



Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report

Q4, SFY 2022



Oct 14, 2022



YES, QMIA Quarterly Report Q4, SFY 2022

YES QMIA-Q SFY 2022, 4th Q includes data from April, May, June 2022, totals for SFY 2022, and trends comparing previous quarters and SFYs.

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YES, QMIA Quarterly Report Q4, SFY 2022

Purpose 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. The enhanced YES child serving system will lead to improved outcomes for children, youth, and families who are dealing with mental illness.

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 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 the Division of Behavioral Health's (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 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.

QMIA-Q report dates for SFY 2022 and SFY 2023

YES QMIA-Q SFY 2022 Timelines	<i>Published on YES Website</i>
4 th quarter and year end April- June and full SFY , 2022	October
1st quarter- July- Sept + Annual YES projected number	January
2nd quarter- Oct-Dec	April
3rd quarter Jan- March	July
4th quarter and year end April- June and full SFY , 2023	October

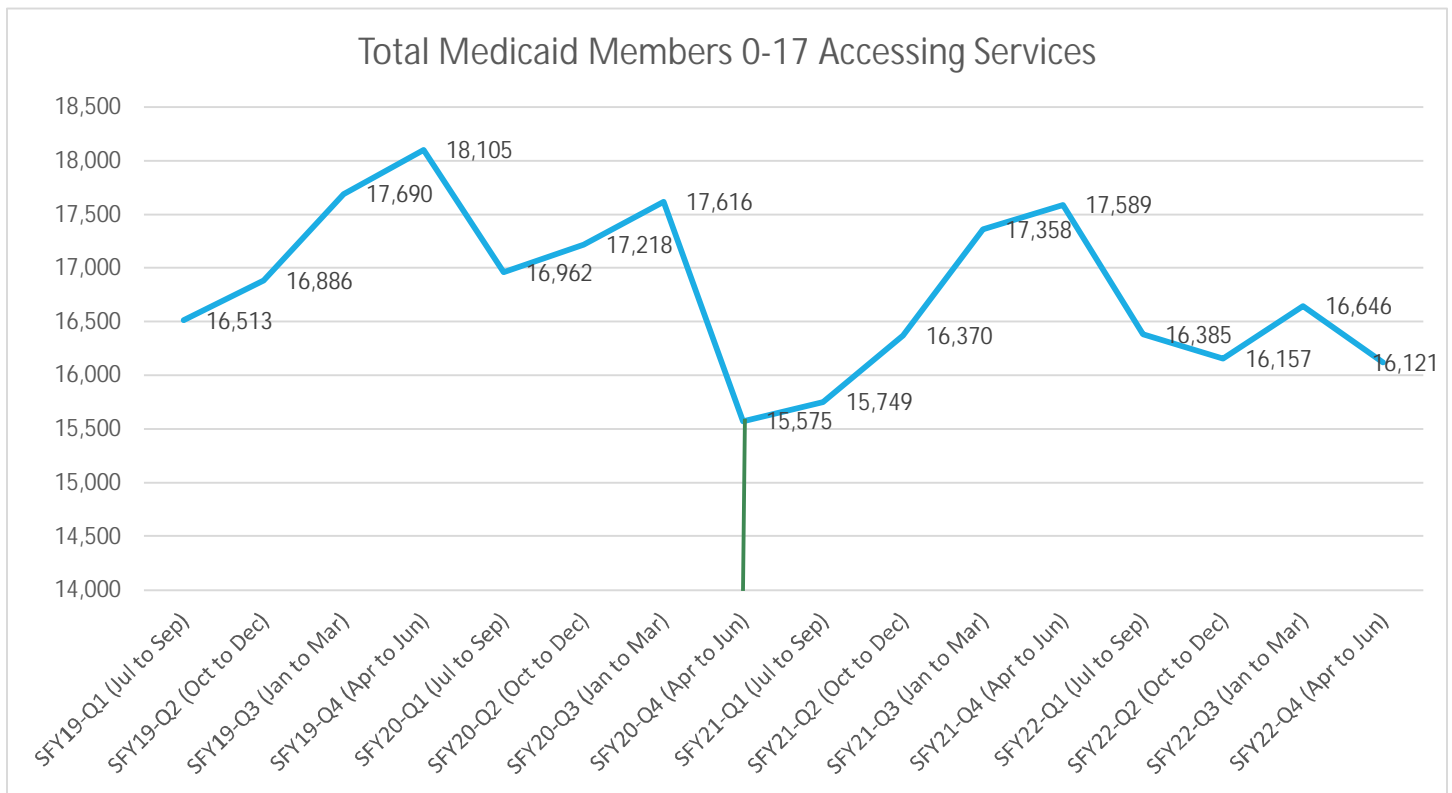


YES, QMIA Quarterly Report, includes data from Q4 of SFY 2022 (April, May, June 2022), totals for SFY 2022, and trends comparing previous quarters and SFYs.

Executive Summary – Q4, SFY 2022

Total Number of Medicaid Members Accessing YES Outpatient Medicaid Services

The number of Medicaid members under the age of 18 served has varied over the last 16 quarters with the high number being 18,097 in April - June 2019, and the low of 15,289 in October - December of 2021. The overall trend had varied but the average number of children and youth receiving services is 16,809. There was a notable decrease in April to June of 2020 (shown by solid green line) which may have been due in part to COVID 19.



Statewide Access to YES Outpatient Medicaid by Service Type and Region

The following table shows the utilization of 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 unduplicated within the specific category of services (e.g., the number children and youth who received that specific service).

Outpatient services 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 intensive outpatient services in Regions 1 and 2 appear to be the most limited.

SFY 2022	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	124	324	2,746	3,381	1,412	774	2,959	37	12,754
Psych and Neuropsych Testing	238	77	361	470	173	294	723	6	2339
Behavior Assessment	70	1	20	68	0	0	0	0	157
Outpatient Treatment Services									
Psychotherapy	1,981	669	4,020	4,831	2,136	1,262	4,055	83	18,742
Med Management	207	210	1,164	1,453	378	435	807	18	4,598
Skills Building (CBRS)	132	128	418	680	96	178	1,109	11	2,711
Targeted Care Coordination (TCC)	27	51	138	265	87	134	591	11	1,283
Substance Use Services	57	12	105	96	168	57	279	4	771
Crisis Intervention	44	26	38	36	27	21	239	1	432
Child and Family Interdisciplinary Team (CFIT)	33	26	36	82	70	40	118	0	402
Skills Training and Development (STAD)	0	30	2	3	135	4	107	1	281
Behavior Modification and Consultation	73	1	18	54	0	0	0	0	144
Intensive Outpatient Treatment Services									
Partial Hospitalization (PHP)	0	1	11	155	8	5	22	1	301
Day Treatment	0	0	2	5	31	4	31	1	73
Intensive Home and Community Based Services (IHCBS)	0	0	5	17	0	28	10	0	60
Support services									
Respite	6	64	103	195	40	67	238	4	705
Youth Support Services	4	22	65	219	96	45	125	3	572
Family Psychoeducation	29	0	11	27	122	2	18	0	209

Quality Improvement Projects (QIPs)

Crisis and Safety Plans

To help families with the need for higher quality, effective Crisis and Safety Plans, the Division of Behavioral Health implemented a QIP.

In SFY 2021, standardized forms for crisis and safety planning, and other helpful information related to a crisis, were added to the Youth Empowerment Services (YES) website. In addition, 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 available in English and Spanish on YouTube and the YES website.

In SFY 2022, 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. Based on the 2022 family survey, there has

not yet been an improvement in the effectiveness of crisis safety plans (still at 60%), however the training took place later in the FY, so it is possible that there will be more of an impact that can be evaluated in SFY 2023.

Additional training is being provided in the fall of 2022. Based on recommendations from family representative on the Family Advisory Subcommittee (Q-FAS), families will give input on the training and will participate in the fall training. We will continue to collect data about the issue of Crisis and Safety Plans through the survey sent to families each spring.

YES 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 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	Nov 30, 2022	Services gaps type and region are reported quarterly in the QMIA-Q. New data regarding penetration rates has been added to the report. Evaluation based on penetration rates will be include as of SFY 2023 Q1
Identify which services to target	Candace	Dec 31, 2022	On-going analysis is in progress
Develop plan to assess why services are not available- availability, capacity or other	Candace	Dec 31, 2022	Draft plan in progress 1) Add to Quality Review QR - completed 2) Added this into University RFP

Hospital Discharge Standard

Over the past years, there have been several complaints related to children/youth being discharged home without families having input on the discharge plan. During SFY 2022, 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 and used 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 Behavioral Health Transitions of Care standard was forwarded to the DBH Policy Unit for review on June 27, 2022. The proposed standard has not been adopted yet

QMIA Council recommendations for QIP SFY 2023

Based on data about access to services and on-going concerns from families and advocacy groups, the QMIA Council has recommended to the YES Sponsors and Defendants Workgroup (DWG) that a QIP be implemented for services needed specifically for children and youth with complex/high needs. Several interventions have already been implemented including training on Therapeutic Behavioral Services (an intervention within Intensive Home and Community Based Services), development of agencies to re-introduce Therapeutic Foster Care. Short term goals for the QIP are to define the population, identify missing and needed services, identify the reason why services are not available and research interventions used in other states that have been successful in responding to this issue.

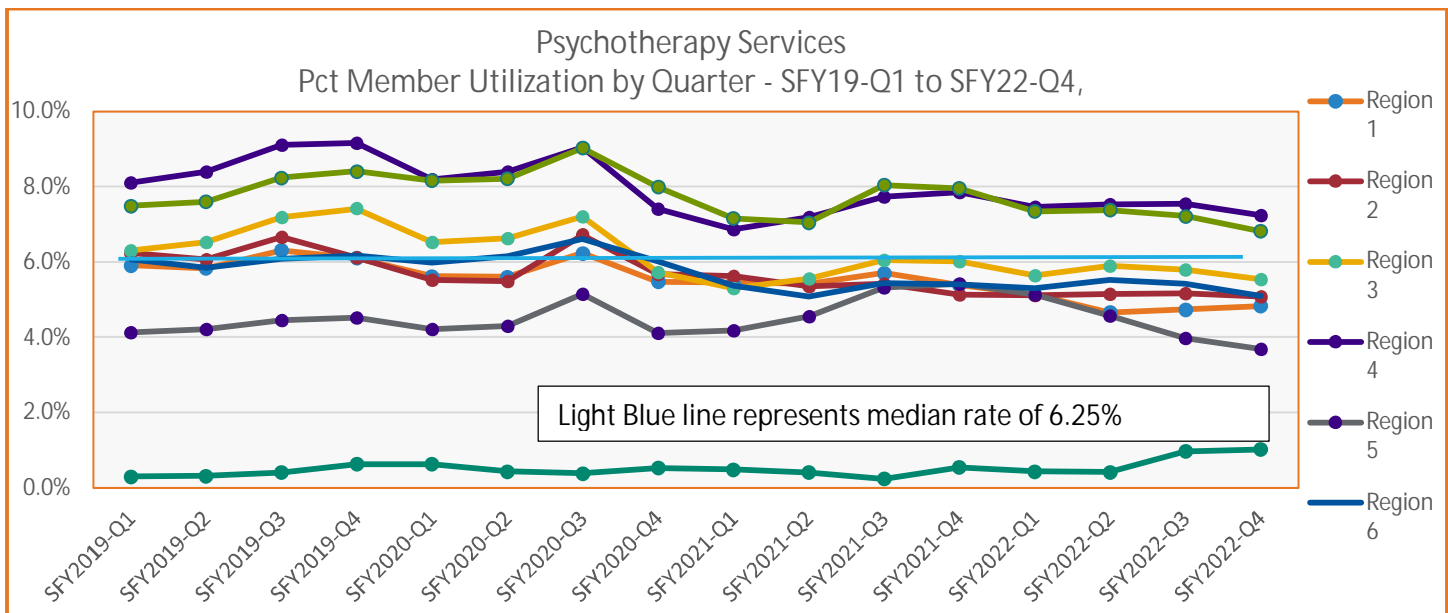
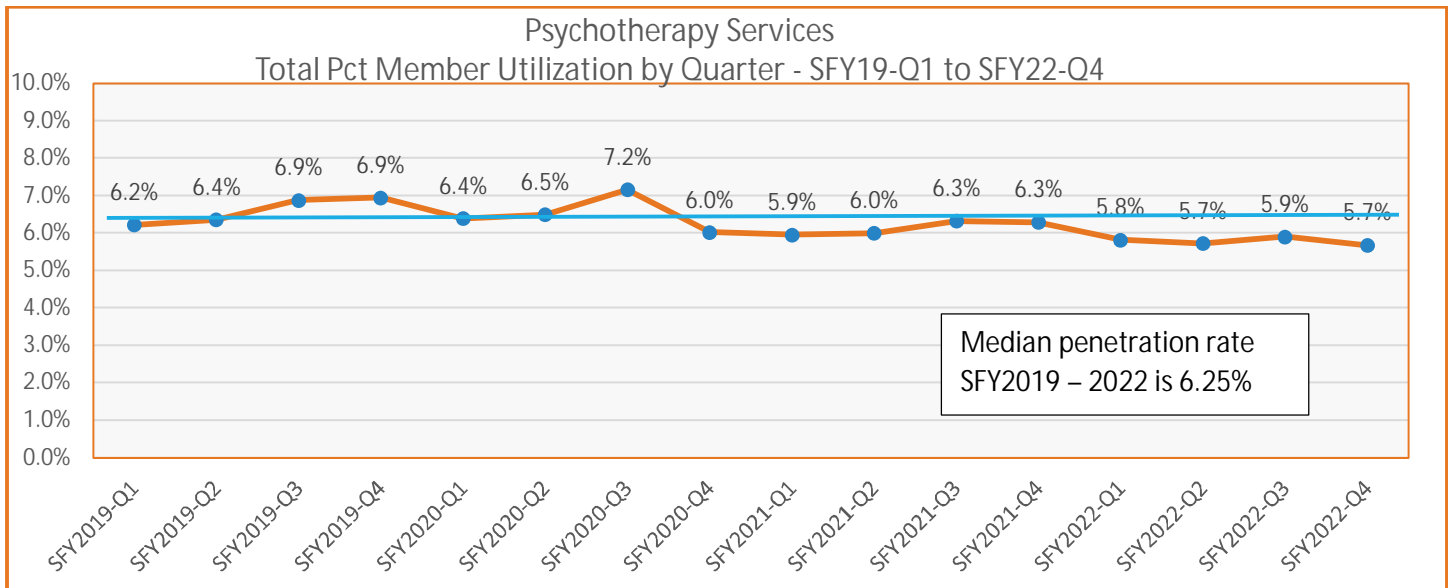
New data:

Monitoring by Percent of Utilization (Penetration¹) rate

New data that is being added to the QMIA-Q for SFY 2022 is the percent of Medicaid members by region that access services. This rate or utilization, also called “penetration rate” is calculated by using the number reviewed services divided by the total number of Medicaid members. Using a penetration rate allows the state to do a comparison between regions that is standardized rather than based on number served.

One example of this data is included below. Based on the predictive models for Idaho, the penetration rate for psychotherapy that is desired is at least 8 percent. Over the past 16 quarters, the median² rate has been 6.25%.

Currently the penetration rate is trending down. The high of 7.2% was in Q3 of 2020 and there have been 9 quarters of lower rates since that time. The decrease is most likely due to workforce shortages across the state.



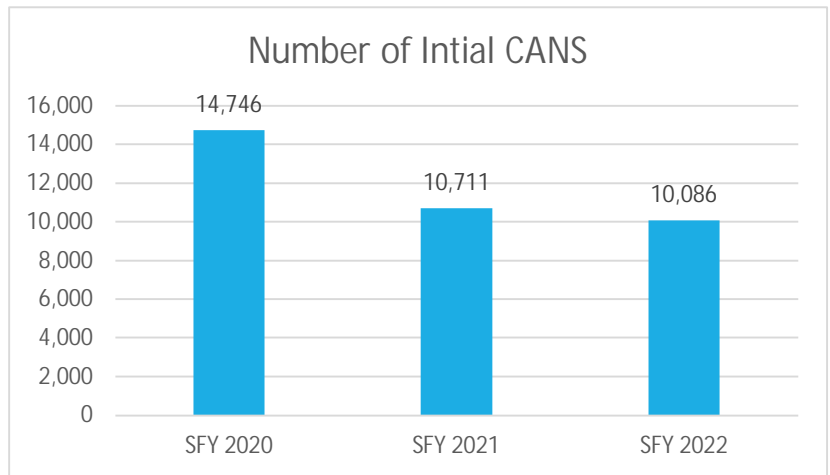
¹ Penetration Rate- Percent of the relevant population that has accessed the service at least once in the time period under study.

² Median- The value lying at the midpoint of observed values.

1. Screening for Mental Health Needs

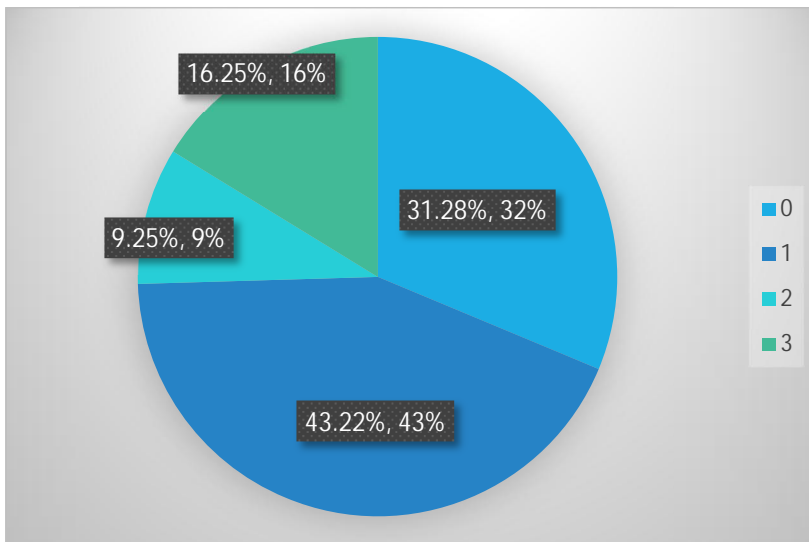
Chart 1: Total Number of Children and Youth Screened for mental health needs

The expectation for how many children and youth would be expected each 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: Result of initial CANS – 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 established in the Jeff D. Settlement Agreement to be considered a class member of the Jeff D. lawsuit.

What is this data telling us?

Of all the initial CANS completed in SFY 2022 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).

CANS by Age:

Chart 3: Ages of children and youth who received an initial CANS

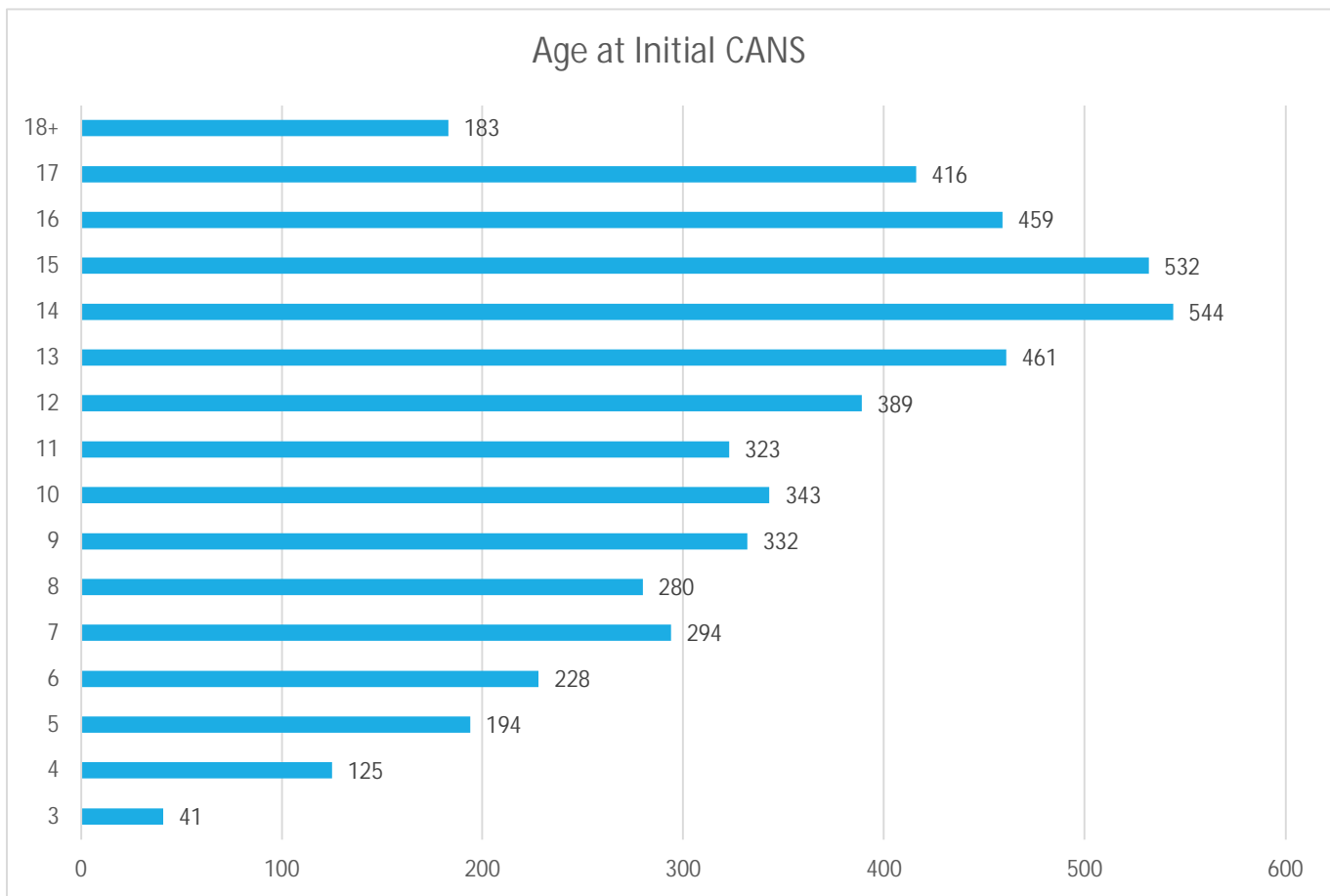
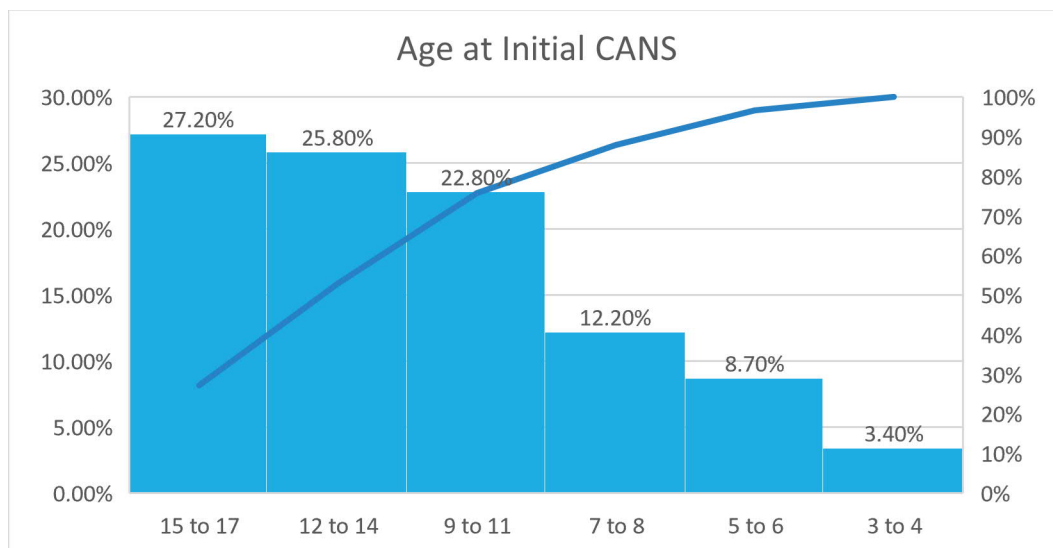


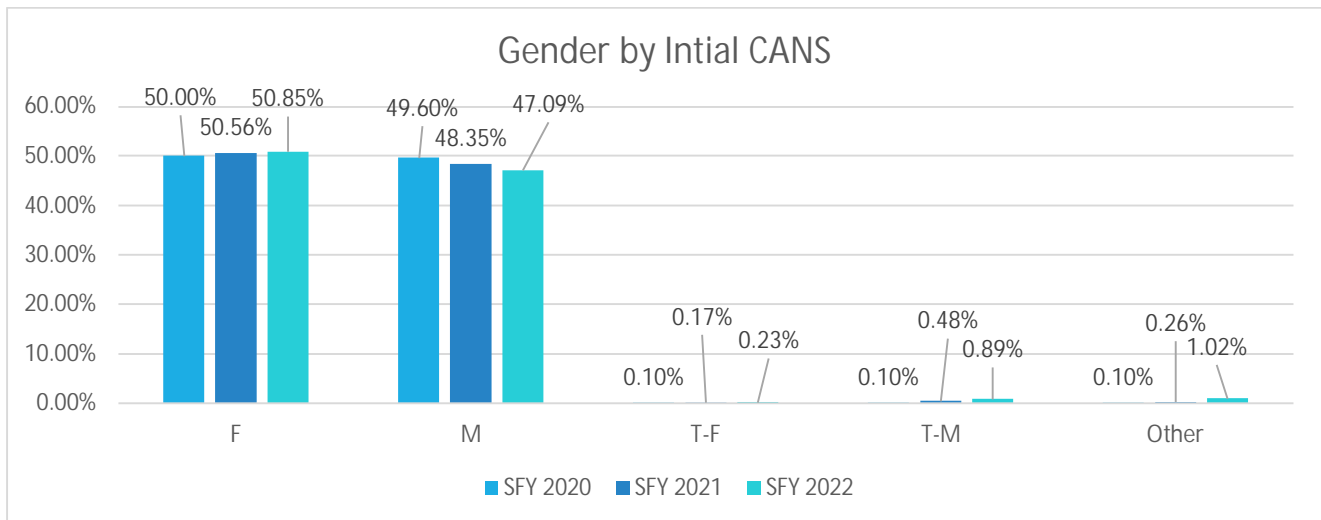
Chart 4: Historical trends: Ages of children and youth who received an initial CANS



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. A trend that is beginning to be apparent is increasing female and decreasing males.

Chart 5: SFY 2020, 2021 and SFY YTD 2022, Gender of children and youth who received a CANS



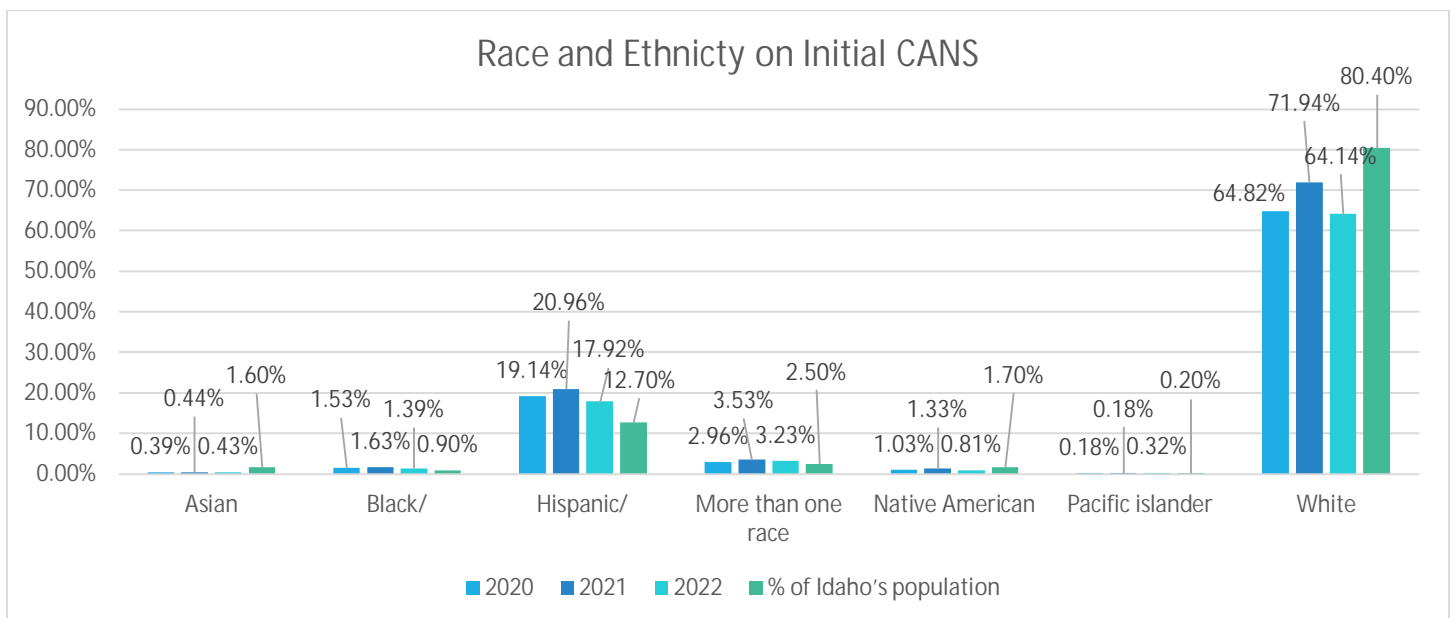
F= Female, M= Male, T-F = Transgender Female, T-M = Transgender Male

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.

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



What is this data telling us?

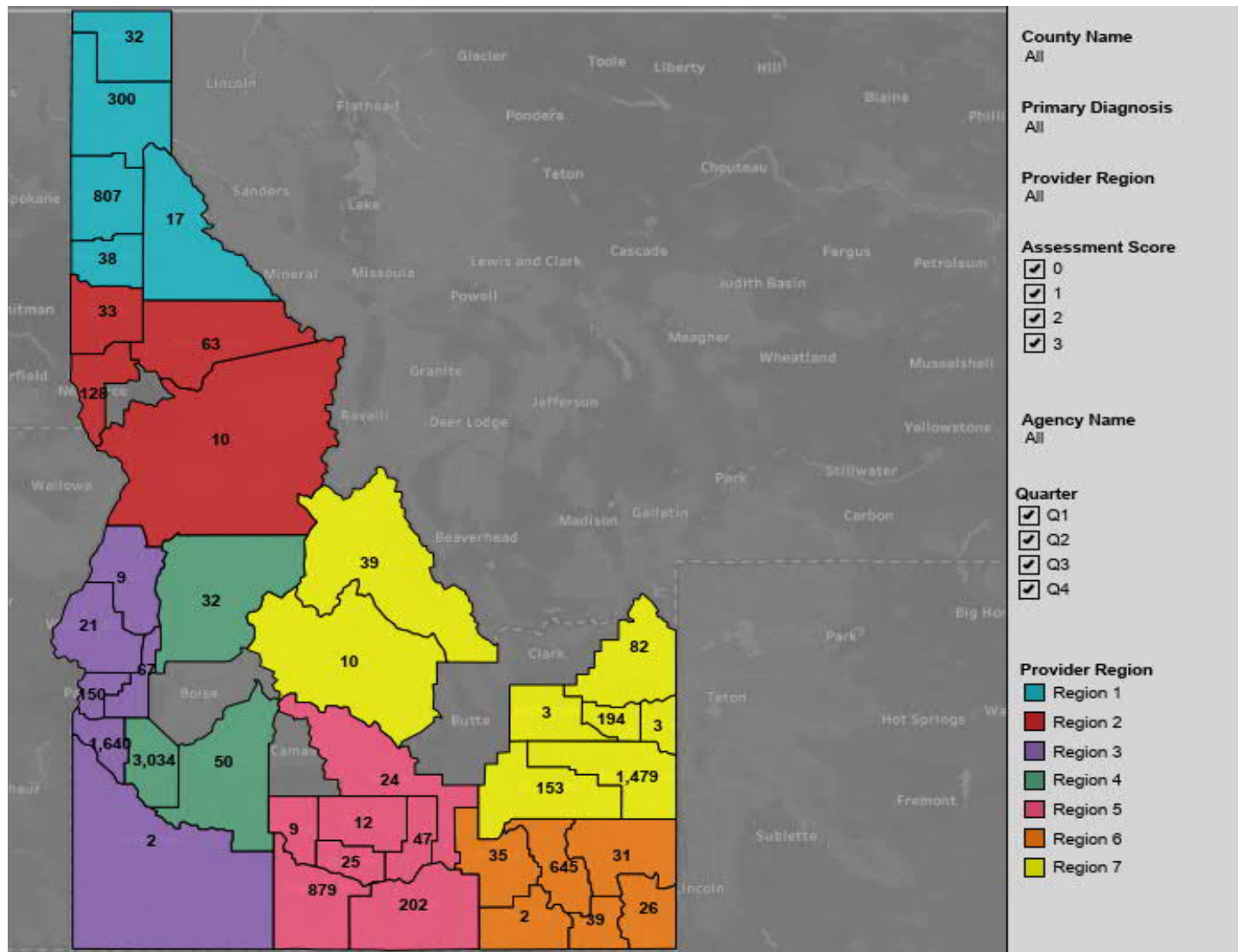
Age- The trend has been very similar over the last three years with one noticeable dip in 2021 of 9-11 year old's.

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- percent served is above percent of Idaho's population of Hispanic).

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, there are 5 counties with "0" completed CANS: Boise, Butte, Clark, Camas, Lewis. This is an improvement over SFY 2021 when there were 8 to 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

All Medicaid Members accessing Services by Quarter- Ages 0-17 Only

Description: This table displays the distinct count of Medicaid Members (counted by MID), who are not identified as 1915(i) waiver and who utilized mental health services between 7/12/2018 to 6/30/2022. Data as of 8/4/2022.

Table 1

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)	SFY22 -Q2 (Oct to Dec)	SFY22 -Q3 (Jan to Mar)	SFY22 -Q4 (Apr to Jun)
1	1,864	1,840	1,985	1,965	1,748	1,752	1,834	1,612	1,617	1,674	1,806	1,794	1,605	1,555	1,614	1,609
2	600	575	624	560	509	511	549	448	503	475	470	479	435	450	489	468
3	3,522	3,579	3,830	4,014	3,596	3,649	3,642	2,954	2,981	3,131	3,276	3,282	3,010	3,069	3,103	3,003
4	4,011	4,161	4,308	4,275	3,816	3,818	3,799	3,210	3,228	3,437	3,615	3,656	3,411	3,403	3,555	3,393
5	1,507	1,542	1,536	1,562	1,475	1,456	1,578	1,317	1,399	1,540	1,769	1,817	1,703	1,521	1,476	1,376
6	1,088	1,118	1,140	1,158	1,087	1,136	1,151	1,067	1,004	996	1,060	1,095	1,029	1,037	1,096	1,065
7	3,157	3,245	3,299	3,364	3,249	3,259	3,256	3,042	2,910	2,989	3,242	3,254	3,061	3,098	3,131	3,088
9	61	42	44	65	75	54	58	53	67	47	41	61	38	33	45	27
Total	15,810	16,102	16,766	16,963	15,555	15,635	15,867	13,703	13,709	14,289	15,279	15,438	14,292	14,166	14,509	14,029

1915 (i) YES Medicaid Members Accessing Services by Quarter- Ages 0 to 17 Only

Description: This table displays the distinct count of Medicaid Members (YES Medicaid), who have been identified as having an SED under the 1915(i) waiver and who utilized mental health services between 7/12/2018 to 6/30/2022. Data as of 8/4/2022.

Table 2

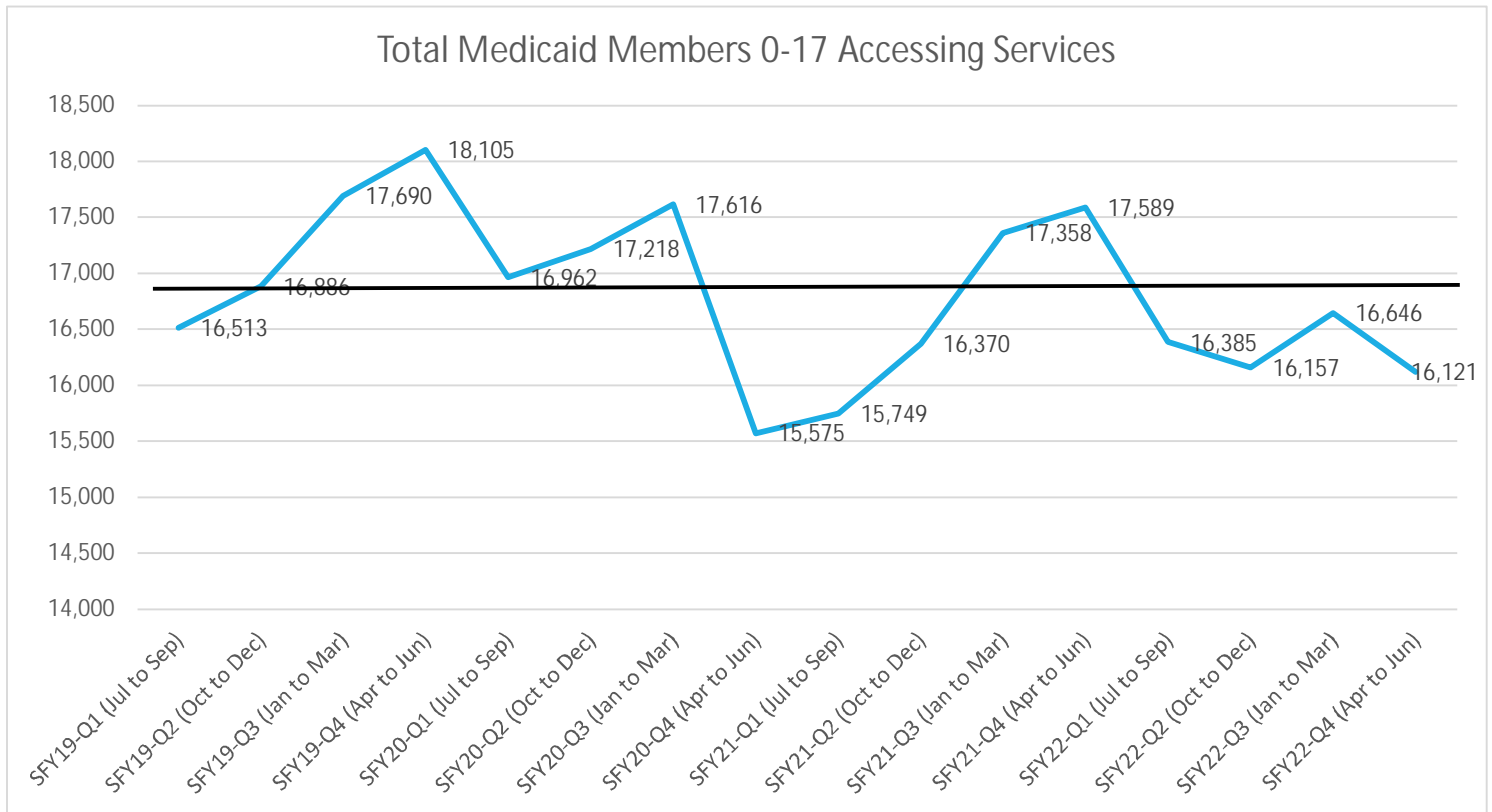
Region	SFY19 -Q1 (Jul to Sep)	SFY19 -Q2 (Oct to Dec)	SFY19 -Q3 (Jan to Mar)	SFY19 -Q4 (Apr to Jun)	SFY20 -Q1 (Jul to Sep)	SFY20 -Q2 (Oct to Dec)	SFY20 -Q3 (Jan to Mar)	SFY20 -Q4 (Apr to Jun)	SFY21 -Q1 (Jul to Sep)	SFY21 -Q2 (Oct to Dec)	SFY21 -Q3 (Jan to Mar)	SFY21 -Q4 (Apr to Jun)	SFY22 -Q1 (Jul to Sep)	SFY22 -Q2 (Oct to Dec)	SFY22 -Q3 (Jan to Mar)	SFY22 -Q4 (Apr to Jun)
1	101	108	117	134	168	205	236	248	256	247	246	230	211	186	185	175
2	45	48	55	65	65	66	76	76	86	89	89	100	107	105	119	124
3	64	73	99	142	199	224	239	271	298	320	307	338	323	304	326	328
4	90	132	180	232	310	346	390	443	498	527	530	526	497	476	542	499
5	49	55	70	98	123	140	154	146	156	149	147	169	173	184	179	183
6	27	28	38	60	67	77	93	104	117	128	131	134	140	139	161	166
7	321	337	365	408	471	523	558	577	621	618	627	641	625	592	618	611
9	6	3	0	3	4	2	3	7	8	3	2	13	17	5	7	6
Total	703	784	924	1,142	1,407	1,583	1,749	1,872	2,040	2,081	2,079	2,151	2,093	1,991	2,137	2,092

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 1915(i) and those with other types of Medicaid (regular Medicaid, Foster Care Medicaid, etc.) who accessed mental health services in each quarter in SFY 2022. Data as of 8/4/22. The average number served is 16,736- represented by the dashed blue line.

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

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)	SFY22 -Q2 (Oct to Dec)	SFY22 -Q3 (Jan to Mar)	SFY22 -Q4 (Apr to Jun)
Total	15,810	16,102	16,766	16,963	15,555	15,635	15,867	13,703	13,709	14,289	15,279	15,438	14,292	14,166	14,509	14,029
Total	703	784	924	1142	1407	1583	1749	1872	2040	2081	2079	2151	2093	1991	2137	2092
	16,513	16,886	17,690	18,105	16,962	17,218	17,616	15,575	15,749	16,370	17,358	17,589	16,385	16,157	16,646	16,121



What is this data telling us?

The average number of children and youth accessing services per quarter is 16,809 represented by the bold black line, and median number is 16,766. The trend in number served has varied with the lowest numbers during the start of COVID 19 but has been below the average for SFY 2022.

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 12-52.

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	1	2	3	4	5	6	7	Out of state	Total
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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 intensive outpatient services in Regions 1 and 2 appear to be the most limited.

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 6/30/2022. Total distinct utilizer count represents an unduplicated (distinct) count of utilizers for the given state fiscal year across all quarters and/or regions combined. Data as of 8/4/2022.

Services that are not covered by Optum (such as DBH services, Residential or Inpatient) are noted in Sections 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.

