Youth Empowerment Services

Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report

Q1, SFY 2023

Jan 13, 2023

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YES, QMIA Quarterly Report Q1, SFY 2023

Purpose of YES OMIA Quarterly (OMIA-O) 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 Protective Act (CPA) and Juvenile Corrections Act (JCA)orders, 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.

OMIA-O report dates for SFY 2023

YES QMIA-Q SFY 2023 Timelines	*Published on YES Website*
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 Q1 of SFY 2023
(July, August, September 2022),
and trends over past 5 years comparing previous quarters and SFYs.

Executive Summary – SFY 2023, Q1

The QMIA-Q report for SFY 2023, Q1 provides information about the delivery of YES services for July, August, September 2022, and trends over the past five years of YES implementation. There have been some changes in the format for the QMIA-Q for Q1 which are intended to make the data that is provided more useful and easier to understand.

The major changes are in Section 5 of the report on Medicaid Outpatient services. First, we have added new information into the statewide portion of this section. The statewide information now includes both a table with all services with number of youth serviced and a table with penetration rates of all services. There is also new data about services that had not previously been reported including: Case Management, Therapeutic After School (TASSP), Crisis Services, and Family Support Partners. In this portion of the report there is a new analysis that includes a statewide comparison of 5 specific targeted services: Psychotherapy, Case Management, Community Based Rehabilitation (CBRS), Targeted Care Coordination (TCC) and Intensive Home and community Based Services (IHCBS).

In this same section of the QMIA-Q report (Section 5), a switch has been made from reporting service utilization by service type to reporting on all services by region. For example, Region 1 has all the YES services in Region 1, Region 2 has all the YES services in Region 2, etc. All of the previously-available data about services will remains, but by breaking out the data about utilization of service by region the QMIA-Q provides a clearer picture of how service utilization varies across the state. In addition, reports are provided for each region with the number of youth served, the percent of the type of services that were used by those accessing services, and the penetration rate. This change standardizes the information for each region and provides a basis for comparing each region to the statewide results.

Data for QMIA-Q Q1 includes the updated Estimation of YES Eligibility (E1), statewide access to YES Outpatient Medicaid services (E2), average Medicaid expenditure per member served by region (E3), access to intensive outpatient Medicaid services (E4), updates on quality improvement projects, and a list of the YES reports that have been published.

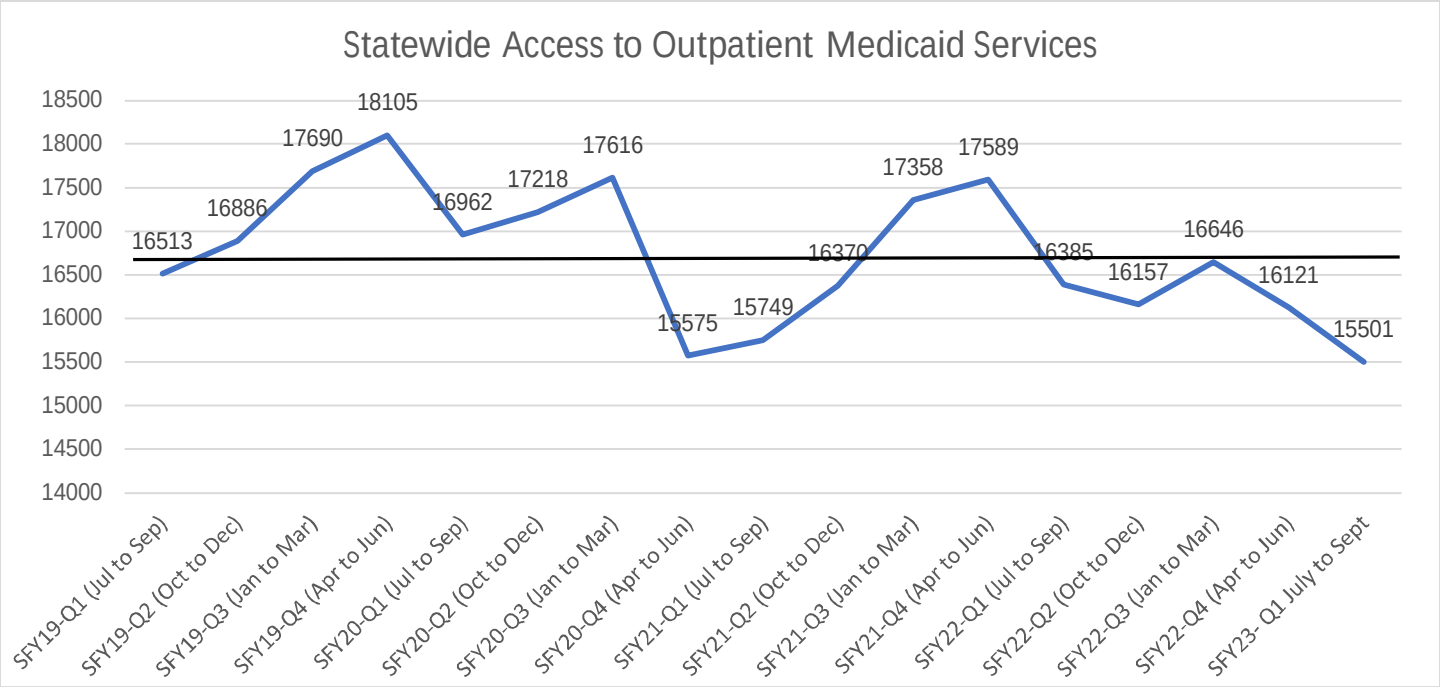
E1 Annual YES Eligibility Estimation, updated for Dec 2022

