improved outcomes. In 3 of SFY 2022 the percent of children and youth whose overall rating improved at least one level (e.g., from a 3 to a 2, or a 2 to 1) remained approximately stable at 35.58%

Chart 12: CMH CANS ratings continue to demonstrate improvement in outcomes.



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

Impact Report by Domain

The above method of measuring outcomes is very broad and does not give the kind of detail that can be used to develop plans for how to improve services. For more information about how services are impacting children and youth work was initiated with Praed to analyze the CANS data as shown in the following three charts (Behavioral Emotional, Life Functioning and Risk Factors).

The Impact Report includes all CANS completed between ?? and ??. A key to each column is noted below. The data are stated as a percentage (e.g., 0.396 is 39.6%). Overall, the data clearly indicates that children and youth are getting better as can be seen by looking at the columns labeled %Resolved or % improved. But the data can also be used in planning for training and new interventions.

For example, In the Behavioral Emotional Domain the highest need was Emotional Physical Regulation (64.8%). In Life Functioning the highest need was in the category of Family (51.8%). In the Risk Factors the highest need was Judgment (27.3%). Using the information about highest needs will assist YES in planning appropriate training by identifying the target needs areas.

Another way to use the data is to look for areas in which the outcomes are either positive or not and target the areas in which the in the "Impact" data below we see that approximately 48% of the children and youth with a CANS have issues with Anger Control (48.7%) and at the time of the last CANS assessment for 41% of them it has improved by 1 point or more. For the Suicide Watch we see that approximately 8% of the children and youth have actionable issue and at the time of the last CANS assessment for 80% of them it has improved by 1 point or more. For Psychosis we see that approximately 3% of the children and youth have actionable issue and at the time of the last CANS assessment for 67% of them it has improved by 1 point or more. This is an indicator that while YES services seem to be effective for Suicide Watch and Psychosis there may be a need to improve skills in Anger Control interventions.

Impact Report by Domain

The following table reports progress over time in an episode of care for the “YES” children in Idaho – **therefore, 2 or more CANS assessments are required for a case to be included in this Impact report.**

- **Presenting** : the percentage of youth in the cohort that have an actionable need ('2' or '3' at the initial assessment).
- **Ever**: the percentage of you who rated actionable at ANY assessment during their episode of care divided by the total number of youth.
- **Resolved**: the percentage of youth with an actionable rating at ANY assessment that is no longer actionable at latest reassessment.
- **Improved**: the percentage of youth with a rating over 0 at ANY assessment that decreased by 1 or more rating point at latest reassessment.
- **Worsened**: the percentage of youth with a rating of '2' or lower at INITIAL that subsequently had a '3' at latest reassessment.
- **Transitioning**: the percentage of youth that were rated actionable at initial and exited care with an actionable rating.
- **Net Gain**: the percentage of youth who were ever rated actionable minus the percentage of youth who transitioned divided by the percentage of youth who were ever rated actionable.

	Behavioral and Emotional Needs	Life Functioning	Risk Factors					
	% Presenting (All)	% Presenting (2 or more)	% Ever	% Resolved	% Improved	% Worsened	% Transitioning	% Net Gain
adjustment_to_trauma	0.396	0.421	0.526	0.334	0.386	0.010	0.356	0.323
emotional_physical_reg	0.648	0.705	0.808	0.269	0.350	0.028	0.603	0.254
psychosis	0.031	0.034	0.059	0.629	0.675	0.001	0.027	0.543
attention_concentration	0.482	0.544	0.668	0.215	0.280	0.021	0.532	0.203
impulsivity	0.465	0.534	0.656	0.258	0.334	0.024	0.491	0.252
depression	0.441	0.439	0.573	0.354	0.408	0.011	0.374	0.347
anxiety	0.585	0.608	0.744	0.238	0.302	0.016	0.572	0.231
oppositional_behavior	0.355	0.417	0.535	0.323	0.405	0.022	0.371	0.306
triangulation_manipulation	0.183	0.217	0.337	0.474	0.524	0.007	0.194	0.425
conduct	0.114	0.139	0.217	0.600	0.637	0.005	0.105	0.516
substance_use	0.054	0.039	0.060	0.511	0.601	0.001	0.036	0.391
attachment_difficulties	0.172	0.204	0.301	0.427	0.471	0.005	0.196	0.349
eating_disturbance	0.084	0.084	0.161	0.588	0.632	0.002	0.083	0.487
behavioral_regressions	0.073	0.095	0.167	0.596	0.629	0.001	0.077	0.541
somatization	0.093	0.091	0.166	0.580	0.603	0.000	0.084	0.493
anger_control	0.487	0.539	0.653	0.329	0.412	0.022	0.450	0.310
mood_disturbance	0.314	0.347	0.495	0.420	0.477	0.010	0.308	0.378
trumatic_grief_separation	0.186	0.194	0.285	0.492	0.527	0.004	0.161	0.436



	% Presenting (All)	% Presenting (2 or more)	% Ever	% Resolved	% Improved	% Worsened	% Transitioning	% Net Gain
family	0.518	0.563	0.718	0.318	0.365	0.017	0.514	0.285
living_situation	0.261	0.278	0.432	0.503	0.531	0.012	0.250	0.422
social_functioning	0.455	0.513	0.660	0.310	0.370	0.020	0.469	0.288
develop_intellectual	0.145	0.178	0.244	0.268	0.313	0.006	0.175	0.284
recreational	0.222	0.251	0.393	0.452	0.488	0.007	0.234	0.403
medical	0.072	0.085	0.133	0.386	0.429	0.002	0.085	0.363
physical	0.040	0.046	0.086	0.453	0.468	0.001	0.049	0.433
sleep	0.398	0.400	0.558	0.405	0.454	0.011	0.357	0.361
sexual_development	0.047	0.054	0.102	0.524	0.585	0.002	0.054	0.472
activity_daily_living	0.193	0.225	0.360	0.412	0.456	0.006	0.219	0.393
school_behavior	0.265	0.298	0.418	0.560	0.616	0.014	0.201	0.519
school_achievement	0.313	0.327	0.493	0.446	0.515	0.024	0.306	0.380
school_attendance	0.141	0.126	0.231	0.608	0.660	0.007	0.121	0.475
legal_issues	0.129	0.117	0.165	0.336	0.402	0.011	0.112	0.320

	% Presenting (All)	% Presenting (2 or more)	% Ever	% Resolved	% Improved	% Worsened	% Transitioning	% Net Gain
suicide_watch	0.077	0.071	0.127	0.787	0.806	0.002	0.038	0.701
self_mutilation	0.098	0.099	0.167	0.696	0.703	0.001	0.065	0.613
other_self_harm	0.083	0.082	0.162	0.690	0.700	0.001	0.066	0.591
danger_to_others	0.126	0.147	0.226	0.634	0.662	0.003	0.097	0.570
sexual_aggression	0.012	0.013	0.024	0.649	0.701	0.001	0.011	0.553
runaway_flight_risk	0.055	0.059	0.099	0.704	0.725	0.002	0.042	0.580
delinquency	0.060	0.061	0.107	0.618	0.640	0.002	0.050	0.531
judgement	0.270	0.303	0.446	0.391	0.431	0.010	0.283	0.365
fire_setting	0.016	0.019	0.031	0.826	0.844	0.000	0.008	0.733
intentional_misbehavior	0.132	0.168	0.270	0.559	0.600	0.004	0.134	0.505
sexual_reactive_behavior	0.025	0.029	0.059	0.590	0.620	0.001	0.030	0.490
bullying	0.076	0.093	0.156	0.660	0.687	0.001	0.065	0.580
exploitation	0.056	0.063	0.107	0.593	0.634	0.001	0.052	0.516
bullied_by_others	0.215	0.244	0.345	0.598	0.617	0.004	0.158	0.544
cruelty_to_animals	0.022	0.027	0.046	0.776	0.776	0.000	0.016	0.662

Quality Improvement Projects (QIPs)

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 has drafted a Quality Improvement Plan (QIP) to address the recommendation was approved by the Defendants Work Group (DWG). Short Term Actions are listed below:

Short Term Actions	Lead	Timeline	Status
Identify gaps in services by service type and by region	Candace	June 30, 2022	Services by Optum and DBH by type and region are reported quarterly in the QMIA -Q – updated for Q3
Identify which services to target	Candace	July 1, 2022	List of services from the Agreement compared to services provided – Completed and updated Identify core outpatient services –
Develop plan to assess <u>why</u> services are not available- availability, capacity or other	Candace	August 31, 2022	Draft plan in progress 1) Add to QR - completed 2) Add this into University RFP and ask for information on why services are not available- for example- <ul style="list-style-type: none">- Not enough providers?- Need for more training on better interventions- Long wait times?- Limited access in rural frontier- No Standards- No monitoring- Complaints from providers about admin burden & the CANS

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 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, and SDE 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.

Training for community providers on the creation and use of effective safety planning was provided in three sessions. Attendance at the training was very good with over 300 participants.

We continue to collect data about the issue of Crisis and Safety Plans through the survey sent to families each spring.

Hospital Discharge Standard

During the last quarter, a small workgroup began research into the development of a Hospital Discharge Standard. Their goal was to draft a standard based on policies, guidelines best practice and rules in other states and propose this new standard be adopted by Idaho's community hospitals. This team felt that "Transitions of Care" would be a more appropriate name for this standard as there are times in which individuals require a higher level of care. A draft of this BH Transitions of Care standard was forwarded to the DBH Policy Unit for review on June 27, 2022.

10. Family involvement with Quality Improvement

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 using 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. Some of the barriers have been noted only one time and other have been noted more than once:

Summary of Barriers to Care

Area	Noted issues
Access to care	Services not available within reasonable distance Services not coordinated between mental health and DD- DHW Waitlist for Respite and Family Support Partners Respite process through Medicaid too demanding due to need for updated CANS
Clinical care	Repeating the CANS with multiple providers is traumatic Diagnosis not accurate Therapist not knowledgeable of de-escalation techniques Stigmatization and blaming attitudes towards families Families need more information about services is (e.g., Case Management)
Outpatient services	No service providers in the area where family needs care Services needed were not available, so families are referred to the service that are available Not enough expertise in services for high-needs kids (TBRI, Family Preservation) Some services only available through other systems: DD, Judicial Families having to find services themselves based on just a list of providers - and even the lists at times being too old to be useful
Crisis services	Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24 hour services: Hospitals/Residential	Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination Families getting verbal "denial" but no Notice of Determination/appeal info until after "re-applying" for EPSDT (raised at Due Process meeting) Support needed by families during the EPSDT process, and after while waiting for placement Medication changes without input from family Family not involved in discharge planning Family threatened with charges of abandonment or neglect Children with high needs and repeat admissions may be denied access Child not in hospital long enough for meds to take effect Care in local residential facilities does not provide specialized care that is needed
Step-down or Diversion Services	Lack of Step-down services Services being offered are not appropriate (telehealth, not available, not accessible) Workforce shortage Distance Amount of services (3 hours CBRs)

School issues	Too long to get an Individualized Education Plan (IEP) School makes choices that don't match needs of the child Safety Plans from schools not developed with family input
Stigma and Blaming	Families being blamed if discharge is not successful Lack of collaboration and partnership with discharge planning No understanding of how language is shaming in emails or other explanations (highlighting family "non-compliance")
Other family concerns	Families required to get Release of Information (ROIs) and documents-often too much notice Lack of transparency about paperwork and other requirements Lack of empathy for other family crisis/situations Too many appointments and other children with needs Appointments scheduled quickly that may conflict with family availability Need one case manager/TCC type person Information on how access care not available Transportation not available Gas vouchers only at specific gas stations

Overview of YES Complaints

A total of 46 YES complaints, and one appeal, have been received in SFY 2022 during Q1 and Q2. (need to add Q3)

Table 1: YES Complaints Q1 and Q2 (full report published on YES Website)

	YES	Optum	EPSDT	MTM	Liberty	IDJC	FACS	SDE*	Total
Q1	7	6	0	8	0	5	0	-	26
Q2	0	4	0	10	1	5	0	-	20
SFY Q1 & Q2	7	10	0	18	1	10	0	-	46

11. YES Quality review processes

In SFY 2022, YES will continue to use two types of quality reviews to assess the quality of services being delivered and evaluate the integration of the YES Principles of Care into the system of care.