Monitoring by Percent of Utilization (Penetration) rate

New data that is being added to the QMIA-Q for SFY 2022 is the percent of Medicaid members by region that access services. This rate or utilization, also called “penetration rate” is calculated by using the number reviewed services divided by the total number of Medicaid members. Using a penetration rate allows the state to do a comparison between regions that is standardized rather than based on number served.

Included under each of the YES services a new chart showing the historical trend for penetration rate.

Additional new data

As noted in Q3 QMIA-Q data on Case Management services is also being added however the annualized information and penetration rates are not currently available. The full report will be in SFY 2023 Q1.

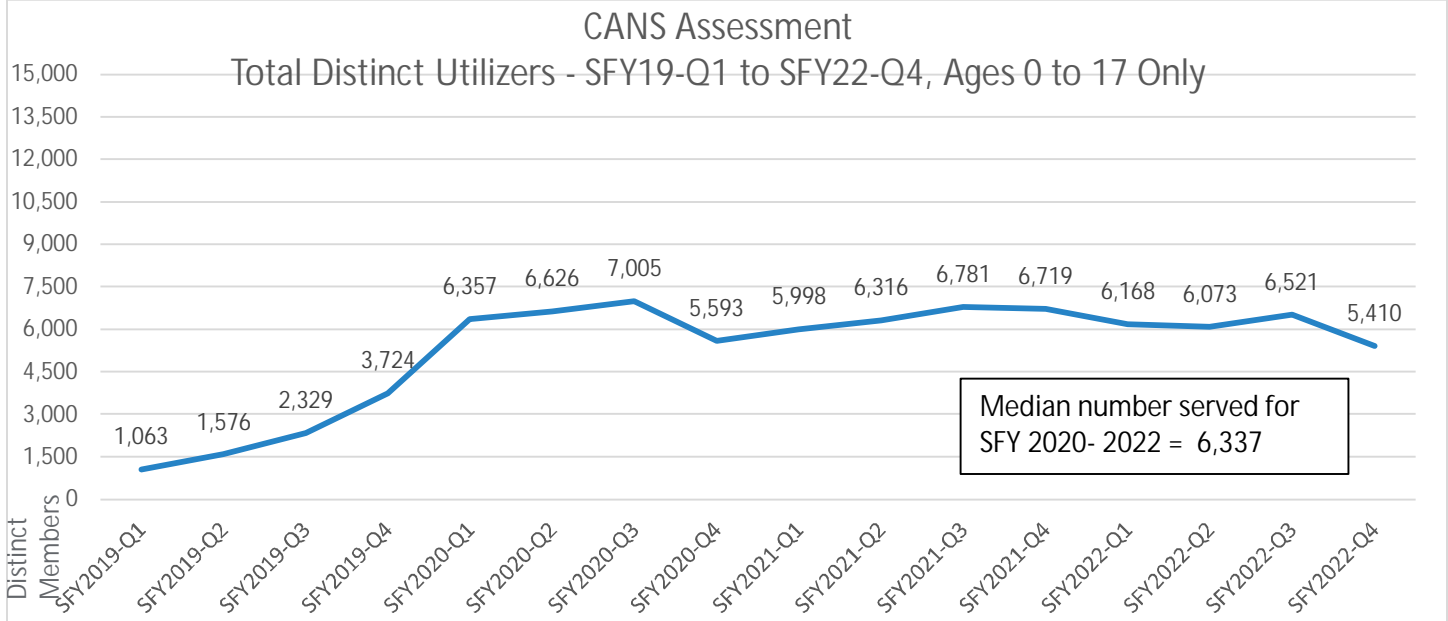
Table 5

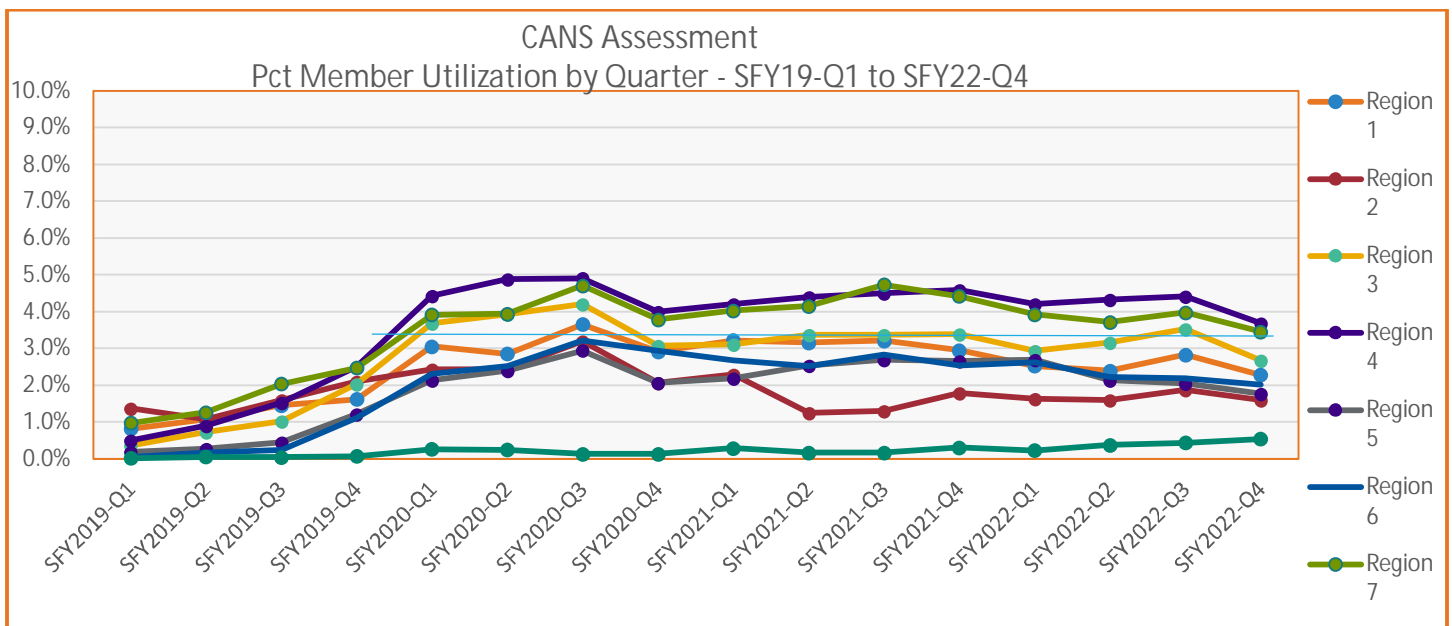
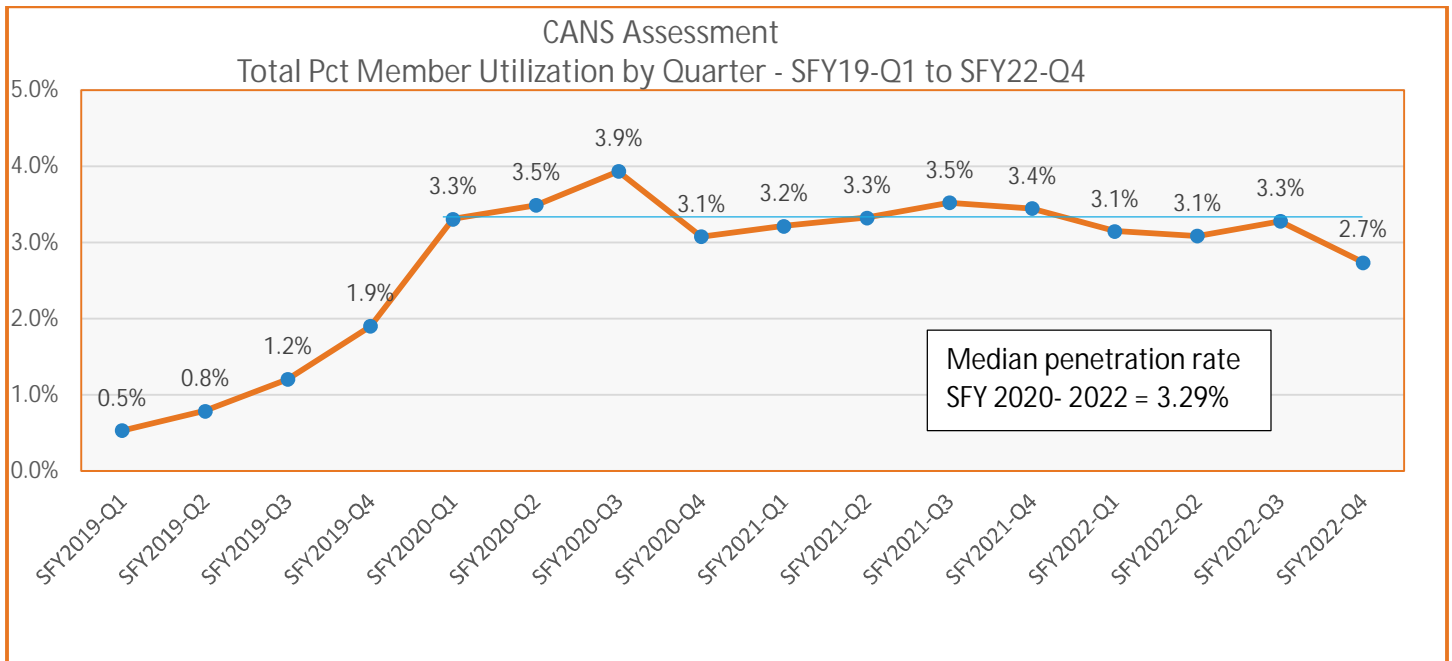
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	68	31	211	348	21	75	991	2	1,735
SFY2019-Q2	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	65	599	3	1,462
SFY2021-Q4	55	24	193	376	202	55	612	10	1,515
SFY2022-Q1	50	24	203	345	194	67	591	5	1,475
SFY2022-Q2	59	26	202	313	183	74	593	2	1,447
SFY2022-Q3	44	10	216	307	178	80	568	3	1,406
SFY2022-Q4	34	20	187	289	126	73	551	1	1,280

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	405	1,262	8	5,593
2020 Distinct Utilizers	1,421	423	3,169	3,591	1,406	856	3,018	35	13,775
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	681	142	1,408	1,770	721	377	1,611	16	6,719
2021 Distinct Utilizers	1,406	326	2,734	3,509	1,568	867	3,200	44	13,483
SFY2022-Q1	587	132	1,226	1,637	734	395	1,451	10	6,168
SFY2022-Q2	567	130	1,331	1,709	593	338	1,395	11	6,073
SFY2022-Q3	675	155	1,504	1,755	572	337	1,512	13	6,521
SFY2022-Q4	541	132	1,135	1,466	496	312	1,322	9	5,410
2022 Distinct Utilizers	1,244	324	2,746	3,381	1,412	774	2,959	37	12,754





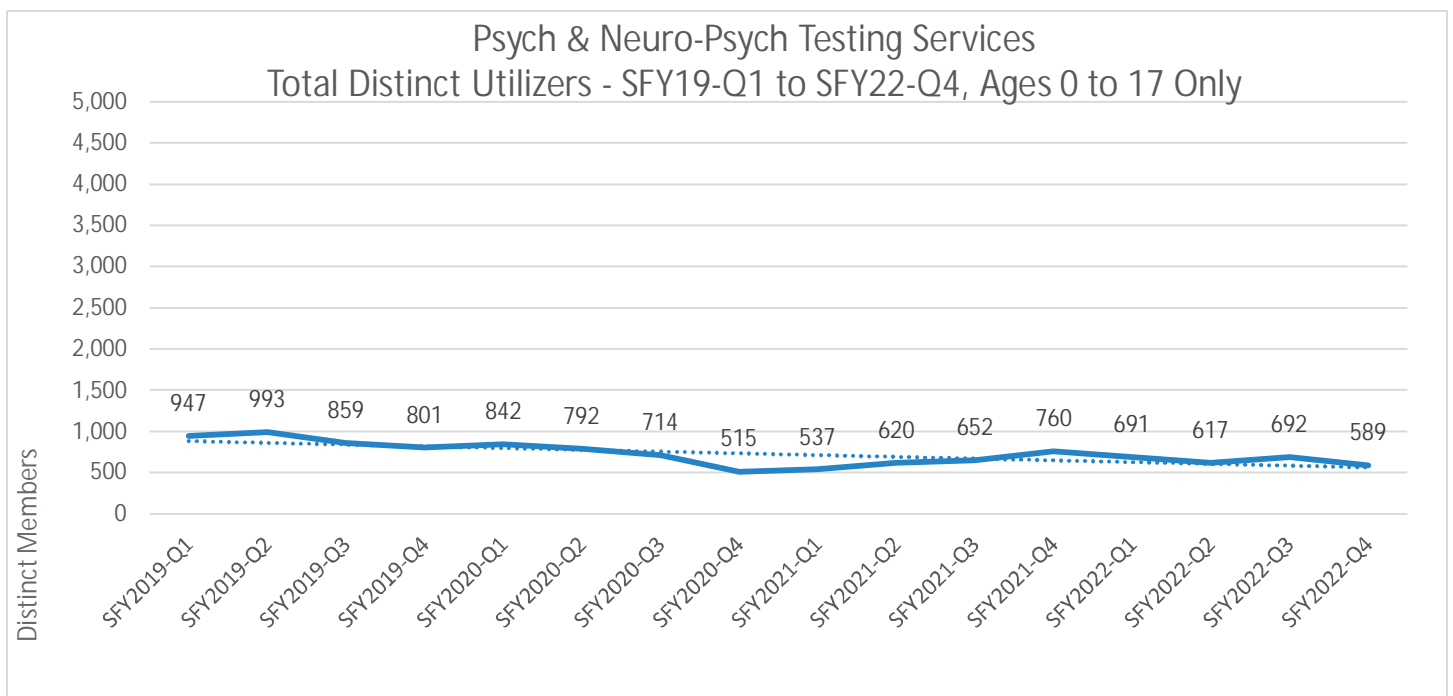
What is the data telling us?

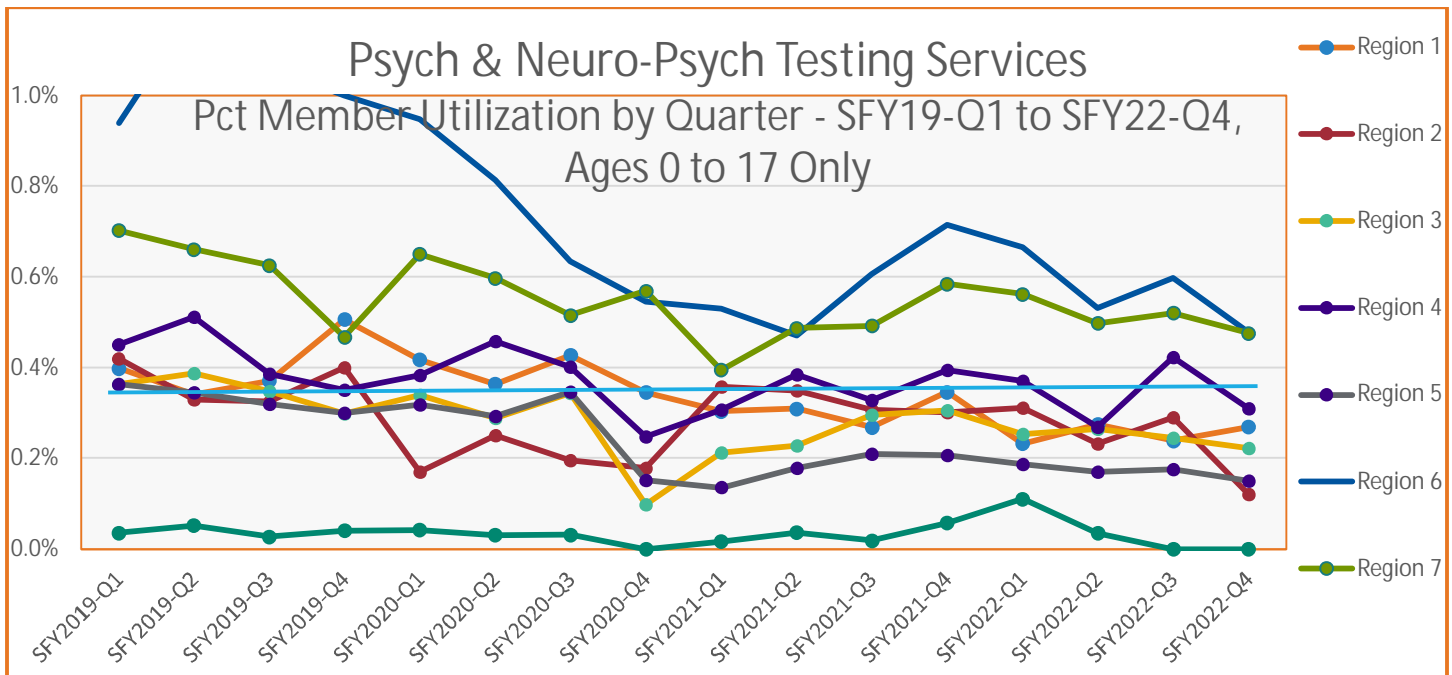
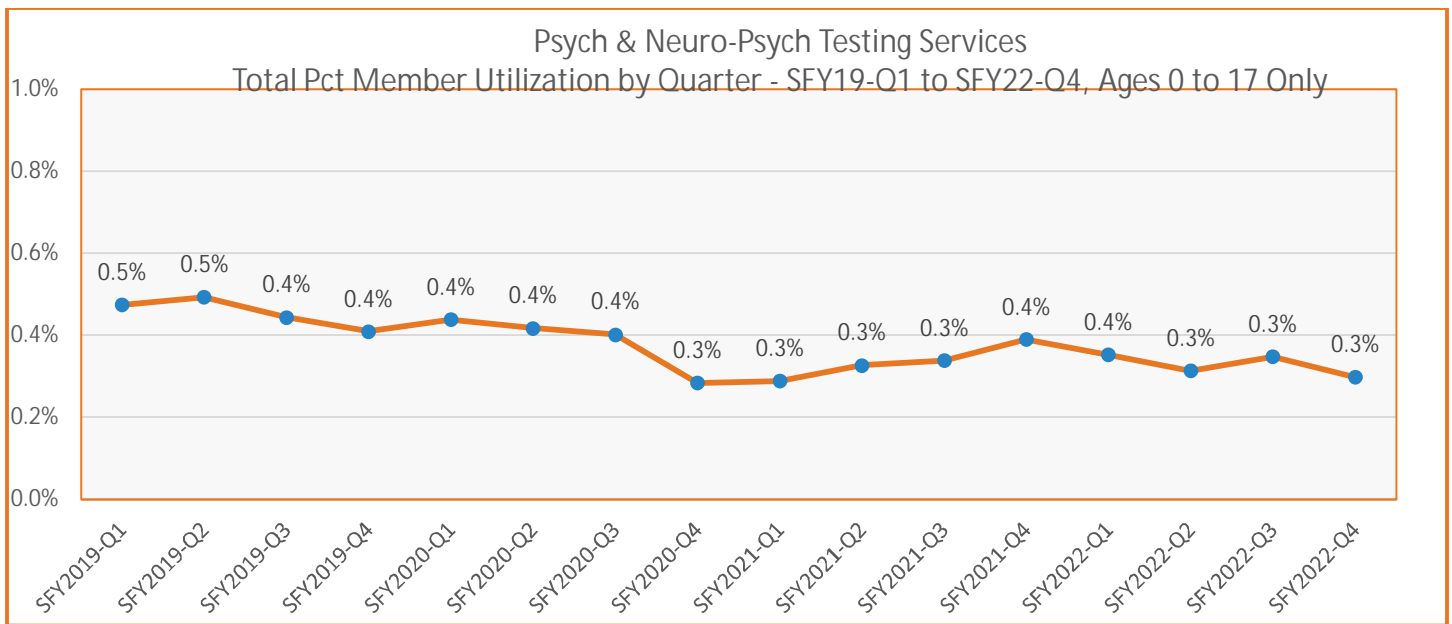
The number of CANS claimed quarterly to Medicaid since July of 2020 has been fairly stable with a median value of 6,297. The statewide median rate of penetration is 3.29% - only two regions have consistently maintained a quarterly utilization rate equal or above the statewide rate: Region 4 and Region 7.

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
SFY2020-Q1	93	13	139	146	84	135	229	3	842
SFY2020-Q2	80	19	117	172	77	116	209	2	792
SFY2020-Q3	88	14	130	141	85	85	169	2	714
SFY2020-Q4	73	13	38	89	38	75	190	0	515
2020 Distinct Utilizers	330	57	404	529	254	347	760	7	2,686
SFY2021-Q1	66	27	84	113	35	75	136	1	537
SFY2021-Q2	69	27	92	145	47	68	171	2	620
SFY2021-Q3	61	24	121	125	56	89	176	1	652
SFY2021-Q4	80	24	127	152	56	106	213	3	760
2021 Distinct Utilizers	273	85	401	512	163	284	642	7	2,364
SFY2022-Q1	54	25	106	144	51	100	208	5	691
SFY2022-Q2	65	19	111	106	47	81	187	1	617
SFY2022-Q3	57	24	104	168	49	92	198	0	692
SFY2022-Q4	64	10	94	123	42	74	182	0	589
2022 Distinct Utilizers	238	77	361	470	173	294	723	6	2,339





What is this data telling us?

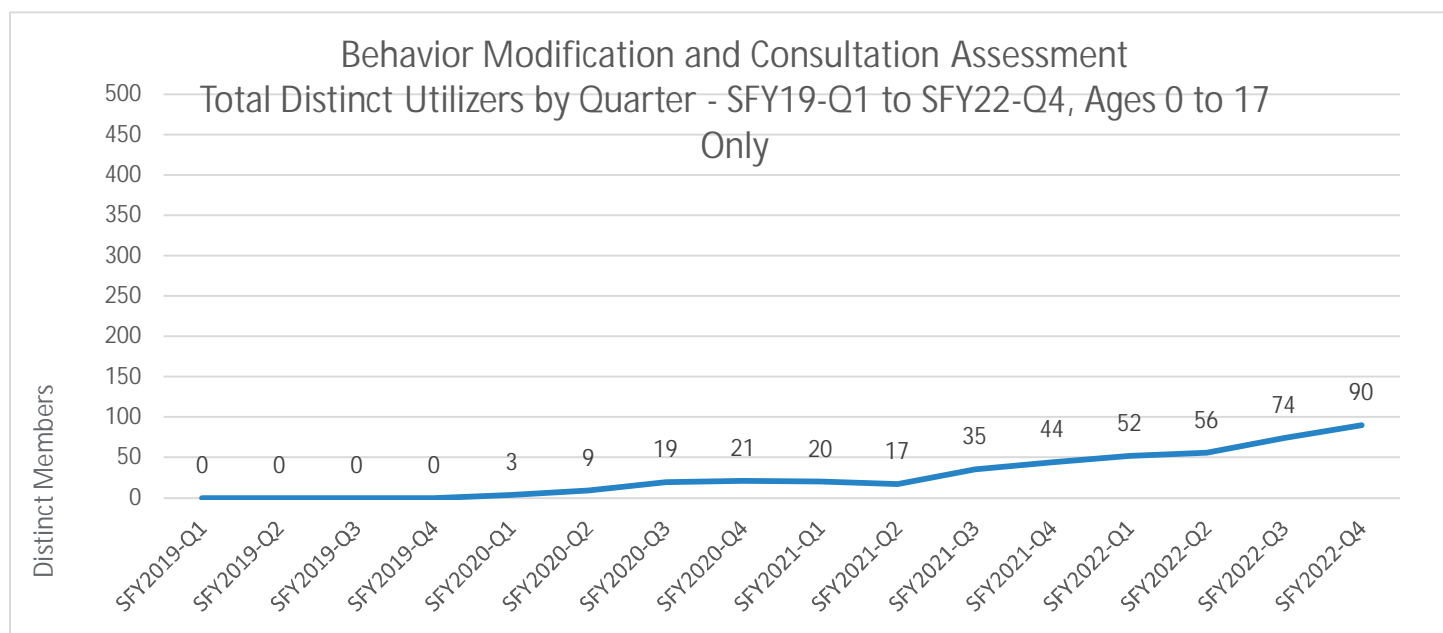
There is little or no research indicating a predicted number or penetration rate of children and youth who should have a psychological or neuropsychological assessment.

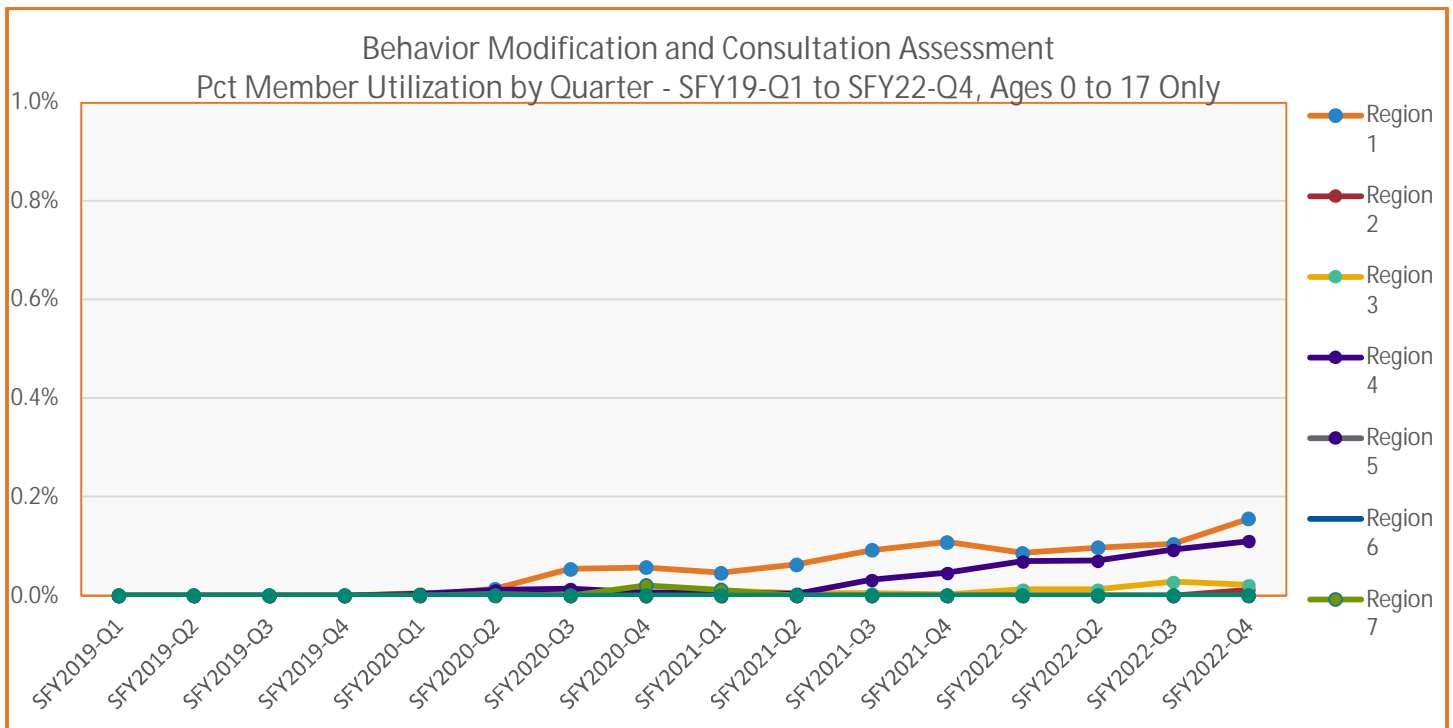
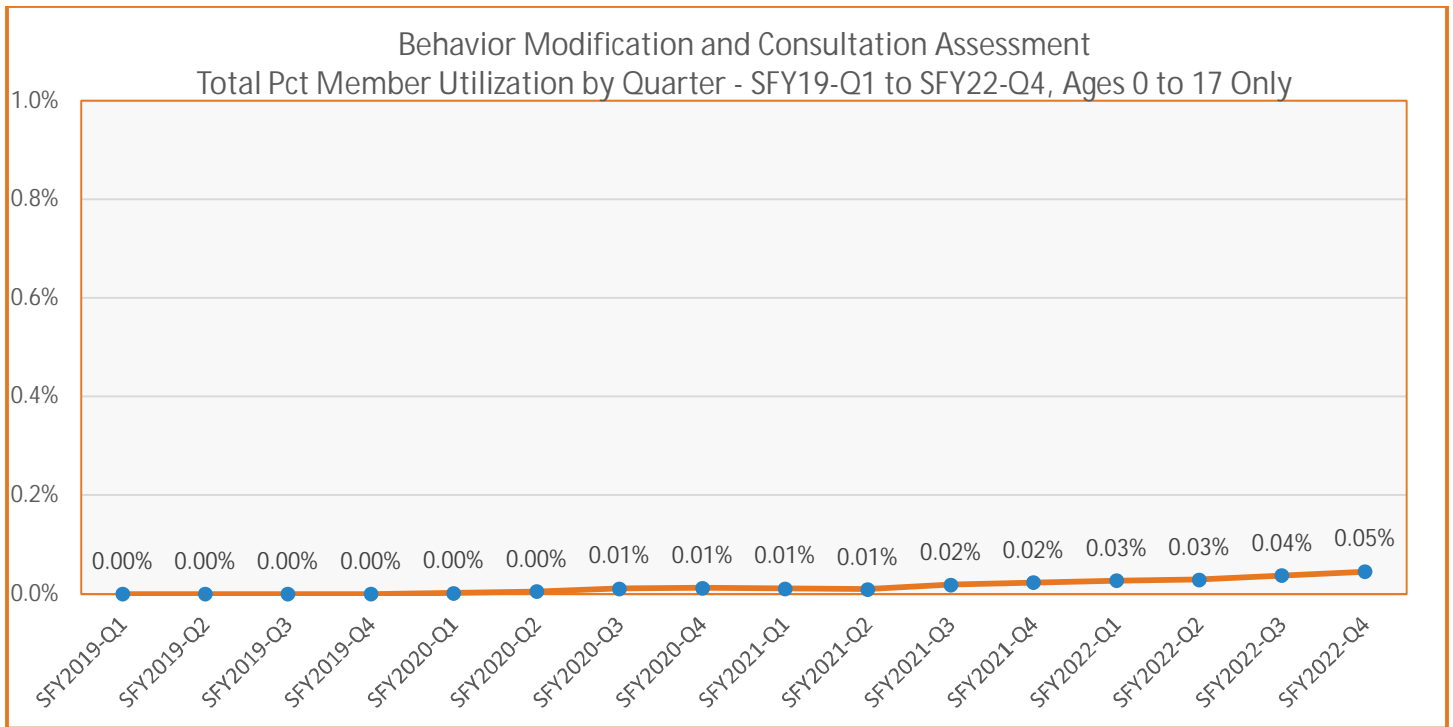
The number of psychological and neuropsychological assessments has varied over the 16 quarters and overall, the trend is to toward fewer assessments.

The median penetration rate statewide is .37% (turquoise line). Regions 6 & 7 have demonstrated consistent penetration above the median.

Behavior Identification Assessment Services

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-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	2	1	0	0	0	0	3
SFY2020-Q2	3	0	1	4	1	0	0	0	9
SFY2020-Q3	11	0	3	5	0	0	0	0	19
SFY2020-Q4	12	0	0	2	0	0	7	0	21
2020 Distinct Utilizers	23	0	4	9	1	0	7	0	44
SFY2021-Q1	10	0	4	2	0	0	4	0	20
SFY2021-Q2	14	0	2	1	0	0	0	0	17
SFY2021-Q3	21	0	2	12	0	0	0	0	35
SFY2021-Q4	25	0	1	18	0	0	0	0	44
2021 Distinct Utilizers	51	0	7	28	0	0	4	0	90
SFY2022-Q1	20	0	5	27	0	0	0	0	52
SFY2022-Q2	23	0	5	28	0	0	0	0	56
SFY2022-Q3	25	0	12	37	0	0	0	0	74
SFY2022-Q4	37	1	9	44	0	0	0	0	90
2022 Distinct Utilizers	70	1	20	68	0	0	0	0	157





What is this data telling us?

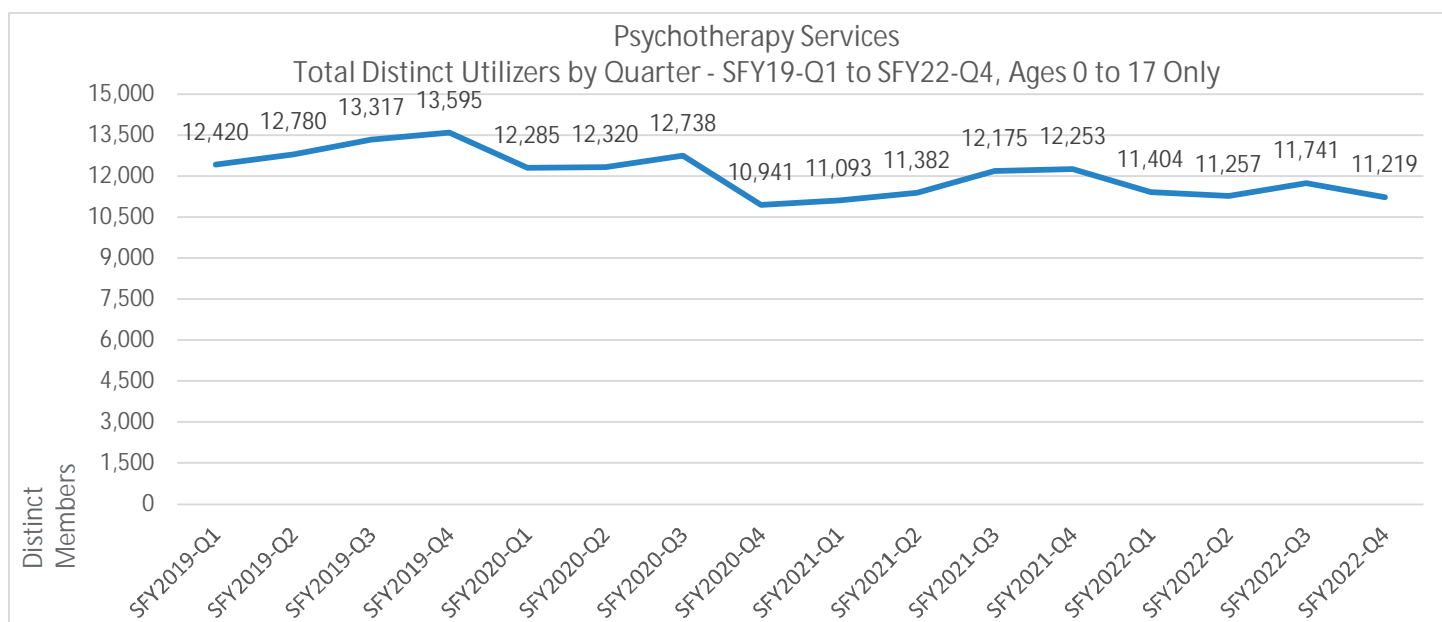
There is no research indicating expected need for Behavior Modification and Consultation Assessment.

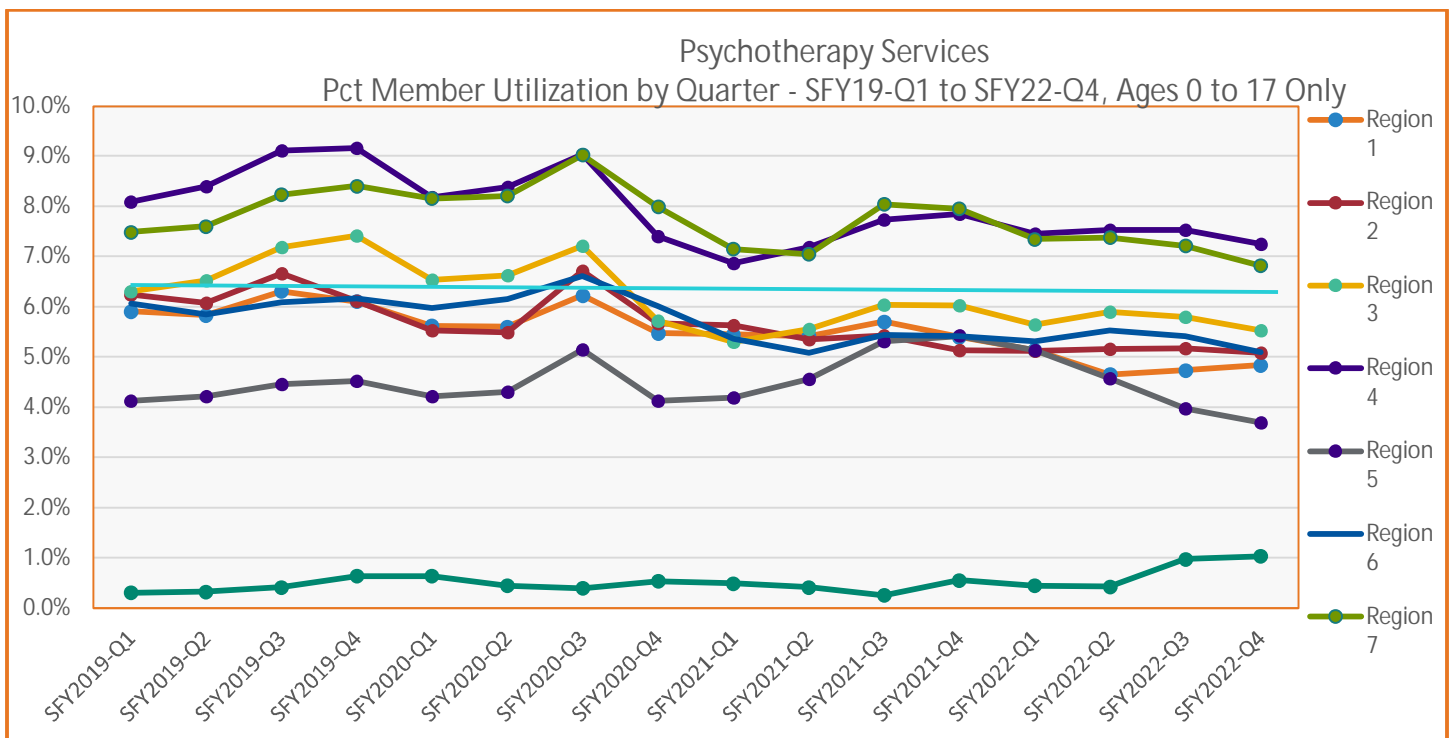
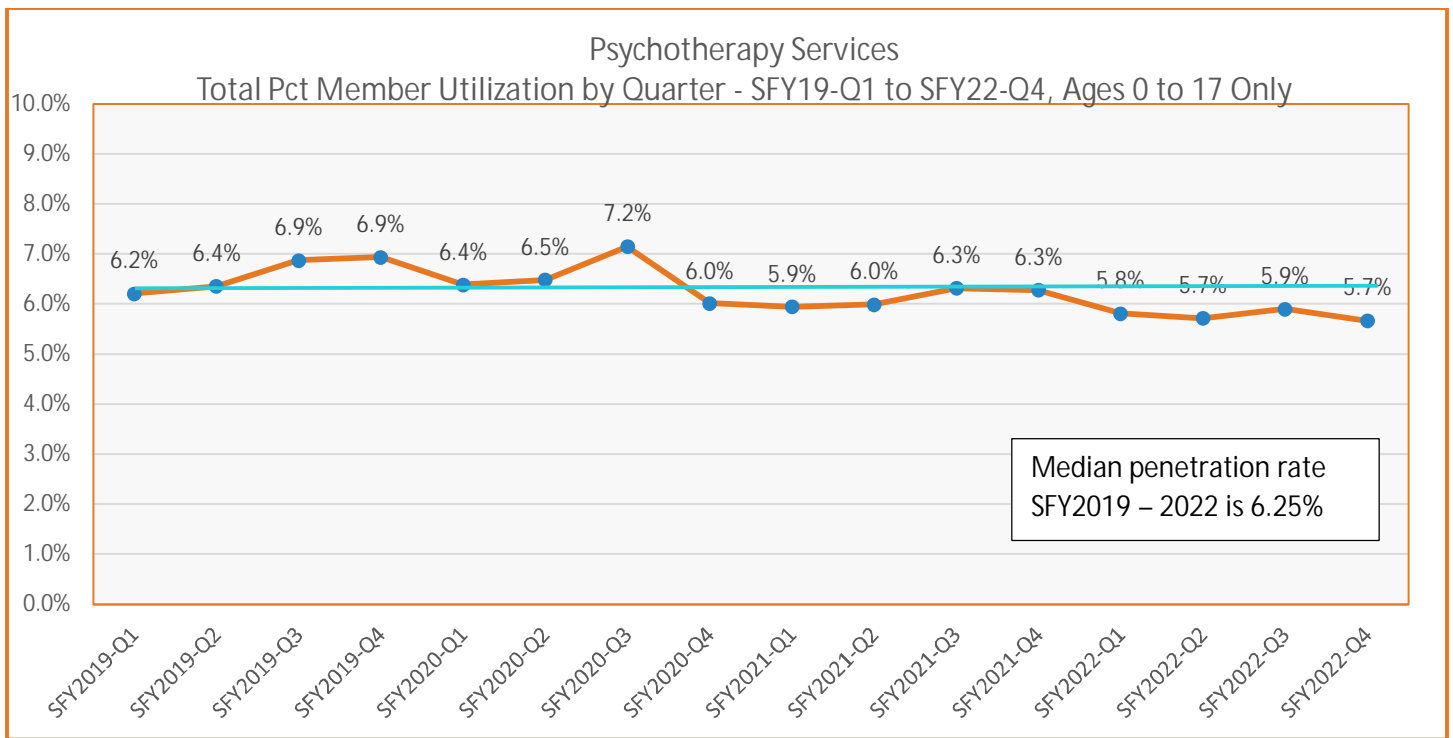
This service is minimally available. There are no services in regions 5, 6, or 7 and very limited services in regions 2 and 3. The QMIA Council will continue to monitor the trends in use of Behavior Identification Assessment Services.