	Type of insurance				
	Employer	Non-Group	Medicaid	Uninsured	Total
Insured rate based on 2020 Estimated Census	50.70%	5%	34.90%	7.10%	
Population	246,000	25,000	170,000	35,000	
Estimated prevalence	6%	6%	8%	12%	
Estimated need	14,760	1,500	13,600	4,165	
Expected Utilization Lower Estimate 15%	2215	225	13,600	4,165	20,205
Expected Utilization Higher Estimate 18%	2655	270	13,600	4,165	20,690

E2: Statewide access to YES Outpatient Medicaid Services

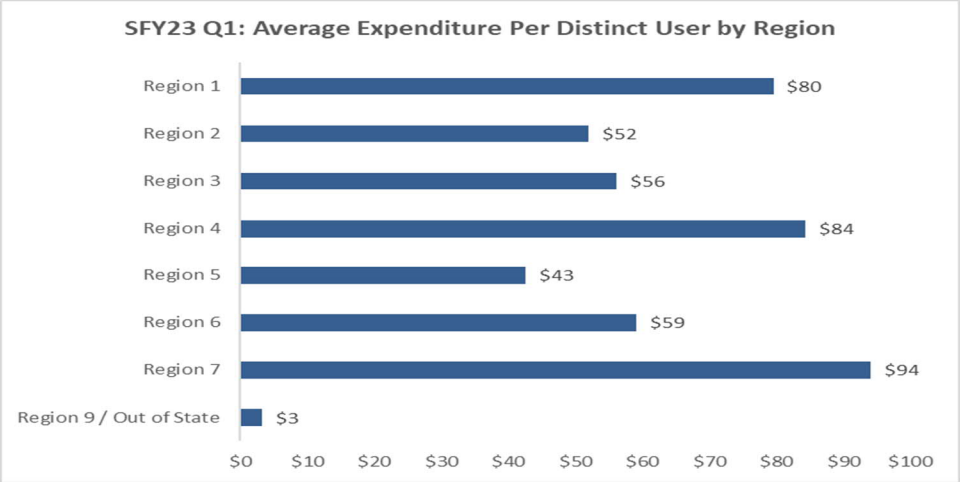
A Quality Improvement Project (QIP) to address the need for service availability across all 7 regions has been implemented. The first step of the QIP is to identify the gaps in services.

One aspect of identifying the gaps is to analyze access statewide. As the graphic chart below indicates the number of Medicaid members under the age of 18 that received outpatient services has varied over the last 16 quarters with the highest number being 18,105 in April - June 2019, and the lowest number of 15,501 in July - Sept 2022. An analysis for the past quarters indicates that the average number of children and youth receiving services per quarter is approximately 16,800 (bold black line). For the most recent 5 quarters the number accessing services has been trending below the average.



E3 Average Medicaid Outpatient Expenditure Per Distinct User by Region

An analysis of Medicaid outpatient expenditure by region indicates that there is substantial variation in expenditures across the state – from $94 per person served in Region 7 to $43 per person served in Region 5.



E4 Access to Intensive Outpatient Medicaid Services by Type and Region

Based on data about access to services and on-going concerns from families and advocacy groups, the QMIA Council 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.