Family Experience Survey

The initial letters for the SFY 2022 Family Experience Survey were mailed out on Feb 8th, and the surveys were mailed out on Feb 14th. A follow up post card was mailed on Feb 21st and a final letter sent to those who did not respond yet was sent March 9th. The survey period closed on March 23rd. The 2022 survey continued to ask for input about most of the same items so that system improvement can be assessed and areas needing focus will be identified and targeted for improvement projects. Results from the 2022 Survey will be available in June.

Quality Review (QR)

The purpose of the YES Quality Review is to:

- Objectively assess and improve clinical practice and program effectiveness systemwide
- Identify YES program strengths and needs
- Develop actionable information based on specific clinical practice (why things happen)
- Identify targeted areas of clinical practice for system improvement

The QR process will include interviews with youth and families, record reviews, and interviews with clinical staff and supervisors involved in treatment.

In order for the 2022 Quality Review to focus on better identifying **clinical** root causes of shortages of high-quality intensive community treatment services specific questions to be answered such as:

1. What are the youth and caregivers' experience of barriers to accessing and engaging in and maintaining intensive community-based treatment services?
2. To what extent are providers serving youth with intensive treatment needs with care that is timely, appropriate, collaborative and ultimately effective? Why are or aren't they providing intensive treatment needs with care that is timely, appropriate, collaborative and ultimately effective?
3. What capacity do providers currently have for intensive community-based treatment? Capacity vs capability - do they have the ability to do the services (example Wraparound) and capacity issues as well?
4. What state-level barriers and supports impact the expansion of intensive community-based treatment?

The QR review process will be implemented between March and June of 2022. A methodology for identifying providers based on treatment effectiveness was developed by the QR consultant an example of the analysis is shown below.

Agencies across the spectrum were identified and contacted at the end of February. Interviews with families and youth will be scheduled starting in March. Record review and interviews with clinical staff and supervisors will take place in mostly in April. The report will be published in the summer of 2022. Results of the QR process will be utilized to help identify best practices and support quality improvement in clinical practice and program performance.

12. YES Medicaid Expenditures

Expenditures

Section 6 Expenditures: As of the report run date (05/03/22), the total dollars paid for services rendered to members between the ages of 0 to 17 during SFY22-Q3 increased slightly over the previous quarter (SFY21-Q4 to SFY22-Q3). Regionally the decrease was observed in all regions. While there was a decrease over the previous quarter, Year over Year (YoY) (SFY21-Q3 to SFY22-Q3) expenditures decreased by -6.5%.

QoQ (SFY21-Q3 to SFY22-Q2): 2.8%

YoY (SFY20-Q4 to SFY22-Q2):-6.5%

Table 15: SFY 2019, 2020, 2021 and SFY 2022, Q1, Q2 & Q3

Region.	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9/OOS	Total
SFY 19 Q1	1,531,452.57	382,856.90	1,818,948.08	2,358,511.02	774,343.84	564,868.09	2,676,191.22	22,768.60	10,129,940.32
SFY 19 Q2	1,425,493.52	366,544.47	1,984,478.68	2,624,848.24	847,167.14	652,351.76	2,886,425.21	18,734.22	10,806,043.24
SFY 19 Q3	1,608,488.52	407,470.91	2,262,573.98	2,891,166.35	833,015.99	679,834.93	3,060,592.46	17,716.87	11,760,860.01
SFY 19 Q4	1,643,276.56	356,614.22	2,496,251.41	2,963,594.10	891,260.99	717,802.31	3,115,480.07	22,721.91	12,207,001.57
SFY 20 Q1	1,511,606.91	320,393.68	2,190,599.93	2,704,560.03	890,427.89	696,533.40	3,230,334.28	25,447.07	11,569,903.19
SFY 20 Q2	1,765,277.62	348,437.16	2,266,905.08	2,860,393.99	1,012,246.47	720,213.42	3,271,995.39	22,815.56	12,268,284.69
SFY20-Q3	1,936,964.71	332,445.56	2,403,657.07	2,777,368.77	1,104,224.02	796,603.51	3,329,262.42	18,579.02	12,699,105.08
SFY20-Q4	2,219,565.70	318,077.76	2,261,872.53	2,696,765.12	961,167.99	808,687.71	3,545,815.94	18,949.71	12,830,902.46
SFY21-Q1	2,020,813.27	352,590.99	2,317,166.56	3,010,009.88	1,021,551.82	814,755.03	3,350,339.25	23,599.61	12,910,826.41
SFY21-Q2	2,155,123.04	329,233.44	2,464,164.45	3,074,054.91	1,294,530.07	827,068.23	3,378,072.46	13,695.97	13,535,942.57
SFY21-Q3	2,405,282.20	362,871.15	2,865,449.98	3,489,378.97	1,365,390.84	911,960.32	3,596,798.42	18,051.35	15,015,183.23
SFY21-Q4	2,418,804.34	411,658.26	2,694,846.16	3,651,637.10	1,466,324.18	901,770.78	3,591,505.90	30,887.62	15,167,434.34
SFY22-Q1	1,936,494.43	402,431.08	2,321,984.56	3,421,745.26	1,321,511.28	843,919.99	3,436,296.70	23,913.43	13,708,296.73
SFY22-Q2	1,758,529.31	329,725.82	2,451,366.08	3,543,142.81	1,239,629.08	873,254.54	3,431,422.72	19,373.80	13,646,444.16
SFY22-Q3	1,865,880.86	350,854.45	2,480,225.89	3,702,896.42	1,169,109.23	983,127.96	3,461,436.53	18,366.33	14,031,897.67