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-Q2	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	878	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	2,713	1,140	788	2,585	42	11,093
SFY2021-Q2	1,210	423	2,409	2,867	1,256	755	2,572	32	11,382
SFY2021-Q3	1,300	417	2,508	2,967	1,414	782	2,830	19	12,175
SFY2021-Q4	1,248	398	2,531	3,042	1,465	785	2,844	41	12,253
2021 Distinct Utilizers	1,980	683	4,105	4,902	2,292	1,296	4,137	107	19,030
SFY2022-Q1	1,195	393	2,311	2,840	1,359	756	2,588	32	11,404
SFY2022-Q2	1,104	392	2,394	2,829	1,203	788	2,585	28	11,257
SFY2022-Q3	1,132	429	2,467	2,994	1,112	835	2,746	29	11,741
SFY2022-Q4	1,150	422	2,351	2,881	1,035	789	2,612	17	11,219
2022 Distinct Utilizers	1,981	669	4,020	4,831	2,136	1,262	4,055	83	18,742





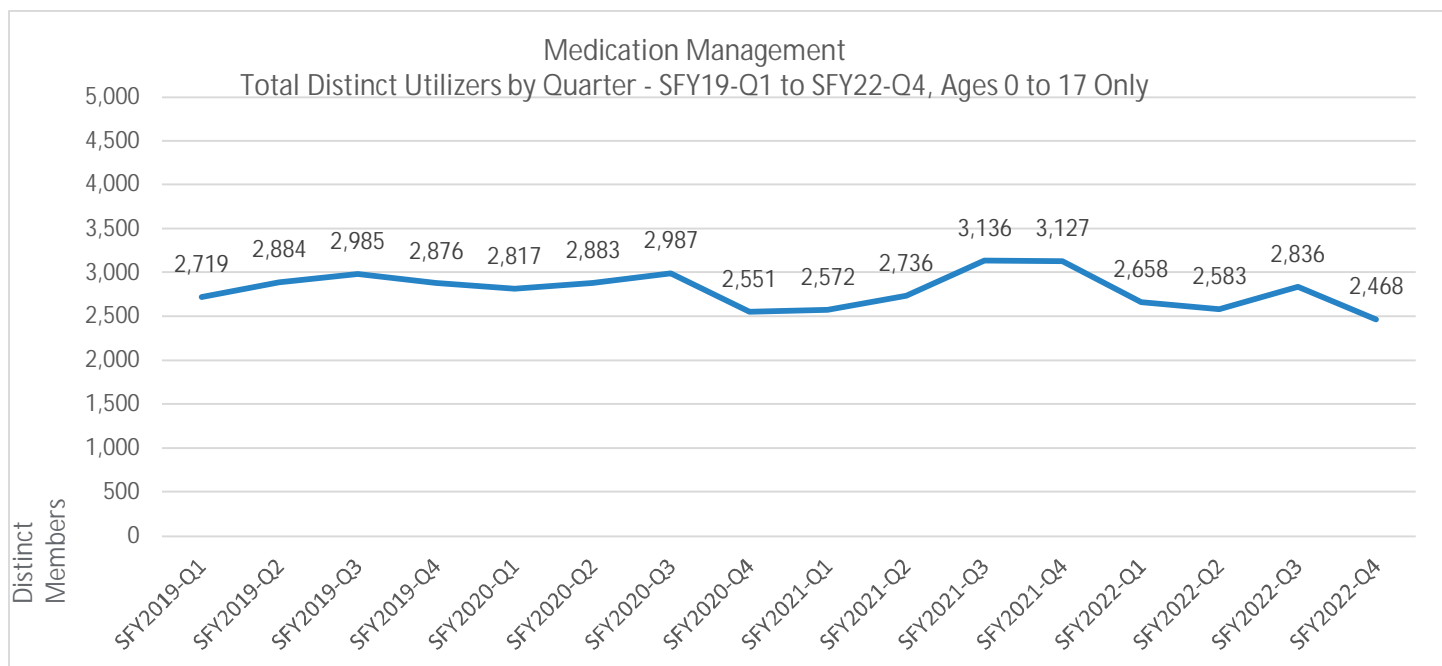
What is the data telling us?

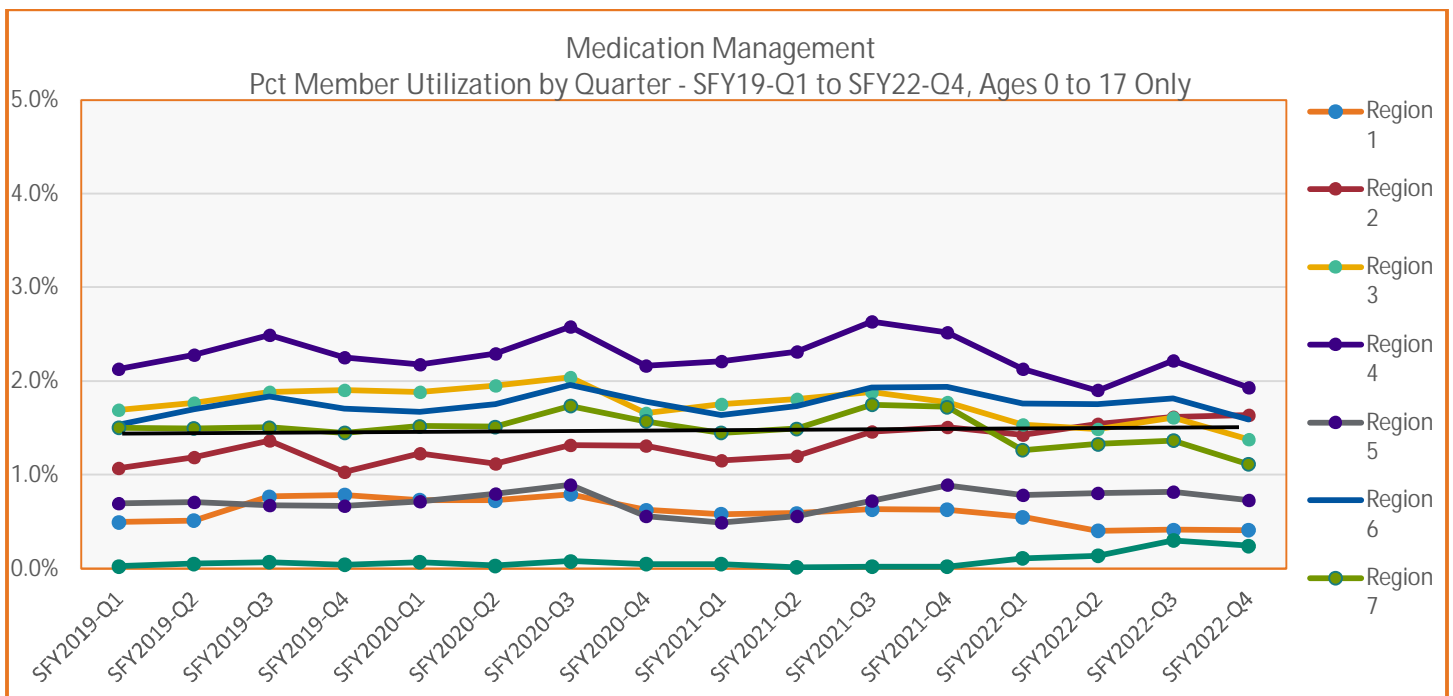
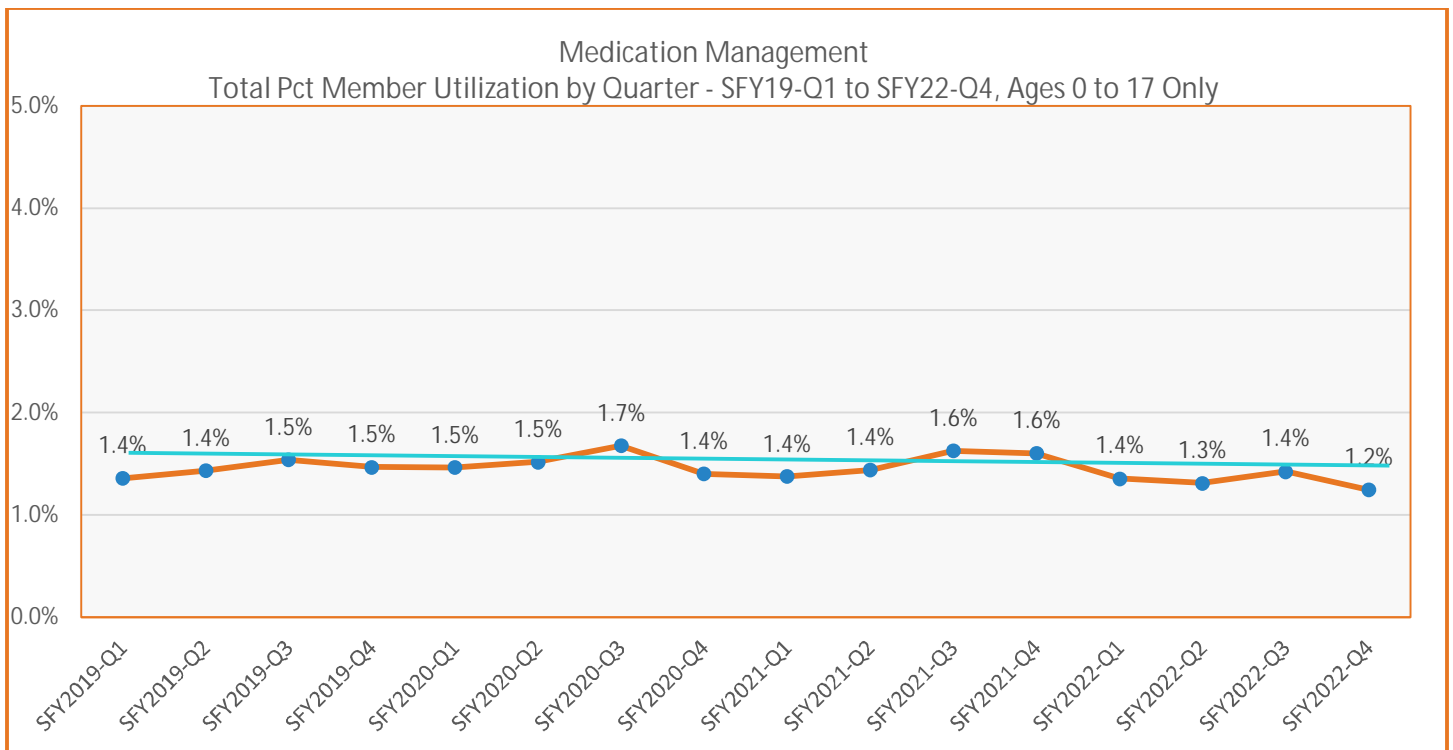
The projected number of children and youth who meet the criteria for YES is approximately 20,000 annually. The number served through Medicaid for 2022 is 18,742 but includes children who are not SED (scores on CANS of 0).

The goal for the penetration rate for psychotherapy has not yet been determined but the statewide median value is 6.25 percent. Only regions 4 and 7 have consistently been above 6.25 percent.

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	829	189	238	535	5	2,817
SFY2020-Q2	160	85	792	860	209	250	530	2	2,883
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	416	939	11	4,709
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	145	120	737	973	242	288	629	1	3,127
2021 Distinct Utilizers	202	172	1,264	1,604	358	435	1,045	6	4,986
SFY2022-Q1	128	115	641	830	214	265	468	5	2,658
SFY2022-Q2	96	126	627	750	222	268	499	4	2,583
SFY2022-Q3	99	134	685	881	228	280	520	9	2,836
SFY2022-Q4	97	136	586	768	205	246	427	4	2,468
2022 Distinct Utilizers	207	210	1,164	1,453	378	435	807	18	4,598



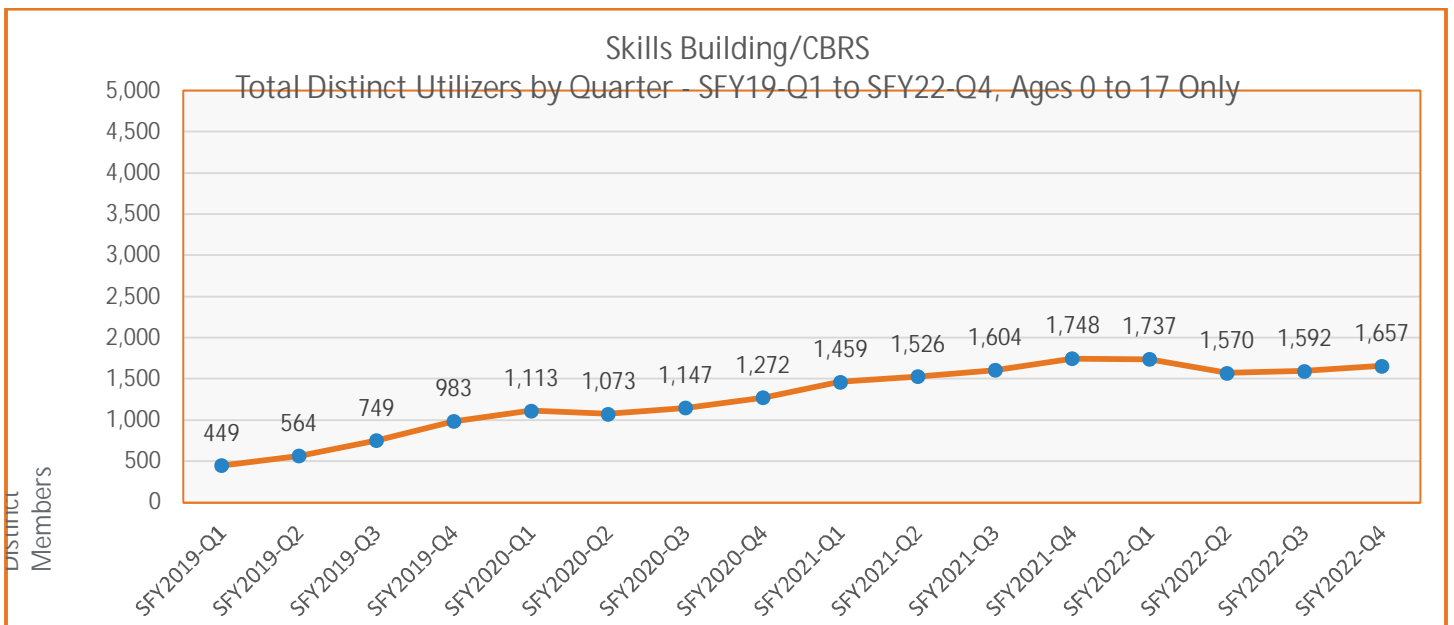


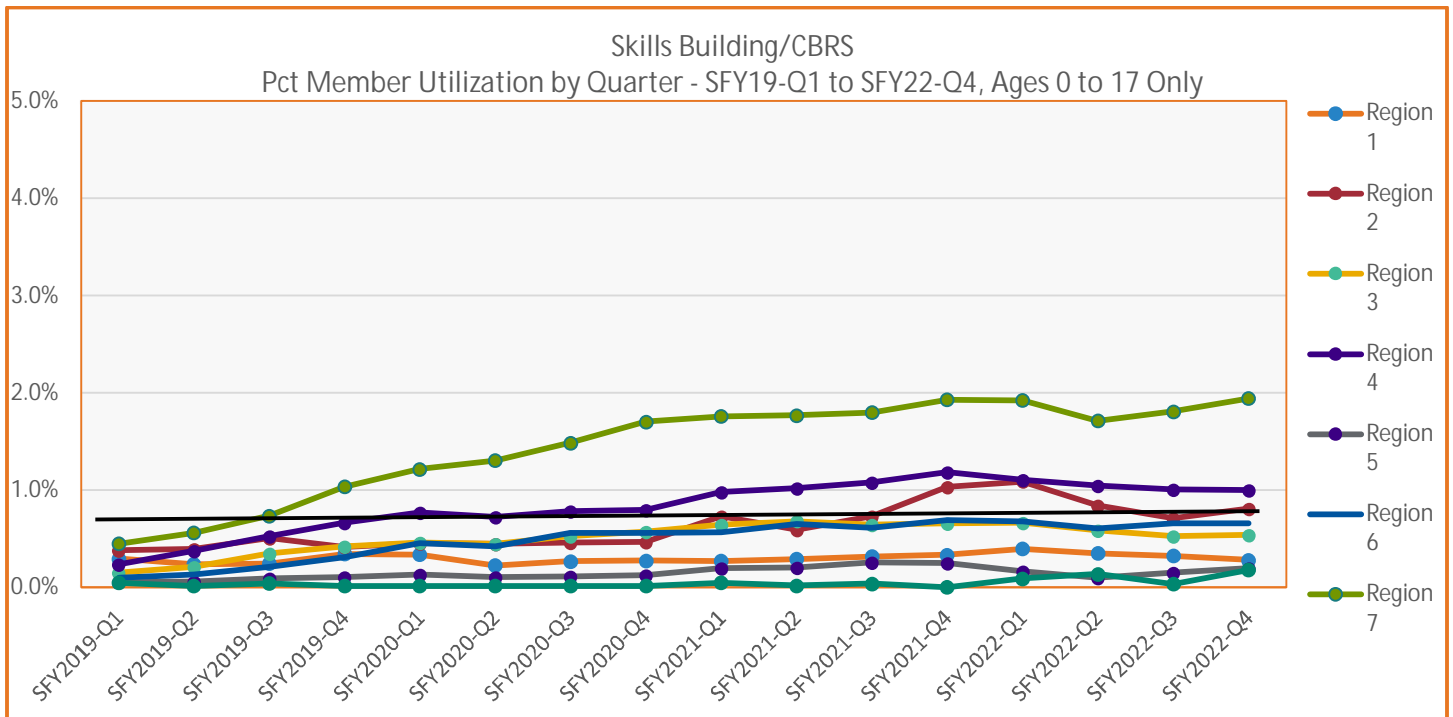
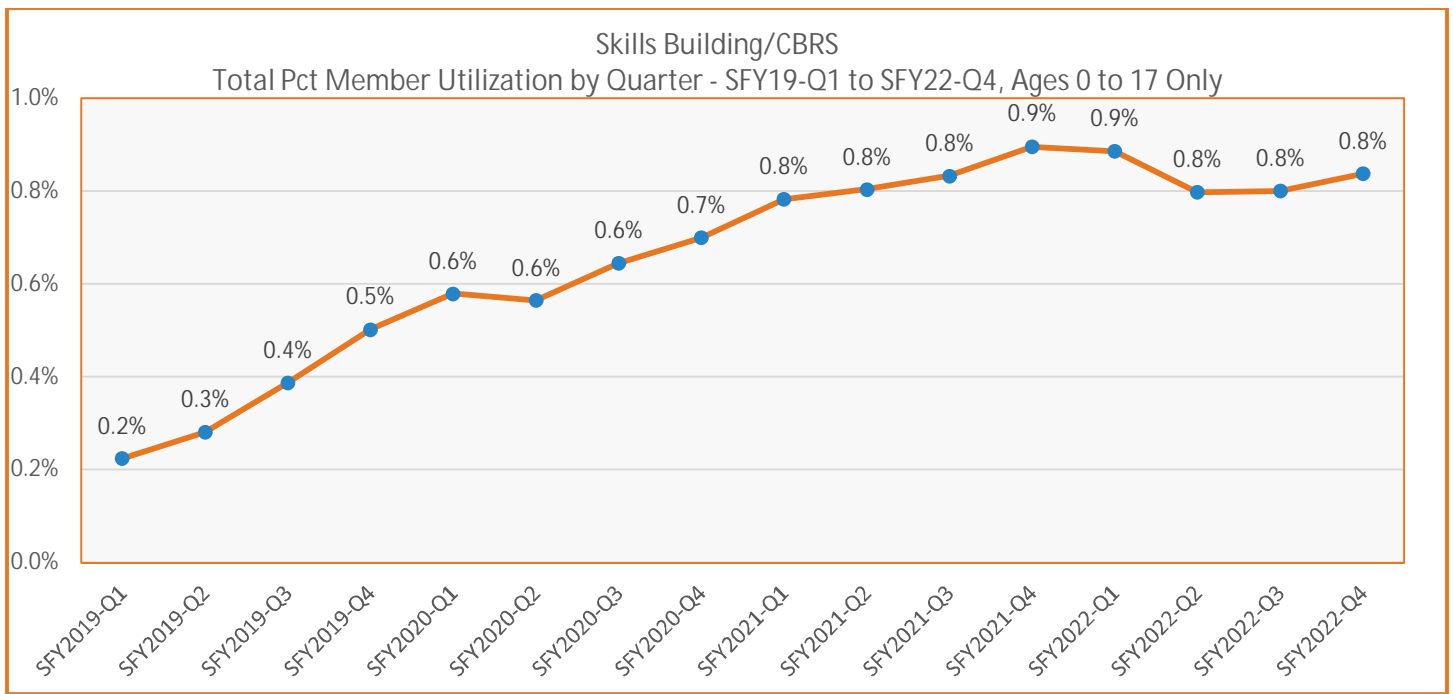
What is this data telling us?

There is no research on the prediction for number of children and youth who need Medication Management. National data indicates that approximately 3 percent of children with Medicaid receive medication services. The median penetration rate for Idaho over the past 16 quarters is 1.44 percent. Regions 3, 4, 6, and 7 have been somewhat consistently above the median value. Region 2 recently also increase to more than the median value.

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	4	1,737
SFY2022-Q2	83	69	247	413	27	92	643	4	1,570
SFY2022-Q3	77	59	225	399	43	101	688	1	1,592
SFY2022-Q4	67	67	228	398	55	102	744	3	1,657
2022 Distinct Utilizers	132	128	418	680	96	178	1,109	11	2,711



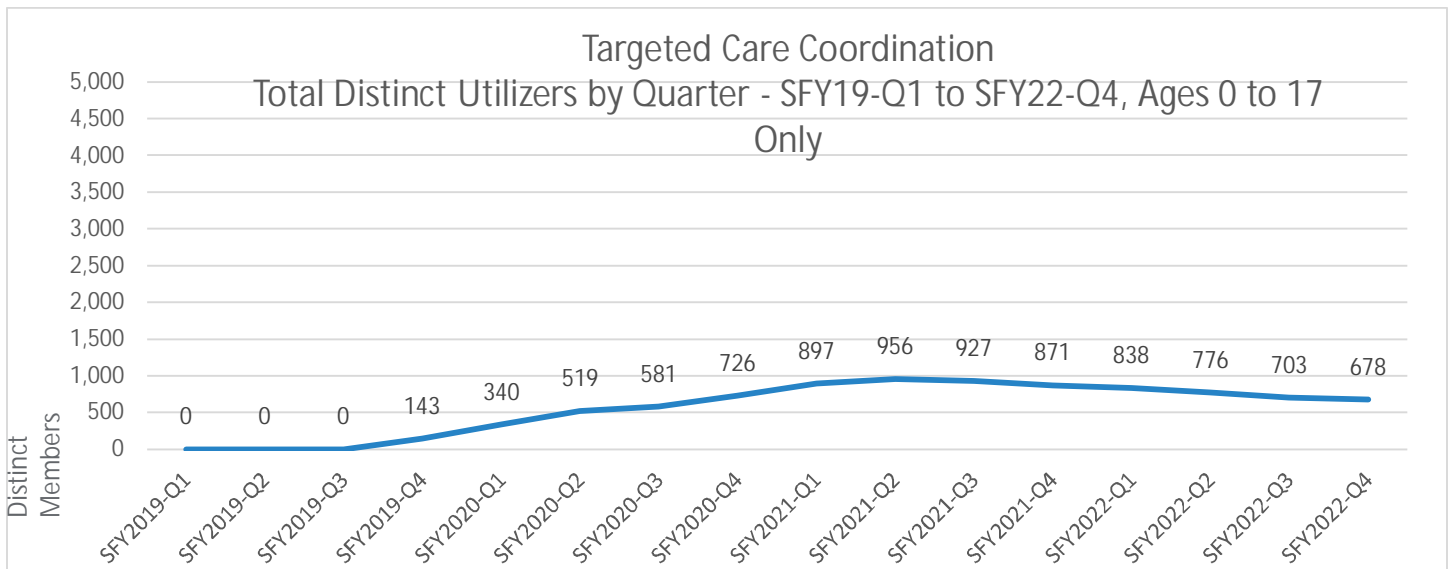


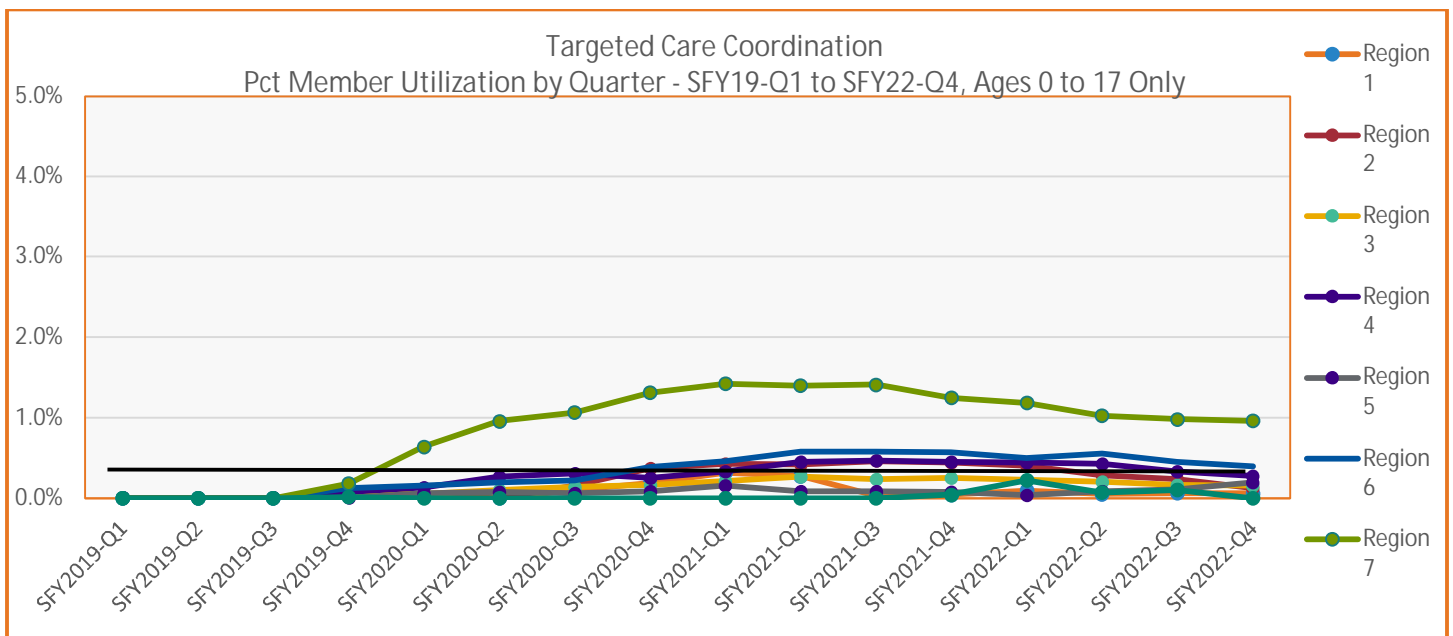
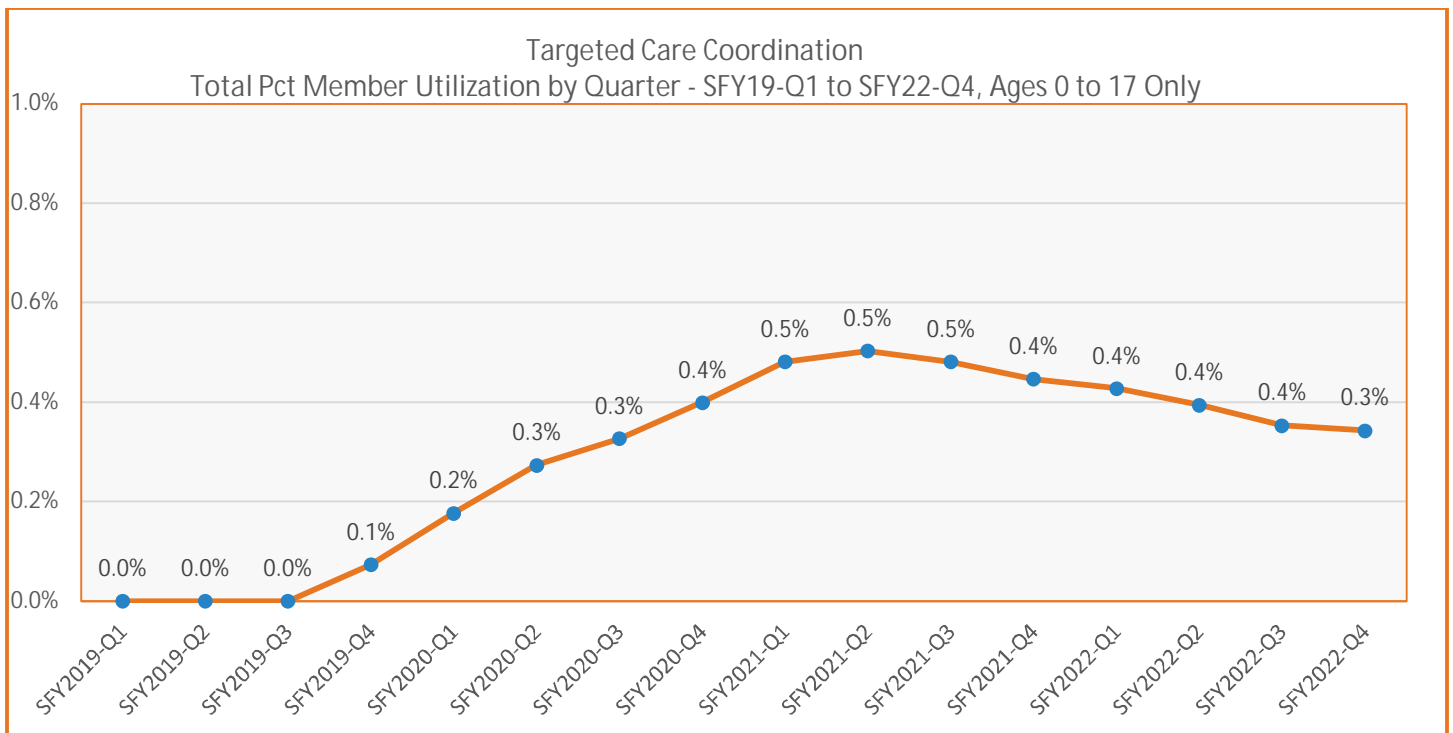
What is this data telling us?

The trend for access to CBRS has been increasing substantially over the 16 quarters that are reported, with only a small dip in Q2 of 2020. The median value statewide for the penetration rate CBRS is .74%. Regions 4 and 7 have consistently been above the median value, with Region 2 rising above and then stabilizing at the median value.

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	10	838
SFY2022-Q2	11	23	85	166	23	84	385	2	776
SFY2022-Q3	14	19	68	129	29	69	372	3	703
SFY2022-Q4	13	10	65	107	55	61	367	0	678
2022 Distinct Utilizers	27	51	138	265	87	134	591	11	1,283





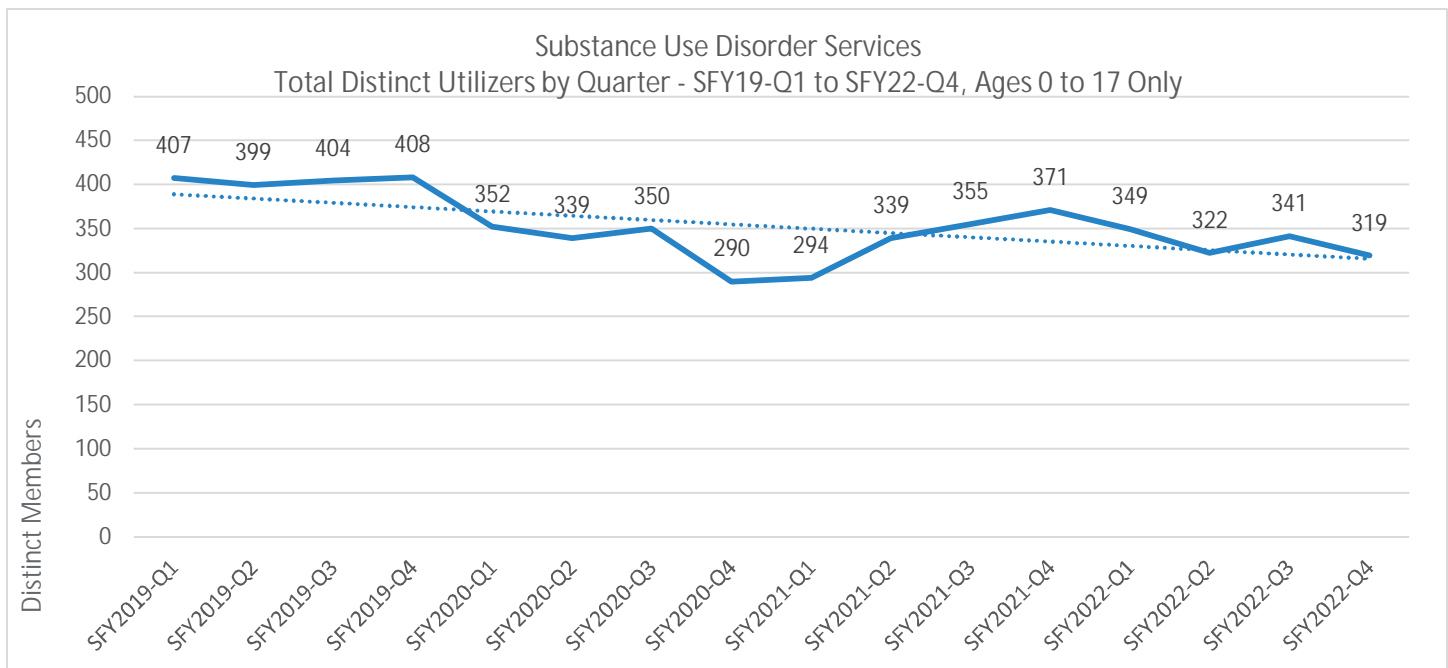
What is this data telling us?

All children and youth with YES Medicaid eligibility under the 1915(i) should be receiving TCC and all other children and youth who meet criteria for YES may receive TCC. As of the end of SFY 2022, a total of 1,283 children and youth had received TCC. This indicates that some children and youth who should be receiving TCC are currently not receiving the service.

The median penetration rate is 0.39 percent. Region 7 is clearly above the median, and regions 4 and 6 are currently approximately equal to the median value.

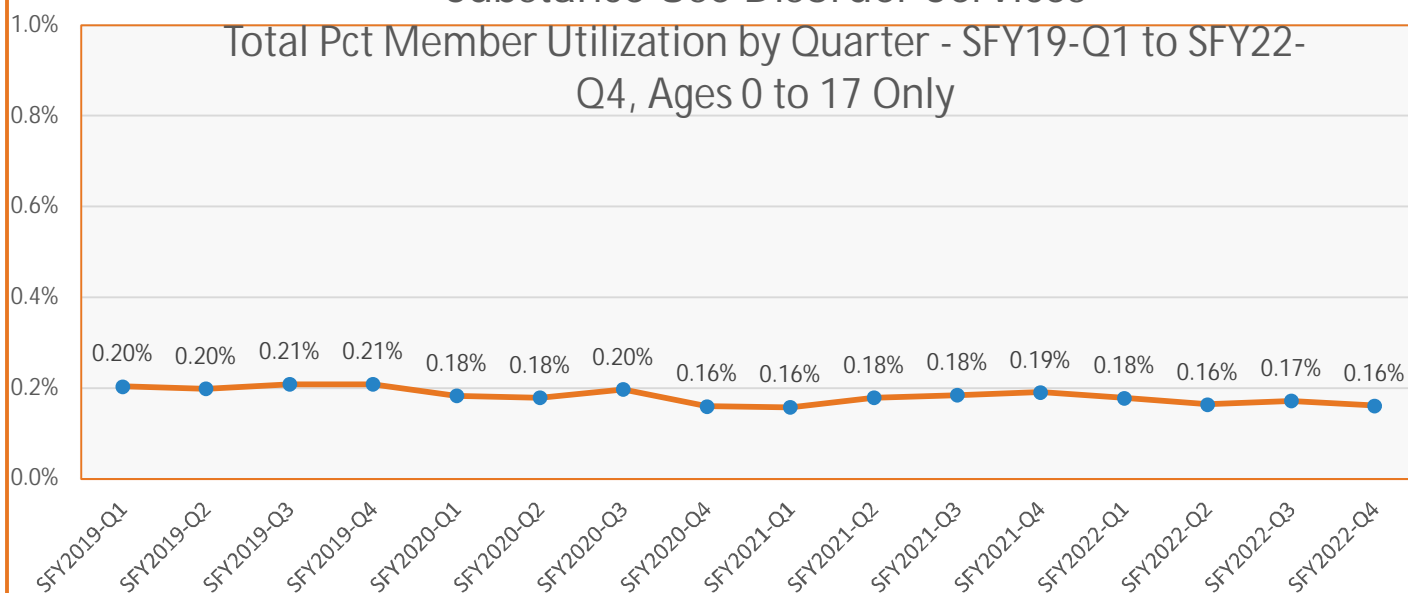
Substance Use Disorder (SUD) Services

	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	35	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	52	40	78	30	109	2	341
SFY2022-Q4	20	6	41	37	70	29	116	0	319
2022 Distinct Utilizers	57	12	105	96	168	57	279	4	771



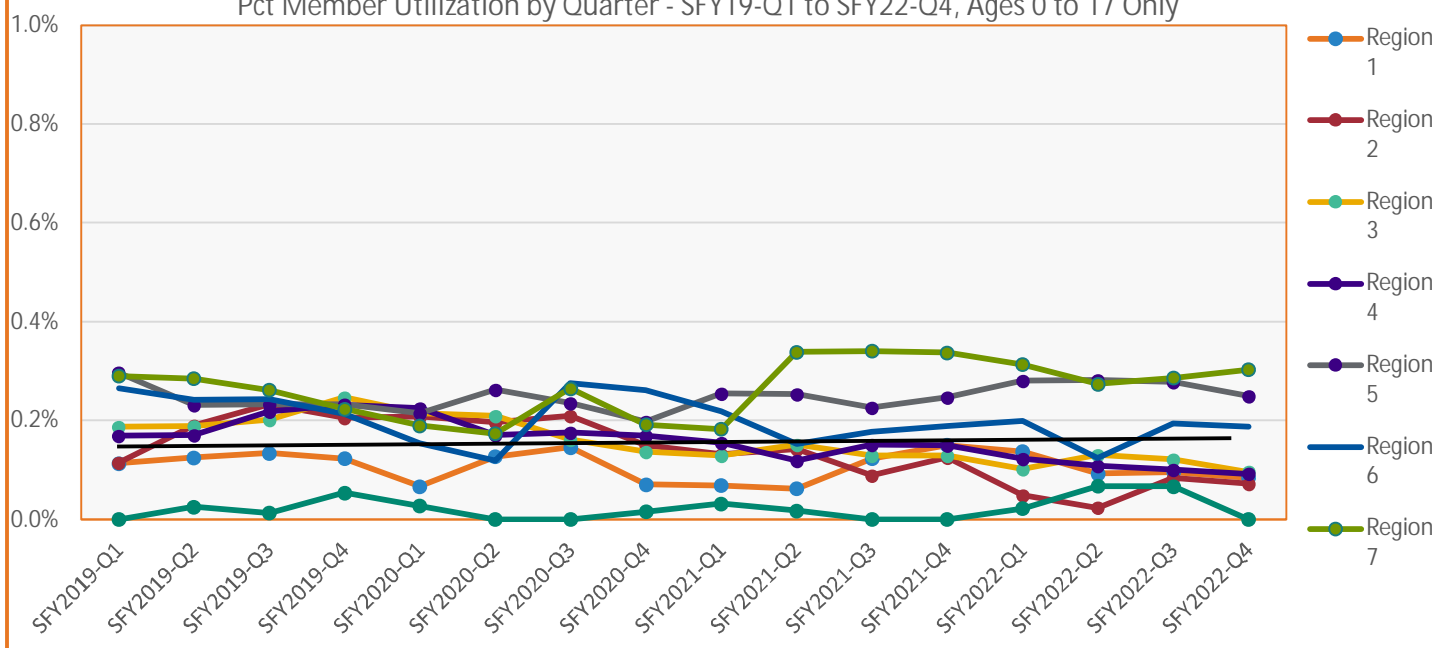
Substance Use Disorder Services

Total Pct Member Utilization by Quarter - SFY19-Q1 to SFY22-Q4, Ages 0 to 17 Only



Substance Use Disorder Services

Pct Member Utilization by Quarter - SFY19-Q1 to SFY22-Q4, Ages 0 to 17 Only



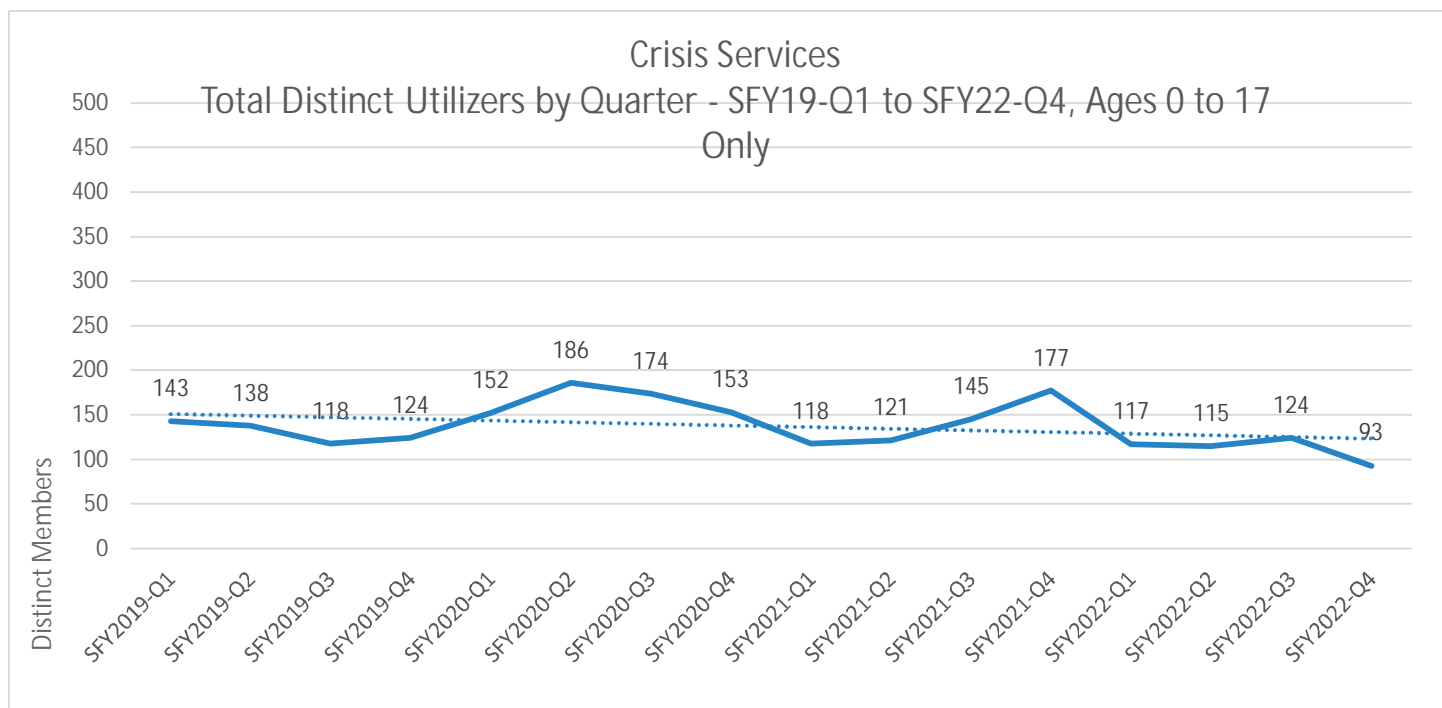
What is this data telling us?