The following tables show the number serviced and the penetration rate (number receiving services/number of Medicaid members) for outpatient services provided to Medicaid members under the age of 18, with rates noted by type of service and by the region in which the service was delivered.

# of Medicaid Members Accessing Intensive Outpatient Treatment Services									
	1	2	3	4	5	6	7	9	Total
TASSP[1]	0	0	0	0	0	0	19	0	19
Partial Hospitalization (PHP)	0	0	29	39	4	0	6	0	78
Day Treatment	0	0	1	1	12	1	9	0	24
IHCBS[2]	0	0	4	8	1	16	5	0	34

Penetration Rates for Intensive Outpatient Treatment Services									
	1	2	3	4	5	6	7	9	Total
TASSP	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%
Partial Hospitalization (PHP)	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Day Treatment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%

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.

E5 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 IDHW 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 (https://yes.idaho.gov/).

In SFY 2022, training for community providers on the creation and use of effective safety planning was provided in five total sessions. Attendance at the training was very good with over 500 participants. Based on the 2022 family survey[3], 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.

The Crisis and Safety plan training provided in the fall of 2022, was based on recommendations from family representatives on the Family Advisory Subcommittee (Q-FAS), families gave input on the training and participated in the

[1] TASSP- Therapeutic After School Support Program
[2] IHCBS - Intensive Home and Community Based Services
[3] A YES Family Survey is conducted annually to assess the YES Principles of Care

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

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 (DBH Quality staff and Family Members from the Council) began research into the development of a hospital discharge standard. The workgroup's goal was to draft a standard based on policies, guidelines best practices and rules in other states and to propose a 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 yet been adopted.

YES reports:

The following are links to the YES reports noted within the QMIA-Q

QMIA-Q historical reports**: https://yes.idaho.gov/yes-quality-management-improvement-and-accountability/**

YES Rights and Resolutions**: https://yes.idaho.gov/yes-quality-management-improvement-and-accountability/,** click on "Additional QMIA Data and Reports" and scroll down the page

Quality Review (QR): Provider Survey; https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8

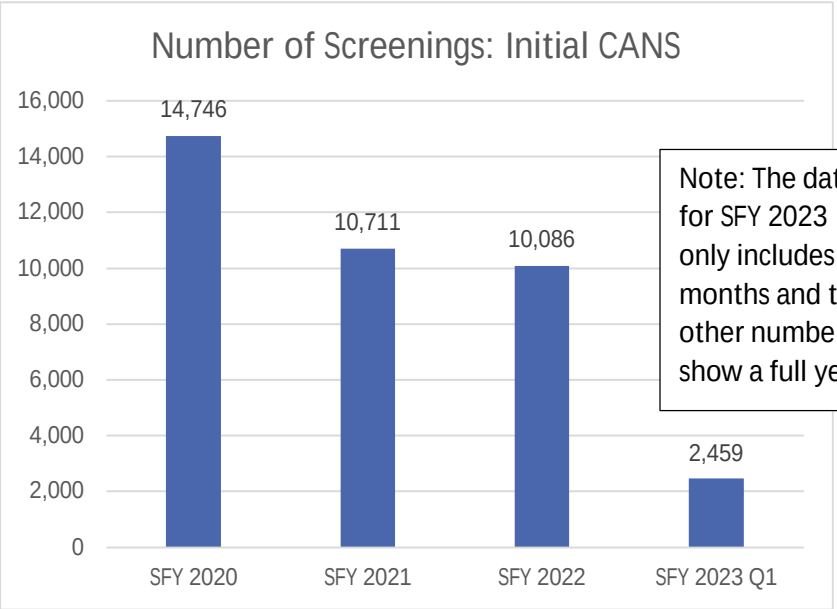
YES Family Survey Results : https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8