Chart 15: Medicaid Service Expenditures

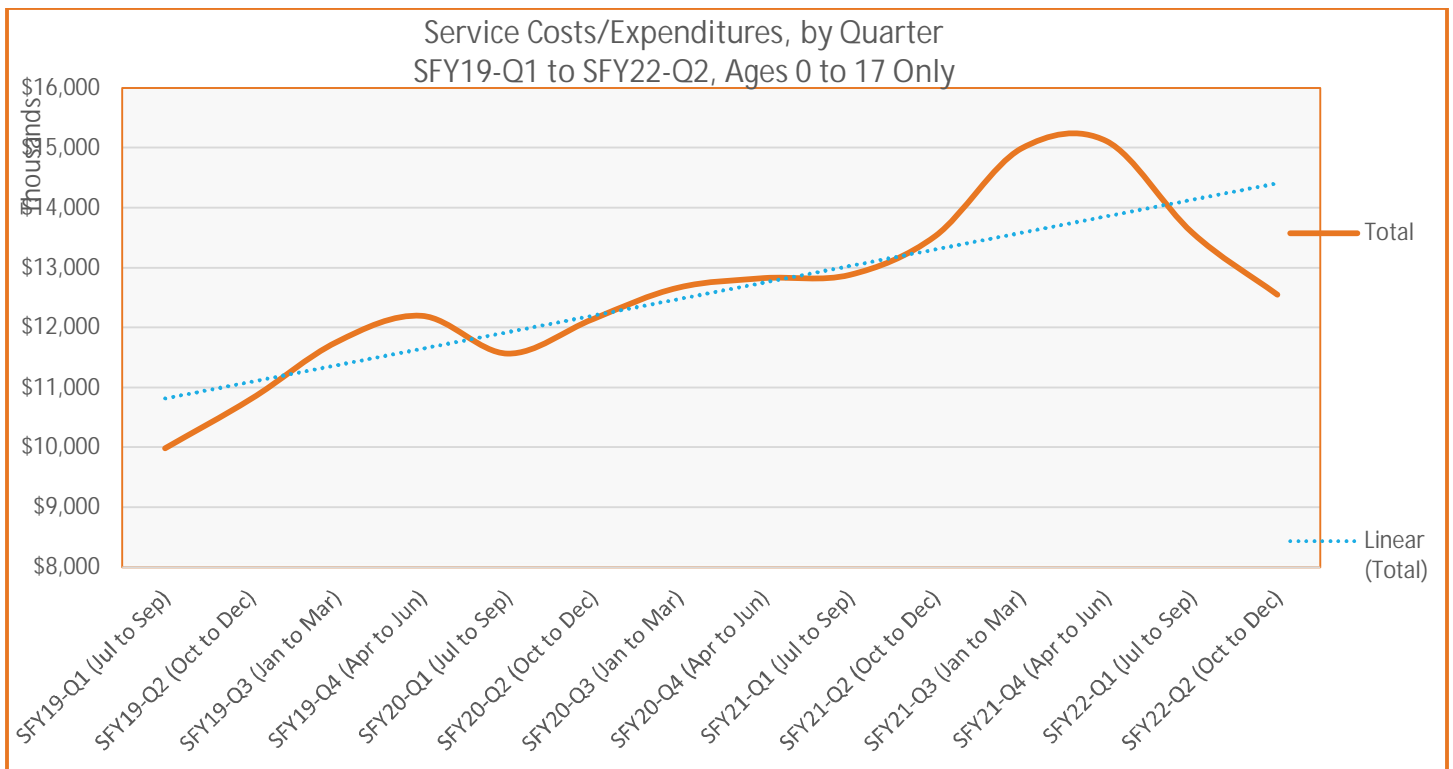


Chart 16: Medicaid Service Expenditures by Region

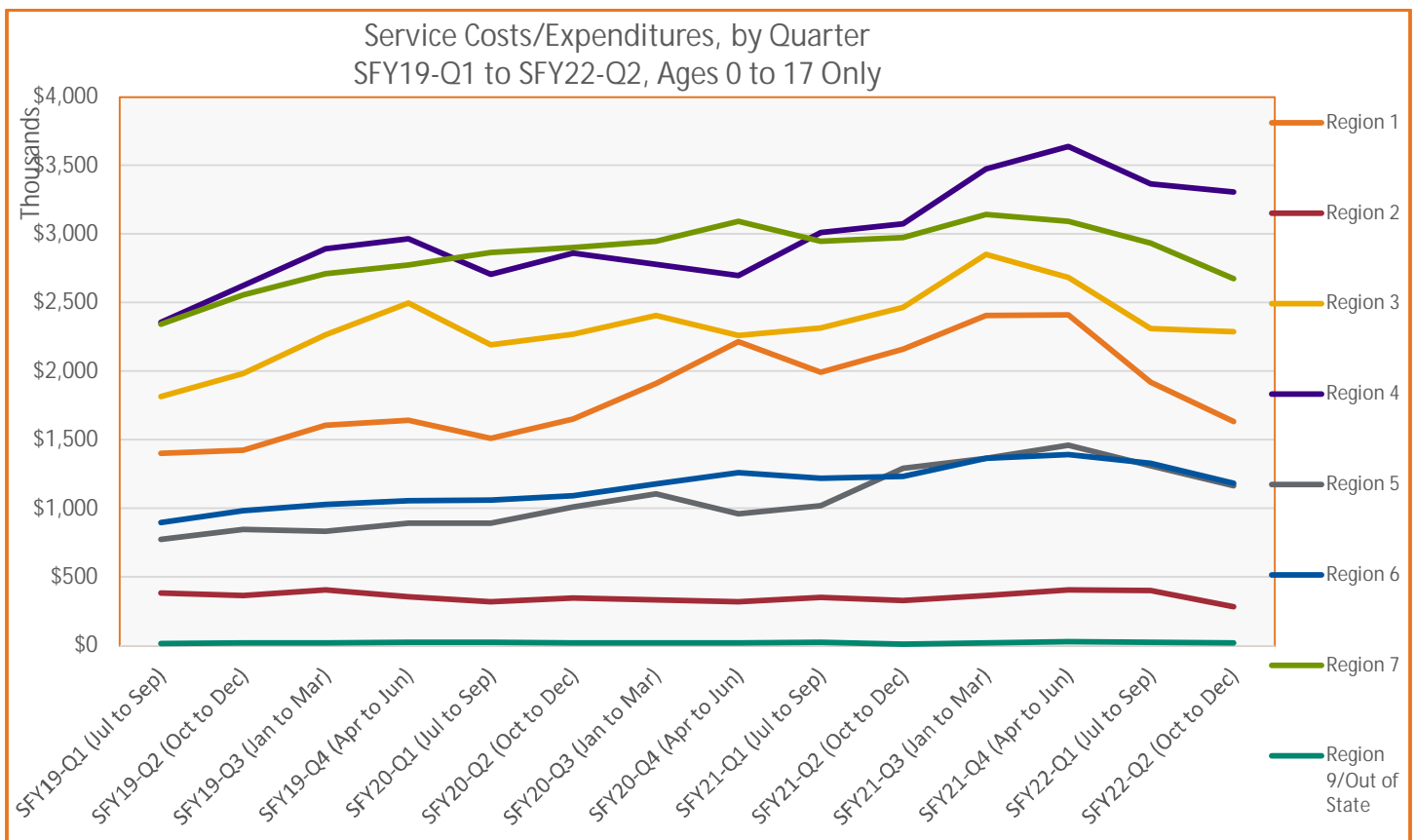


Chart 17: PRTF Expenditures July 2018- March 2022

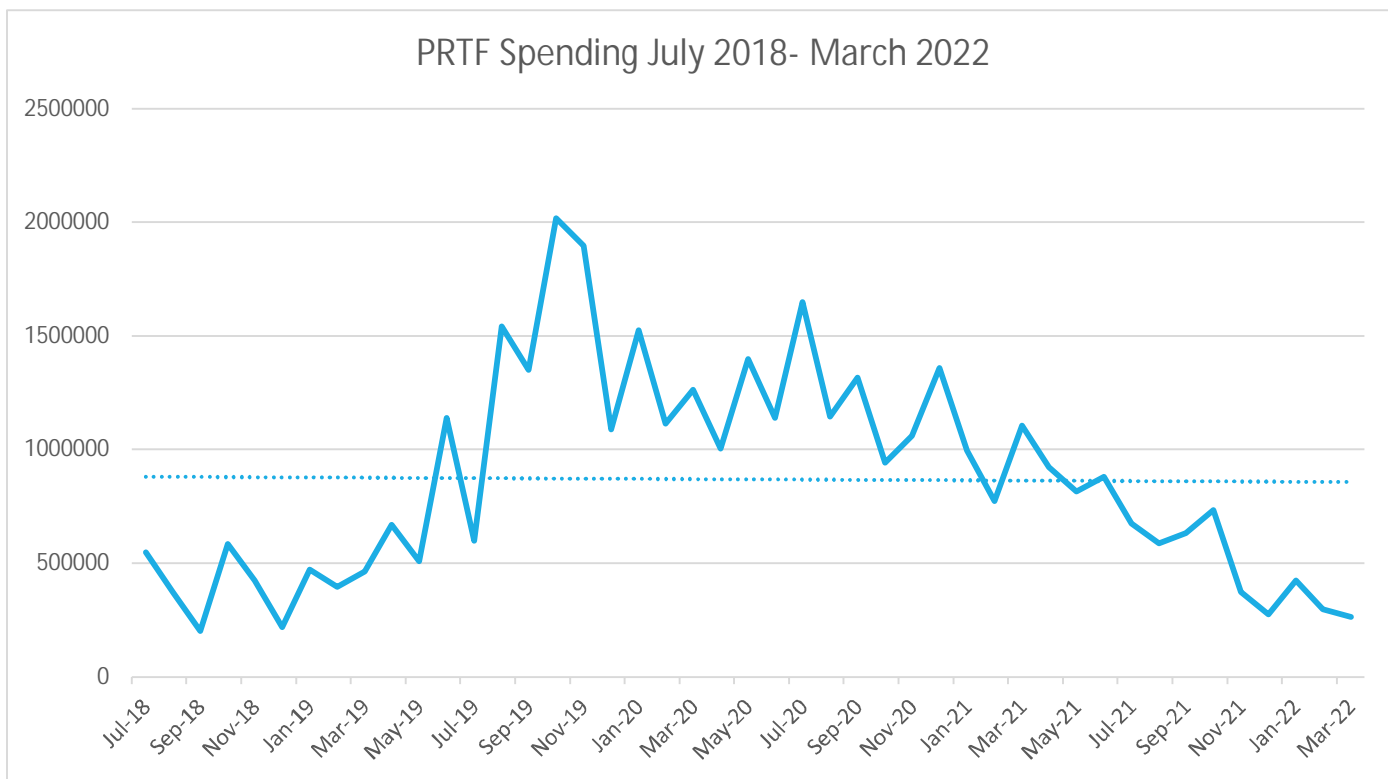
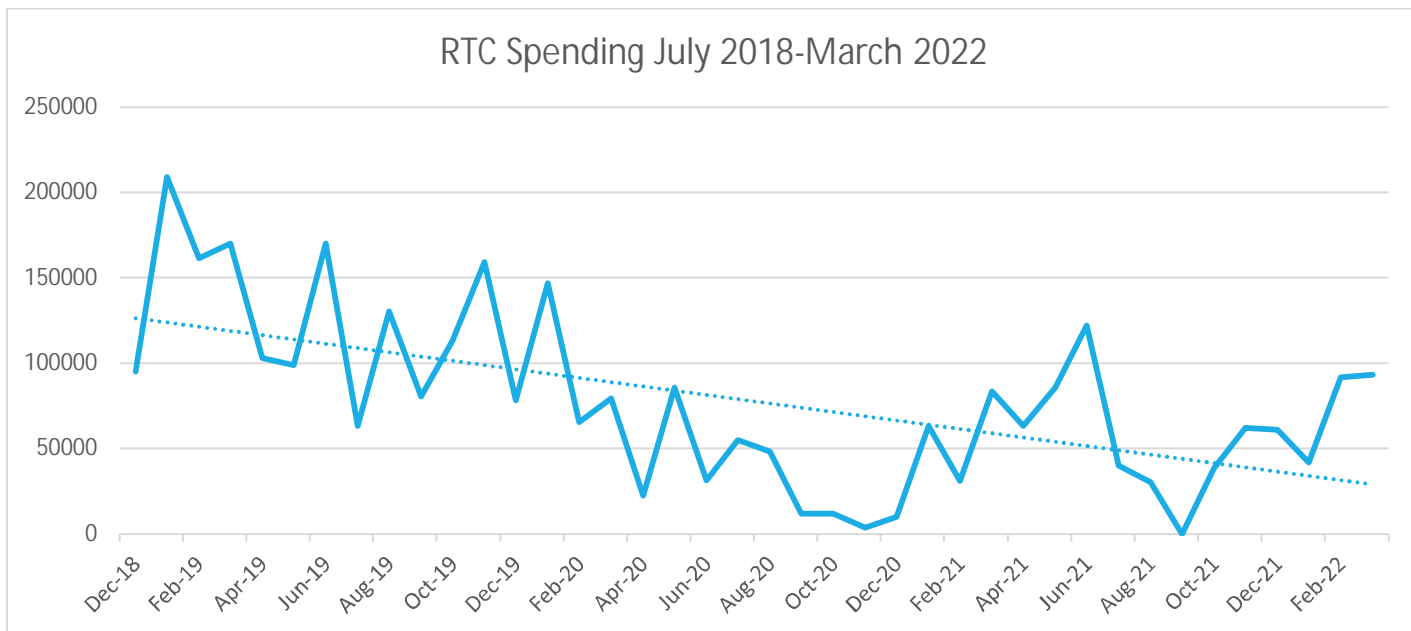


Chart 18: RTC Expenditures July 2018- March 2022



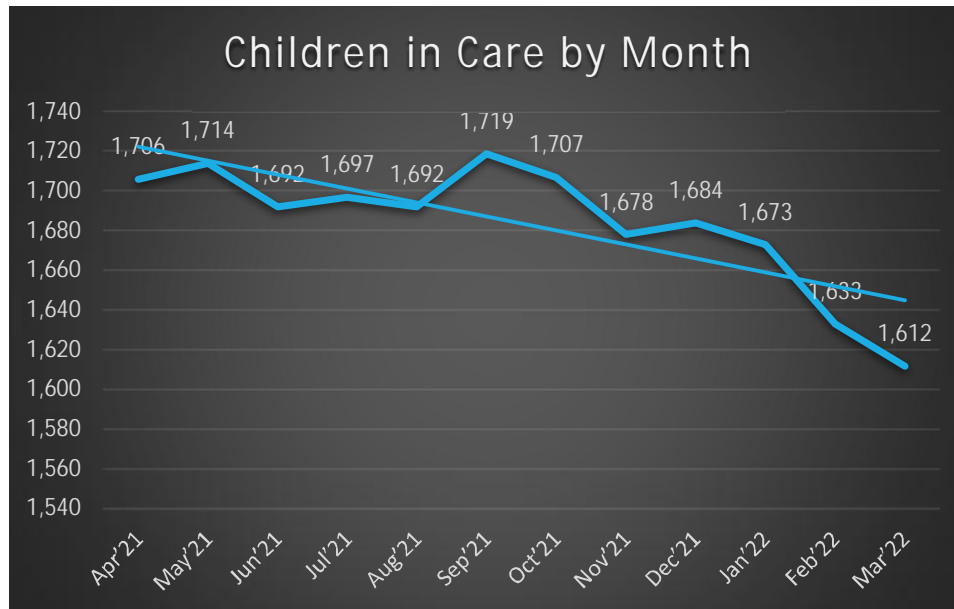
[Additional YES Data](#)

13. YES Partners Information

Family and Community Services (FACS)- Need Q3 data

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 Division of FACS but will be included in future QMIA-Q reports.

Chart 19: SFY 2022, 3Q Number of Children active in Foster Care by month



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

Idaho Department of Juvenile Corrections (IDJC)

About IDJC

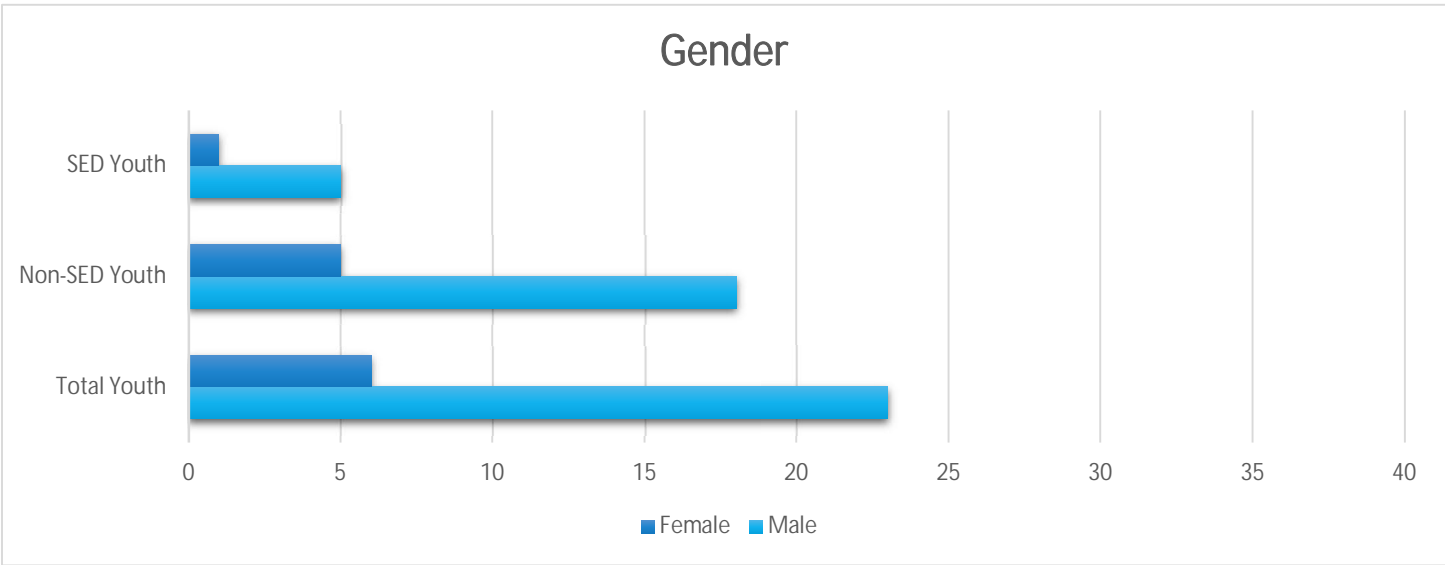
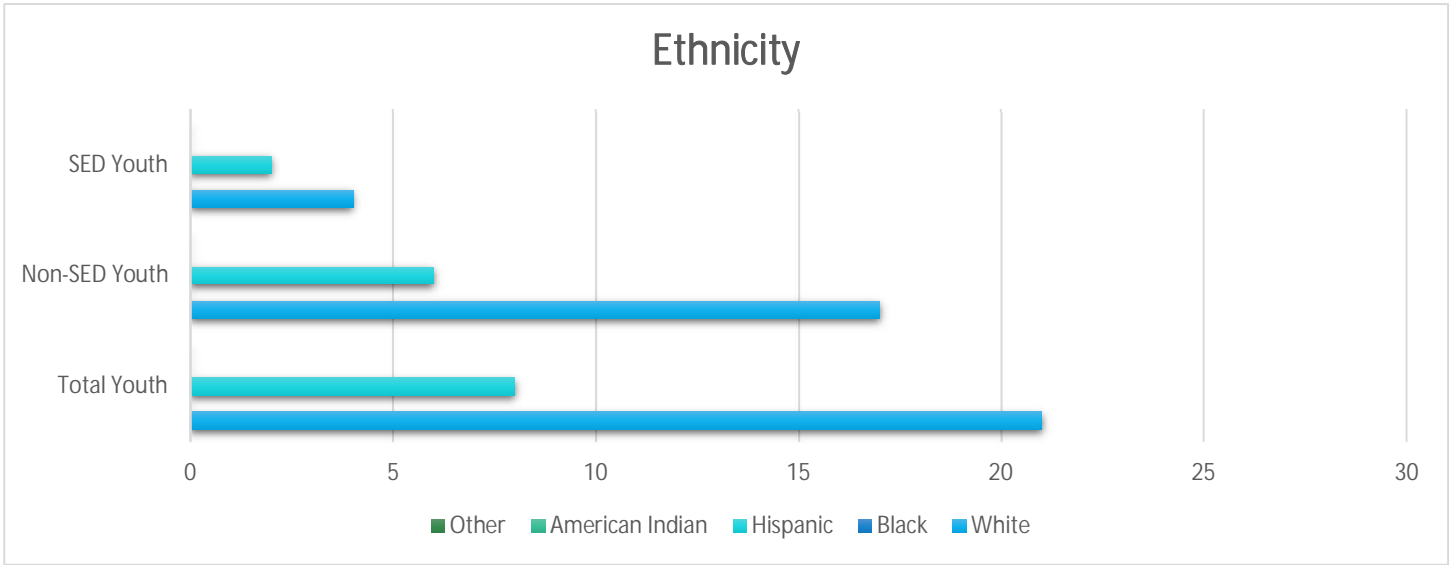
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided from system partners) determine the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