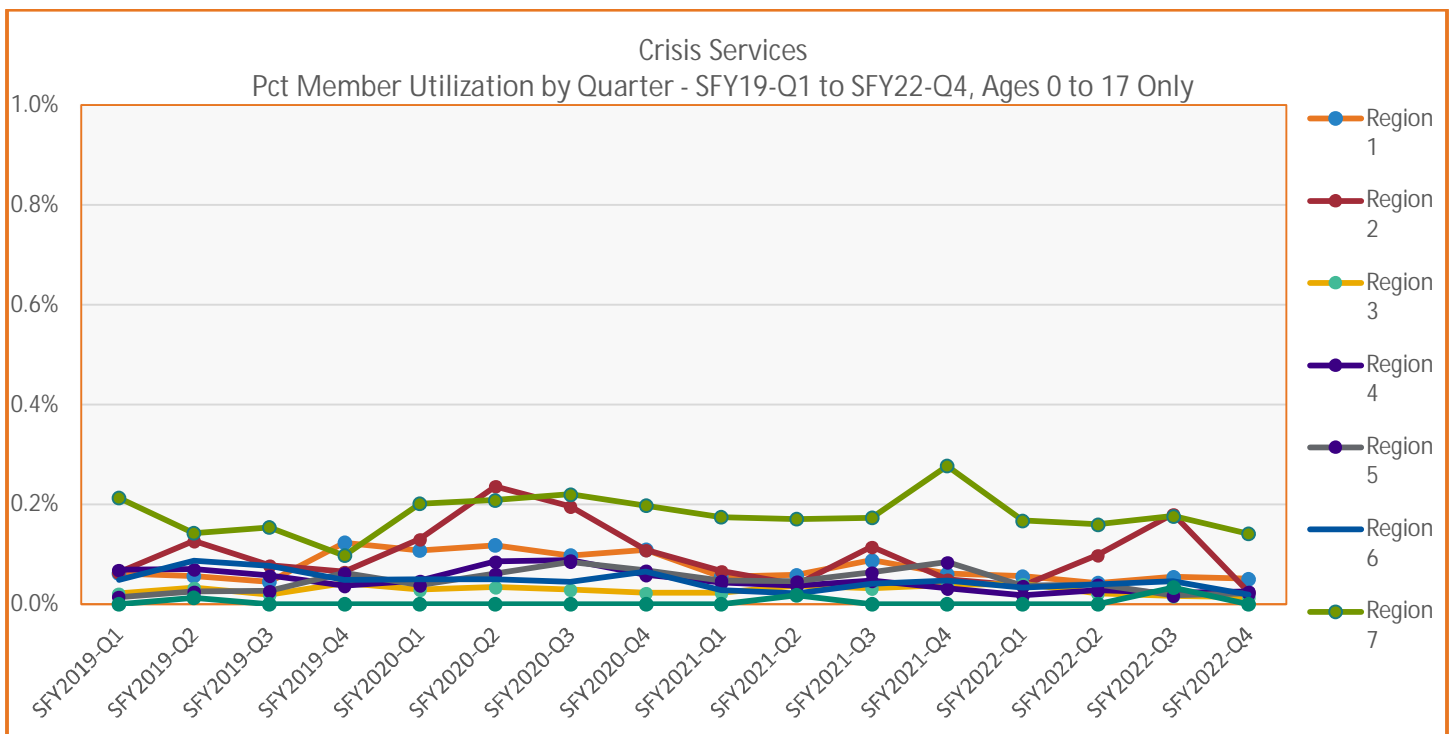
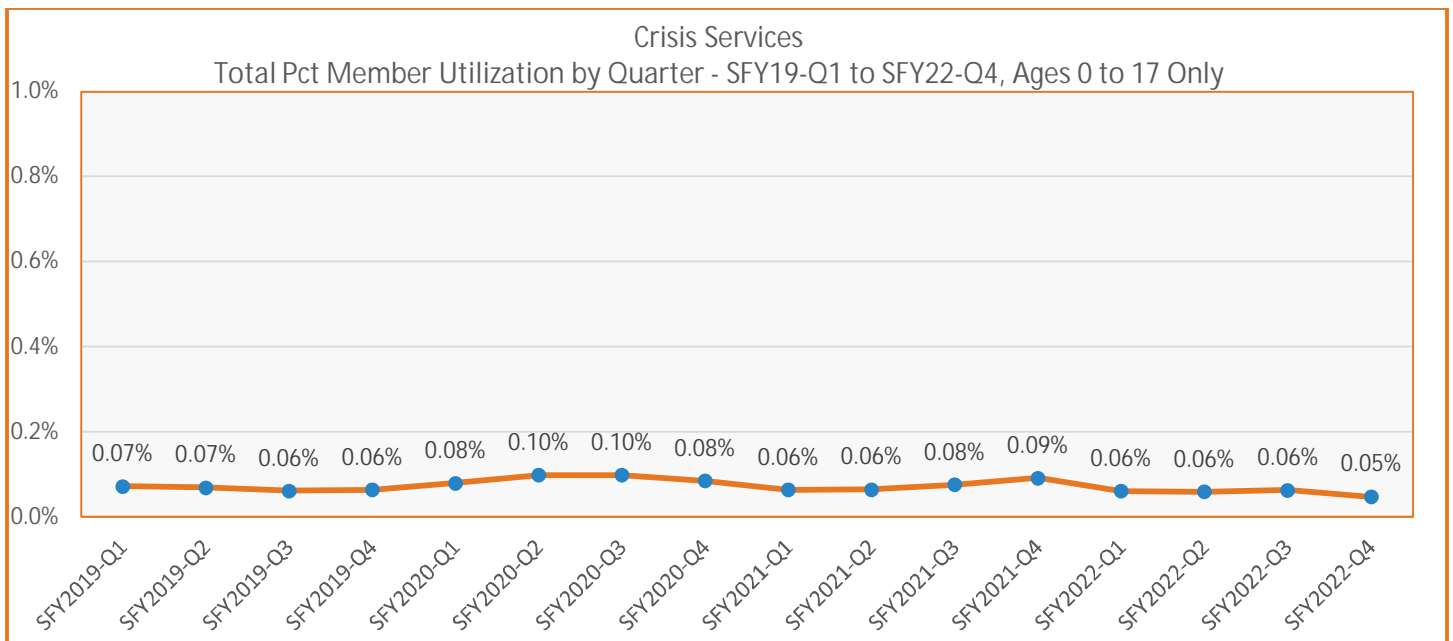
SUD services are accessed statewide but have been trending down somewhat over the last 16 quarters. Also, the number receiving the service remains limited. The statewide penetration rate is .18%.

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	15	7	9	5	7	67	1	124
SFY2022-Q4	12	2	6	10	6	3	54	0	93
2022 Distinct Utilizers	44	26	38	36	27	21	239	1	432





What is this data telling us?

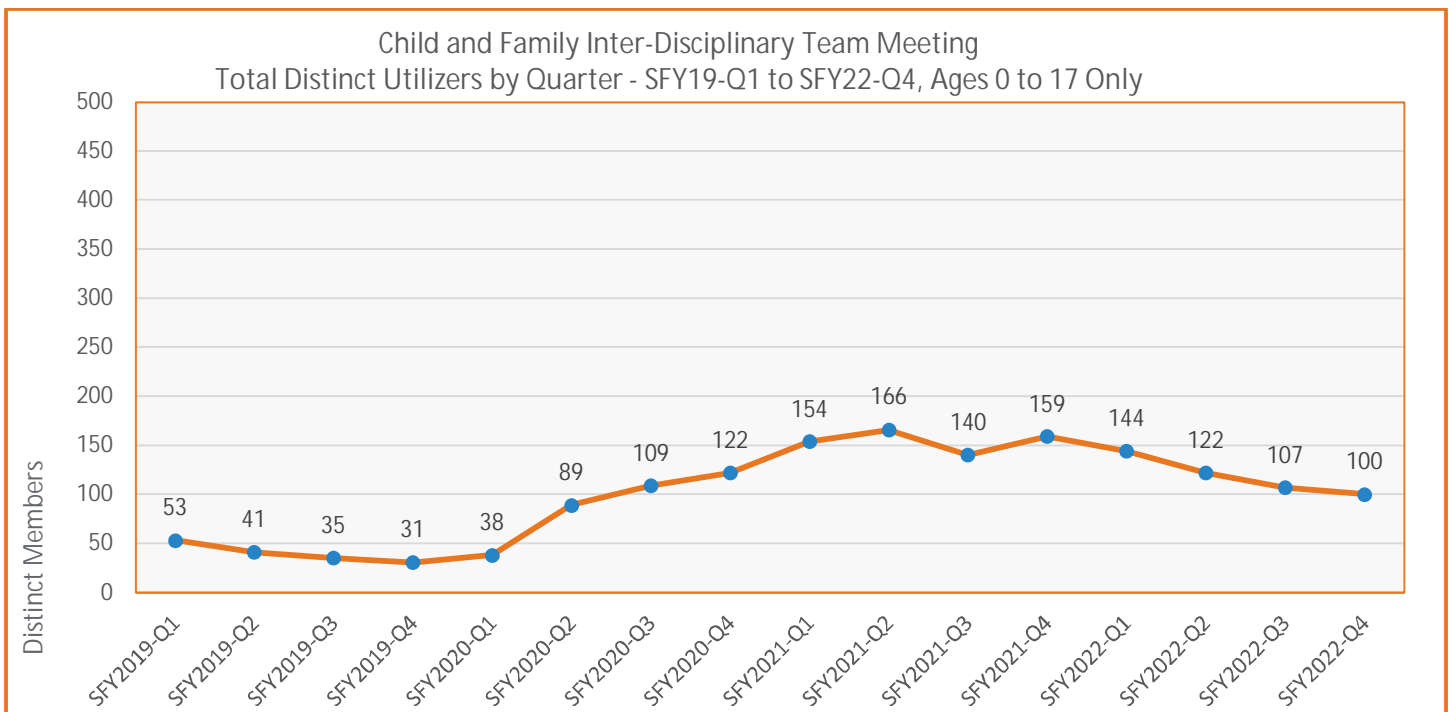
There is no research indicating expected need for crisis services. There are crisis services in every region, but they remain very limited.

The statewide penetration rate is .07 percent. Region 7 is consistently higher than the statewide median value and Region 2 has been equal at times.

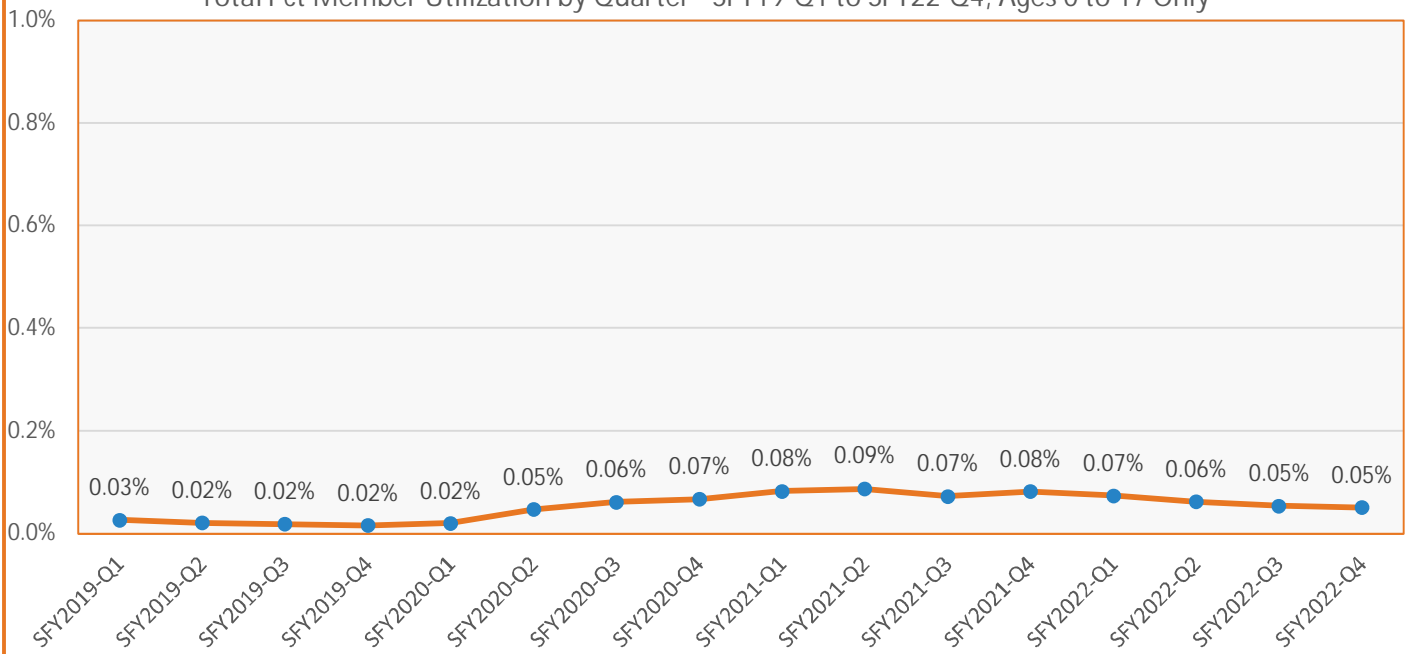
The QMIA Council will continue to monitor the trends in use of Crisis Services.

Child and Family Inter-Disciplinary Team Meeting

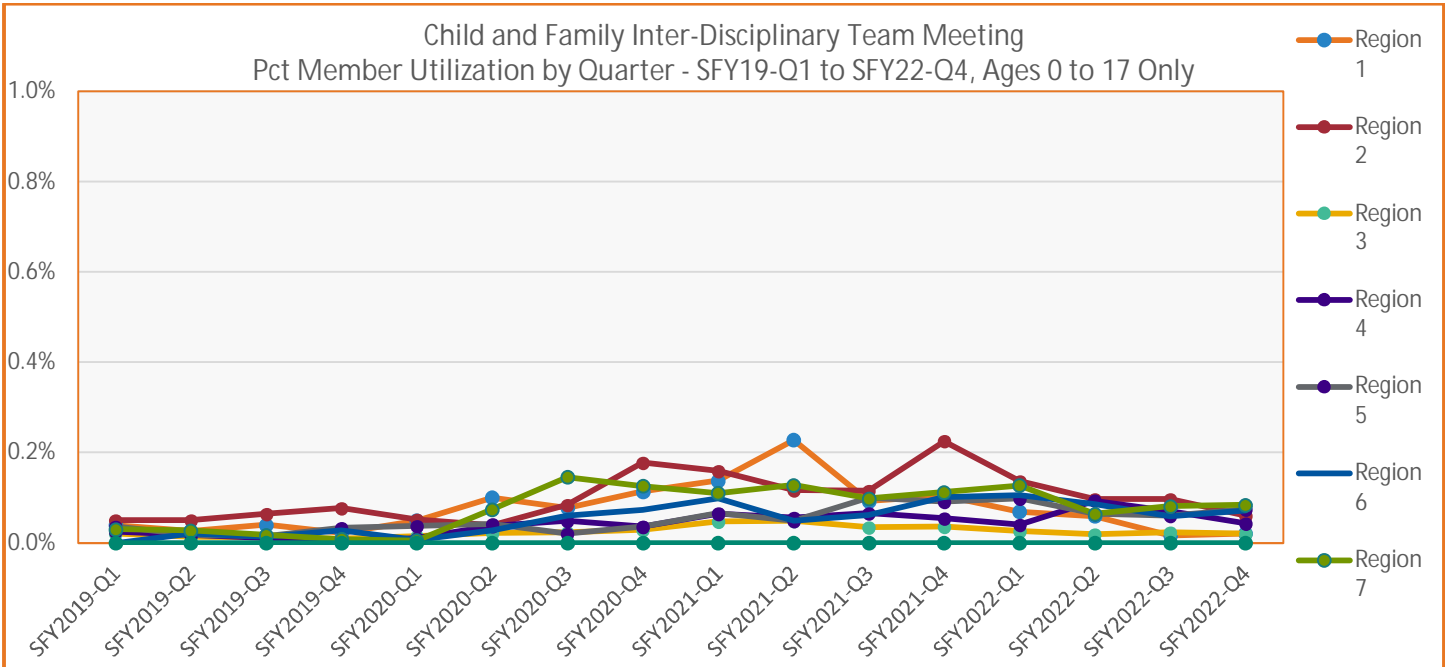
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-Q1	9	4	9	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	24	18	15	21	25	15	41	0	159
2021 Distinct Utilizers	81	32	62	76	62	33	142	0	484
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	28	17	9	31	0	107
SFY2022-Q4	5	5	9	17	21	11	32	0	100
2022 Distinct Utilizers	33	26	36	82	70	40	118	0	402



Child and Family Inter-Disciplinary Team Meeting
Total Pct Member Utilization by Quarter - SFY19-Q1 to SFY22-Q4, Ages 0 to 17 Only



Child and Family Inter-Disciplinary Team Meeting
Pct Member Utilization by Quarter - SFY19-Q1 to SFY22-Q4, Ages 0 to 17 Only



What is this data telling us?

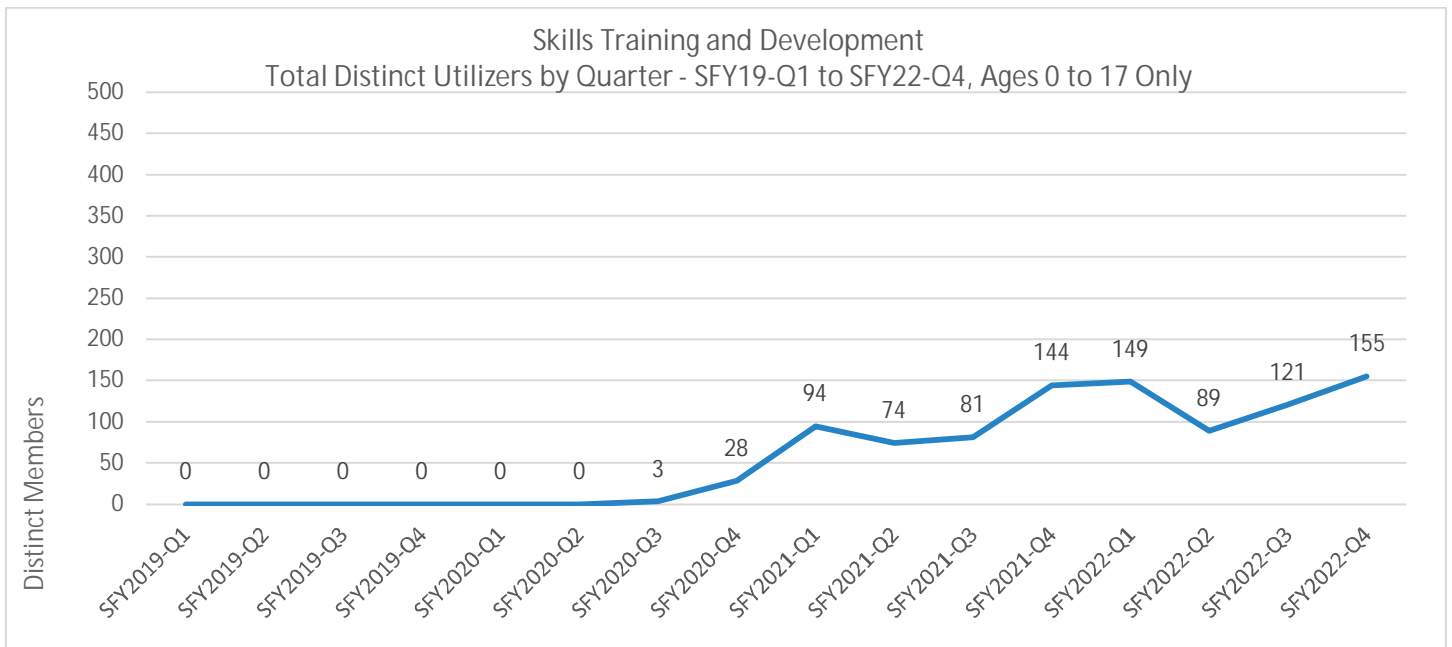
The Child and Family Interdisciplinary Team (CFIT) services are services billed mostly by providers who participate in the Targeted Care Coordination (TCC) meetings. This number does not represent all Child and Family Team (CFT) sessions which are held.

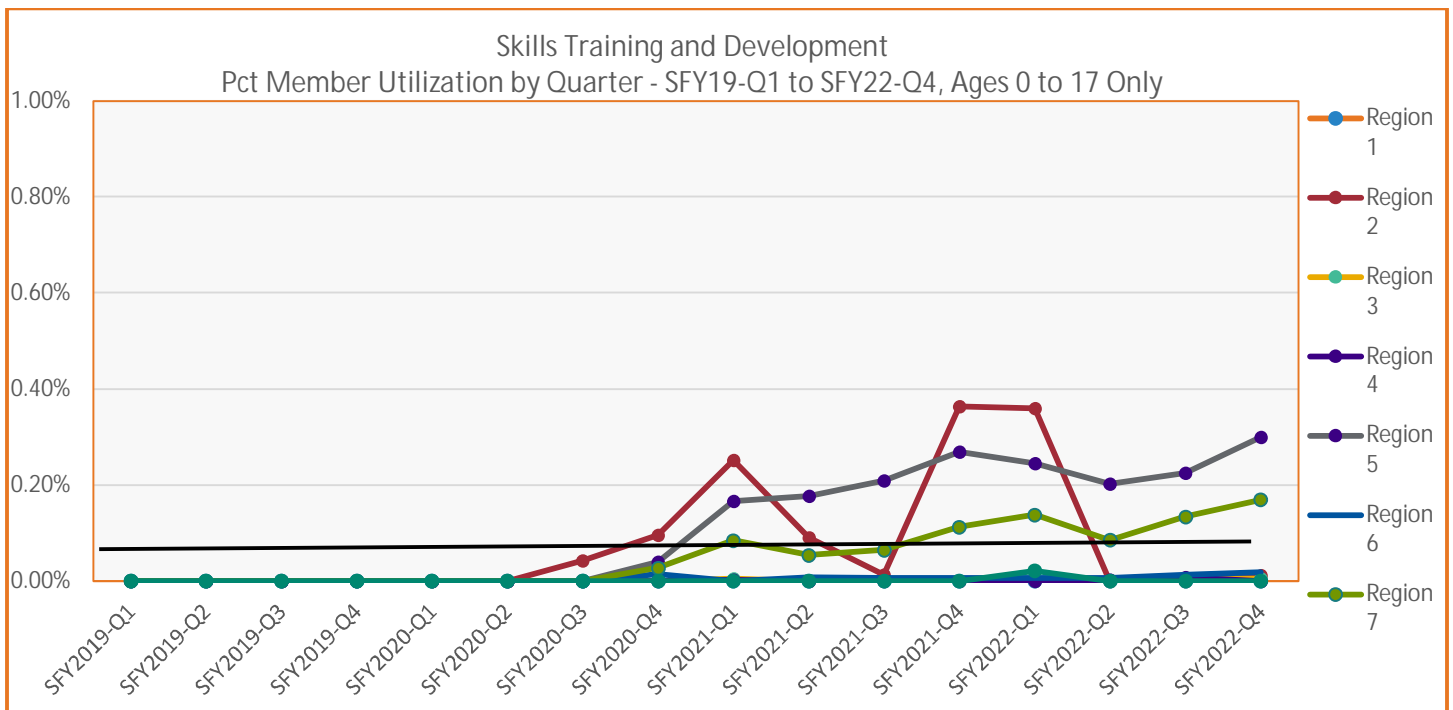
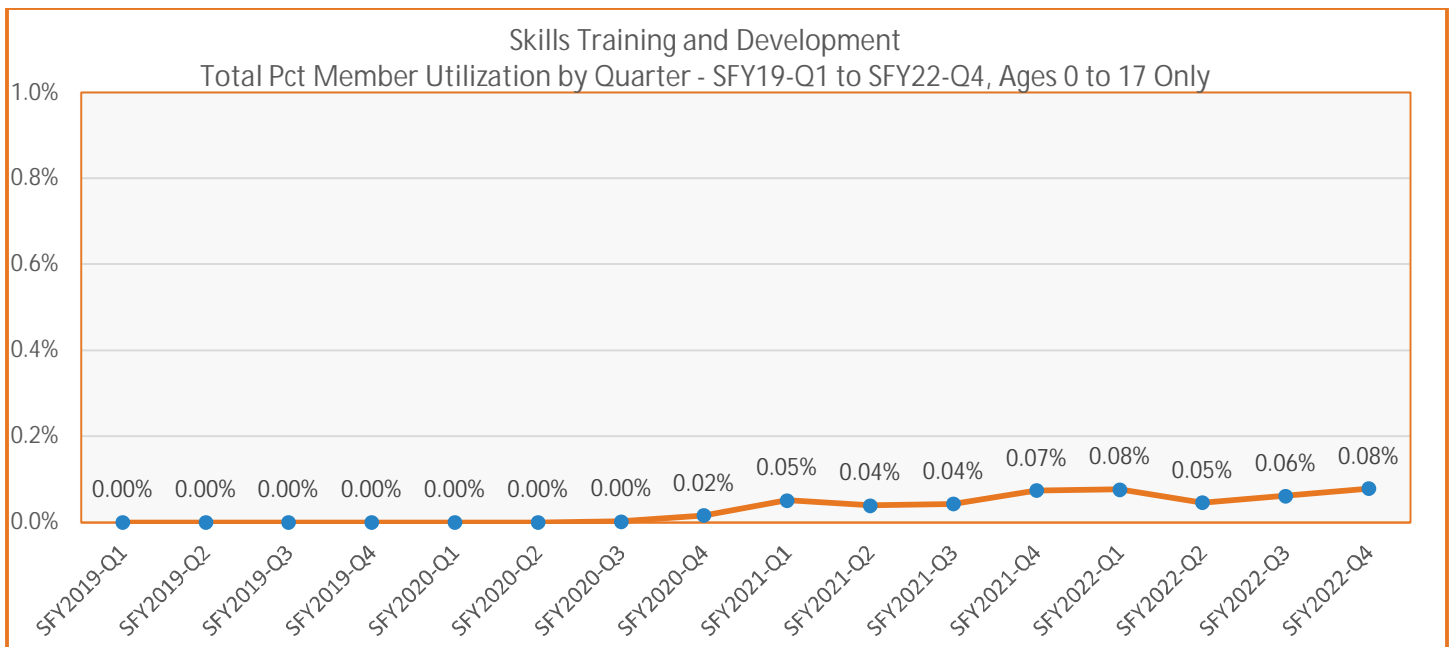
The statewide penetration rate is .06 percent. No region has been consistently above the statewide median.

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
SFY2022-Q3	0	0	2	3	63	2	51	0	121
SFY2022-Q4	0	1	2	0	84	3	65	0	155
2022 Distinct Utilizers	0	30	2	3	135	4	107	1	281





What is this data telling us?

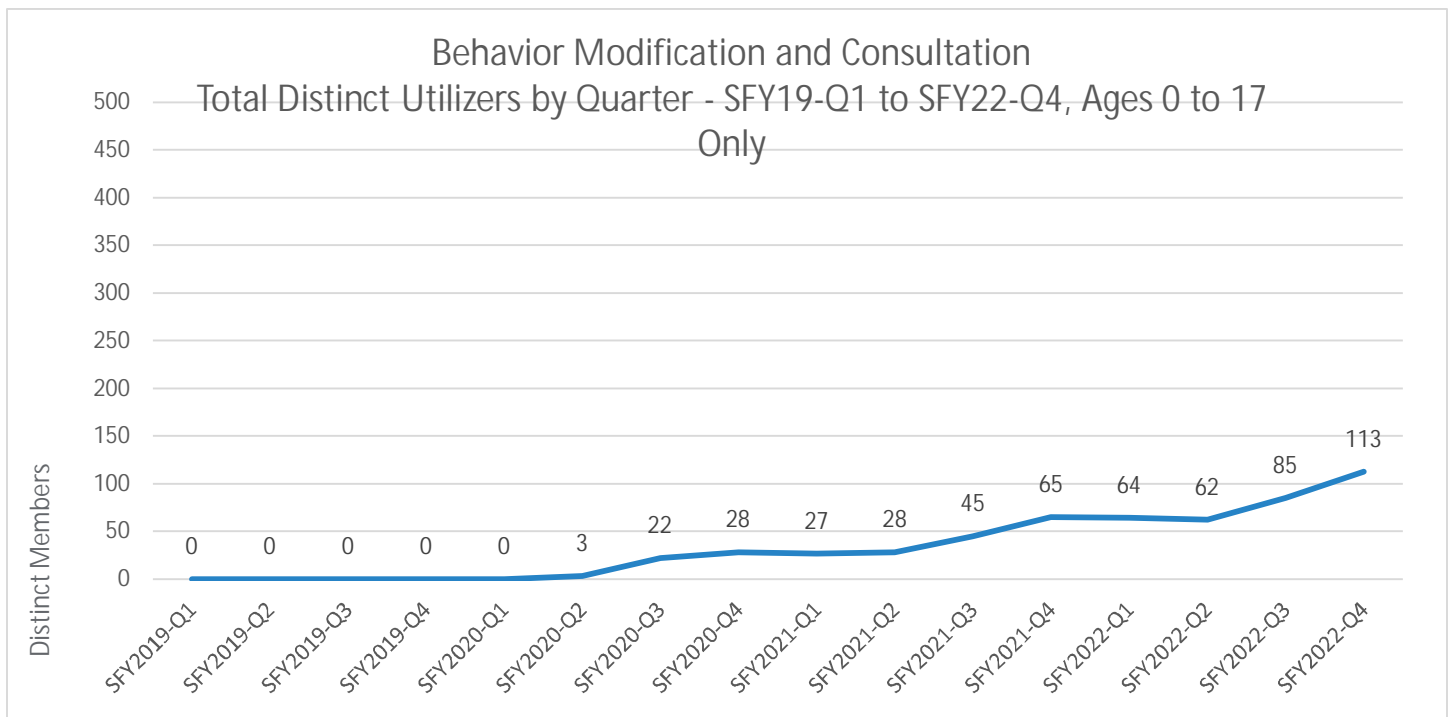
There is no research indicating expected need for Skills Training and Development (STAD).

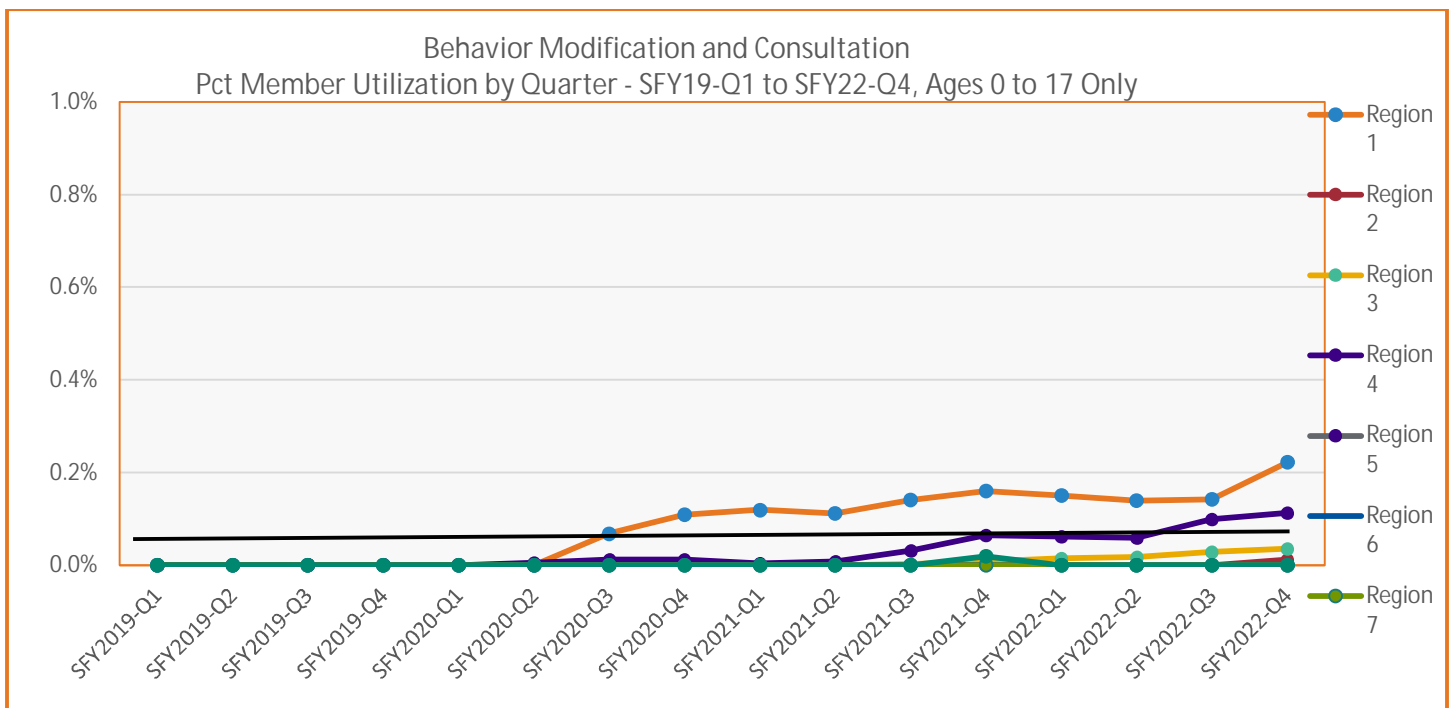
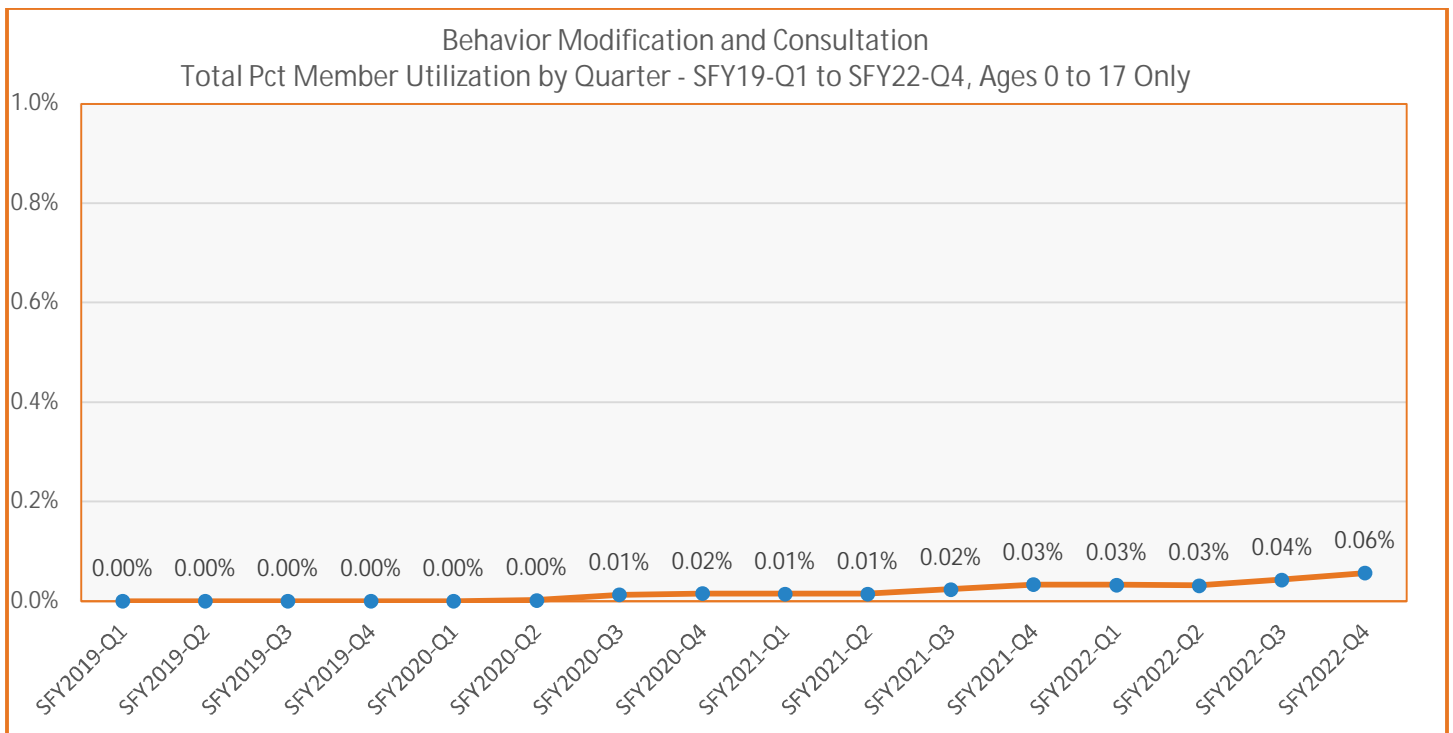
The statewide penetration rate is .05 percent. Regions 4 and 7 have been consistently above the median value, and Region 2 has varied.

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 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	24	0	0	0	0	64
SFY2022-Q2	33	0	7	23	0	0	0	0	62
SFY2022-Q3	34	0	12	39	0	0	0	0	85
SFY2022-Q4	53	1	15	45	0	0	0	0	113
2022 Distinct Utilizers	73	1	18	54	0	0	0	0	144





What is this data telling us?

There is no research indicating expected need for Behavior Modification and Consultation Treatment.

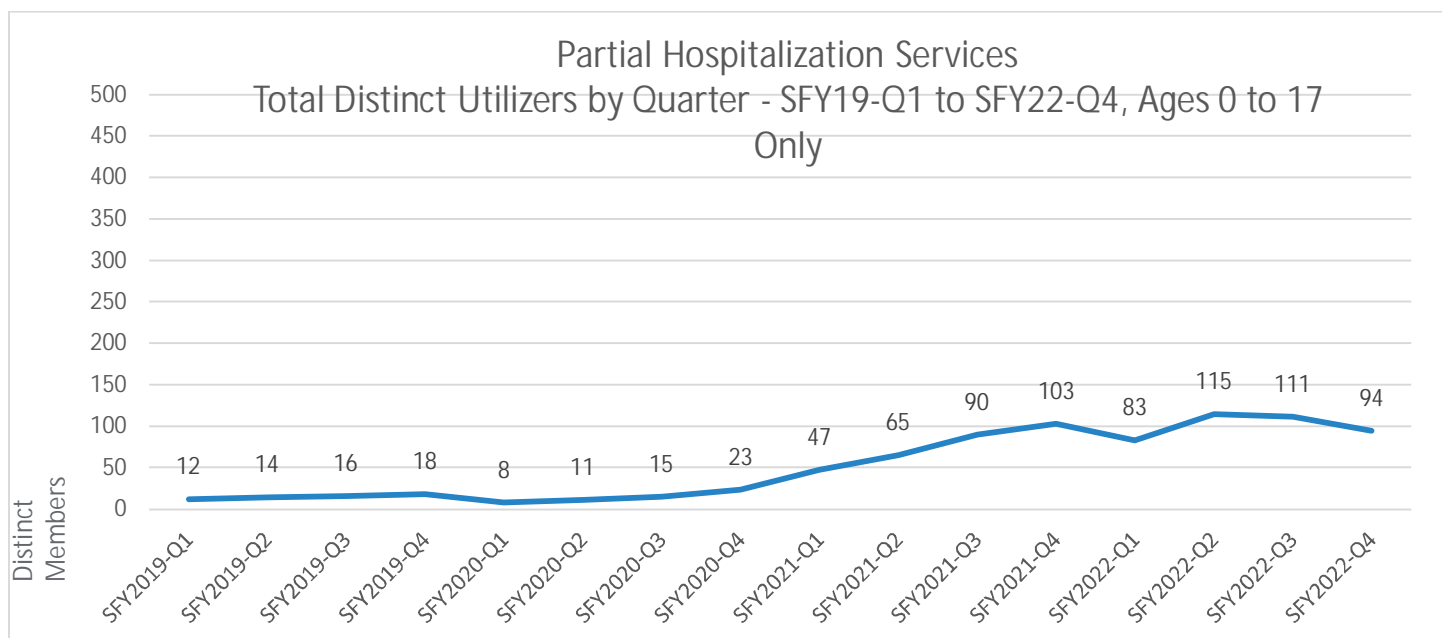
This service is minimally available. There are no services in Region 2, 5, 6 or 7 and very limited services in 3.