QMIA-Q SFY 2023, Q1 Report

1. Screening for Mental Health Needs

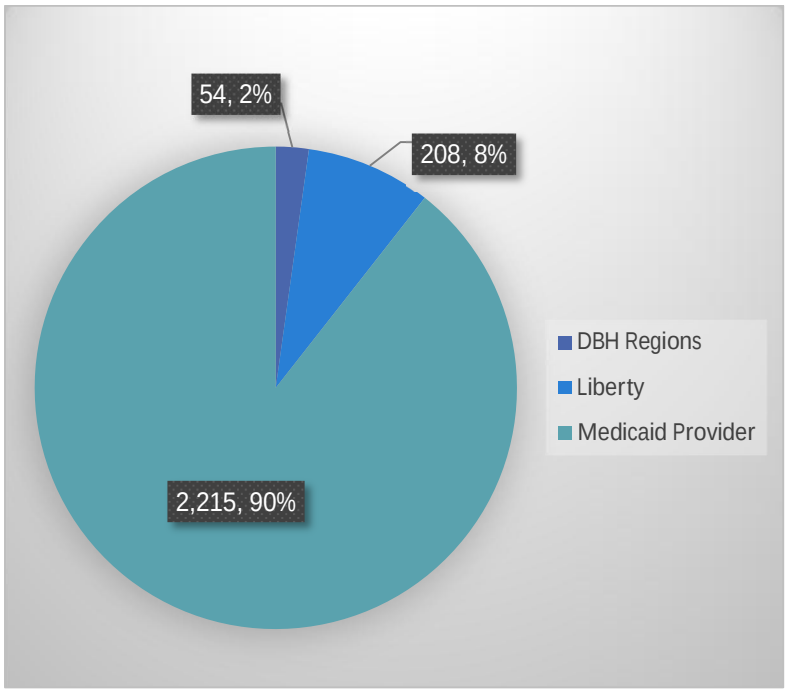
1a: Total Number of Children and Youth Screened for mental health needs

The number of initial CANS completed for SFY 2023, Q1 was 2,459. If this rate continues then the number of initial cans for SFY 2023 will be close to 10,000. The expectation for how many children and youth would be expected to access services through an initial CANS each quarter or each year is not yet established and therefore the data currently only tells us that children and youth are being screened. 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.



Note: The data for SFY 2023 only includes 3 months and the other numbers show a full year.

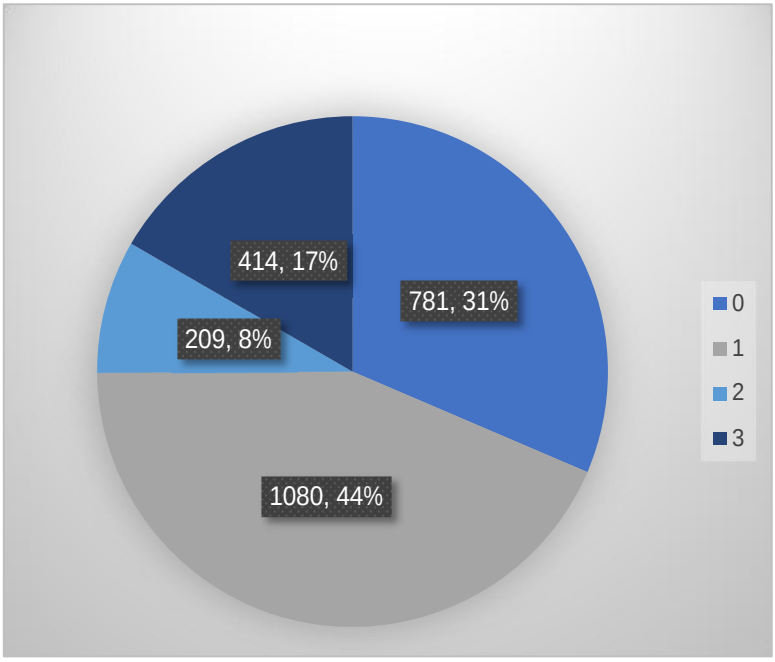
1b: Number and Percent of CANS Completed By DBH, Liberty, Medicaid Provider:



The screening for mental health services through the CANS assessment may be conducted by DBH, Liberty or a Medicaid Provider. For SFY 2023, Q1 90% of CANS Assessments were completed by Medicaid providers, 8% by Liberty, and 2% by DBH.