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

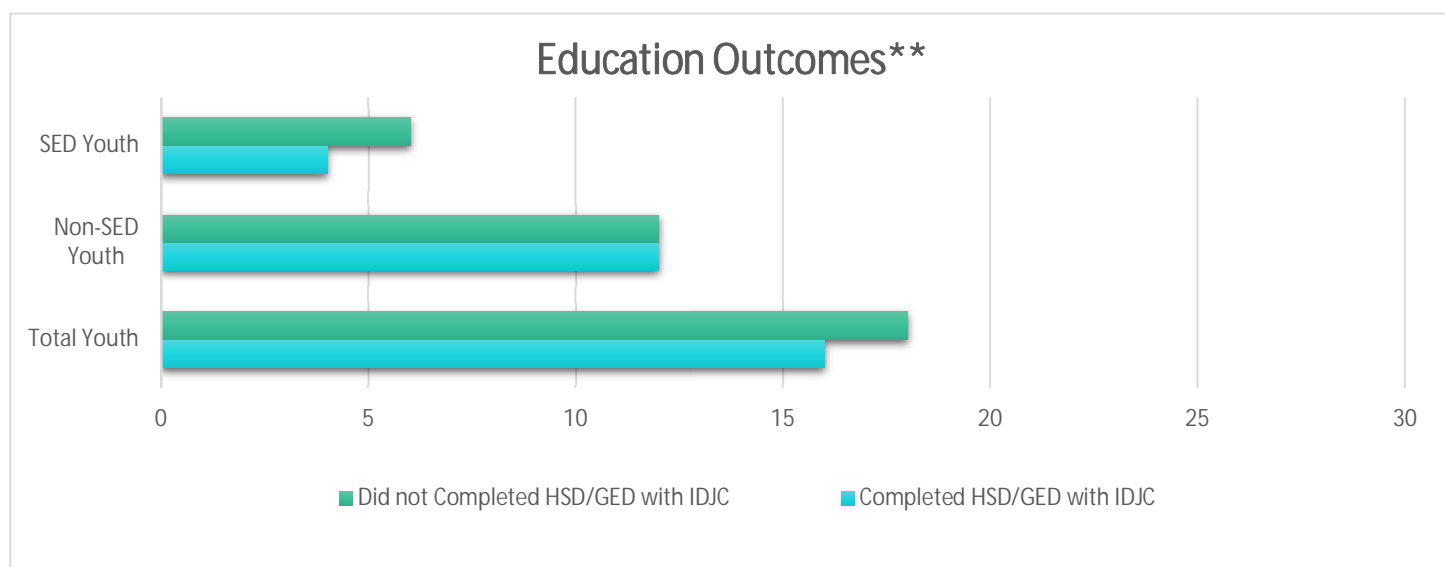
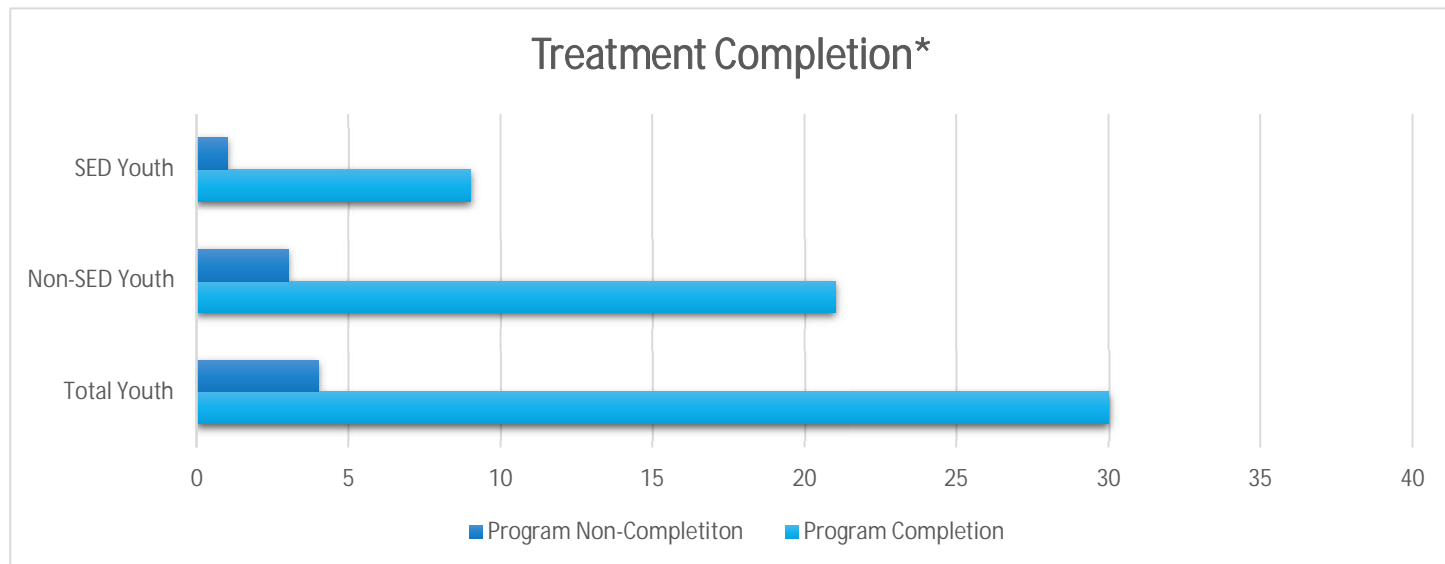
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

2022 Second Quarter Report

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



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

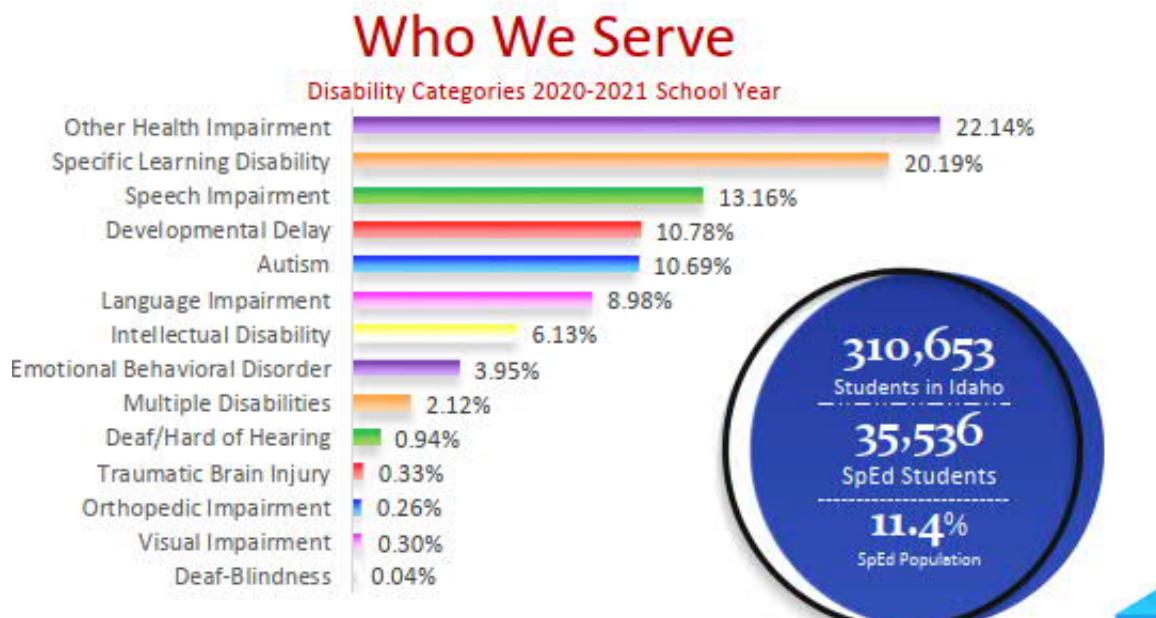


*Defined as reduced risk to a 2 or a 1 (5-1 scale) on the Progress Assessment / Reclassification (PAR/R) assessment.

**Eligible juveniles are under 18 that did not complete their high school diploma (HSD) or General Education Development (GED) while attending the accredited school at IDJC.

State Department of Education (SDE)

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 September 2021 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/>.

14 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: January 1, 2022 — March 31, 2022

VISITORS AND PAGES

Visits

4,970

% of Total: 100.00% (4,970)



Unique Visitors

3,556

% of Total: 100.00% (3,556)



Type of Visitors

■ New Visitor ■ Returning Visitor



Visits by Location

City	Sessions
Boise	1,135
(not set)	596
Nampa	334
Coffeyville	245
Meridian	183
Seattle	179
Idaho Falls	167
Pocatello	115
Salt Lake City	107
Rigby	97

Average Pages per Visit

1.99

Avg for View: 1.99 (0.00%)

Average Visit Duration

00:02:02

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

Pageviews 9,883 in Quarter

● Pageviews

400

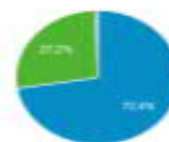


Unique Page Views Top 10: 1/1/22-3/31/22

Page Title	Unique Pageviews	Pageviews
Welcome to YOUTH EMPOWERMENT SERVICES	2,985	3,759
YOUTH EMPOWERMENT SERVICES	832	853
Quick Start Guide YOUTH EMPOWERMENT SERVICES	644	741
Contact Us YOUTH EMPOWERMENT SERVICES	605	655
Parents YOUTH EMPOWERMENT SERVICES	368	426
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	354	388
YES History and Current Development YOUTH EMPOWERMENT SERVICES	300	339
Getting Started YOUTH EMPOWERMENT SERVICES	252	305
Wraparound Intensive Services YOUTH EMPOWERMENT SERVICES	228	272
YES Overview YOUTH EMPOWERMENT SERVICES	219	229

Visits by Device

■ desktop ■ mobile ■ tablet



Visits by Device

Device Category	Sessions	Bounce Rate
desktop	3,598	53.81%
mobile	1,350	60.67%
tablet	22	59.09%

Visits by Traffic Site

Traffic Type	Sessions
direct	2,920
organic	1,756
referral	294

Bounce Rate

55.69%

Avg for View: 55.69% (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: January 1, 2022 — March 31, 2022

TRAFFIC SOURCES AND FILES

Most Engaging Traffic Sources

Source / Medium	Sessions	Pages / Session
(direct) / (none)	2,920	1.81
google / organic	1,395	2.18
bing / organic	275	2.69
idaholas.com / referral	55	2.07
baldu / organic	29	1.00
duckduckgo / organic	28	1.89
namidaho.org / referral	27	2.26
m.facebook.com / referral	23	1.78
yahoo / organic	23	2.83
lm.facebook.com / referral	16	2.00

QMIA Reports

1. [QMIA Quarterly](#)—March 2022
2. [QMIA Quarterly](#)—January 2022
3. [Rights and Resolutions](#)—March 2022
4. [Rights and Resolutions](#)—January 2022
5. [WINS](#)—Q2 SFY 2022
6. [WINS](#)—Q1 SFY 2022

Downloads

- 2
- 37
- 3
- 3
- 4
- 3

File Downloads

Event Category	Unique Events
File Download	2,112
External Links	877

File Name	Downloads
1. Getting Started with YES	488
2. YES 101	286
3. MH Crisis Definitions and Expectations	115
4. YES Overview trifold	112
5. YES Practice Manual	105
6. MH Checklist for Youth	107
7. Youth Crisis and Safety Planning	96
8. Youth MH Checklist for Families	87
9. DHW CMH Office Map	80
10. YES for Youth FAQ	49

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.