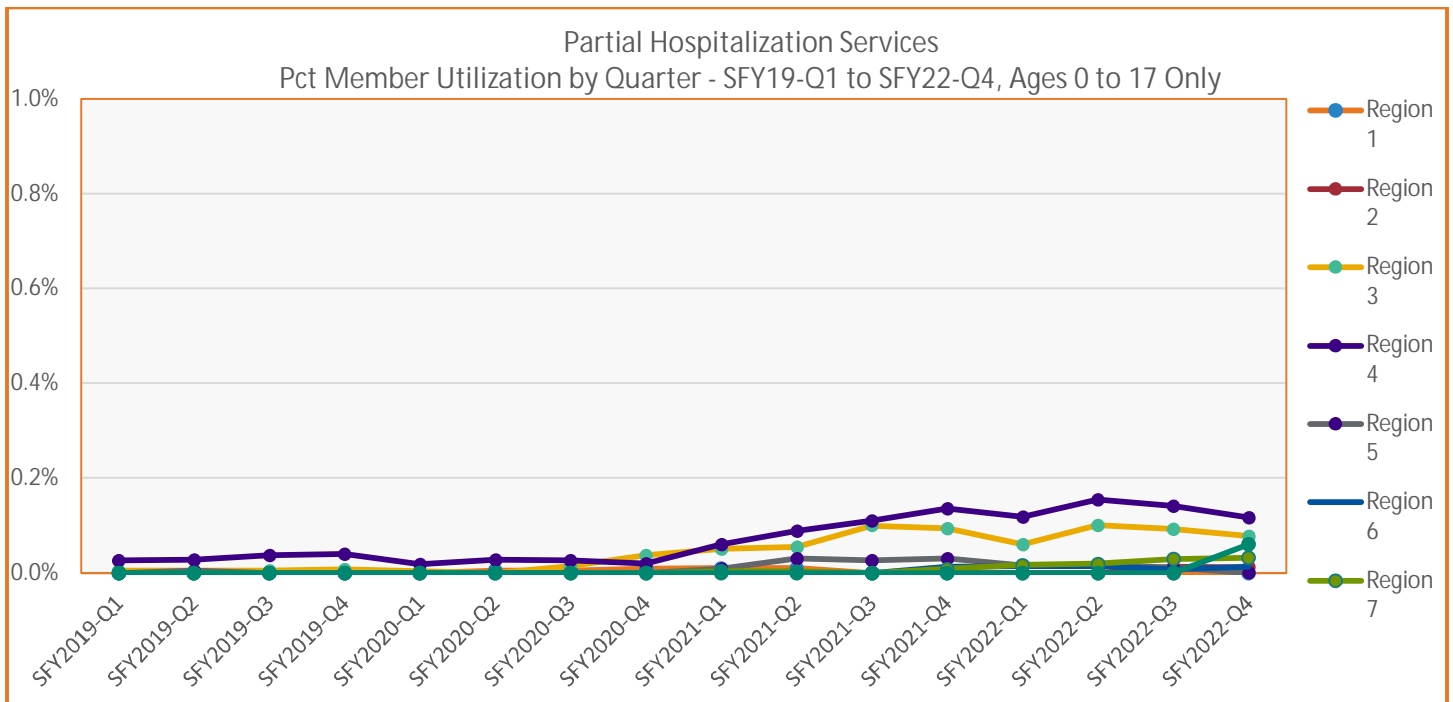
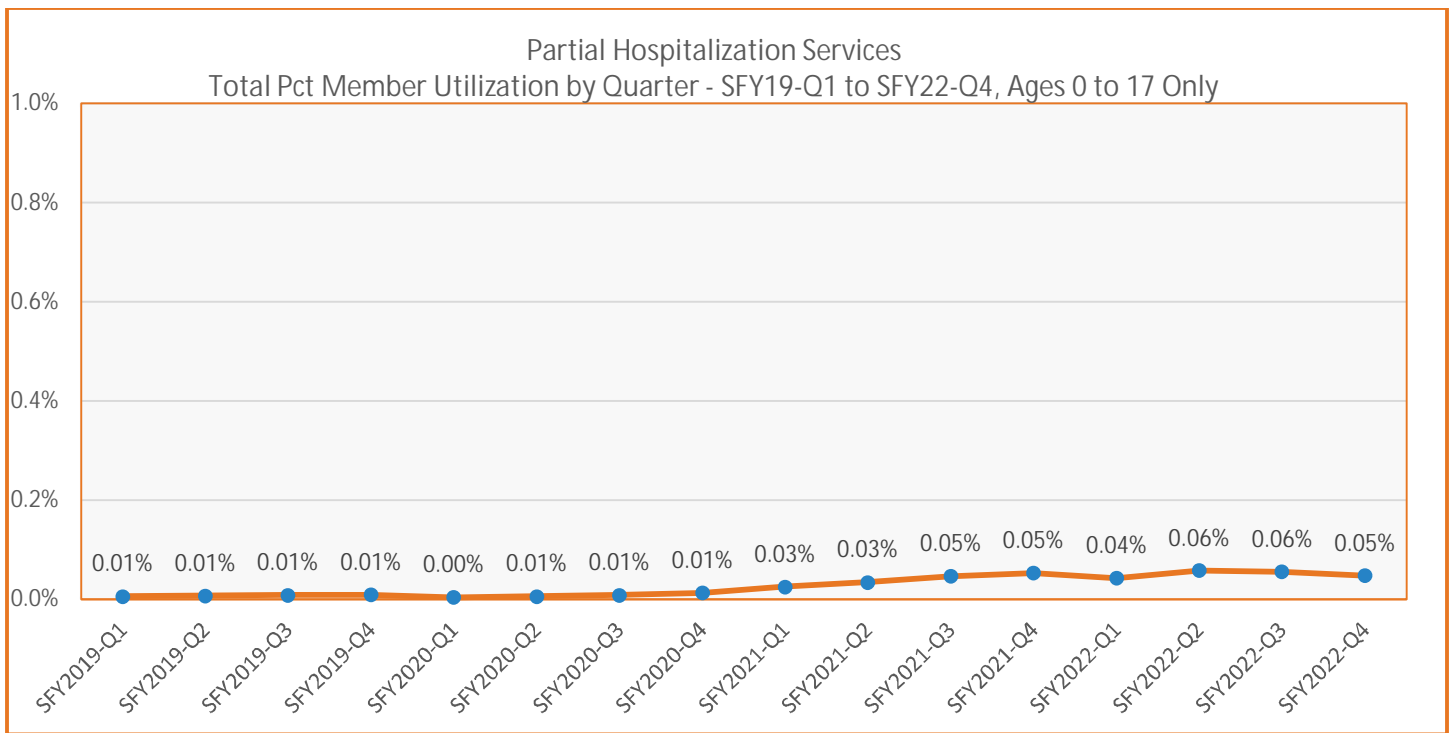
The statewide penetration rate is .03 percent. Region 3 is the only region consistently above the statewide rate.

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	56	3	1	11	0	111
SFY2022-Q4	0	1	33	46	0	2	12	1	94
2022 Distinct Utilizers	0	1	111	155	8	5	22	1	301





What is this data telling us?

There is no research indicating expected need for Partial Hospitalization.

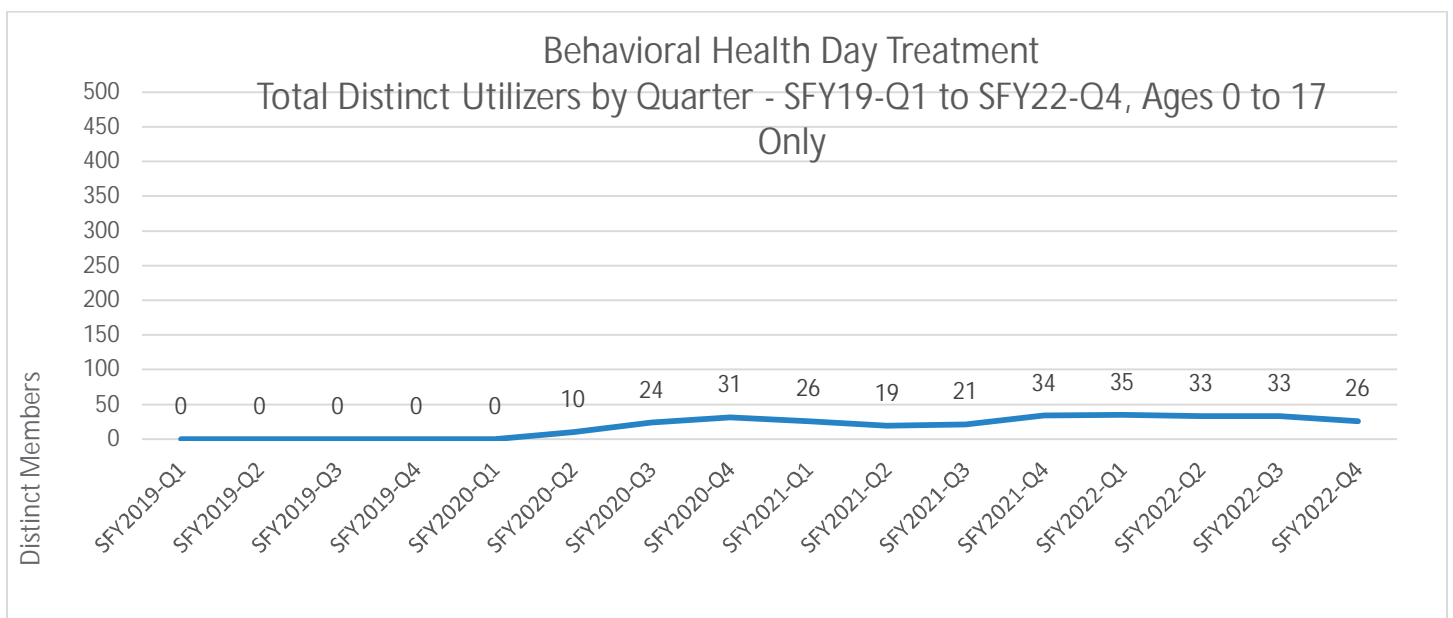
There are no services in Region 1, and very limited services in Regions 2, 5, 6, and 7.

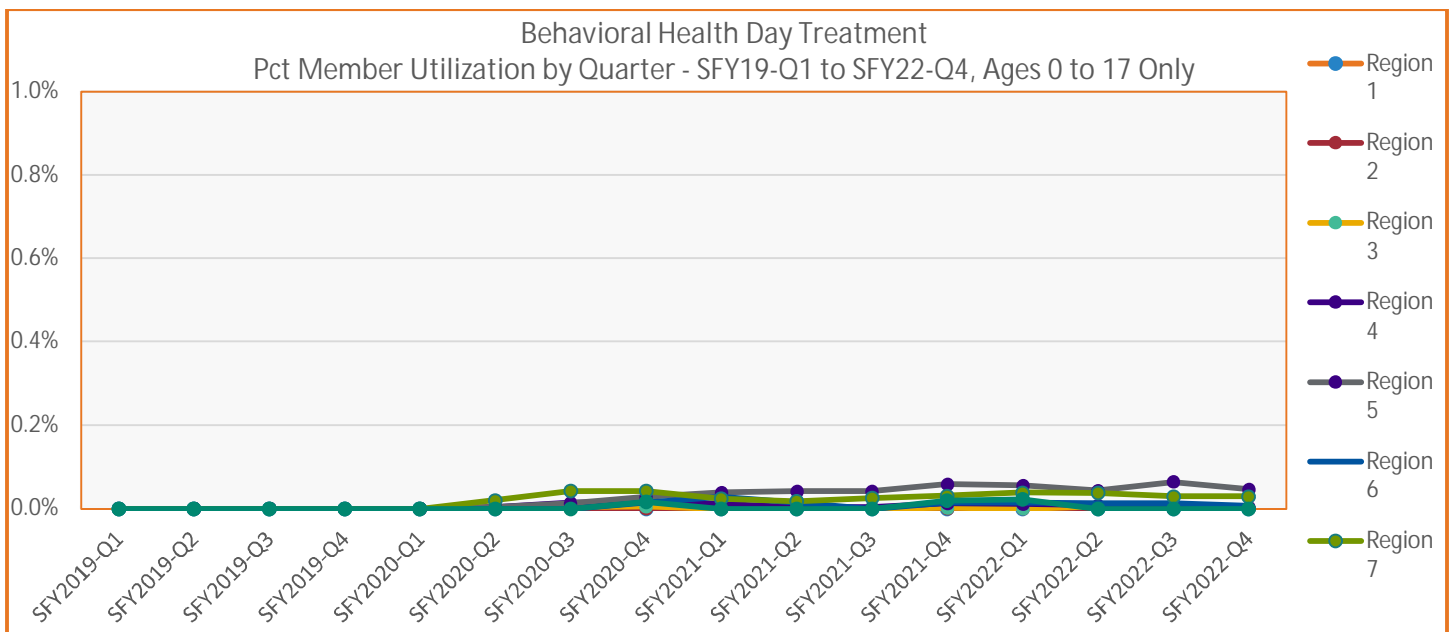
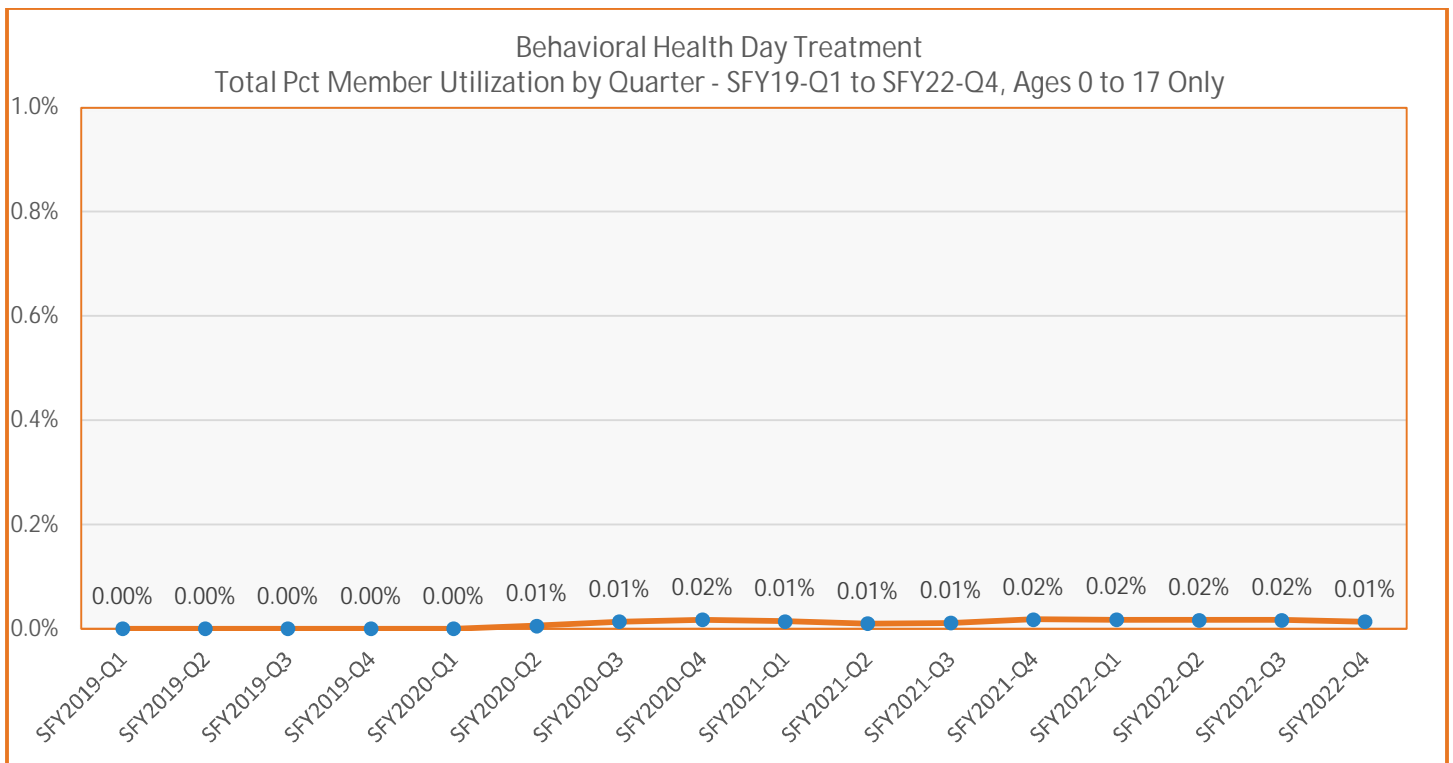
The statewide penetration rate is .02 percent, Regions 4 and 3 are above the statewide rate.

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	1	1	0	7	0	10
SFY2020-Q3	1	0	1	5	3	0	14	0	24
SFY2020-Q4	0	0	2	6	7	2	14	1	31
2020 Distinct Utilizers	1	0	2	7	8	2	21	1	41
SFY2021-Q1	0	0	0	4	10	4	8	0	26
SFY2021-Q2	0	0	0	1	11	2	6	0	19
SFY2021-Q3	0	0	0	1	11	0	9	0	21
SFY2021-Q4	0	0	1	5	16	2	11	1	34
2021 Distinct Utilizers	0	0	1	10	26	6	25	1	66
SFY2022-Q1	0	0	0	4	15	2	14	1	35
SFY2022-Q2	0	0	2	3	12	2	14	0	33
SFY2022-Q3	0	0	2	0	18	2	11	0	33
SFY2022-Q4	0	0	0	1	13	1	11	0	26
2022 Distinct Utilizers	0	0	2	5	31	4	31	1	73





What is this data telling us?

There is no research indicating expected need for Day Treatment.

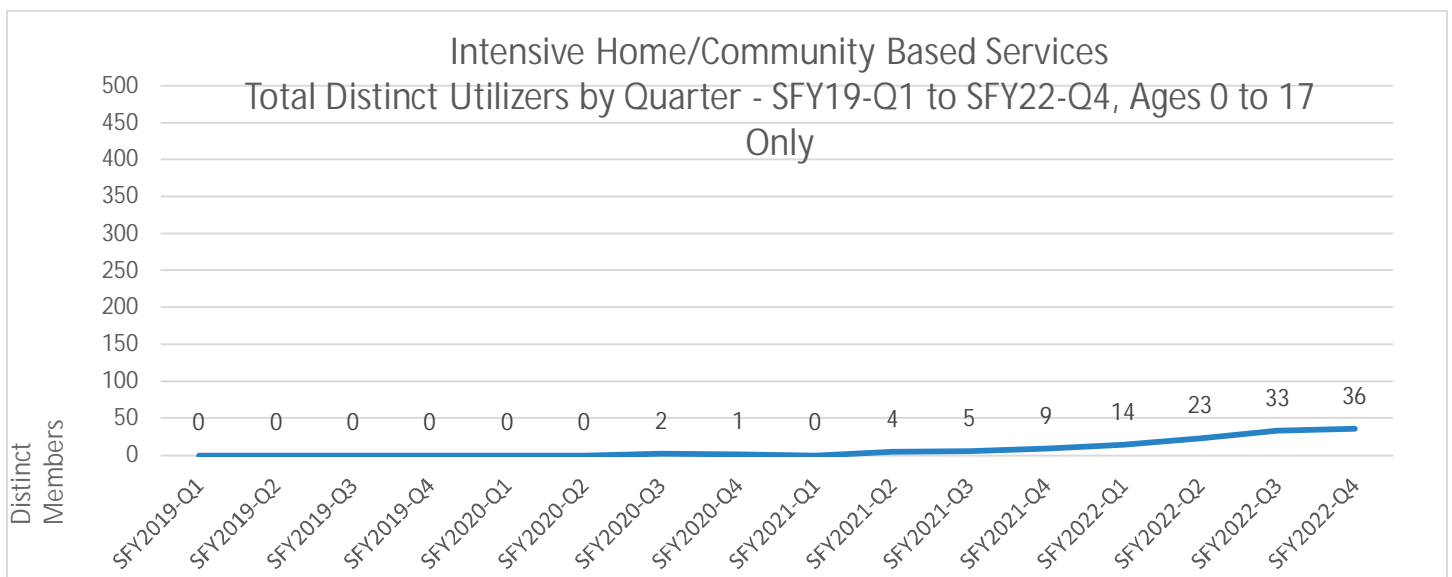
There are no services in Regions 1 and 2 and very limited services in Regions 3, 4, and 6.

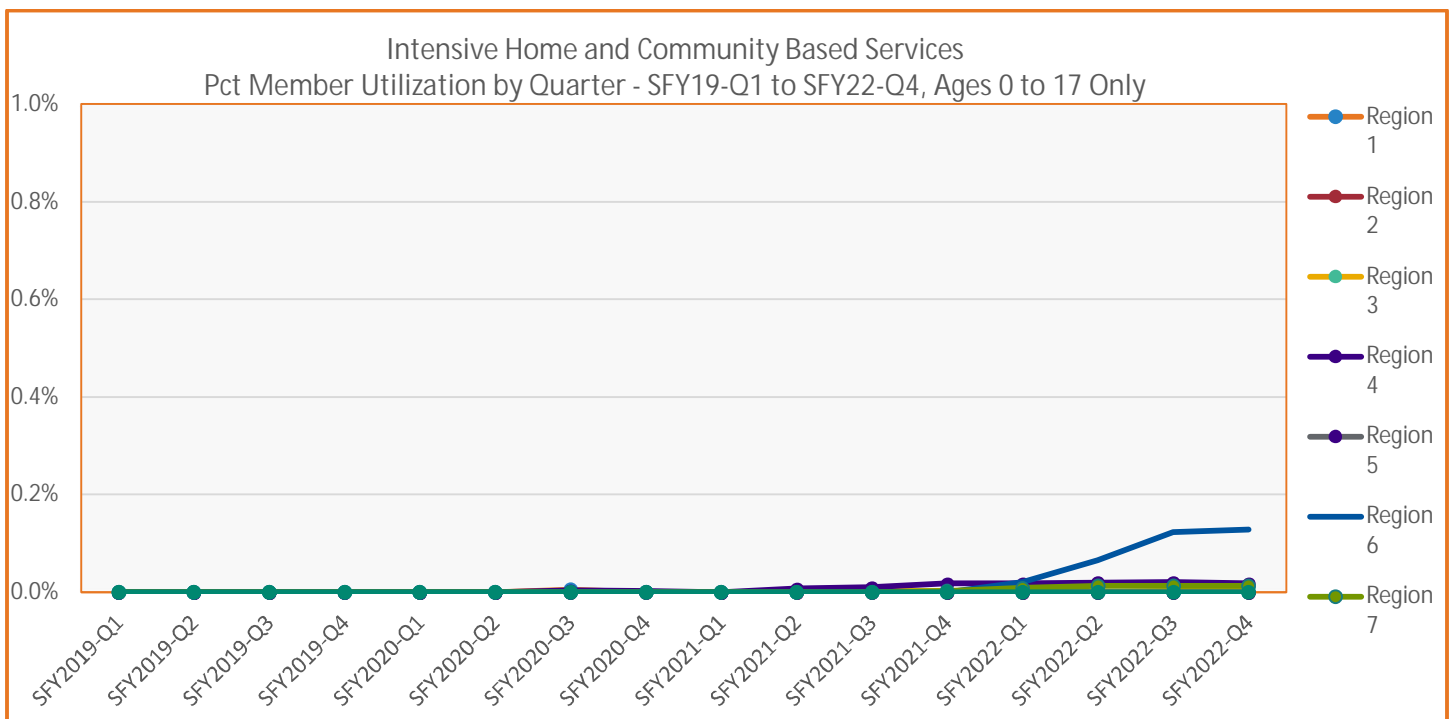
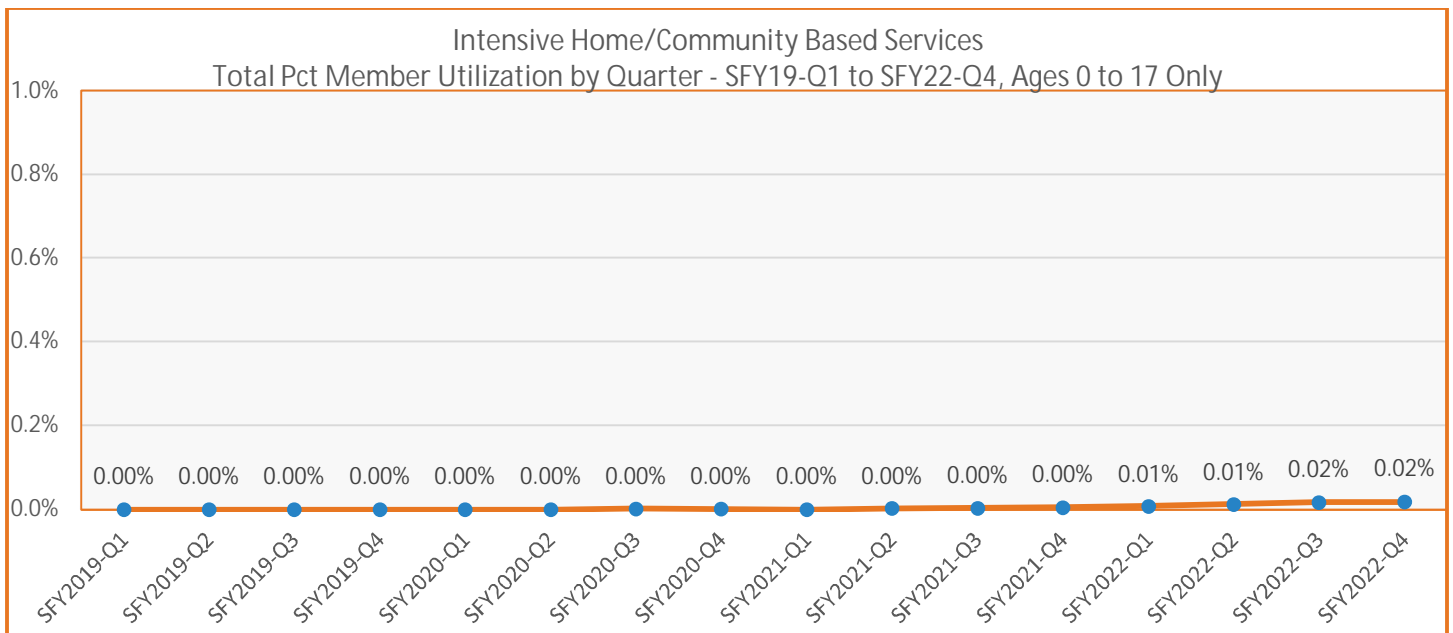
The statewide penetration rate is approximately .01 percent.

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

Intensive Home/Community Based Services (IHCBS)

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 9 / Out of State	Total
Service Date SFY-Qtr	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
SFY2019-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	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
SFY2022-Q4	0	0	4	7	0	20	5	0	36
2022 Distinct Utilizers	0	0	5	17	0	28	10	0	60





What is this data telling us?

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

There is a 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 Region 6 appear to be increasing.

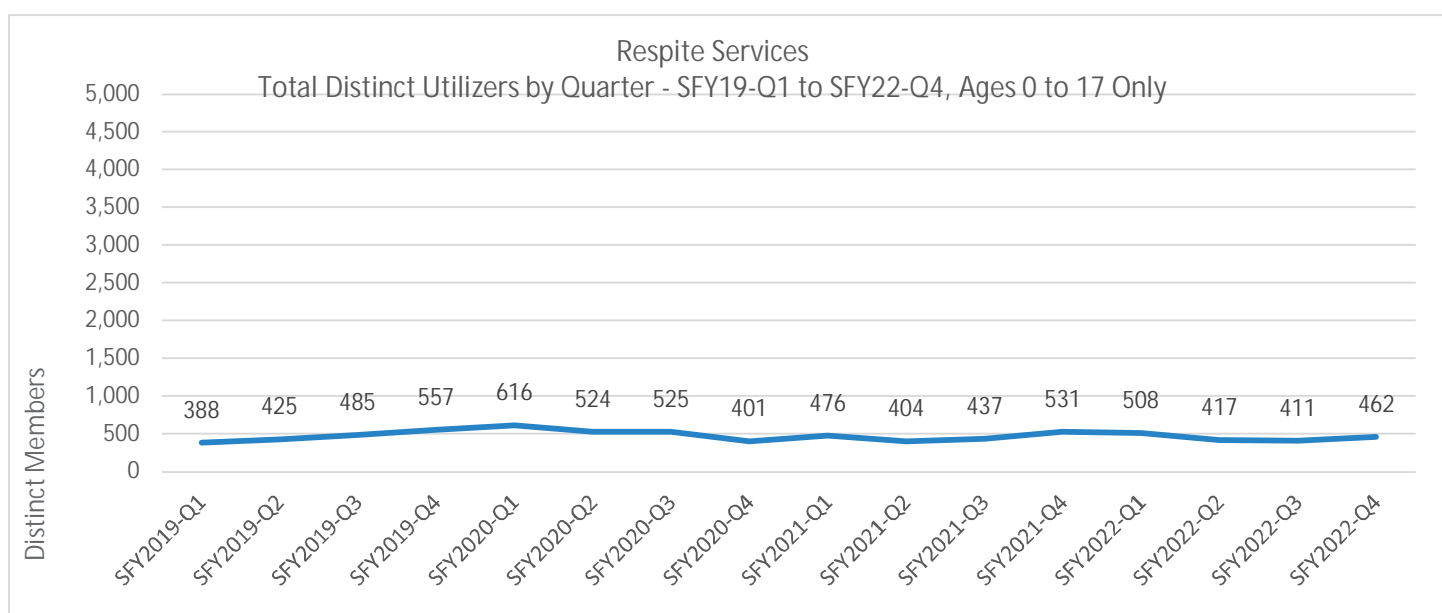
The statewide penetration rate is .02 percent.

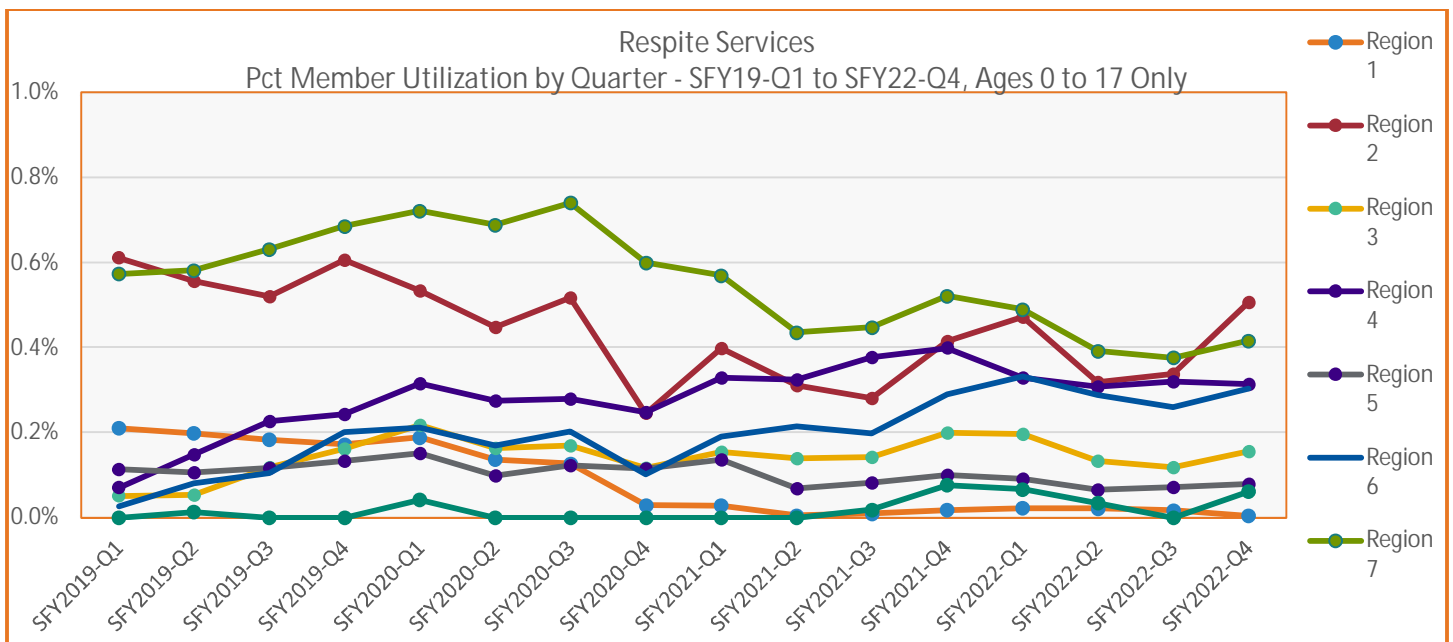
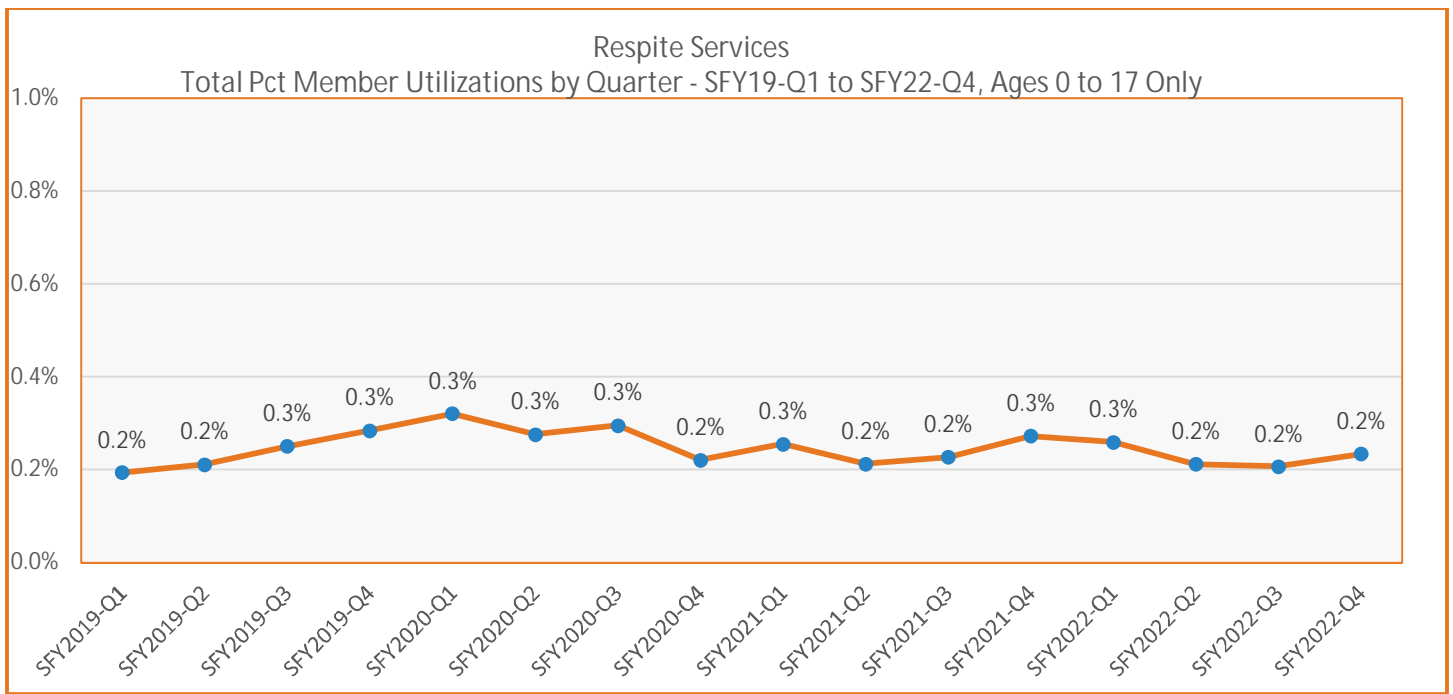
The QMIA Council will continue to monitor the trends in use of Intensive Home/Community Based Services.

Support 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	28	50	127	20	40	143	0	411
SFY2022-Q4	1	42	66	125	22	47	159	1	462
2022 Distinct Utilizers	6	64	103	195	40	67	238	4	705





What is this data telling us?

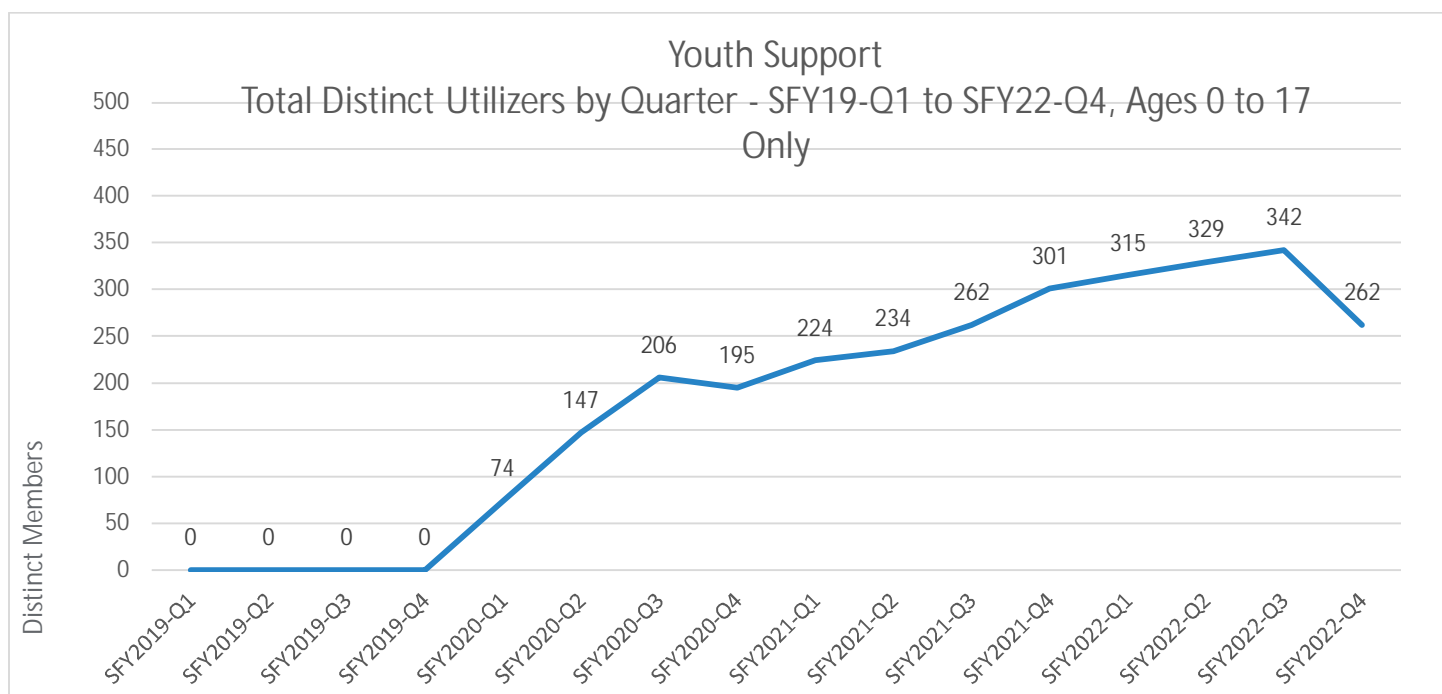
There is little or no research on predicting the need for Respite care, although research in 2000 by Eric Bruns does indicate better outcomes for families of children and youth with SED who receive Respite.

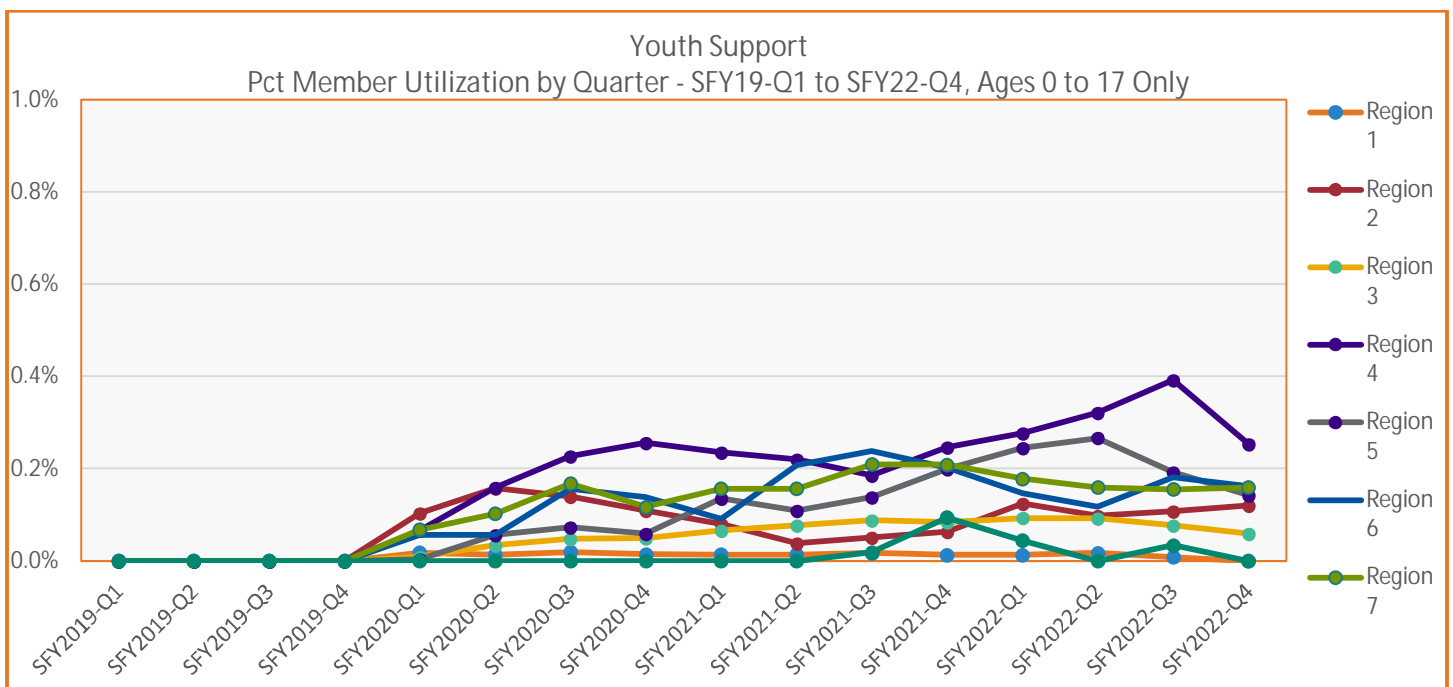
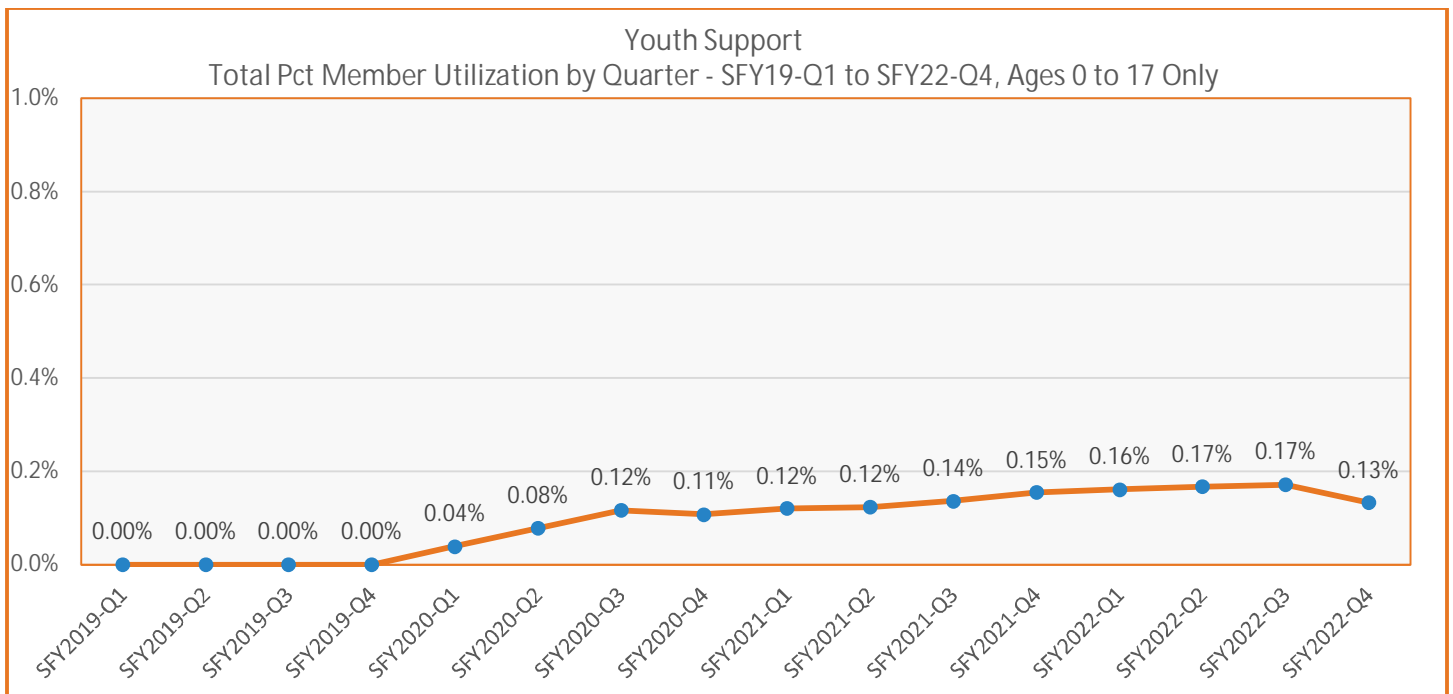
The statewide penetration rate for Respite Services is .03 percent. Several regions are above the statewide rate.