2. YES eligible children and youth based on initial CANS

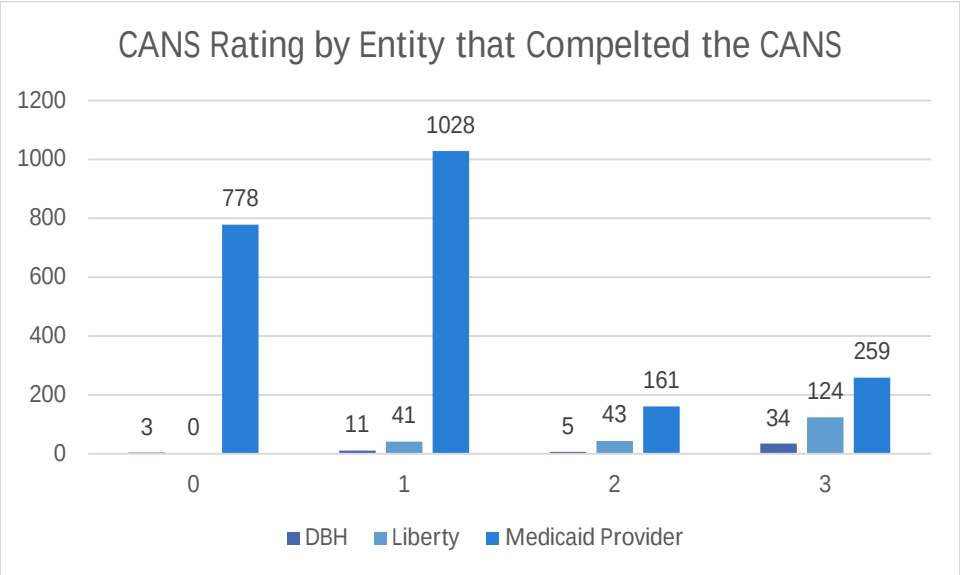
2a: CANS Rating - Result of initial CANS Statewide



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.

2b: CANS Rating - Result of Initial CANS by Entity that completed the CANS

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.



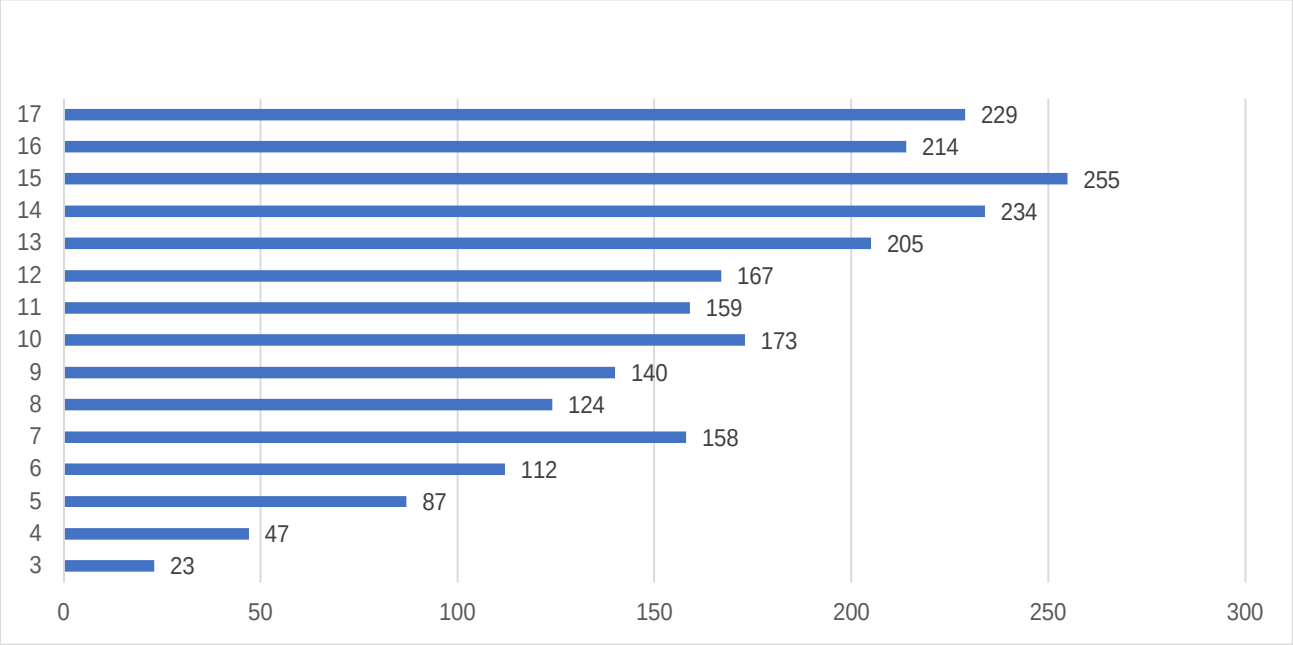
What is this data telling us?