SEARCH

Top Search Results for “Youth Empowerment Services”

Google

1. [YES | Home](#)
2. [Youth Empowerment Services > DHW Medicaid page](#)
3. [Youth Empowerment Services > Optum Idaho Provider FAQs](#)
4. [Findhelp.org—YES Idaho information](#)
5. [Liberty Healthcare YES Information page](#)

Bing

1. [Youth Empowerment Services > DHW Medicaid page](#)
2. [YES | Home](#)
3. [YES—Youth Getting Started page](#)
4. [Texas YES Waiver page](#)
5. [Y.E.S. Career and Recovery Resources \(Unrelated program\)](#)

External Links

Most Clicked Links to Outside Sites and Resources

1. [Practice Manual E-book](#)
2. [DHW ICANS page](#)
3. [Children's Behavioral Health](#)
4. [Find your Regional Office](#)
5. [DHW Idaho TCOM Institute page](#)
6. [185-300% of the Federal Poverty Guidelines \(ASPE\)](#)
7. [CANS for Families Video](#)
8. [Concerns/Complaints](#)
9. [IGT meeting notes](#)
10. [Optum Idaho Network Provider website](#)

Medicaid Eligible Members

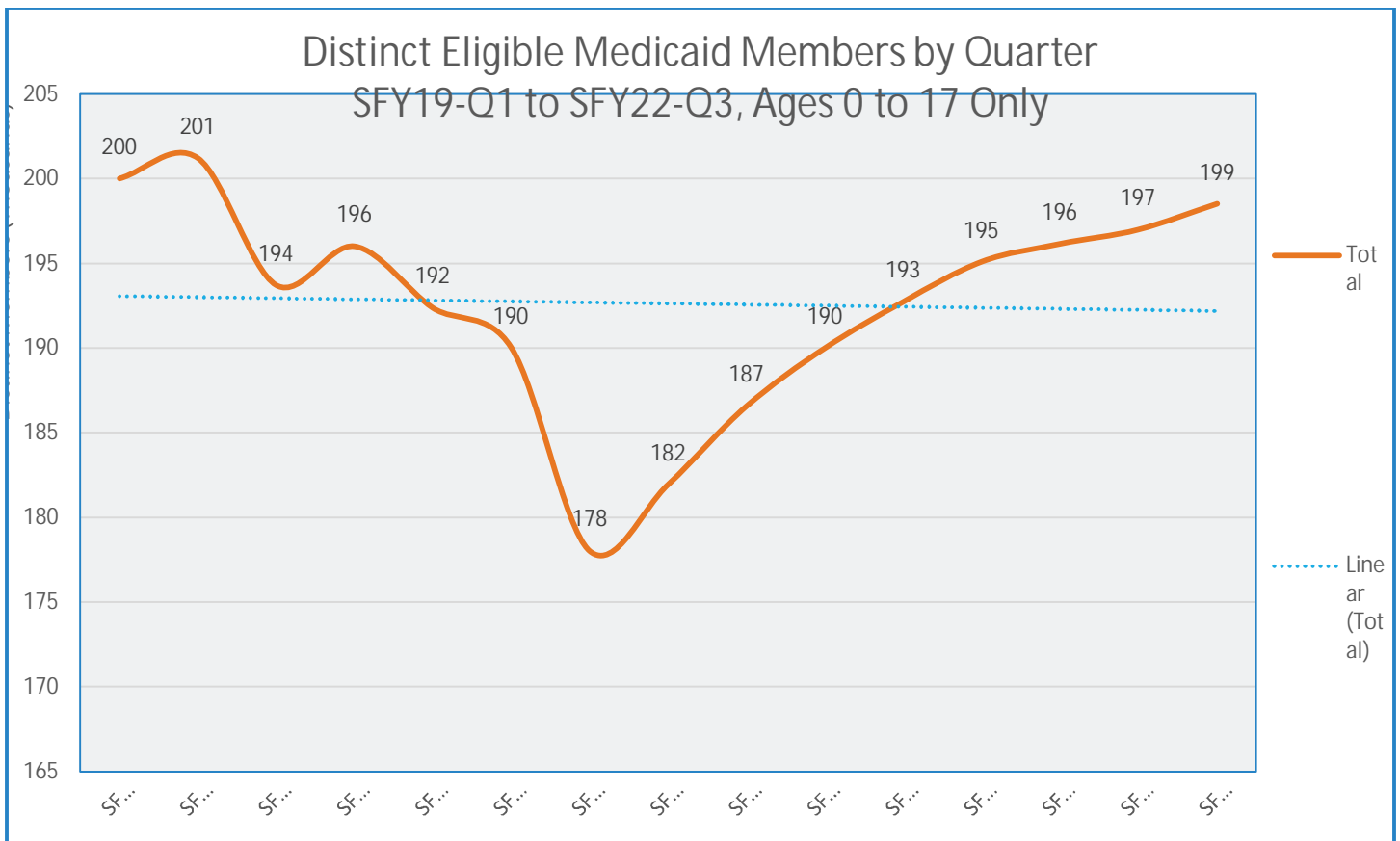
Section 1 Eligible Members: Medicaid eligible members (0-17) remains stable over the report time period (SFY19-Q1 to SFY22-Q3), with positive growth over the last four quarters across all regions. The most recent quarter increase of Total Members grew by 0.8% Quarter over Quarter (QoQ) (SFY22-Q2 to SFY22-Q3). Year over Year (YoY) (SFY21-Q3 to SFY22-Q3), membership saw an increase of 3.0%.

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

QoQ (SFY22-Q2 to SFY22-Q3): 0.8%

YoY (SFY21-Q3 to SFY22-Q3): 3.0%

Region.	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9/Out of State	Total
SFY19-Q1 (Jul to Sep)	22,899	7,859	43,046	39,508	27,270	14,699	36,153	8,607	200,041
SFY19-Q2 (Oct to Dec)	23,204	7,910	43,436	39,911	27,562	14,863	36,501	7,830	201,217
SFY19-Q3 (Jan to Mar)	22,400	7,690	41,529	38,364	26,628	14,387	35,195	7,536	193,729
SFY19-Q4 (Apr to Jun)	22,699	7,755	42,046	38,773	27,026	14,516	35,759	7,459	196,033
SFY20-Q1 (Jul to Sep)	22,331	7,681	40,973	38,133	26,495	14,246	35,243	7,294	192,396
SFY20-Q2 (Oct to Dec)	22,037	7,606	40,603	37,568	26,318	14,264	35,042	6,612	190,050
SFY20-Q3 (Jan to Mar)	20,609	7,161	37,857	35,159	24,603	13,399	32,811	6,448	178,047
SFY20-Q4 (Apr to Jun)	21,178	7,335	38,722	35,990	25,181	13,775	33,402	6,377	181,960
SFY21-Q1 (Jul to Sep)	21,789	7,551	39,626	36,875	25,860	14,171	34,429	6,280	186,581
SFY21-Q2 (Oct to Dec)	22,358	7,746	40,479	37,706	26,485	14,451	35,163	5,624	190,012
SFY21-Q3 (Jan to Mar)	22,794	7,832	41,055	38,242	26,884	14,682	35,796	5,480	192,765
SFY21-Q4 (Apr to Jun)	23,145	7,972	41,567	38,627	27,181	14,850	36,480	5,290	195,112
SFY22-Q1 (Jul to Sep)	23,267	8,068	41,847	38,997	27,369	15,057	37,027	4,540	196,172
SFY22-Q2 (Oct to Dec)	23,717	8,193	42,148	39,450	27,695	15,275	37,594	2,941	197,013
SFY22-Q3 (Jan to Mar)	23,961	8,323	42,562	39,842	28,067	15,416	38,142	2,228	198,541



Utilization Rate - Percentage of Eligible Members Using Services

Section 4 Percent Utilization: While data reveals variation in total members 0-17 eligible and also utilizing services over the report time period (Jul 2018 to Mar 2022), the percentage of members utilizing services remains relatively steady by quarter varying from 8.1% to 9.8%. It should also be noted that variation can be attributed to seasonality consistent with previous plan experience similar for each year.

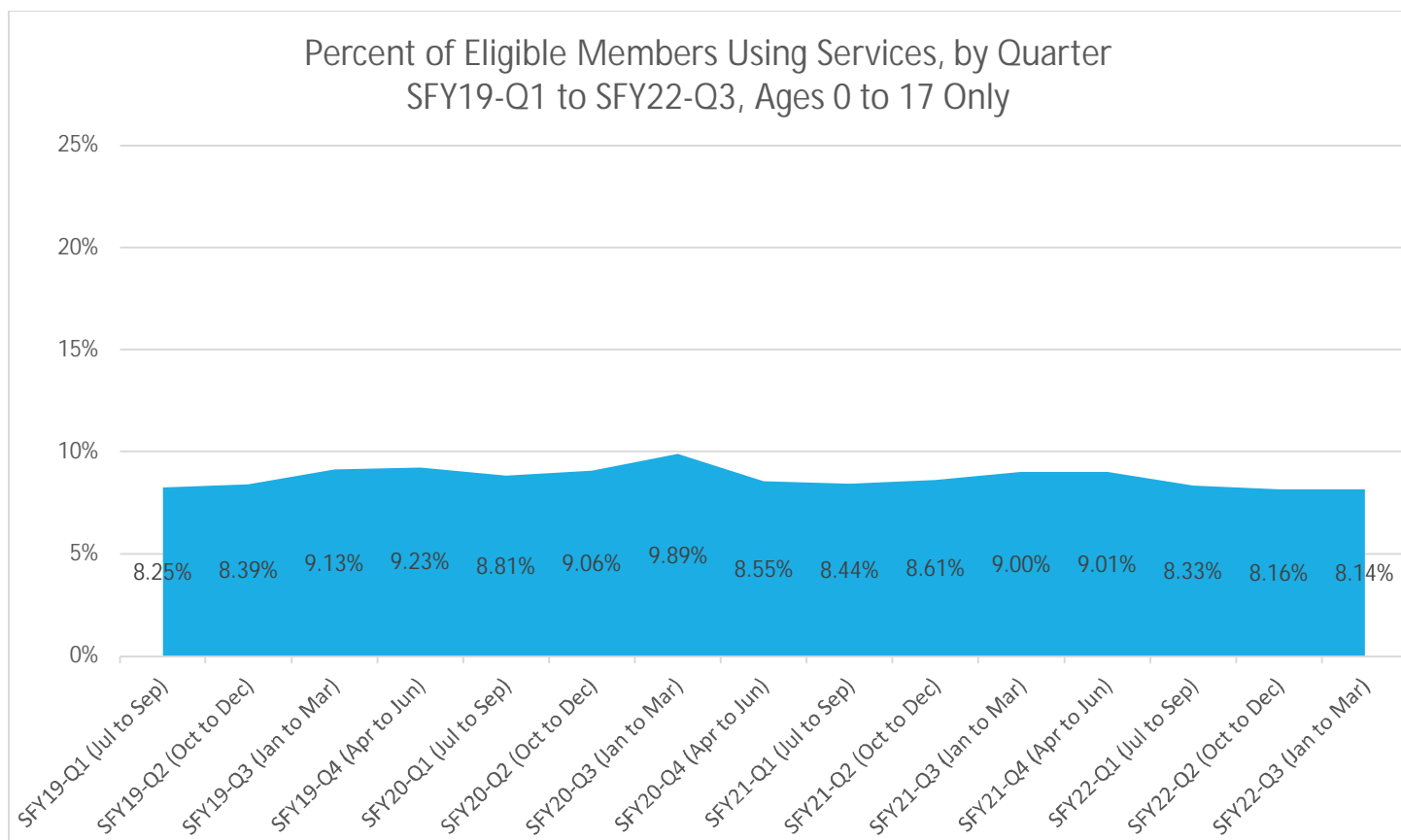
QoQ (SFY21-Q4 to SFY22-Q2): -0.2%

YoY (SFY21-Q1 to SFY22-Q2): -9.5%

Table #: 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 3/31/2022 for utilizers/members between the ages of 0 to 17. Data as of 5/3/2022