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-Q1	3	10	39	108	67	22	66	2	315
SFY2022-Q2	4	8	39	127	74	18	60	0	329
SFY2022-Q3	2	9	33	156	54	28	59	1	342
SFY2022-Q4	0	10	25	101	40	25	61	0	262
2022 Distinct Utilizers	4	22	65	219	96	45	125	3	572





What is this data telling us?

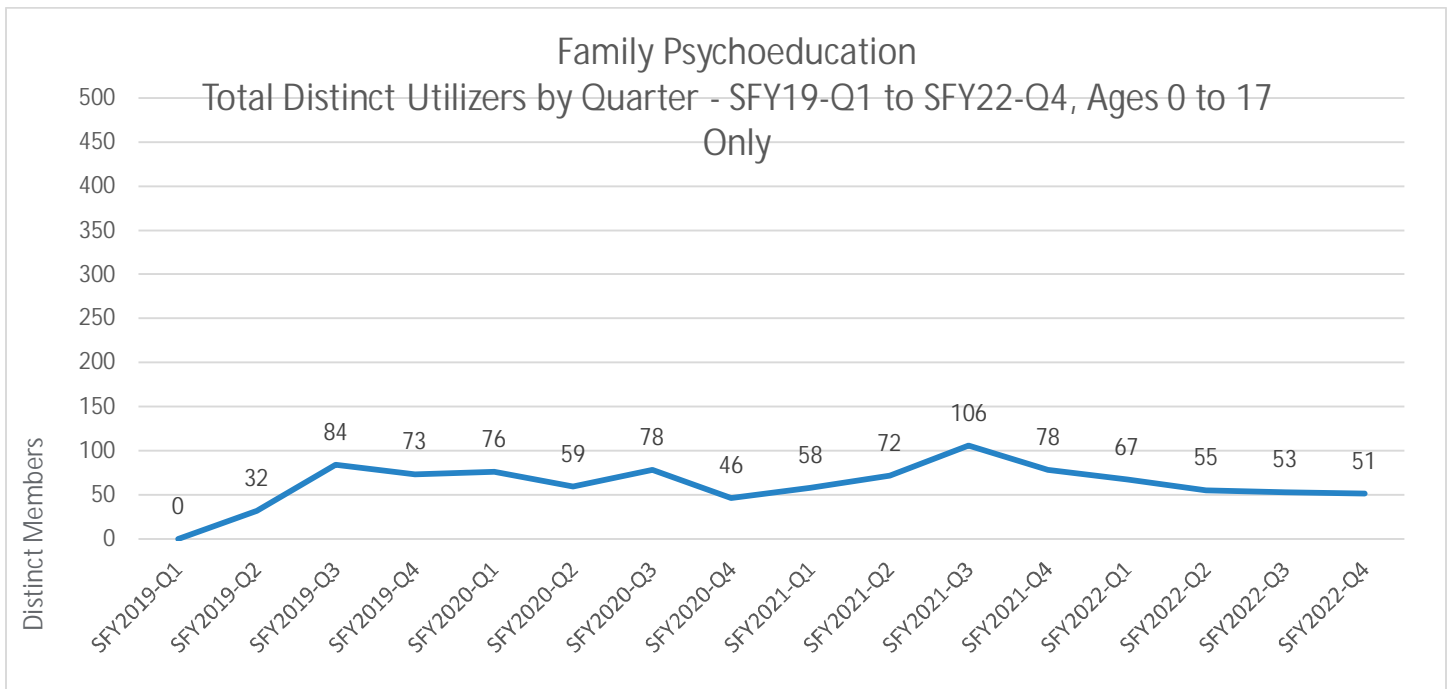
There is no research indicating expected need for Youth Peer Support Services.

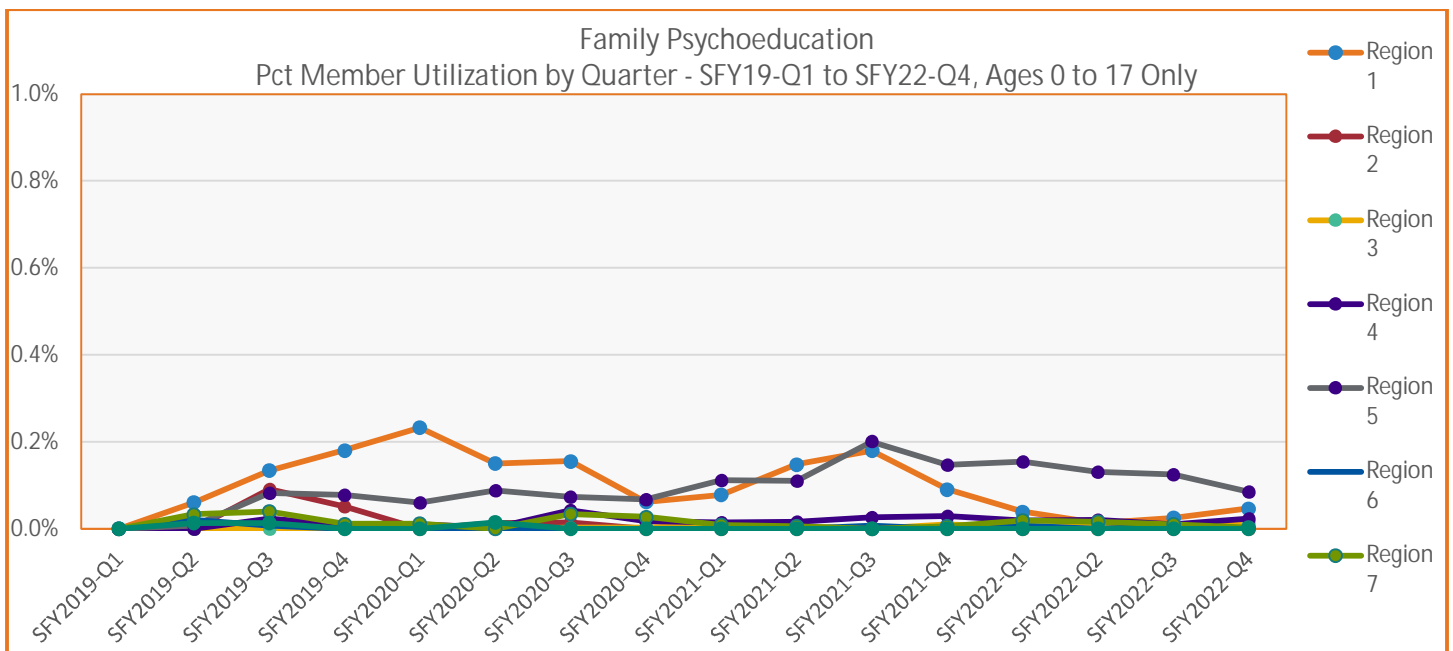
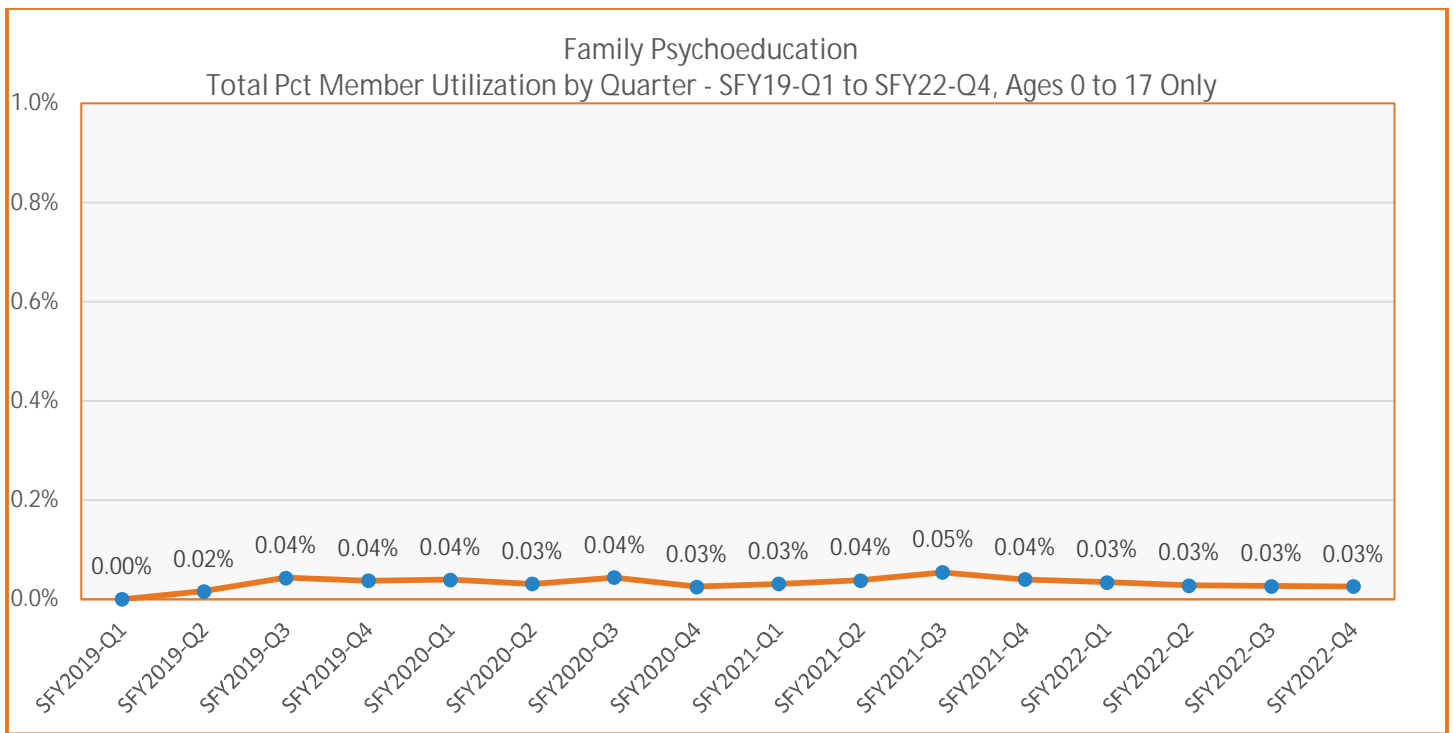
Youth Support services were provided in all regions.

The statewide penetration rate is .13 percent. Region 4 and 7 have been above the statewide rate most quarters since 2020. Region 5 shows an increase close to the statewide rate in 2022.

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
2019 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
2020 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
2021 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	35	1	4	0	53
SFY2022-Q4	11	0	6	9	24	0	1	0	51
2022 Distinct Utilizers	29	0	11	27	122	2	18	0	209





What is this data telling us?

There is no research indicating expected need for family psychoeducation.

The statewide penetration rate for Family Psychoeducation is .03 percent. Regions 1 and 5 have been above the statewide rate.

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

6. DBH YES Outpatient Service Utilization

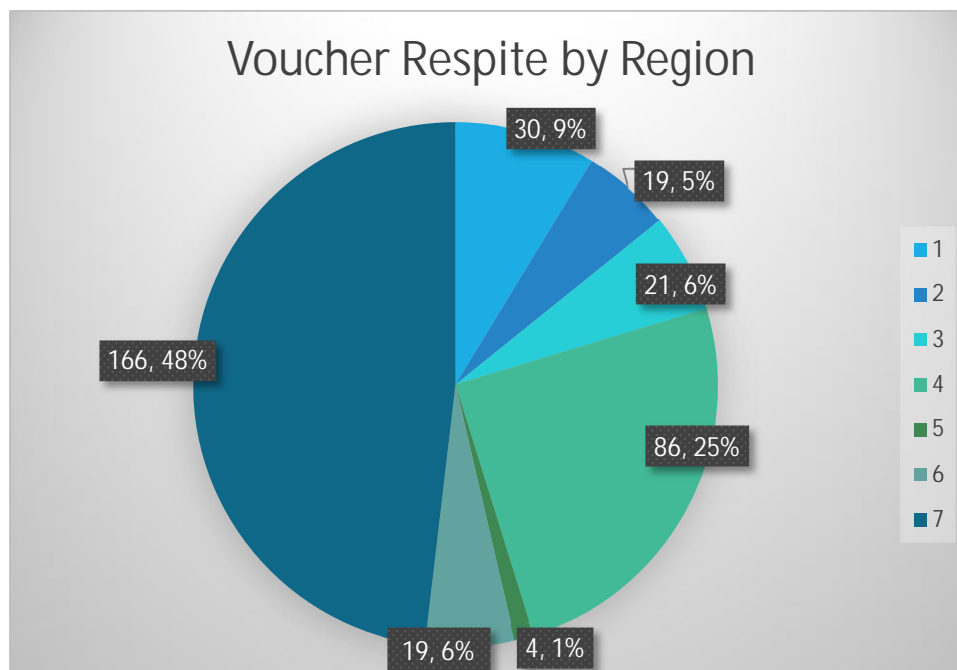
DBH Vouchered Respite

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 6 - Vouchered Respite SFY22

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	0	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
April	2	1	0	3	0	3	16	25
May	1	0	1	3	1	2	19	27
June	2	2	1	14	0	1	16	36
Total	30	19	21	86	4	19	166	345

Chart 8



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, 599 children and families have received WInS.

Table 7: WInS- SFY 20, 21 and 22

	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	23	16	29	33	23	13	31	22	22	28	21	20	180

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 8: PLL SFY 20, 21, 22

	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	7	8	0	6	3	1	10	3	6	14	5	5	70

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

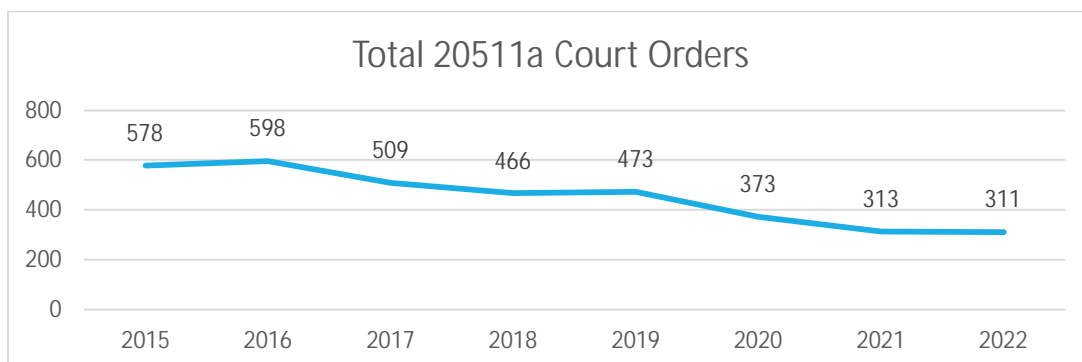
DBH 20-511A:

Table 9: Number of 20-511A court orders for SFY 2021 and SFY 2022.

Region	1	2	3	4	5	6	7	Total
SFY 2021	39	6	36	77	56	19	80	313
SFY 2022	35	3	41	62	67	17	86	311

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 9: Historical Annualized # of Court Ordered 20-511A, SFY 2015- 2022



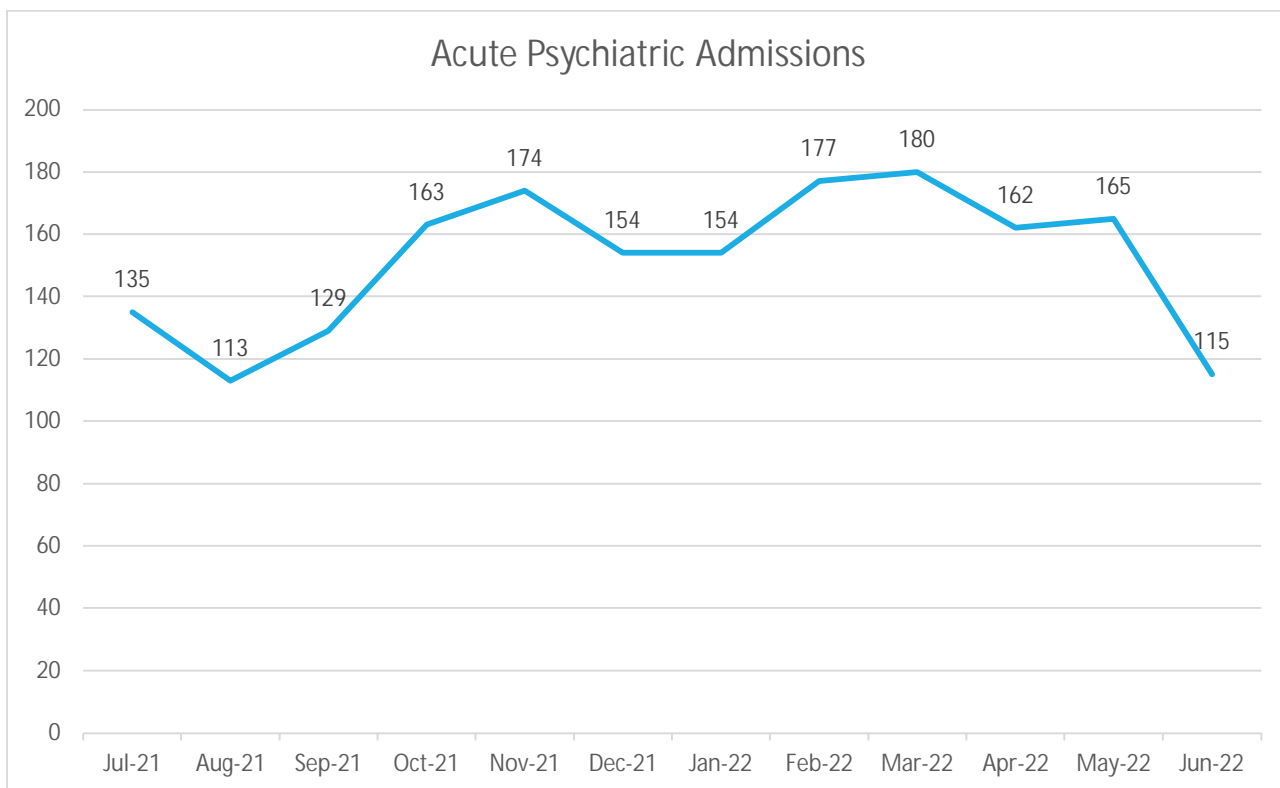
Utilization of 24-hour Services

7. Medicaid Acute Inpatient and - Psychiatric Residential Treatment Facility (PRTF)

Table 10 :Acute Psychiatric Admissions

Region	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22	Grand Total
1	22	13	11	19	17	12	17	23	10	13	11	5	173
2	6	2	4	7	5	3	0	4	6	3	5	1	46
3	36	24	28	50	56	42	37	53	59	36	40	36	497
4	46	46	60	58	67	67	53	64	66	76	75	55	733
5	15	15	14	18	13	13	13	18	19	17	9	9	173
6	14	9	11	16	8	12	19	11	14	9	10	4	137
7	12	8	9	13	22	23	23	18	24	17	25	8	202
Grand Total	151	117	137	181	188	172	162	191	198	171	175	118	1961

Chart 10:



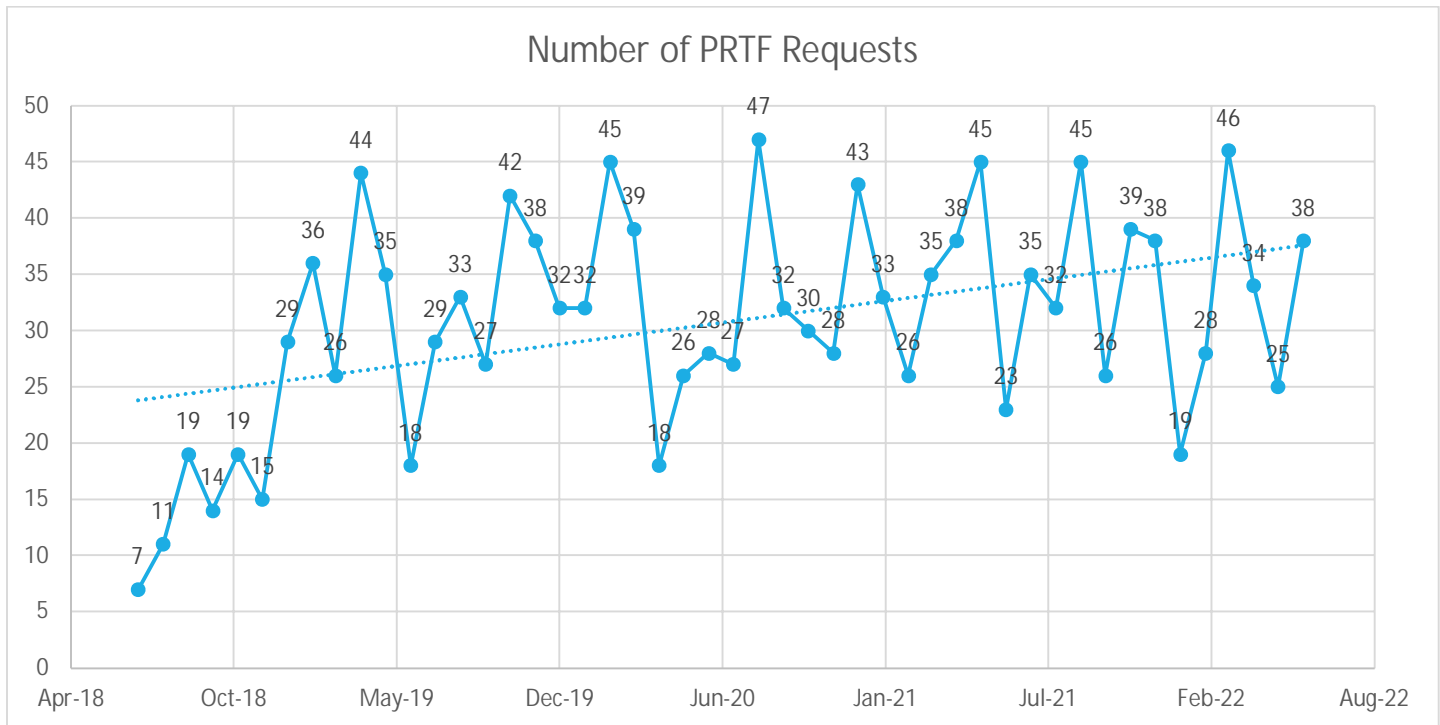
Note: This data is based on provider claims data and is for admissions and is not unduplicated – a youth maybe admitted more than once. In addition, some admissions may be for the same episode, but different hospital. For example, a youth may be admitted to a general hospital and then transferred to a behavioral health-specific hospital, which are then reported as separate admissions.

Psychiatric Residential Treatment Facility (PRTF):

Table 11: Number of Psychiatric Residential Treatment Facility (PRTF) Requests Monthly

# 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	33	26	35	28	45	23	33.08
SFY 2022	35	32	45	26	39	38	19	28	46	34	25	38	33.75

Chart 11



What is this data telling us?

Since SFY 2019 there has been a trend toward a higher overall number of requests for PRTF although there were substantial dips in several individual months (June 2019, April 2020, and Jan 2022)

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 resulting in an inability to make a determination (represented below as W/C).

Chart 12: Q1 PRTF Determinations SFY 2022

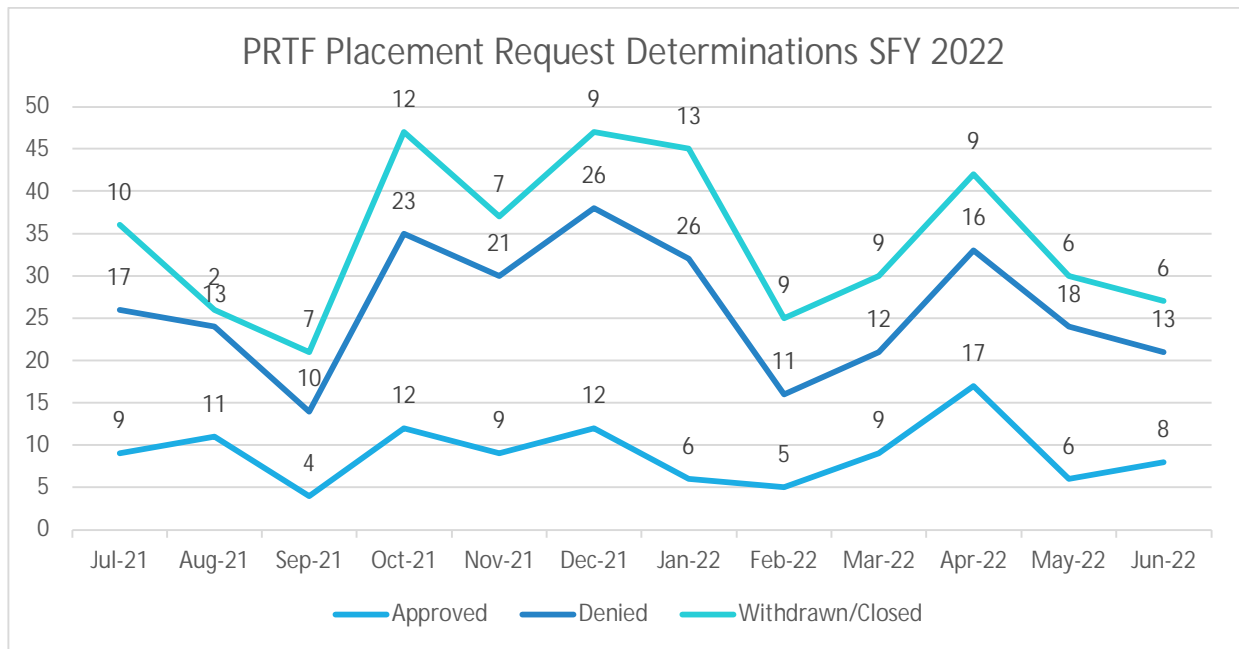


Table 12: Historical Trends for PRTF SFY 2019, 2020 and 2021, and 2022

SFY	# of Placement Determinations	Approved		Denied		Withdrawn/Closed	
		#	%	#	%	#	%
SFY 2019	265	43	16.23%	131	49.43%	91	34.34%
SFY 2020	389	152	39.07%	126	32.39%	111	28.53%
SFY 2021	400	184	46.00%	147	36.75%	69	17.25%
SFY 2022	413	108	26.15%	206	49.88%	99	23.97%
Avg by SFY			31.86%		42.11%		26.02%

Chart 13: Historical Trends for PRTF SFY 2019, 2020, 2021, and 2022

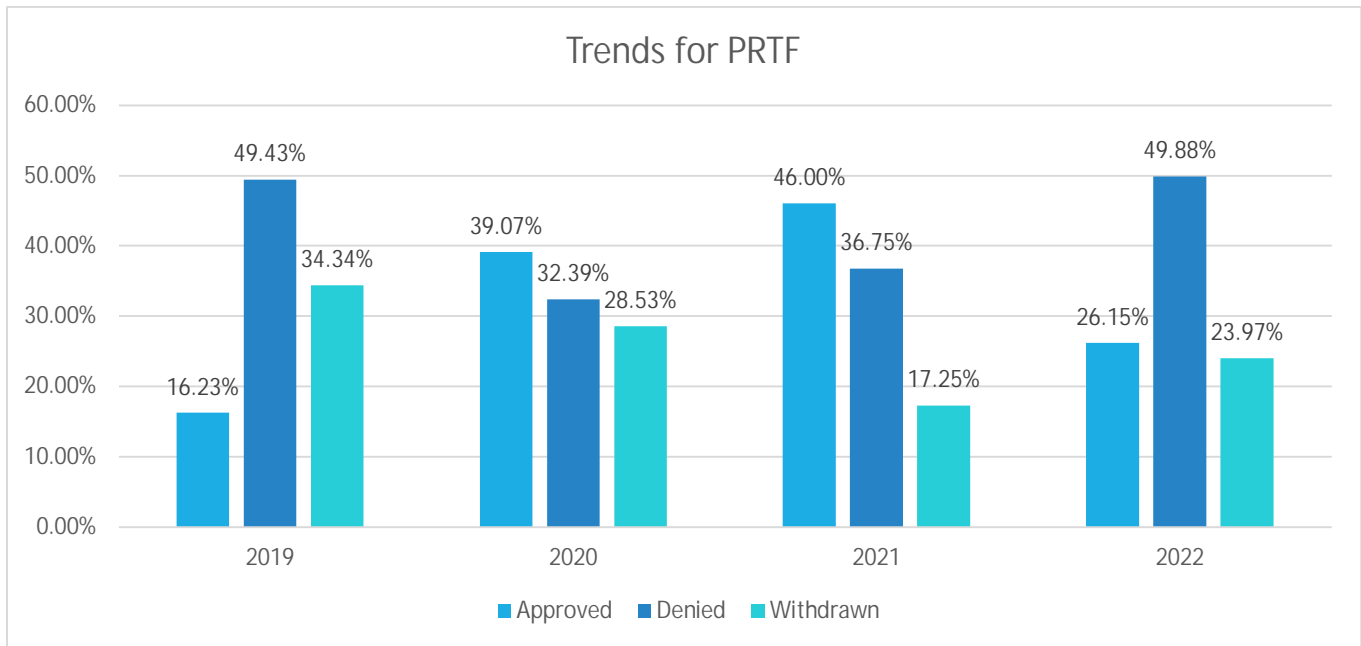
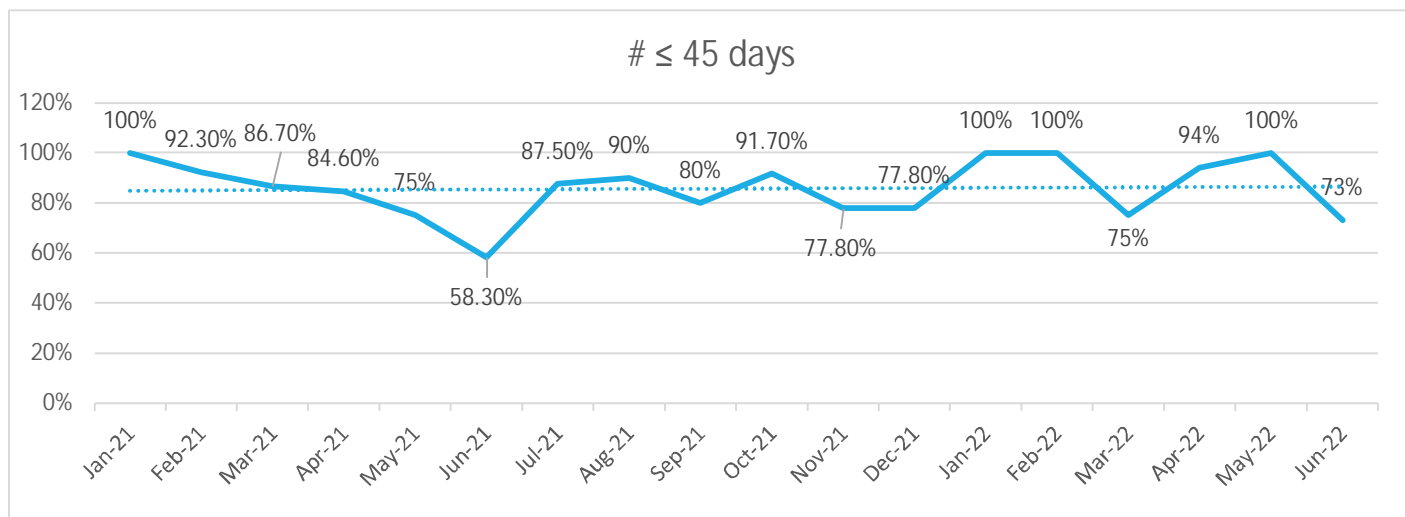


Table 13: Timeliness of Notice of Determination (NOD) PRTF Decisions

2021	# 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%
April	17	16	94%	1	6%
May	6	6	100%	0	-
June	11	8	73%	3	27%
SFY 2022	106	92	87%	14	13%

Chart 14: Percent completed within ≤ 45 days



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 percent in 2019, to 20.1 percent in 2020, increased to 47 percent in 2021, and dropped again in SFY 2022 26.25 percent.

8. DBH 24-hour Utilization:

DBH Residential

Table 14: Residential Active by month SFY 2020 and 2021 and SFY 2022

	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	23	24	23	37

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

DBH has an increased number of residential placements SFY 2022 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 15: SHS/SHW Active by month SFY 2020 and 2021 and SFY 2022

	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	8	9	7	48

Note: 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)

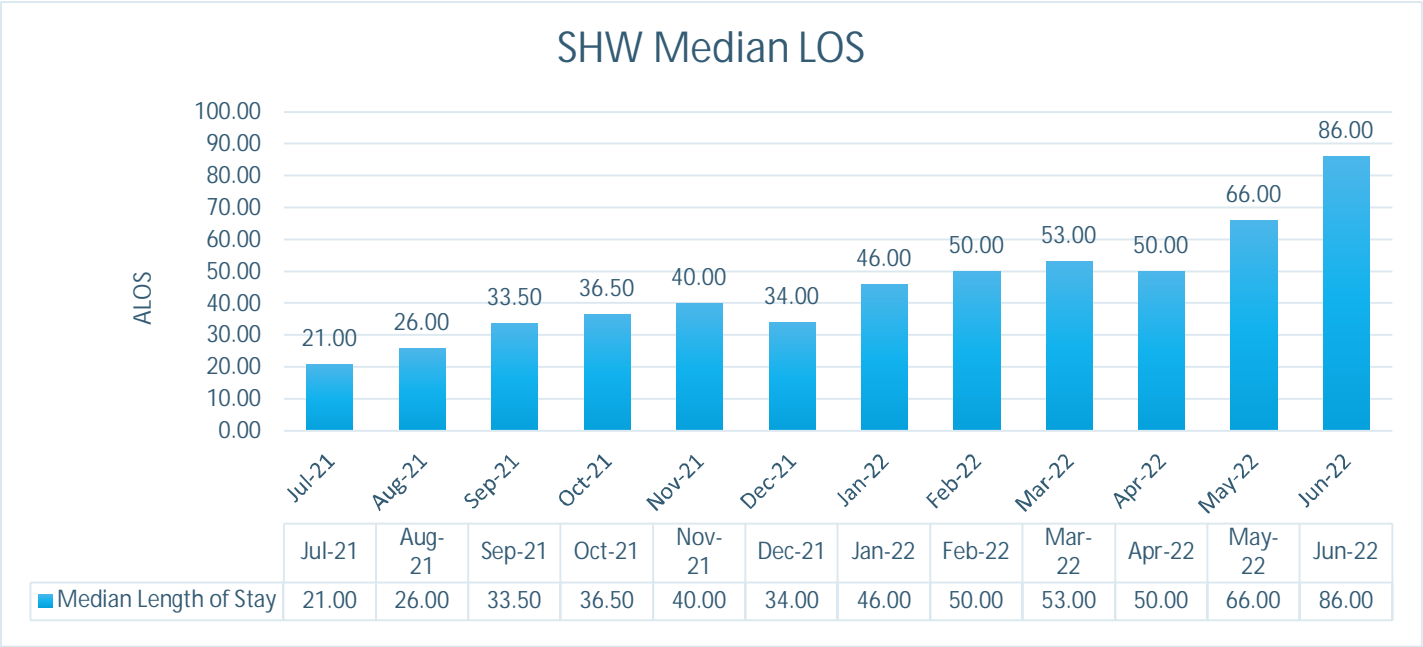
Table 16: SFY 2017 -2021 and SFY 2022

Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022				SFY 2022 Total
						Q1	Q2	Q3	Q4	
Re-admission 30 days or less	0	0	0	1	0	0	1	0	1	2
Re-admission 31 to 90 day	5	6	2	3	0	0	0	0	1	1
Re-admission 90 to 180 days	4	1	6	2	0	0	1	1	1	3
Re-admission 181 to 365 days	5	6	7	4	0	0	0	2	1	2
Re-admission more than 365 days	11	9	9	7	3	0	0	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. There were 2 readmissions within 30 days in 2022 however the rate of readmission is still low 4.17 percent ($2/48 = 4.17$ percent).

**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.

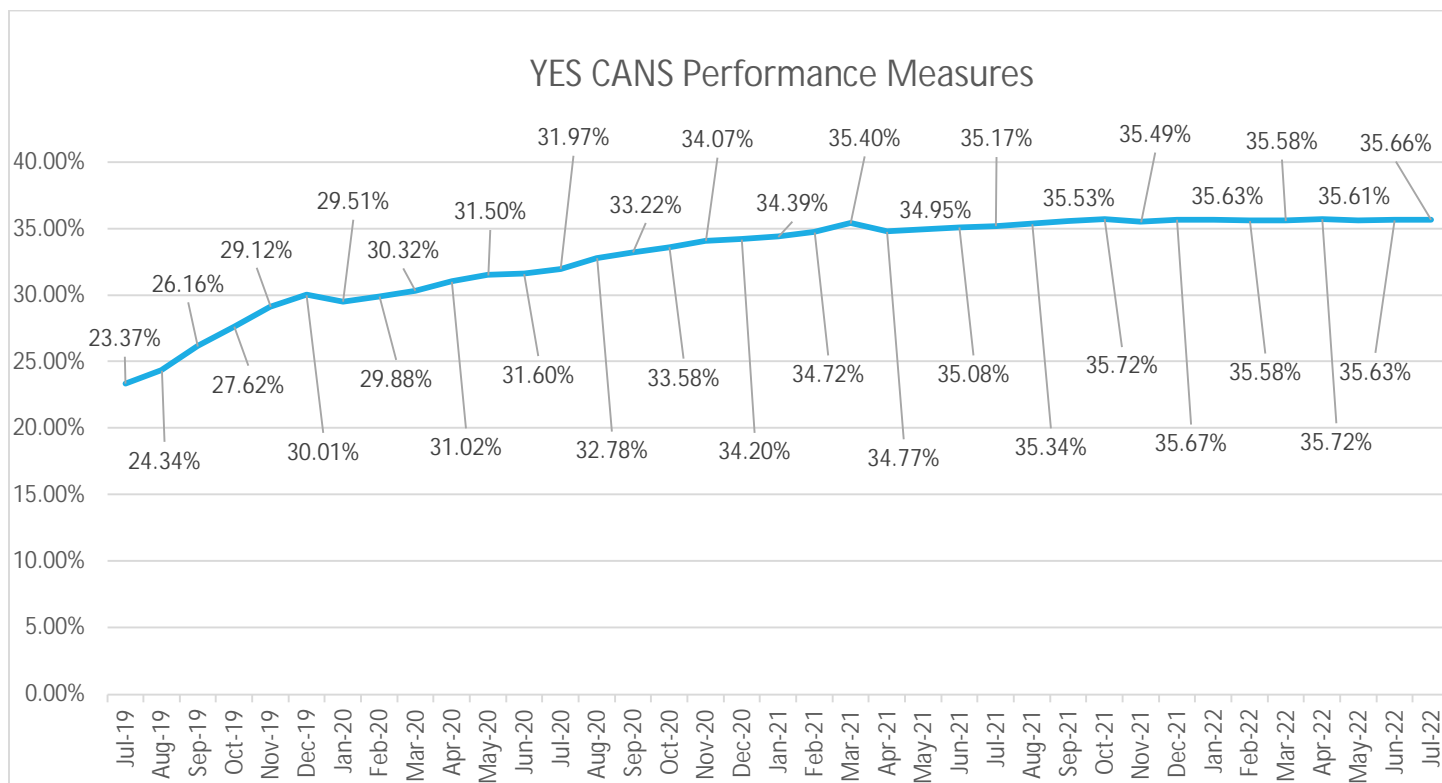
Chart 14 SHW Length of Stay (LOS)



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 percent.

Chart 15: YES 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.

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. Establishing priorities for SFY 2023 are in progress.

Summary of Family Reported 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 wo enough 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

YES Complaints

A total of 92 YES complaints have been received in SFY 2022.

Table 17: YES Complaints (full report published on YES Website)

	YES	DBH	Optum	MTM	Liberty	IDJC	FACS	SDE*	Total
Q1	7	-	6	8	0	5	0	-	26
Q2	0	-	4	10	1	5	0	-	20
Q3	5	1	4	5	0	4	0	-	19
Q4	10	0	13	2	0	2	0	-	27
Total	22	1	27	25	1	16	0	-	92

11. YES Quality review processes

In SFY 2022, YES continued to use two types of quality review processes to assess the quality of services being delivered and evaluate the integration of the YES Principles of Care into the system of care: 1) Family Experience Survey, 2) a formal Quality Review³ (QR).