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



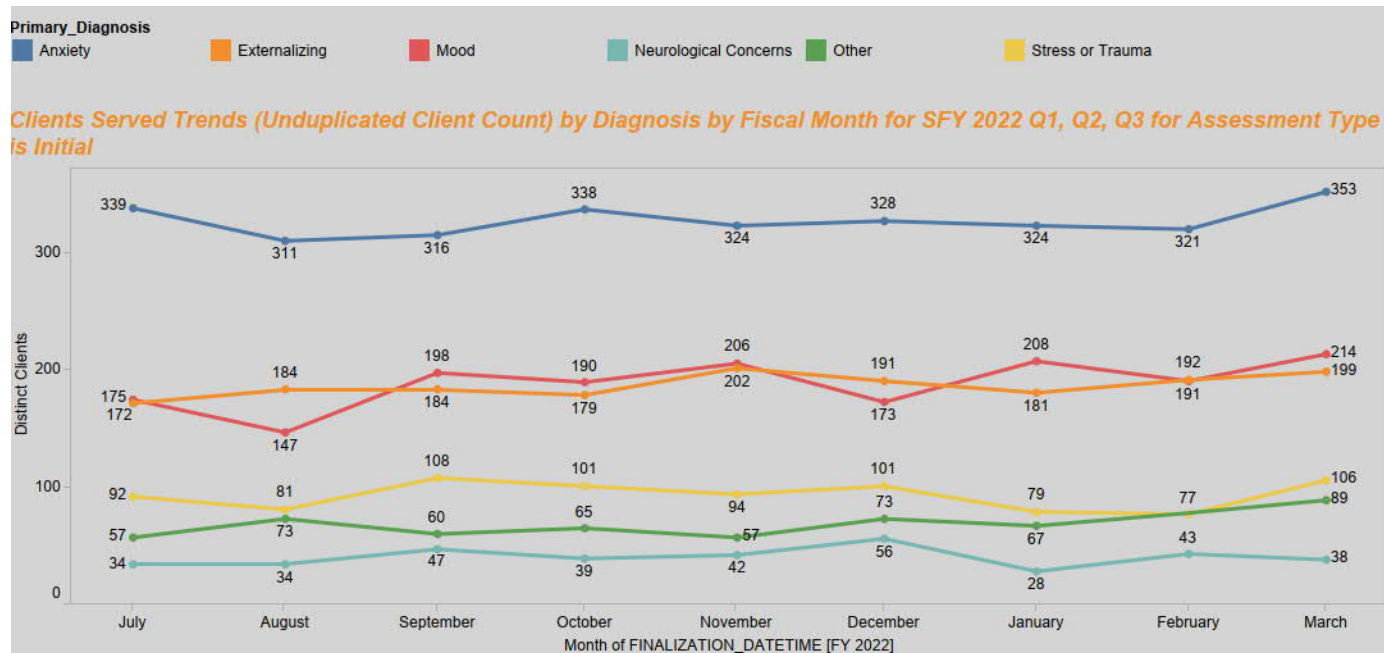
Qtr.	Total Utilizers per Quarter	Total Distinct Members per Quarter	Pct Utilizers	Rate per Thousand
SFY19-Q1 (Jul to Sep)	16,457	199,998	8.23%	82
SFY19-Q2 (Oct to Dec)	16,883	201,153	8.39%	84
SFY19-Q3 (Jan to Mar)	17,687	193,703	9.13%	91
SFY19-Q4 (Apr to Jun)	18,097	195,969	9.23%	92
SFY20-Q1 (Jul to Sep)	16,953	192,300	8.82%	88
SFY20-Q2 (Oct to Dec)	17,188	189,980	9.05%	90
SFY20-Q3 (Jan to Mar)	17,589	177,971	9.88%	99
SFY20-Q4 (Apr to Jun)	15,556	181,897	8.55%	86

SFY21-Q1 (Jul to Sep)	15,725	186,499	8.43%	84
SFY21-Q2 (Oct to Dec)	16,361	189,915	8.61%	86
SFY21-Q3 (Jan to Mar)	17,319	192,617	8.99%	90
SFY21-Q4 (Apr to Jun)	17,527	195,014	8.99%	90
SFY22-Q1 (Jul to Sep)	16,239	195,919	8.29%	83
SFY22-Q2 (Oct to Dec)	15,289	196,159	7.79%	78
SFY22-Q3 (Jan to Mar)	16,165	198,541	8.14%	81

YES Profiles

YES Diagnosis

Chart 23: Diagnosis by month



Safe, in school and out of trouble?

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 & Q2 , approximately 76% on average have no evidence of safety issues (score of zero on the CANS), 18% have some safety concerns noted (Score of 1 on the CANS), 6% have safety issues that are interfering with their functioning (Score of 2 on the CANS) , and 1% are having severe problems with safety issues (Score of 3 on the CANS).

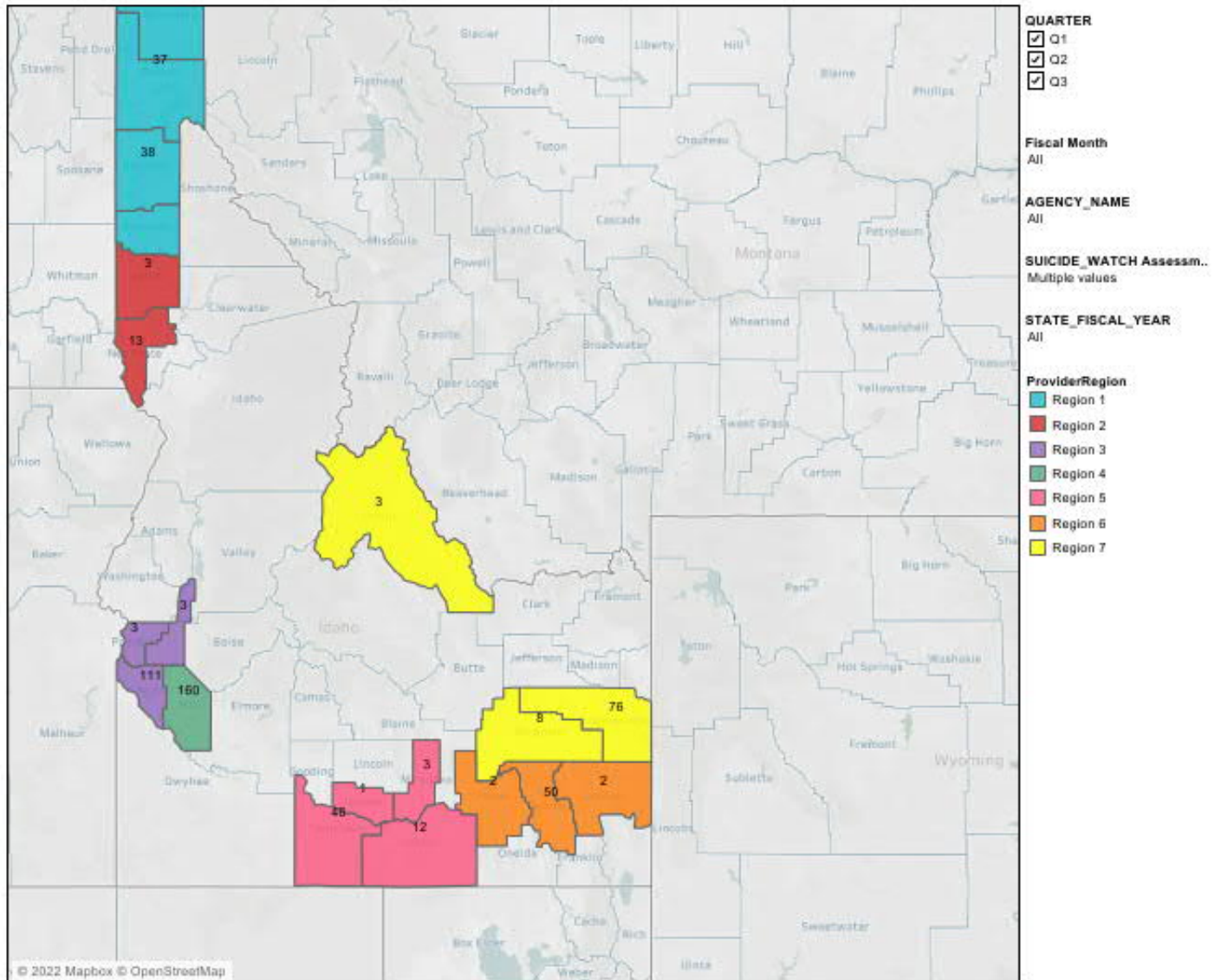
CMH CANS Clients (SAFE) for SFY 2022 Q1, Q2 and Q3						
SUICIDE_WATCH						
	0	1	2	3	Grand Total	
Suicide Watch	5,474	1,801	537	55	7,685	SUICIDE_WATCH Assessment Score Applies to SUICIDE WATCH Table only All
% along SUICIDE_...	71.23%	23.44%	6.99%	0.72%	100.00%	
DANGER_TO_OTHERS						
	0	1	2	3	Grand Total	
Distinct Clients	5,927	1,261	600	72	7,685	DANGER_TO_OTHERS Assessment Score Applies to DANGER TO OTHERS Table only All
% along DANGER_T...	77.12%	16.41%	7.81%	0.94%	100.00%	
SELF_MUTILATION						
	0	1	2	3	Grand Total	
Distinct Clients	5,603	1,584	646	41	7,685	SELF_MUTILATION Assessment Score Applies to SELF MUTILATION Table only All
% along SELF_MUTILA...	72.91%	20.61%	8.41%	0.53%	100.00%	
SELF_HARM						
	0	1	2	3	Grand Total	
Distinct Clients	6,116	1,205	499	56	7,685	SELF_HARM Assessment Score Applies to SELF HARM Table only All
% along SELF_HARM	79.58%	15.68%	6.49%	0.73%	100.00%	
FLIGHT_RISK						
	0	1	2	3	Grand Total	
Distinct Clients	6,424	1,064	280	63	7,685	FLIGHT_RISK Assessment Score Applies to FLIGHT RISK Table only All
% along FLIGHT_RISK	83.59%	13.85%	3.64%	0.82%	100.00%	

Locations of children and youth with higher risk of safety issues by county for SFY 2022, Q1, Q2 and Q3:

SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2022 Q1, Q2 & Q3

Suicide Watch Domain
with assessment
score 2 and 3

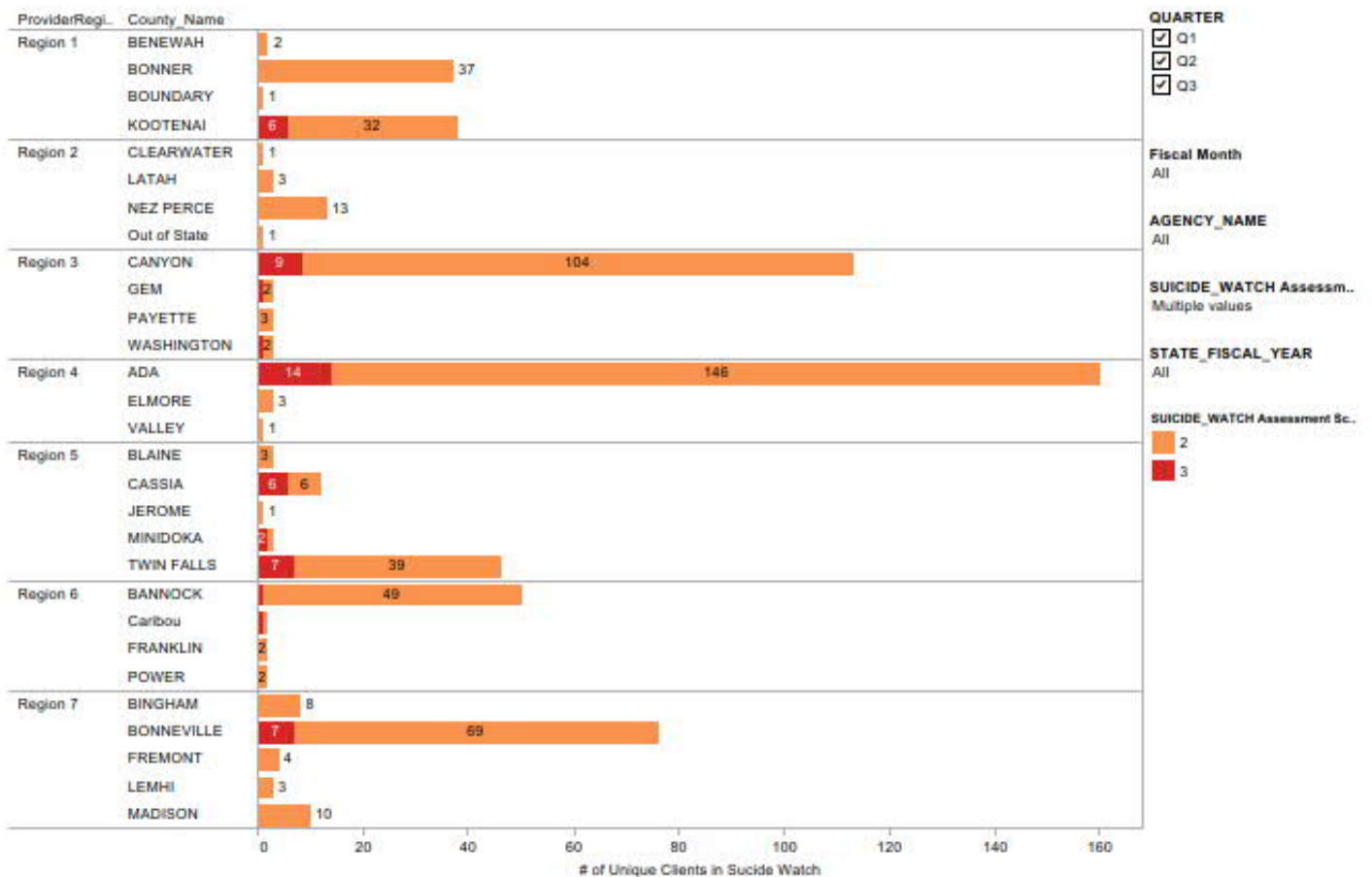
Suicide Watch Domain
with assessment
score 2 and 3 With
regional Chart

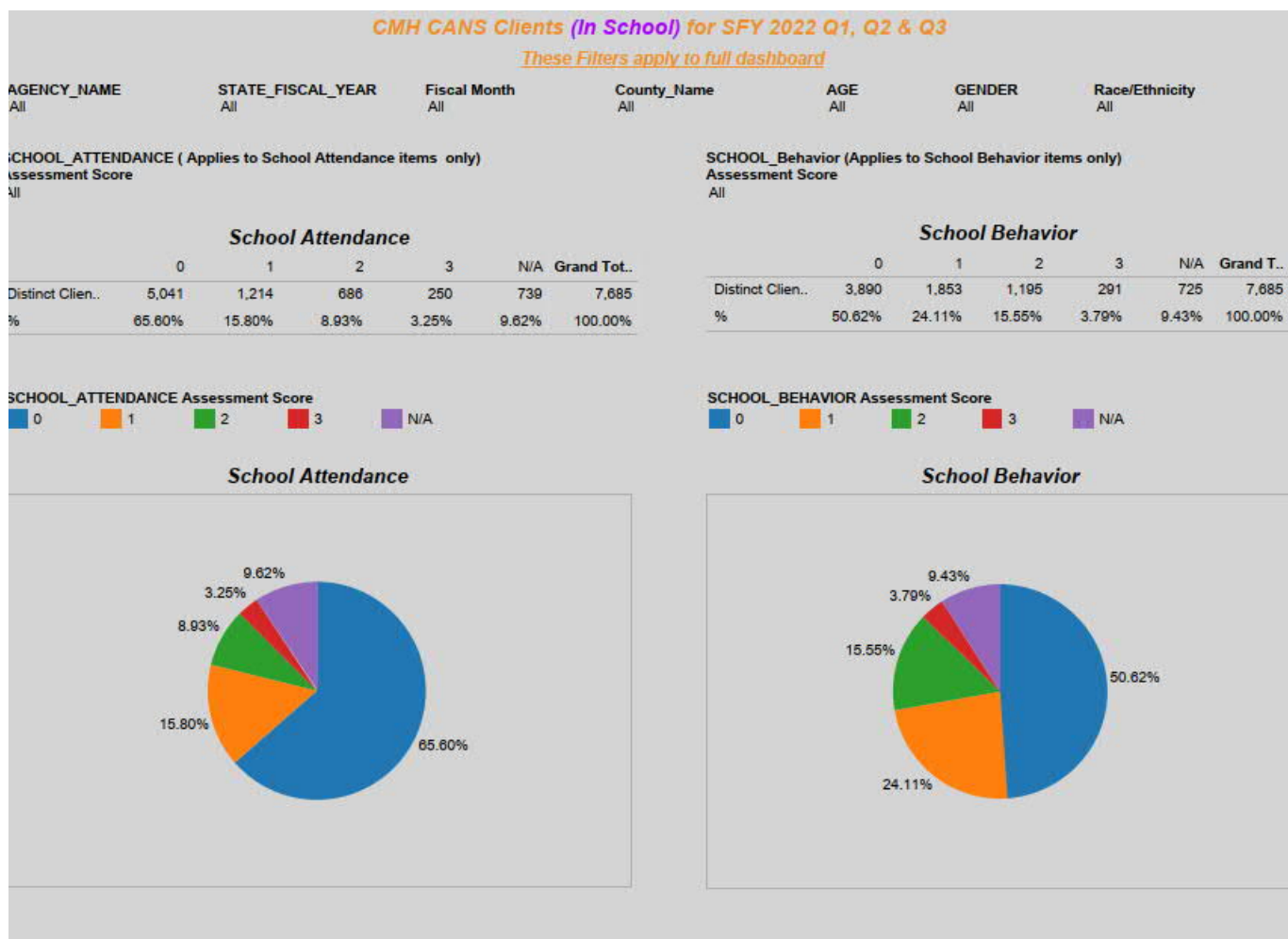


SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2022 Q1, Q2 & Q3

Suicide Watch Domin
with assessment
score 2 and 3

Suicide Watch Domin
with assessment
score 2 and 3 With
regional Chart





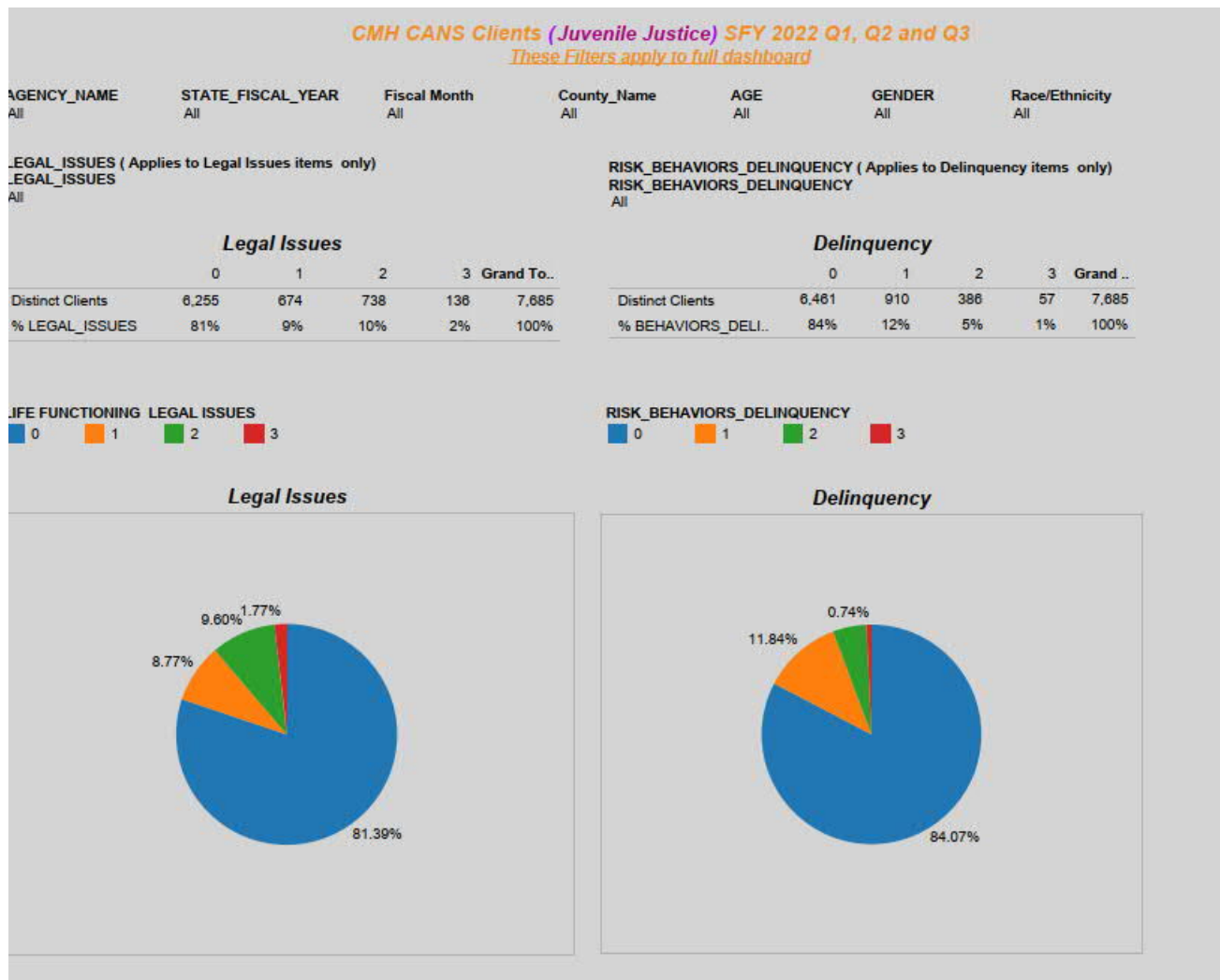
What is School Behavior?