Table 18: Family Experience Survey

Questions	2020 Result	2021 Result	2022 Result
Family Centered Care			
Provider encourages me to share what I know about my child/youth	85%	85%	85%
The goals we are working on are the ones I believe are most important	88%	88%	87%
My child and I are the main decision makers	79%	83%	83%
Family and Youth Voice and Choice			
Provider respects me as an expert on my child/youth	82%	85%	85%
The assessment completed by the provider accurately represents my child/youth	78%	81%	81%
My youth/child is an active participant in planning services	58%	67%	71%
My child/youth has the opportunity to share his/her own ideas when decisions are made	72%	83%	82%
I know who to contact if I have a concern or complaint about my provider	62%	68%	68%
New- I was able to participate in my child/youth's mental health services as much as I want	-	-	83%
Strengths-Based Care			
Services focus on what my child/youth is good at, not just problems	78%	84%	84%
Provider discusses how to use things we are good at to overcome problems	70%	77%	76%
Individualized Care			
Provider makes suggestions about what services might benefit my child/youth	75%	76%	77%
Provider suggests changes when things aren't going well	69%	74%	75%
Provider leads discussion of how to make things better when services are not working	62%	69%	68%
Access to Community-Based Service array			
My family can easily access the services my child needs	61%	71%	69%
Meetings occur at times and locations that are convenient for me	79%	83%	83%
New- We are able to access all the mental health services recommended by the provider.	-	-	70%
Collaborative/Team -Based Care			
The provider makes sure everyone involved on my child's treatment team is working together in a coordinated way.	65%	73%	74%
New- The provider communicates as much as needed with others involved in my child/youth's care-	-	-	73%
Culturally Competent Care			
	92%	93%	93%
Outcome-Based Care			
	73%	75%	73%
Adequacy of Safety/Crisis Planning			
Provider helped make a safety/crisis plan	48%	60%	61%
I feel confident that my child/youth's safety/crisis plan will be useful	54%	61%	61%
Total	70.2%	75.8%	75.8%

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

³ Quality Review- A formal process which includes a family/youth interview, intensive record review, and clinician interview.

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 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 results of 2022 QR process will be included in the next QMIA-Q.

12. YES Medicaid Expenditures

Medicaid Outpatient Expenditures as of the report run date (8/4/2022), the total dollars paid for services rendered to members between the ages of 0 to 17 by region by quarter.

Table 19: Medicaid Outpatient Expenditures SFY 2019, 2020, 2021 and SFY 2022 per \$1000

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)	SFY22-Q2 (Oct to Dec)	SFY22-Q3 (Jan to Mar)	SFY22-Q4 (Apr to Jun)
1	1,535	1,427	1,613	1,649	1,515	1,764	1,936	2,220	2,020	2,155	2,406	2,423	1,940	1,765	1,955	1,901
2	383	367	407	357	320	349	333	318	352	329	363	415	405	345	408	374
3	1,819	1,984	2,263	2,496	2,190	2,267	2,404	2,262	2,317	2,464	2,864	2,695	2,323	2,460	2,591	2,213
4	2,359	2,625	2,891	2,964	2,705	2,860	2,778	2,696	3,008	3,073	3,487	3,653	3,427	3,567	3,906	3,198
5	774	847	833	891	890	1,012	1,104	961	1,022	1,294	1,366	1,466	1,322	1,241	1,223	1,079
6	565	652	680	718	697	720	797	808	815	828	912	903	846	877	1,054	917
7	2,676	2,886	3,061	3,115	3,230	3,272	3,329	3,546	3,350	3,378	3,596	3,593	3,438	3,437	3,826	3,291
9	23	18	18	23	25	23	19	19	23,600	13,680	18	31	24	19	22	8
Total	10,134	10,808	11,765	12,212	11,574	12,267	12,699	12,830	12,908	13,535	15,011	15,179	13,725	13,711	14,985	12,982

Chart 16: Medicaid Outpatient Service Expenditures per \$1000

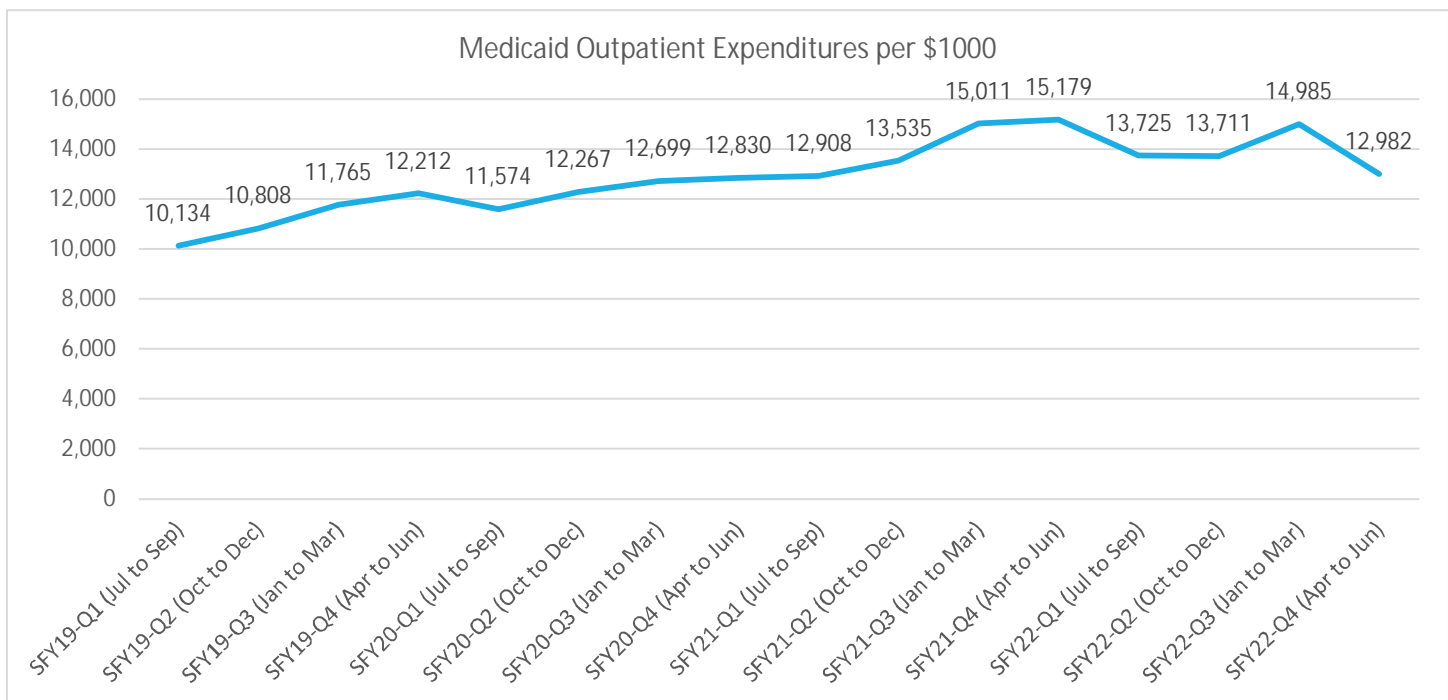


Chart 17: Medicaid Outpatient Service Expenditures by Region

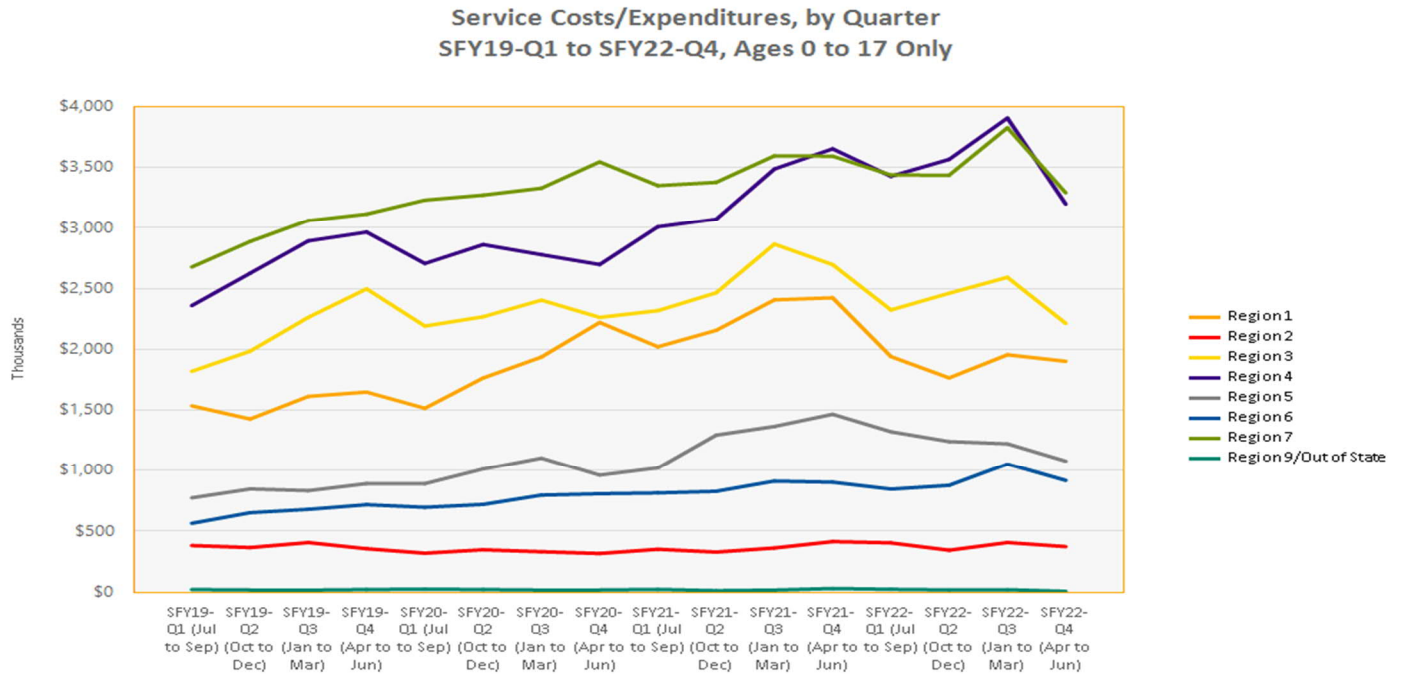


Table 20: Regional comparison of Outpatient expenditures

	Ages 0 to 17			By Region	
	Total Distinct Members SFY22-Q4 (Apr to Jun)	Expenditures SFY22-Q4 (Apr to Jun)	\$ per distinct user	% Distinct Members	% Expenditures
Region 1	23,996	1,901,400	\$79	12.0%	14.6%
Region 2	8,349	374,231	\$45	4.2%	2.9%
Region 3	42,842	2,212,569	\$52	21.5%	17.0%
Region 4	40,084	3,198,309	\$80	20.1%	24.6%
Region 5	28,188	1,079,490	\$38	14.1%	8.3%
Region 6	15,610	917,353	\$59	7.8%	7.1%
Region 7	38,490	3,291,366	\$86	19.3%	25.4%
Region 9/Out of State	2,086	7,729	\$4	1.0%	0.1%
Total	199,645	12,982,447	\$65	100.0%	100.0%

Chart 18

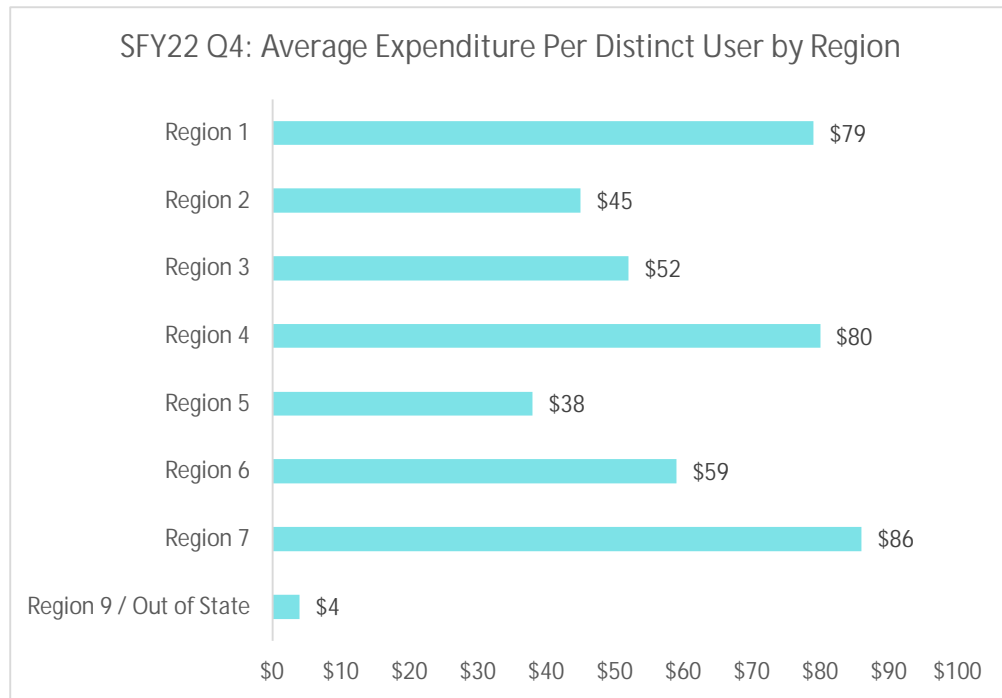


Chart 19

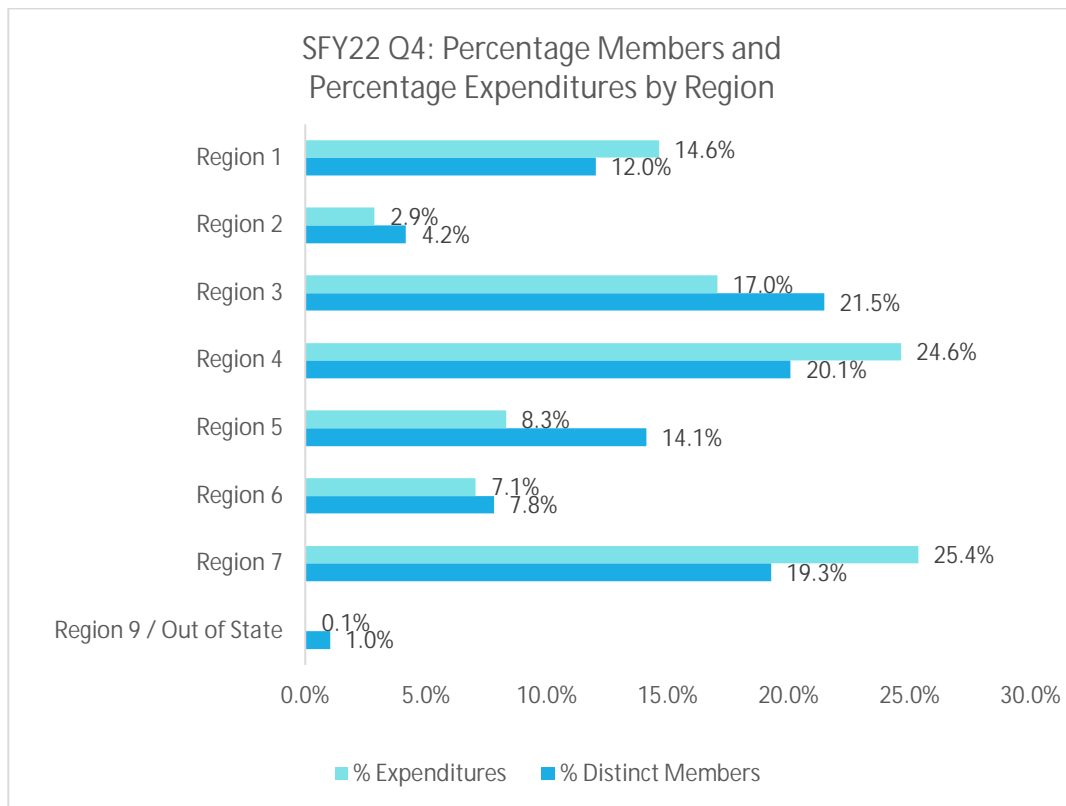


Chart 20 : PRTF Expenditures by Month

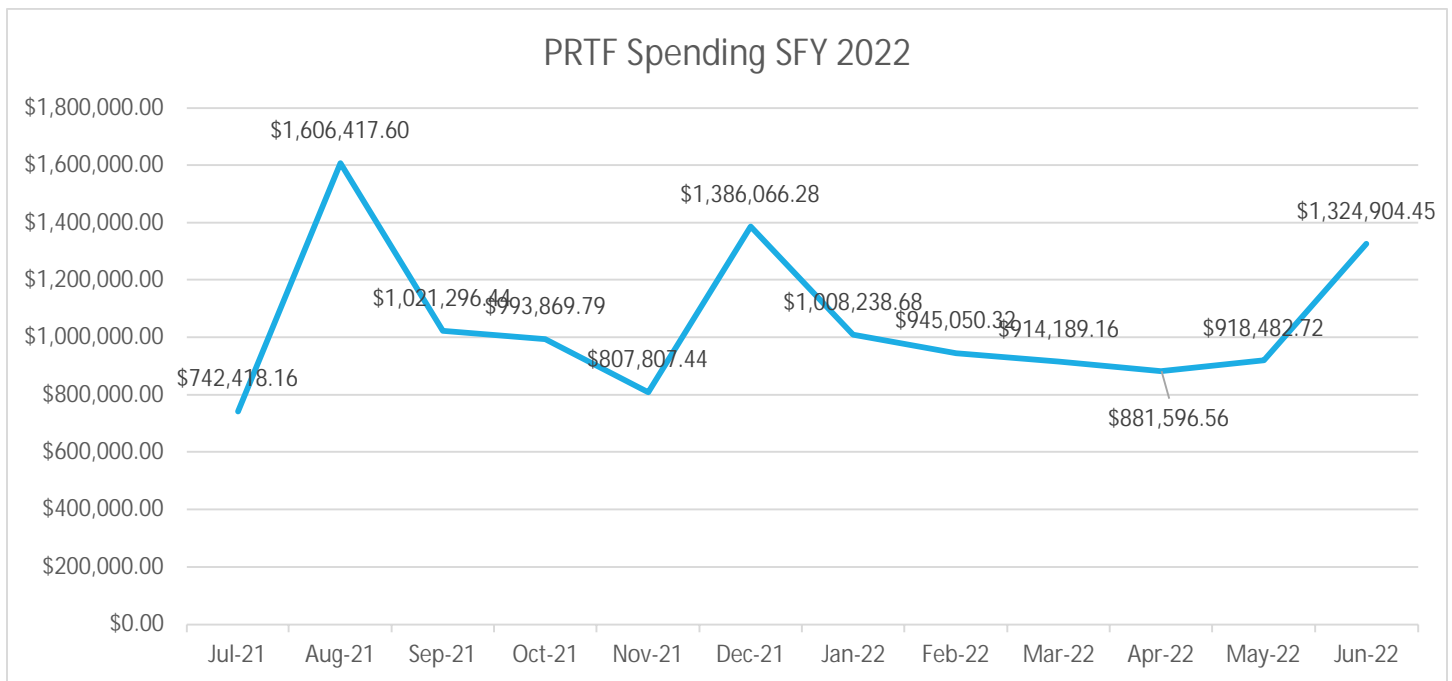
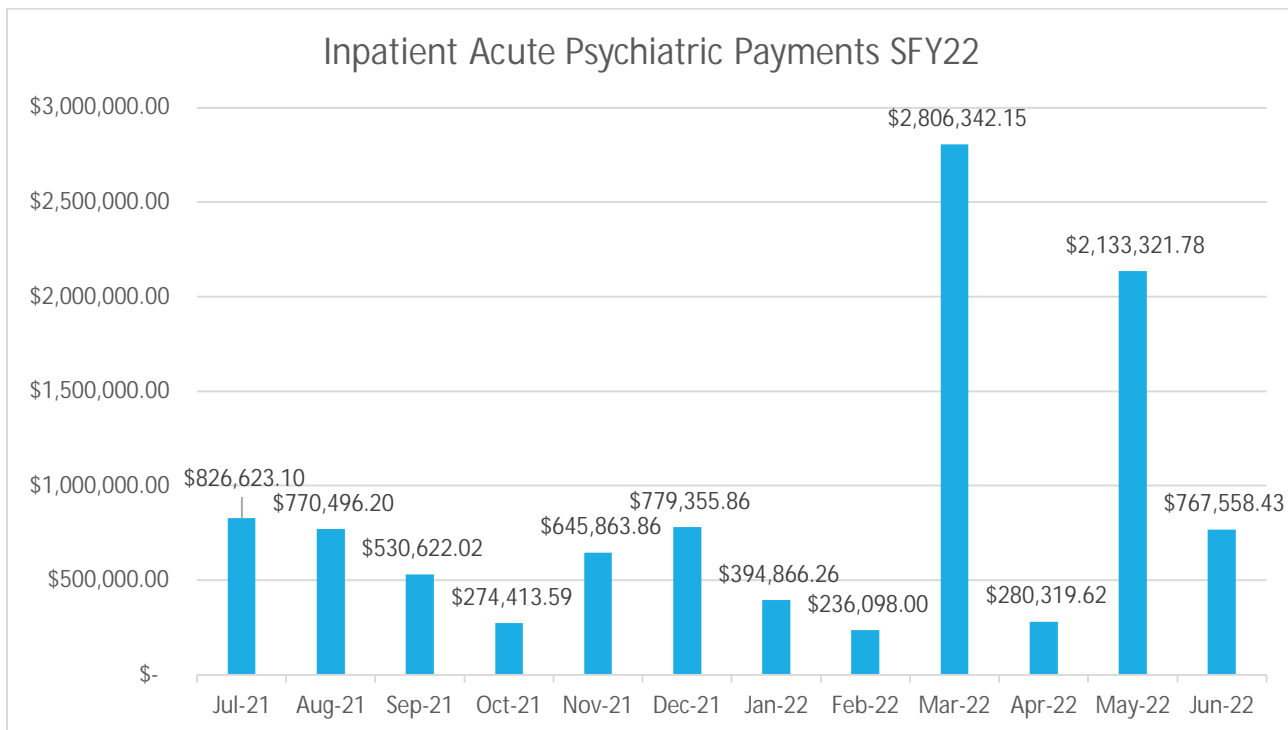


Chart 21: Inpatient Expenditures by month



Note: This data is based on provider claims data. Providers have several months to bill and therefore the numbers shown per month may not be for services rendered that month

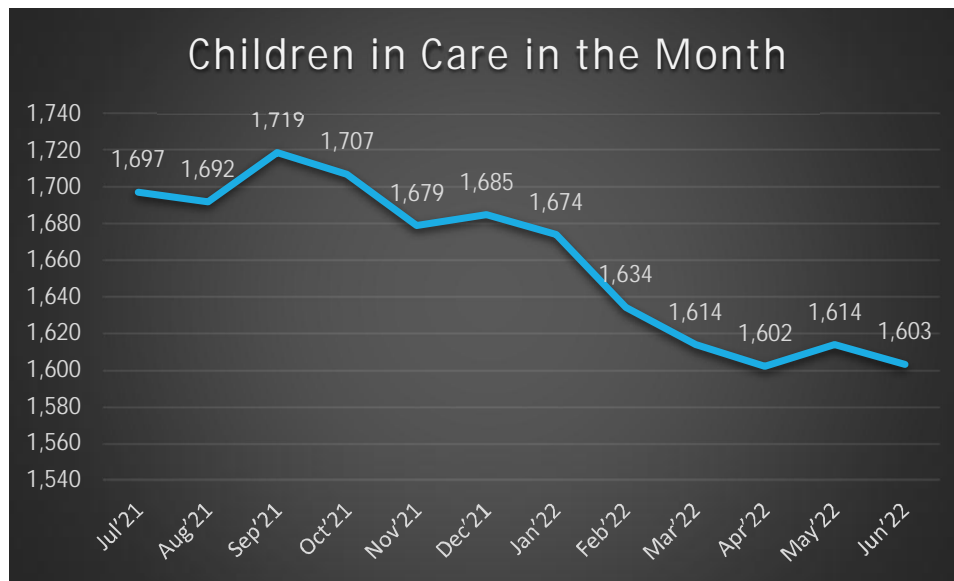
[Additional YES Data](#)

13. YES Partners Information

Family and Community Services (FACS):

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

Chart 22: SFY 2022 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

About IDJC

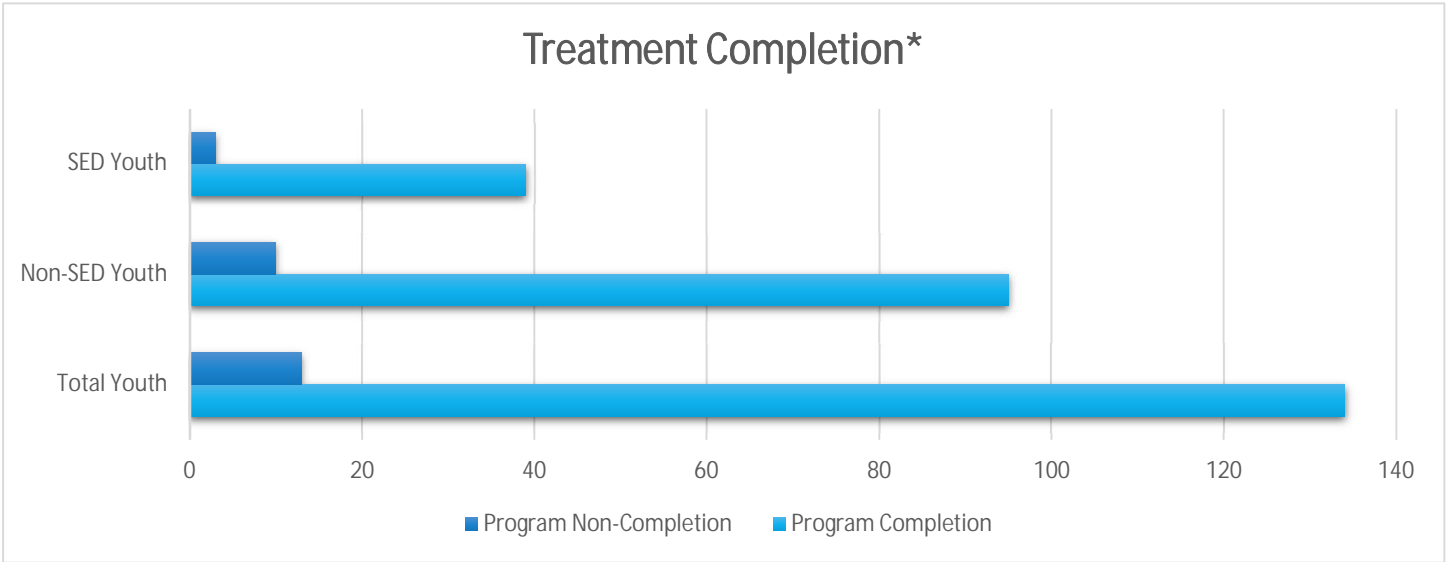
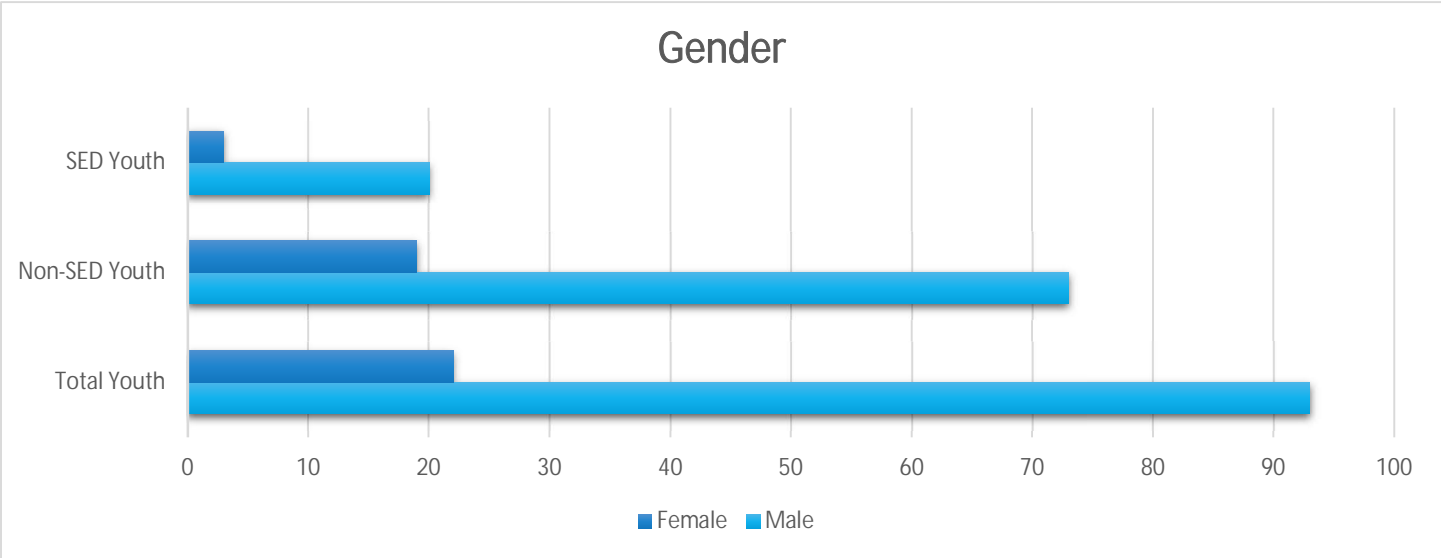
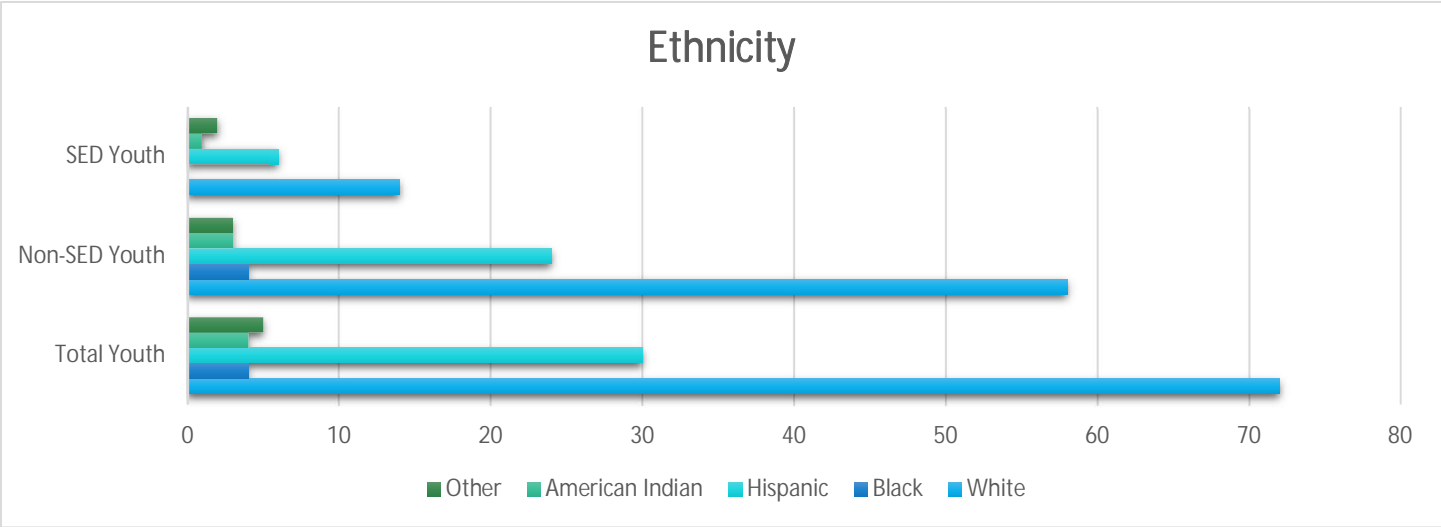
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided from system partners) determine the 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.

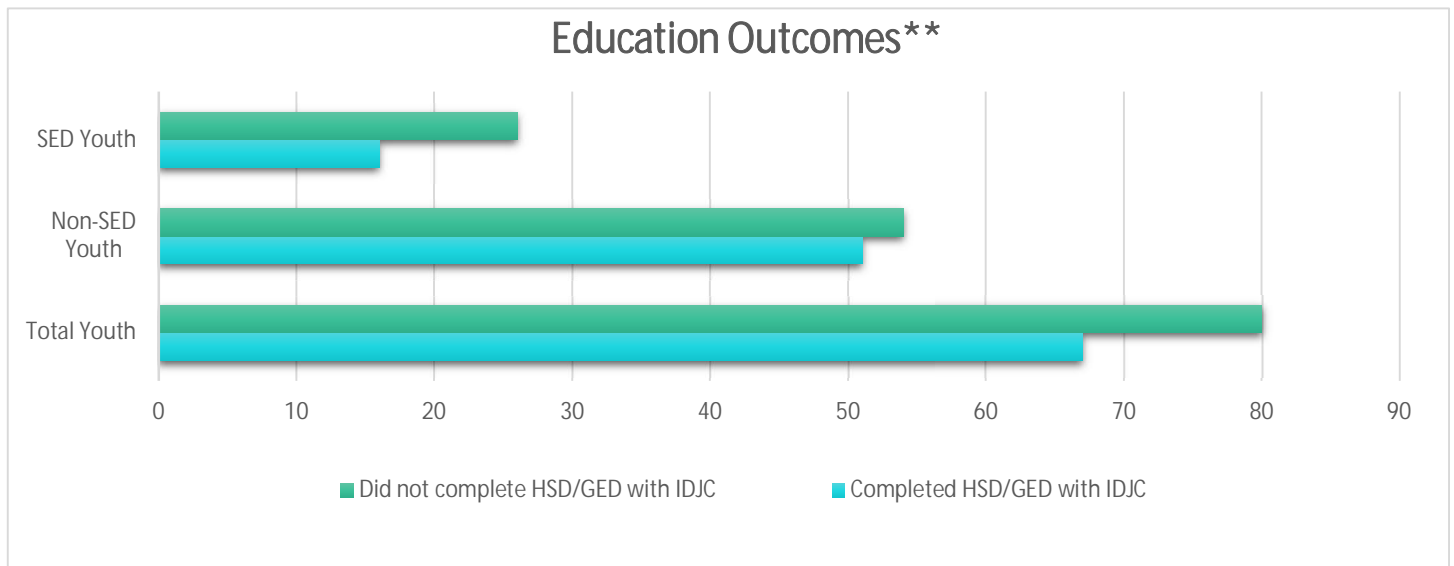
IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex offending behavior, serious substance use disorders, mental health disorders, and female offenders. All programs focus on youth's strengths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

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



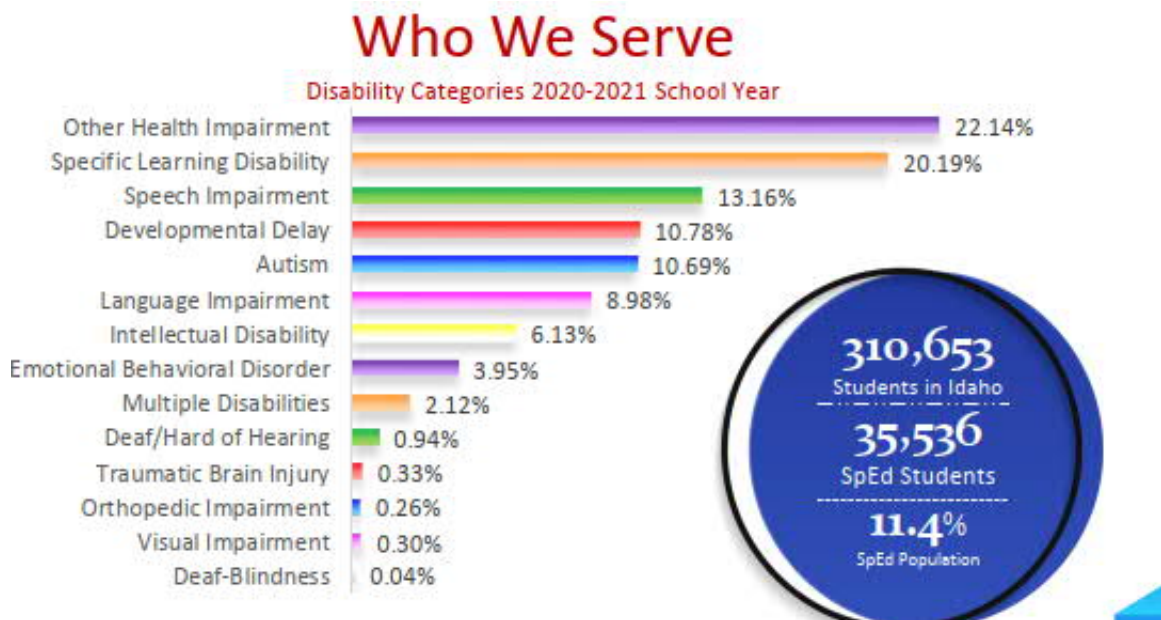


*Defined as reduced risk to a 2 or a 1 (5-1 scale) on the Progress Assessment / Reclassification (PA/R) instrument.

**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.

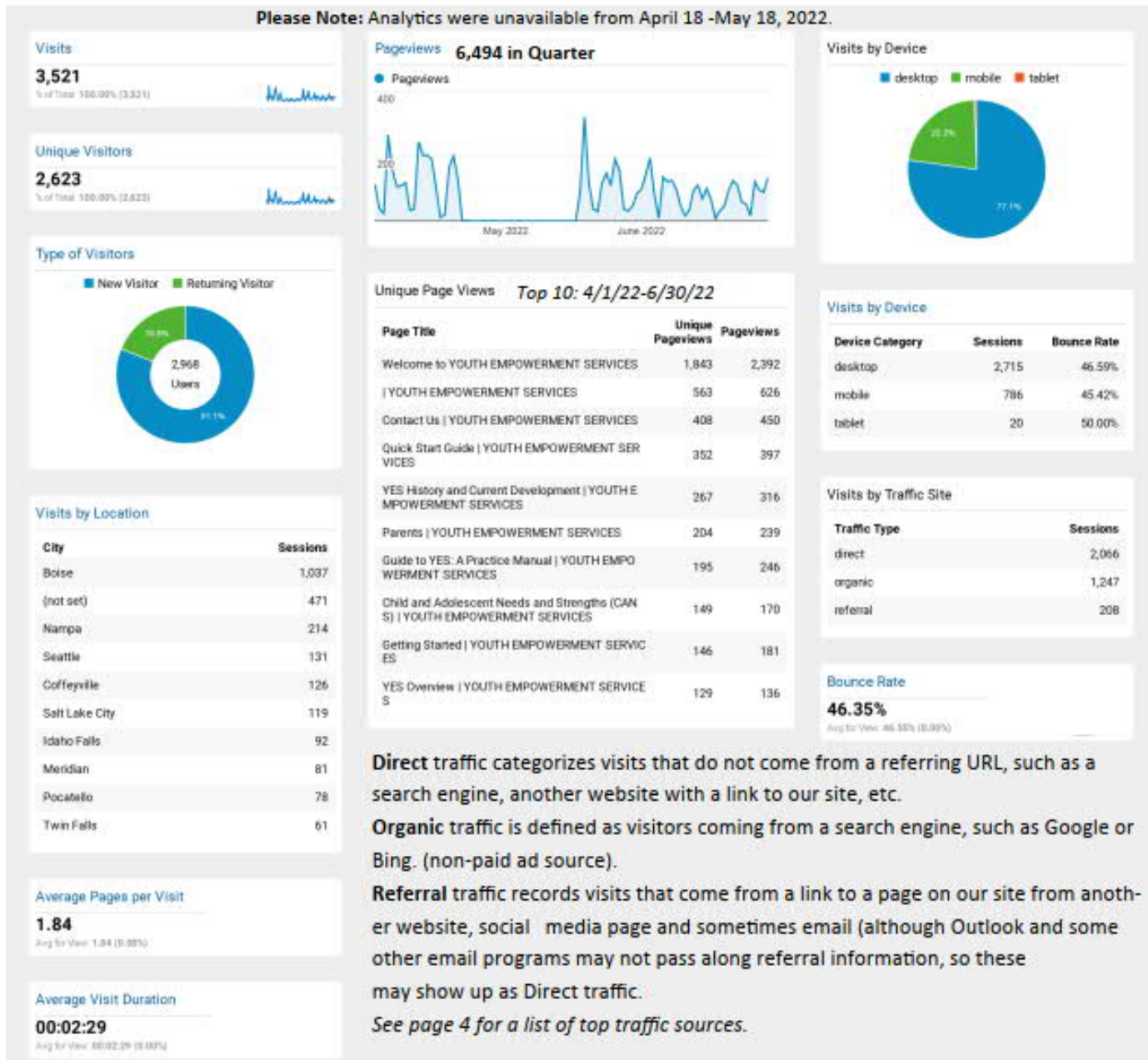
YES Communications

YES WEBSITE ANALYTICS

Reporting Period: April 1, 2022 — June 30, 2022

VISITORS AND PAGES

Please Note: Analytics were unavailable from April 18 -May 18, 2022.