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, Q2 & Q3



Appendix A: Glossary- updated Sept 2021

Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
Class Member	Idaho residents with serious emotional disturbance (SED) who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
Distinct Number of Clients	Child or youth is counted once within the column or row but may not be unduplicated across the regions or entities in the table.
EPSDT	Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which is now referred to as Children's Medicaid, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. (National website Medicaid.gov).
IEP	The Individualized Education Plan (IEP) is a written document that spells out a child or youth's learning needs, the services the school will provide, and how progress will be measured.
Intensive Care Coordination (ICC)	A case management service that provides a consistent single point of management, coordination, and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that such services are coordinated and delivered consistent with the Principles of Care and Practice Model.
Jeff D. Class Action Lawsuit Settlement Agreement	The Settlement Agreement that ultimately will lead to a public children's mental health system of care (SoC) that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles.
QMIA	A quality management, improvement, and accountability program.
Serious Emotional Disturbance (SED)	The mental, behavioral, or emotional disorder that causes functional impairment and limits the child's functioning in family, school, or community activities. This impairment interferes with how the youth or child needs to grow and change on the path to adulthood, including the ability to achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills.
SFY	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
SFYTD	The acronym for State Fiscal Year to Date.
System of Care	An organizational philosophy and framework that involves collaboration across agencies, families, and youth for improving services and access, and expanding the array of coordinated community-based, culturally, and linguistically competent services and supports for children.
TCOM	The Transformational Collaborative Outcomes Management (TCOM) approach is grounded in the concept that the different agencies that serve children all have their own perspectives, and these different perspectives create conflicts. The tensions that result from these conflicts are best managed by keeping a focus on common objectives — a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.
Unduplicated Number of Clients	Child or youth is counted only once in the column or row
Youth Empowerment Services (YES)	The name chosen by youth groups in Idaho for the new System of Care that will result from the Children's Mental Health Reform Project.
Other YES Definitions	<p>System of Care terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/</p> <p>YES Project Terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/</p>

Appendix B –Annual estimation

Annual Estimated Number of Potential Class Members Dec, 2021

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

	Type of insurance				
	Employer	Non-Group	Medicaid	Uninsured	Total
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 up to 100%, however the choice was to use the percentage 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", "sort":%7B"asc"%7D](https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?dataView=1¤tTimeframe=0&selectedRows=%7B)

Prevalence rates:

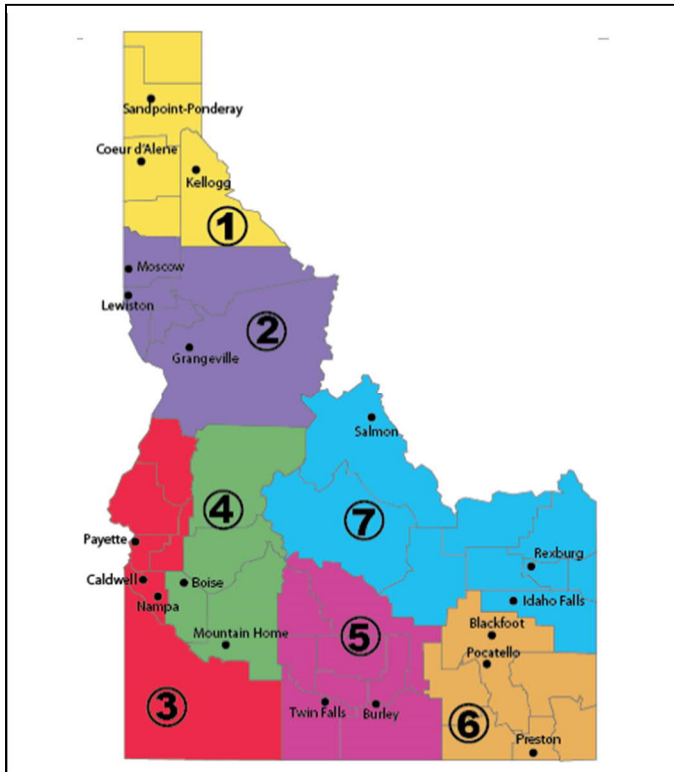
Medicaid : <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

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

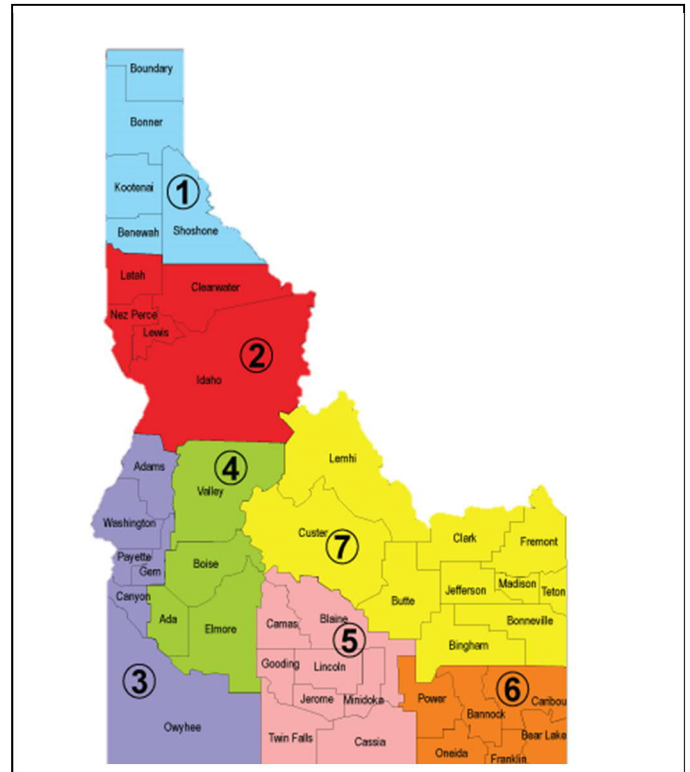
Private insurance:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

Appendix C- Regional Maps

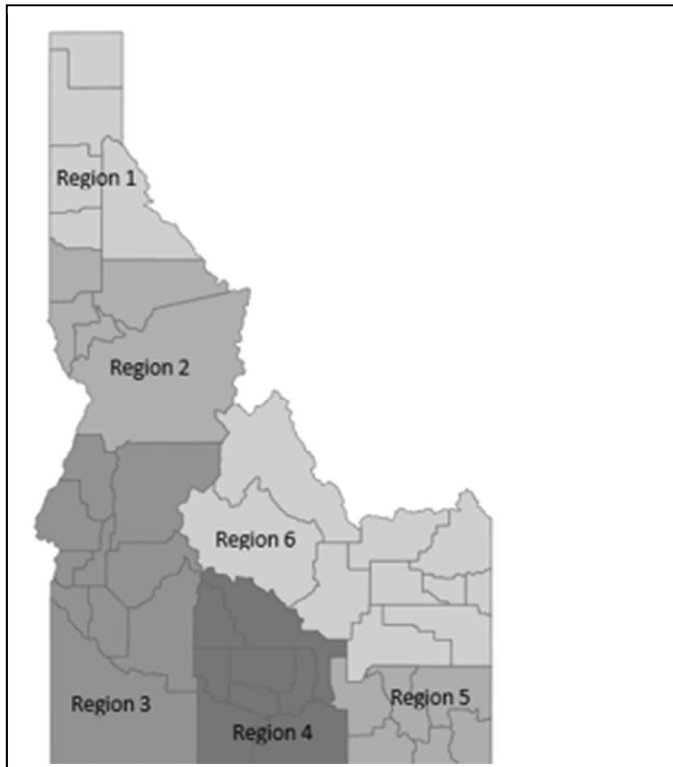
Idaho Department of Health and Welfare: Medicaid,



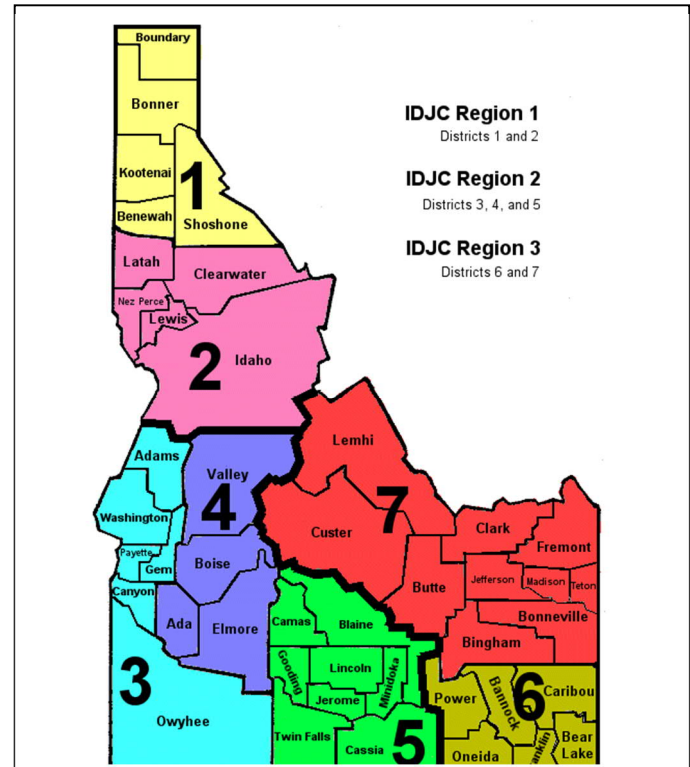
Idaho Department of Health and Welfare: DBH



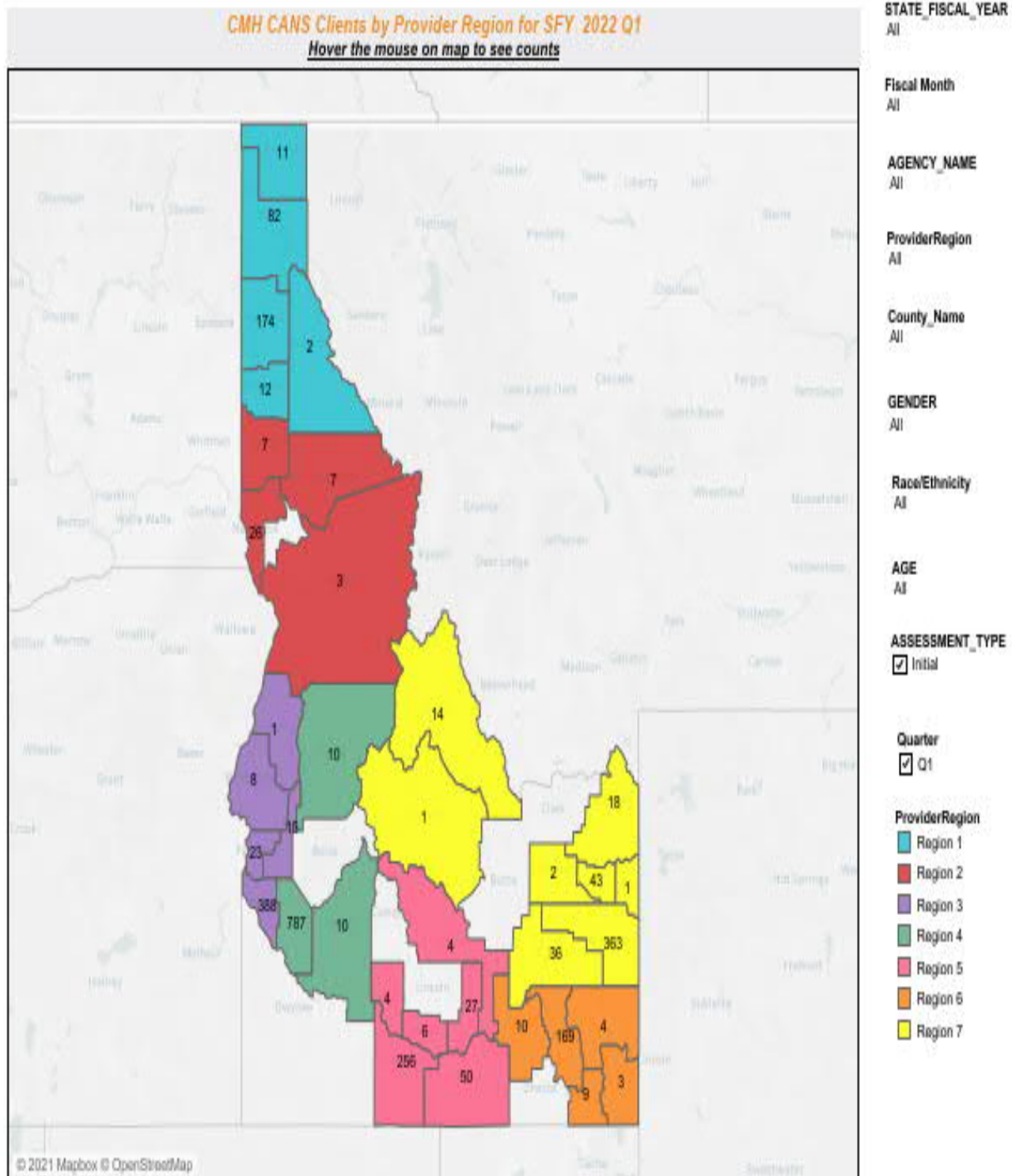
Idaho State Department of Education



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, and 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 SFY 2021 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