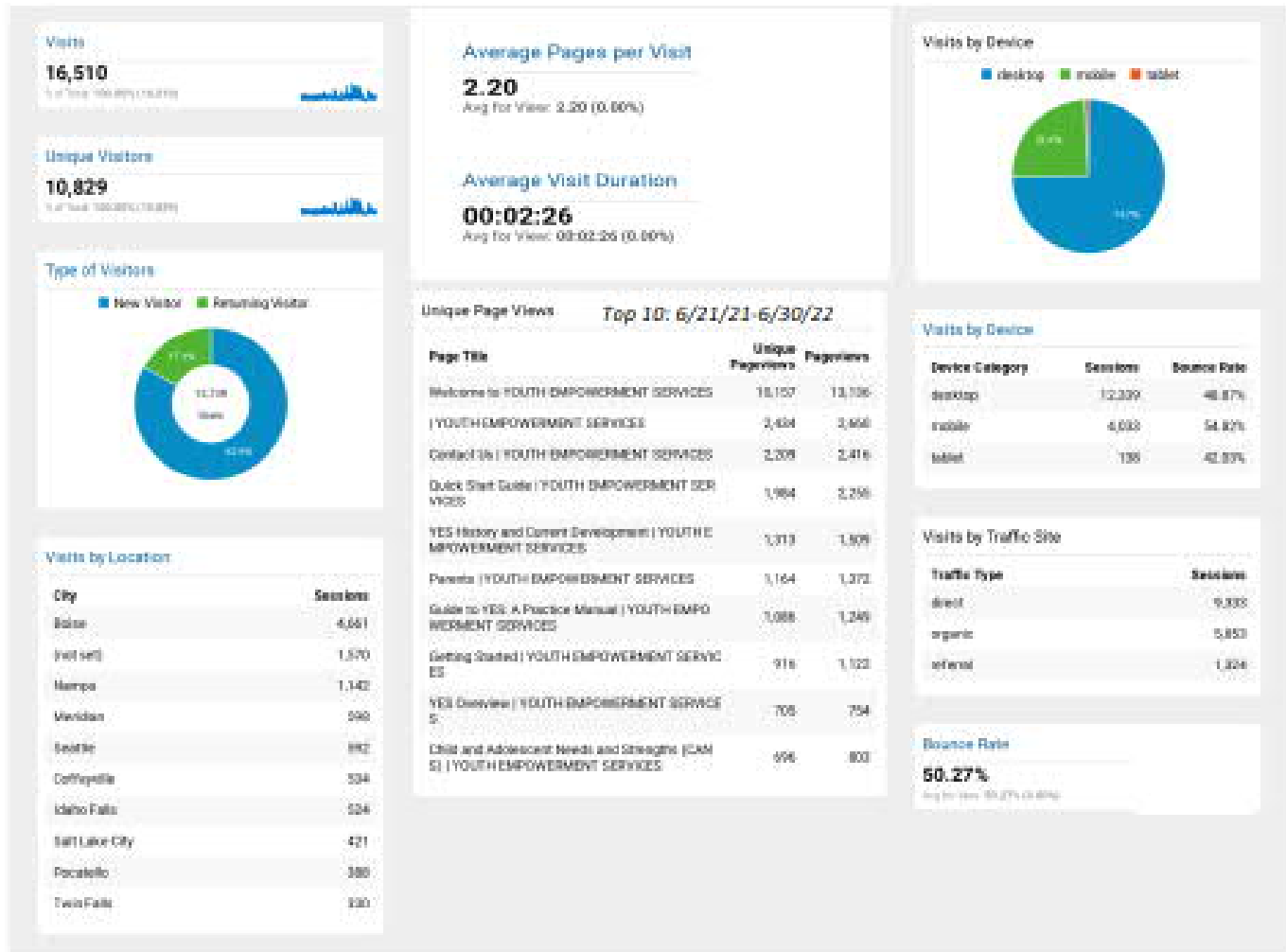


YES WEBSITE ANALYTICS

Trends since site launch: June 21, 2021 — June 30, 2022

VISITORS AND PAGES

Please Note: Analytics were unavailable from April 18 -May 18, 2022.



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).

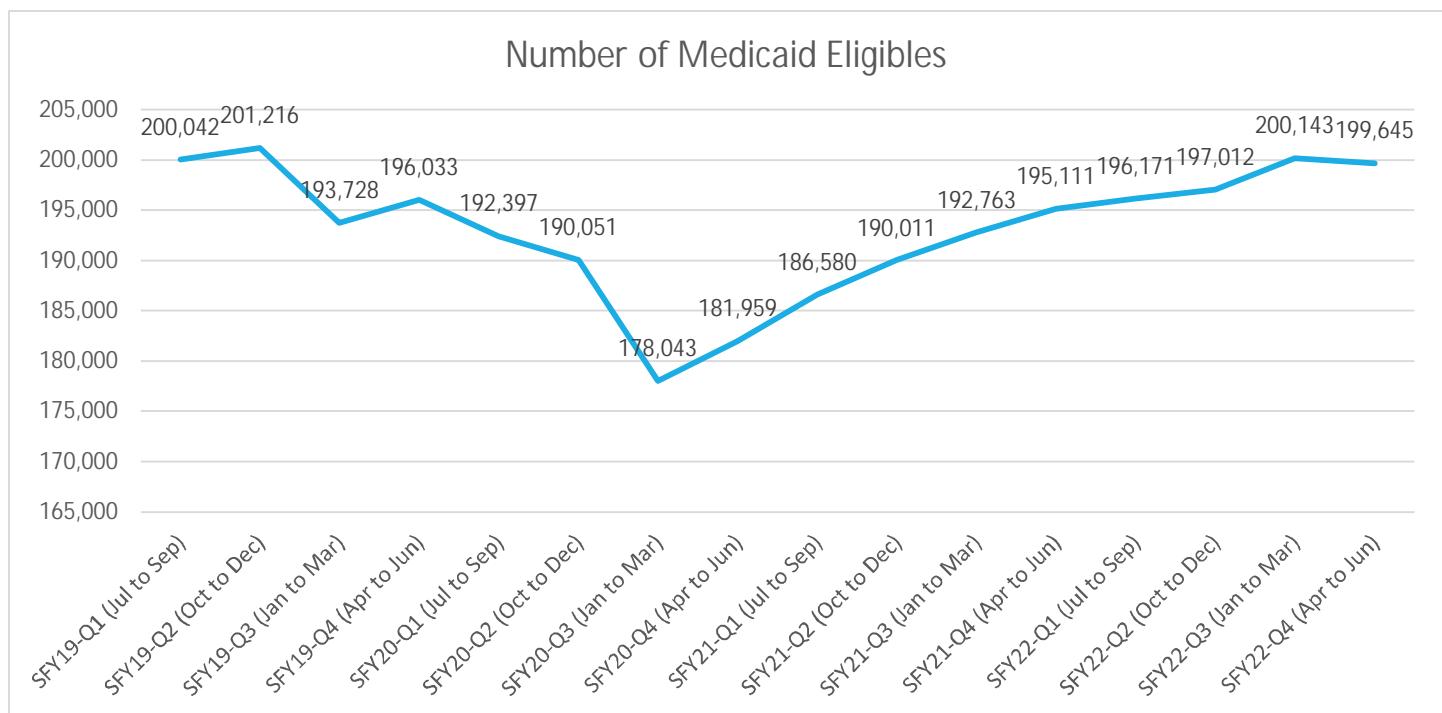
See page 4 for a list of top traffic sources.

Medicaid Eligible Members

Table 21: Medicaid eligible members, ages 0 - 17

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)	SFY22 -Q2 (Oct to Dec)	SFY22 -Q3 (Jan to Mar)	SFY22 -Q4 (Apr to Jun)
1	22,899	23,204	22,400	22,699	22,331	22,037	20,609	21,178	21,789	22,358	22,794	23,146	23,266	23,717	24,028	23,996
2	7,859	7,910	7,690	7,755	7,681	7,606	7,161	7,335	7,551	7,746	7,832	7,972	8,068	8,193	8,321	8,349
3	43,046	43,436	41,528	42,046	40,973	40,603	37,855	38,722	39,626	40,479	41,054	41,567	41,848	42,148	42,793	42,842
4	39,509	39,911	38,364	38,773	38,133	37,568	35,157	35,989	36,874	37,705	38,241	38,625	38,996	39,449	39,941	40,084
5	27,270	27,562	26,628	27,026	26,496	26,319	24,603	25,181	25,860	26,485	26,884	27,181	27,369	27,695	28,052	28,188
6	14,699	14,863	14,387	14,516	14,246	14,264	13,399	13,775	14,171	14,451	14,682	14,850	15,057	15,275	15,475	15,610
7	36,153	36,500	35,195	35,759	35,243	35,042	32,811	33,402	34,429	35,163	35,796	36,480	37,027	37,594	38,153	38,490
9	8,607	7,830	7,536	7,459	7,294	6,612	6,448	6,377	6,280	5,624	5,480	5,290	4,540	2,941	3,380	2,086
Total	200,042	201,216	193,728	196,033	192,397	190,051	178,043	181,959	186,580	190,011	192,763	195,111	196,171	197,012	200,143	199,645

Chart 23



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 percent

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

Chart 24 #: 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) .

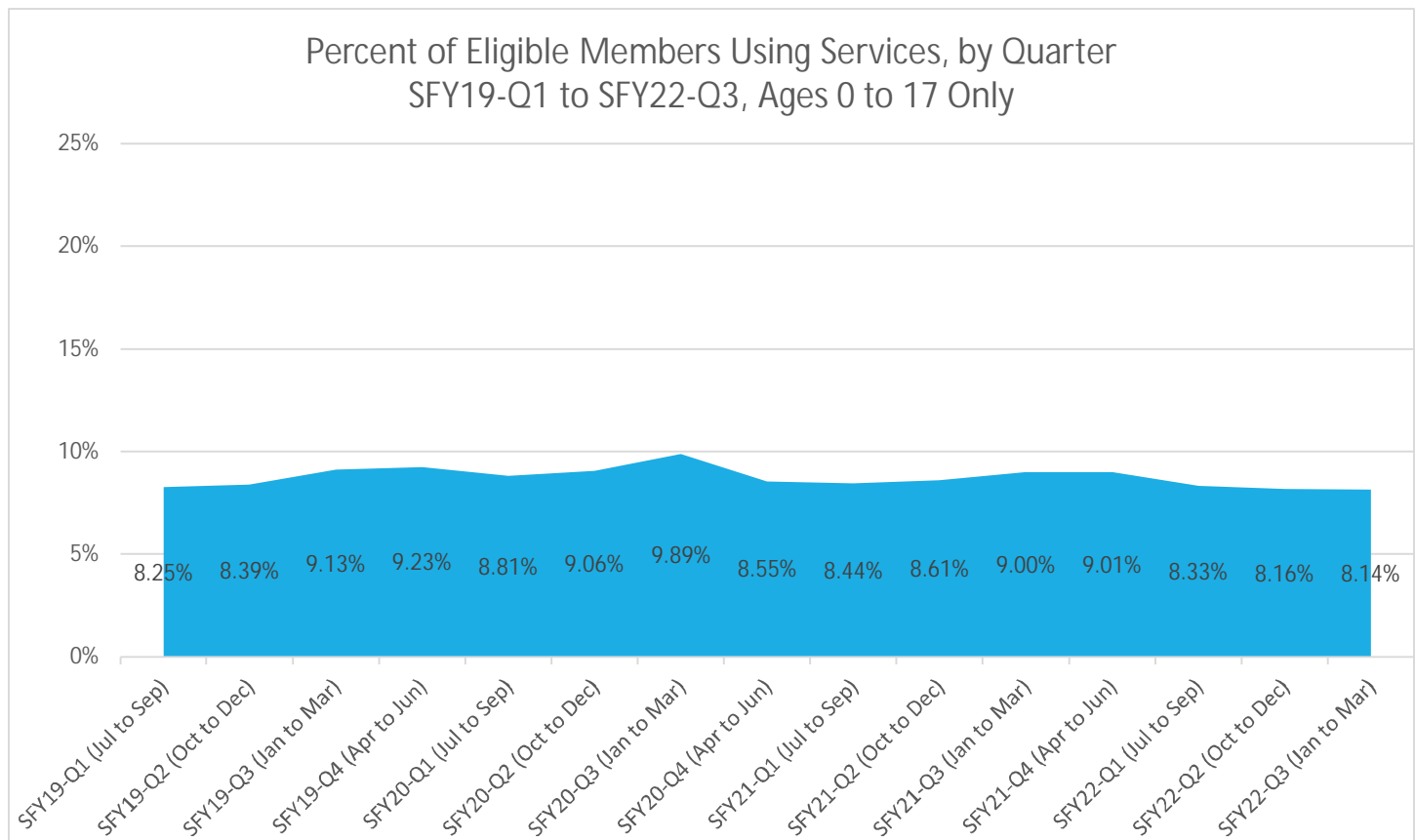


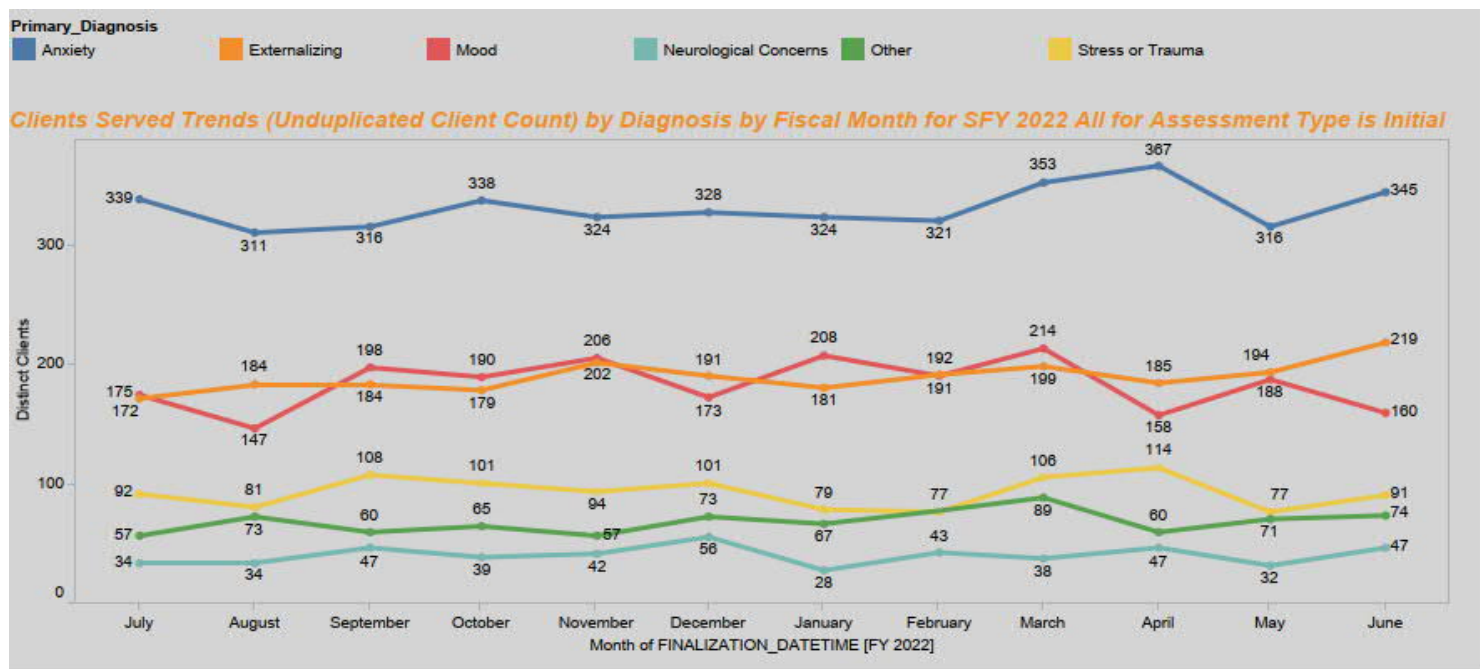
Table 22

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



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

CMH CANS Clients (SAFE) for SFY 2022 All

SUICIDE_WATCH						SUICIDE_WATCH Assessment Score Applies to SUICIDE WATCH Table only All
	0	1	2	3	Grand Total	
Suicide Watch	7,214	2,407	712	67	10,086	
% along SUICIDE_	71.52%	23.86%	7.06%	0.66%	100.00%	

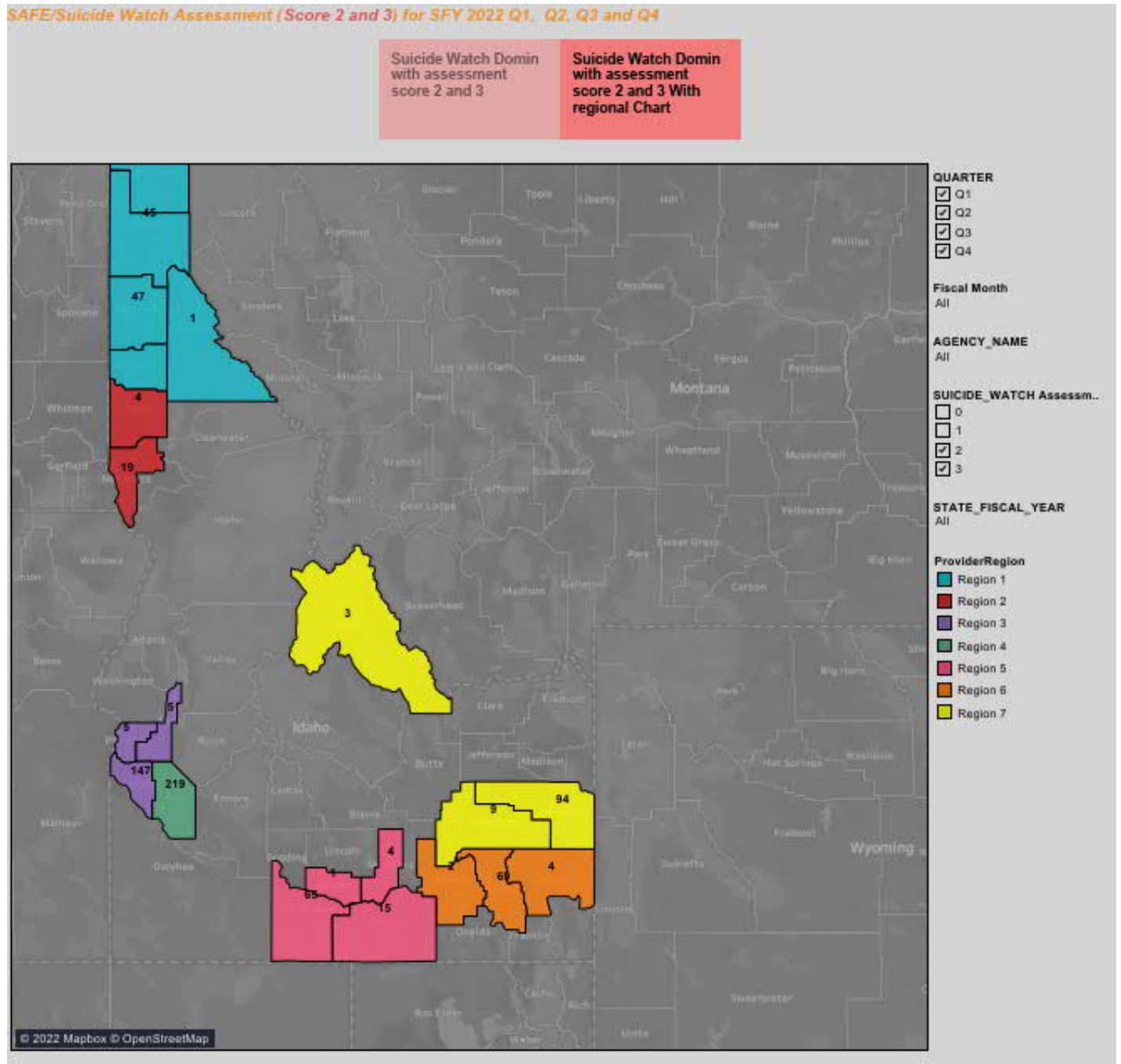
DANGER_TO_OTHERS						DANGER_TO_OTHERS Assessment Score Applies to DANGER TO OTHERS Table only All
	0	1	2	3	Grand Total	
Distinct Clients	7,787	1,689	819	92	10,086	
% along DANGER_T_	77.21%	16.75%	8.12%	0.91%	100.00%	

SELF_MUTILATION						SELF_MUTILATION Assessment Score Applies to SELF MUTILATION Table only All
	0	1	2	3	Grand Total	
Distinct Clients	7,365	2,101	870	54	10,086	
% along SELF_MUTILA_	73.02%	20.83%	8.63%	0.54%	100.00%	

SELF_HARM						SELF_HARM Assessment Score Applies to SELF HARM Table only All
	0	1	2	3	Grand Total	
Distinct Clients	8,044	1,615	684	71	10,086	
% along SELF_HARM	79.75%	16.01%	6.78%	0.70%	100.00%	

FLIGHT_RISK						FLIGHT_RISK Assessment Score Applies to FLIGHT RISK Table only All
	0	1	2	3	Grand Total	
Distinct Clients	8,468	1,418	373	77	10,086	
% along FLIGHT_RISK	83.96%	14.06%	3.70%	0.76%	100.00%	

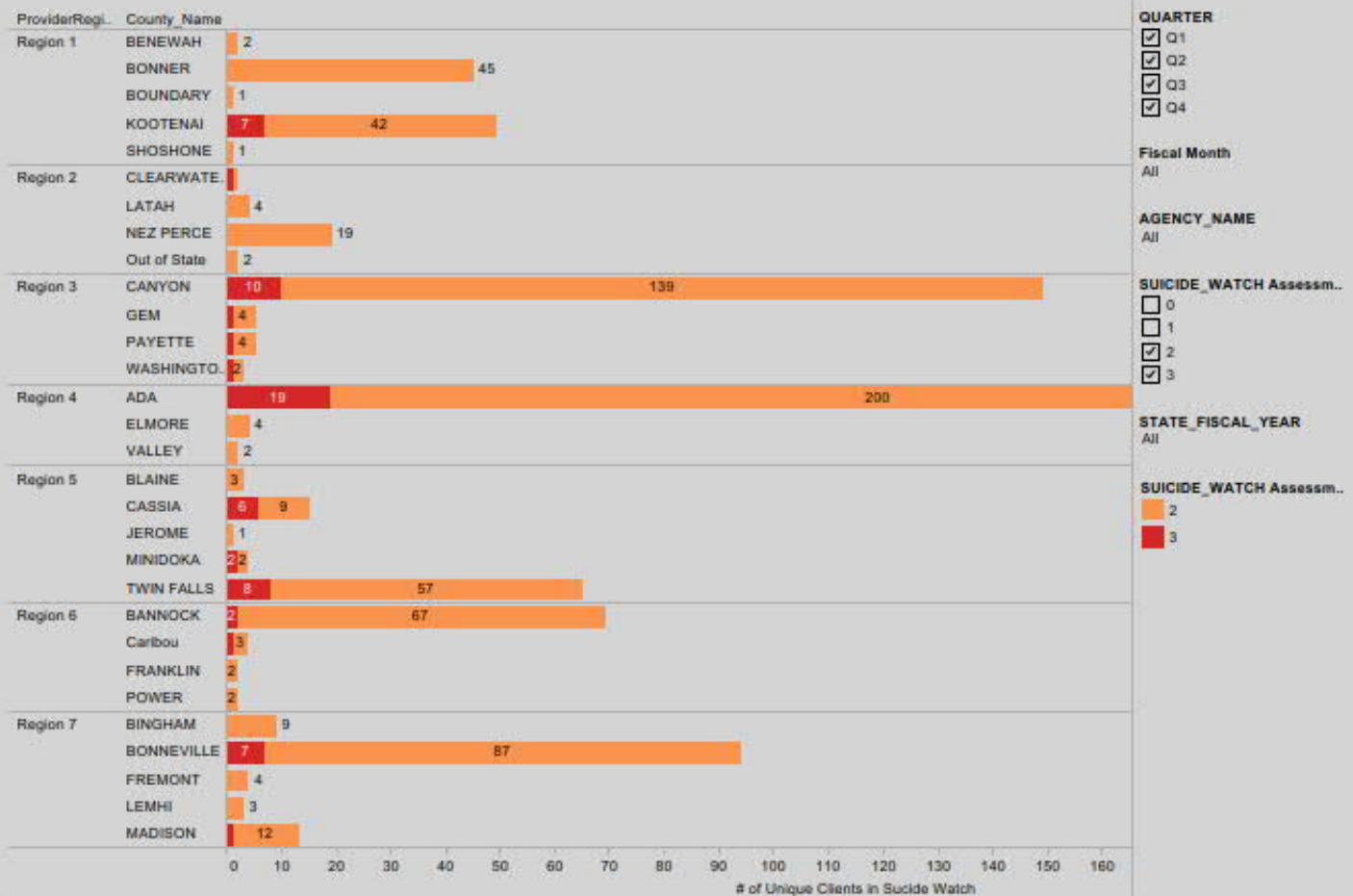
Locations of children and youth with higher risk of safety issues by county for SFY 2022, Q1, Q2 and Q3:

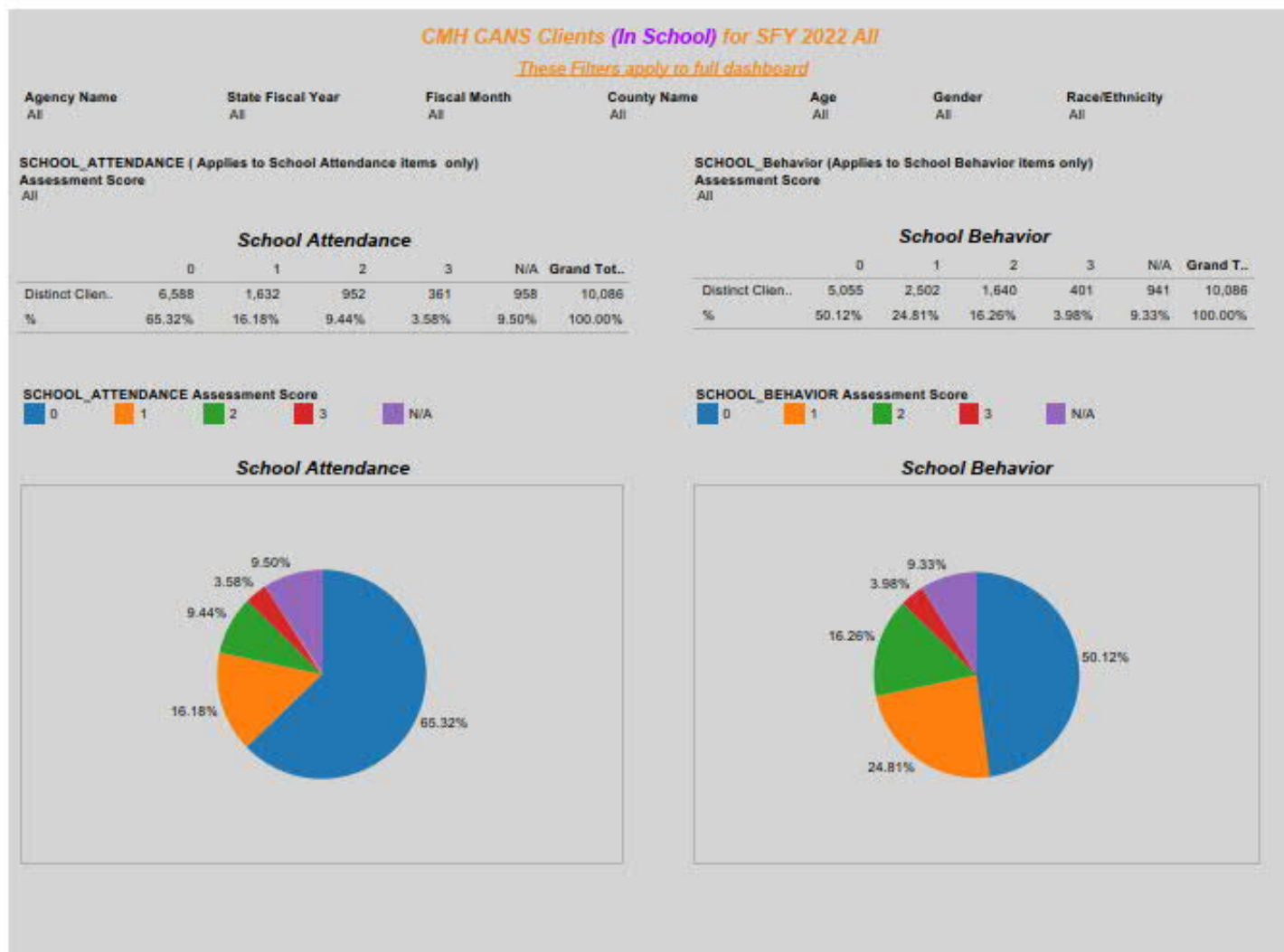


SAFE/Suicide Watch Assessment (Score 2 and 3) for SFY 2022 Q1, Q2, Q3 and Q4

Suicide Watch Domin
with assessment
score 2 and 3

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



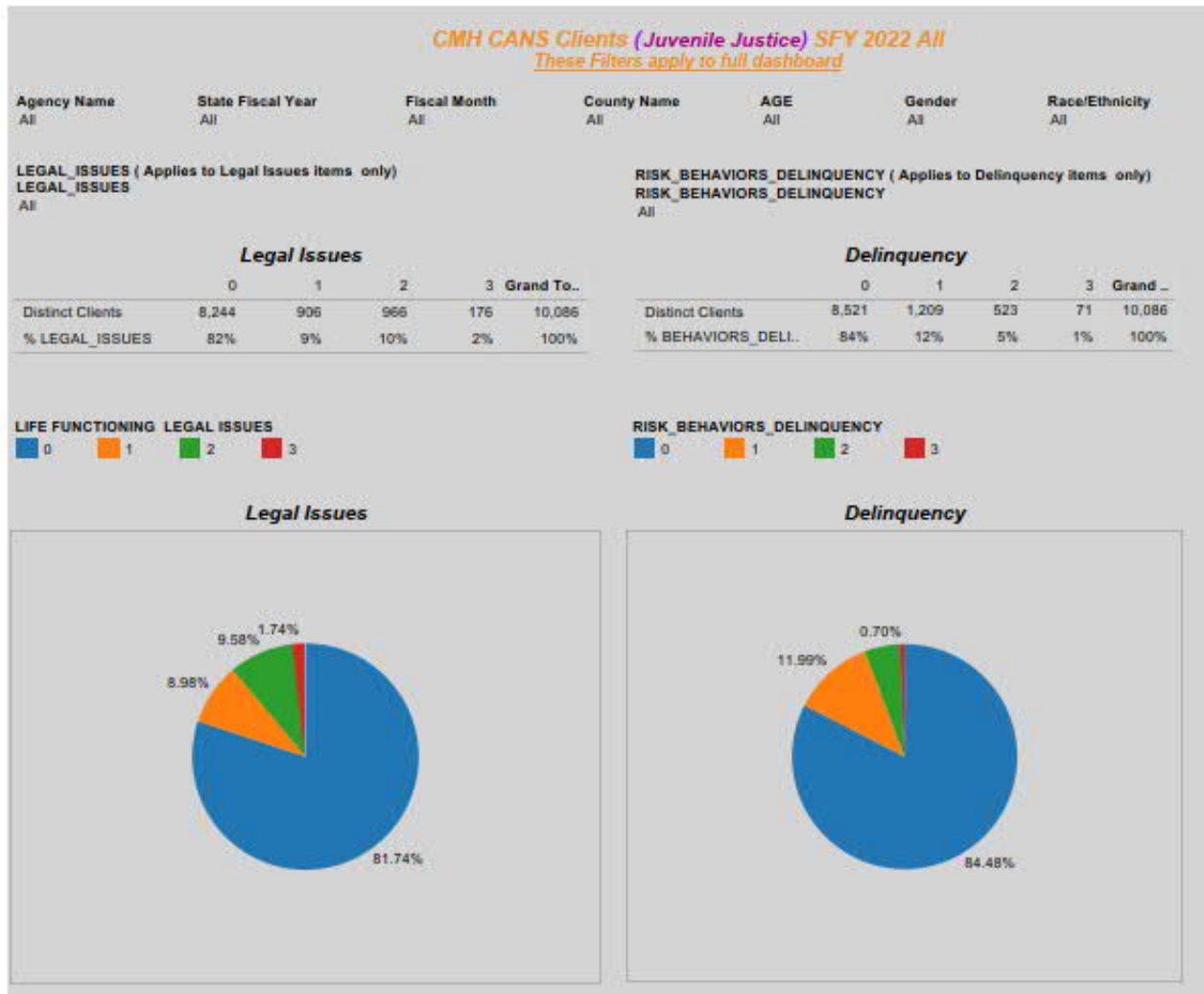


What is School Behavior?

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?



Appendix A: Glossary- updated Sept. 2022

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":"Location","sort":"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:

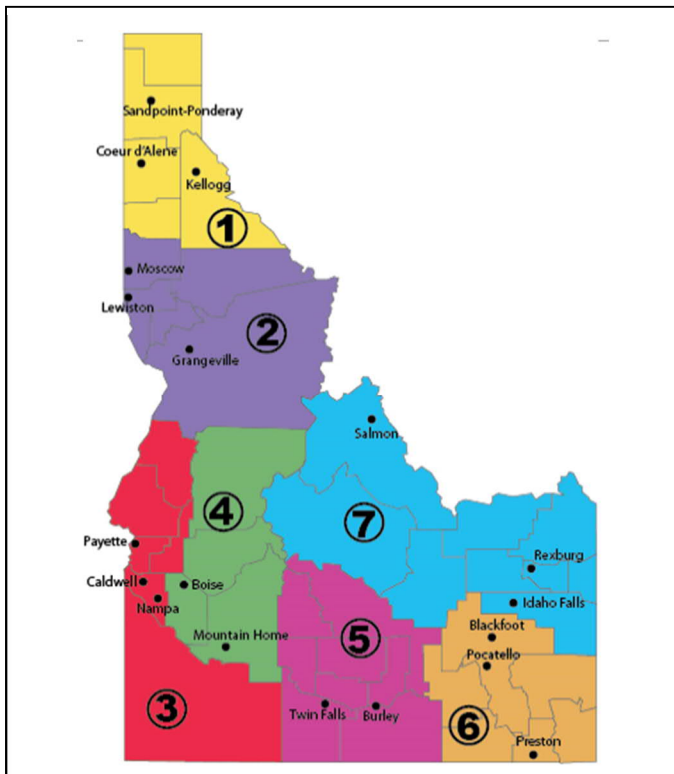
Medicaid : <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

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

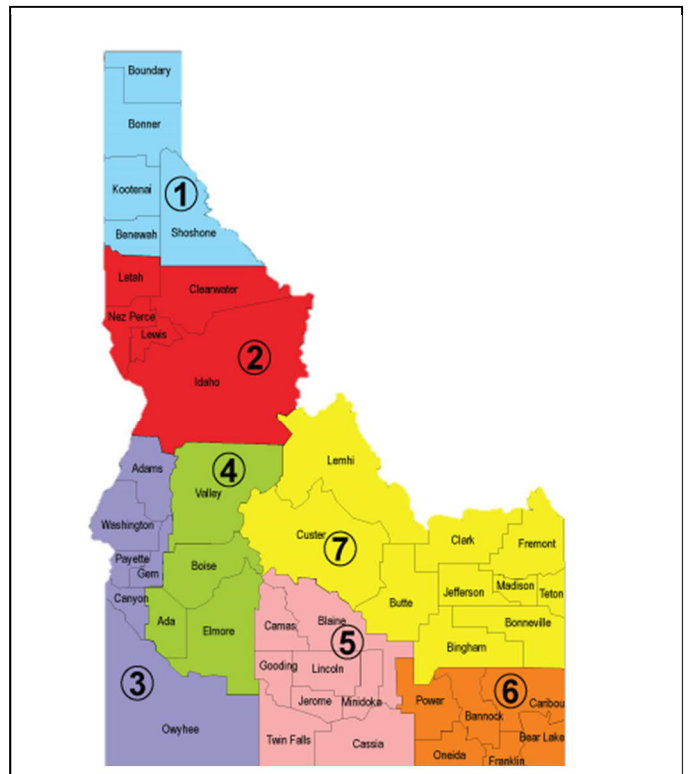
Private insurance:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

Appendix C- Regional Maps

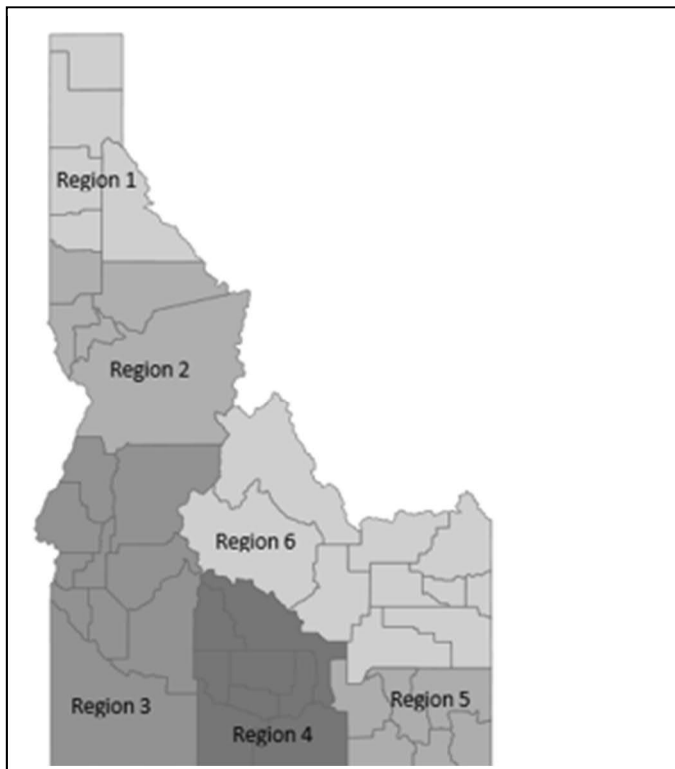
Idaho Department of Health and Welfare: Medicaid,



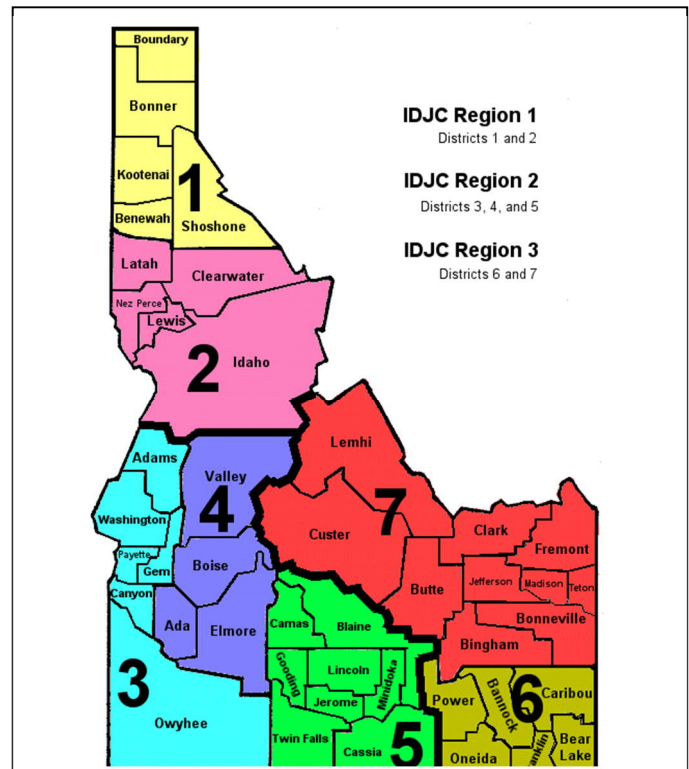
Idaho Department of Health and Welfare: DBH



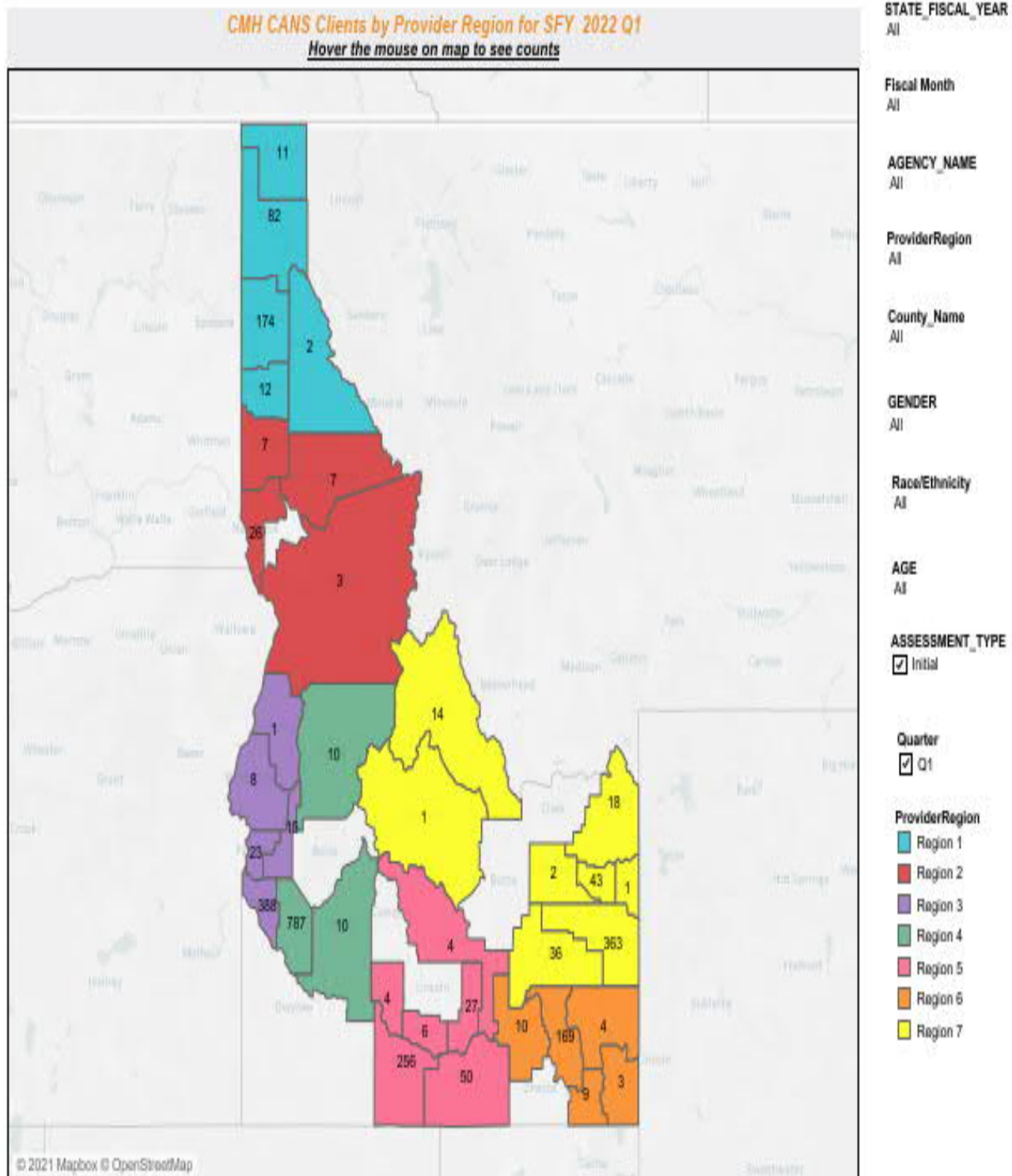
Idaho State Department of Education



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