Of all the initial CANS completed in SFY 2023, Q1 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 will meet criteria to be YES eligible).

3. The characteristics of the children and youth who were assessed are noted by age, gender, race/ ethnicity, and geographic distribution by county.

CANS by Age:

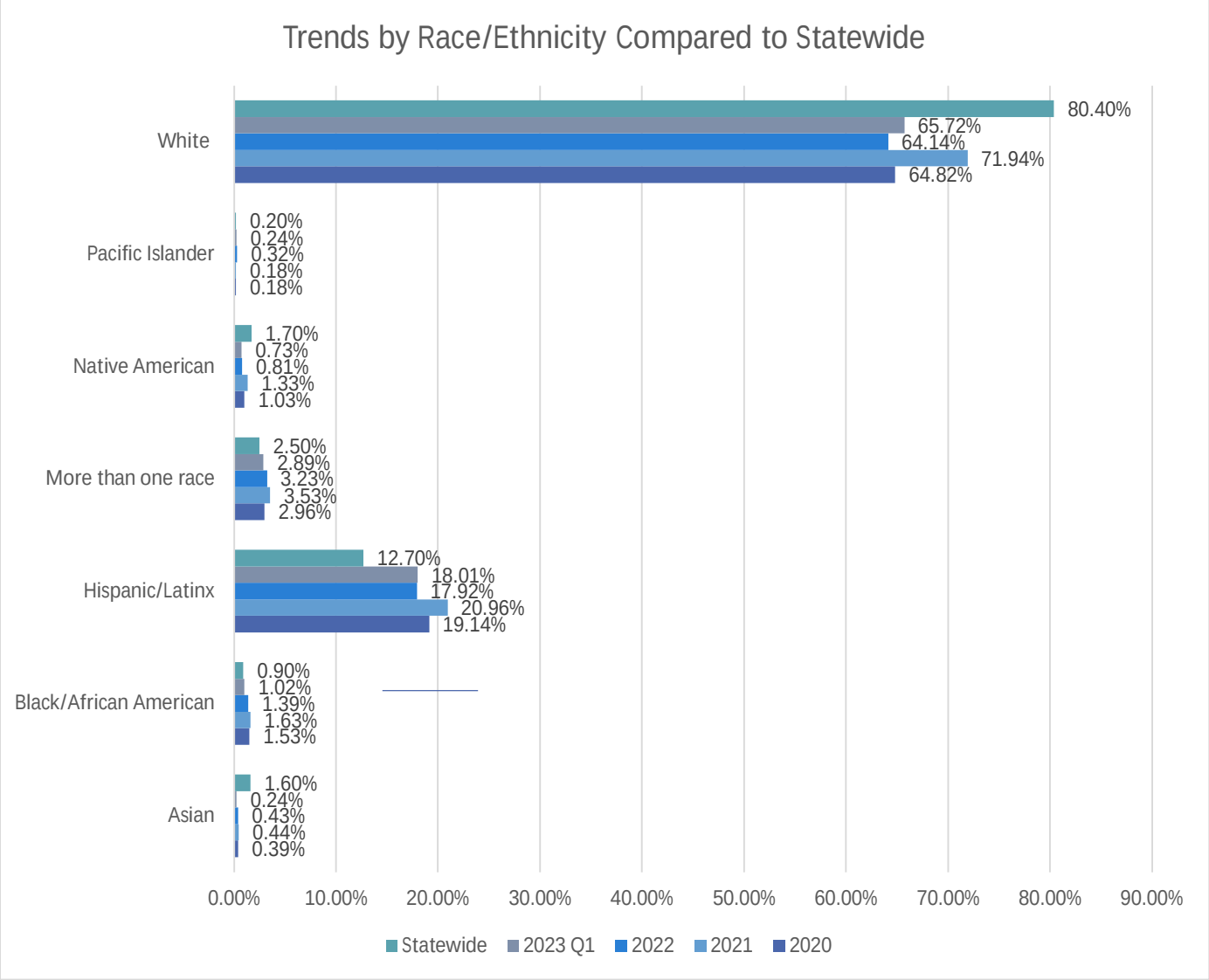
2c: Ages of children and youth who had an initial CANS



CANS by Race and Ethnicity:

The number and percentage of children and youth based on the initial CANS by Race/Ethnicity for SFY 2023 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 underassessed.

Chart 2e : Historical Trends; Race and Ethnicity of children and youth who received an initial CANS:

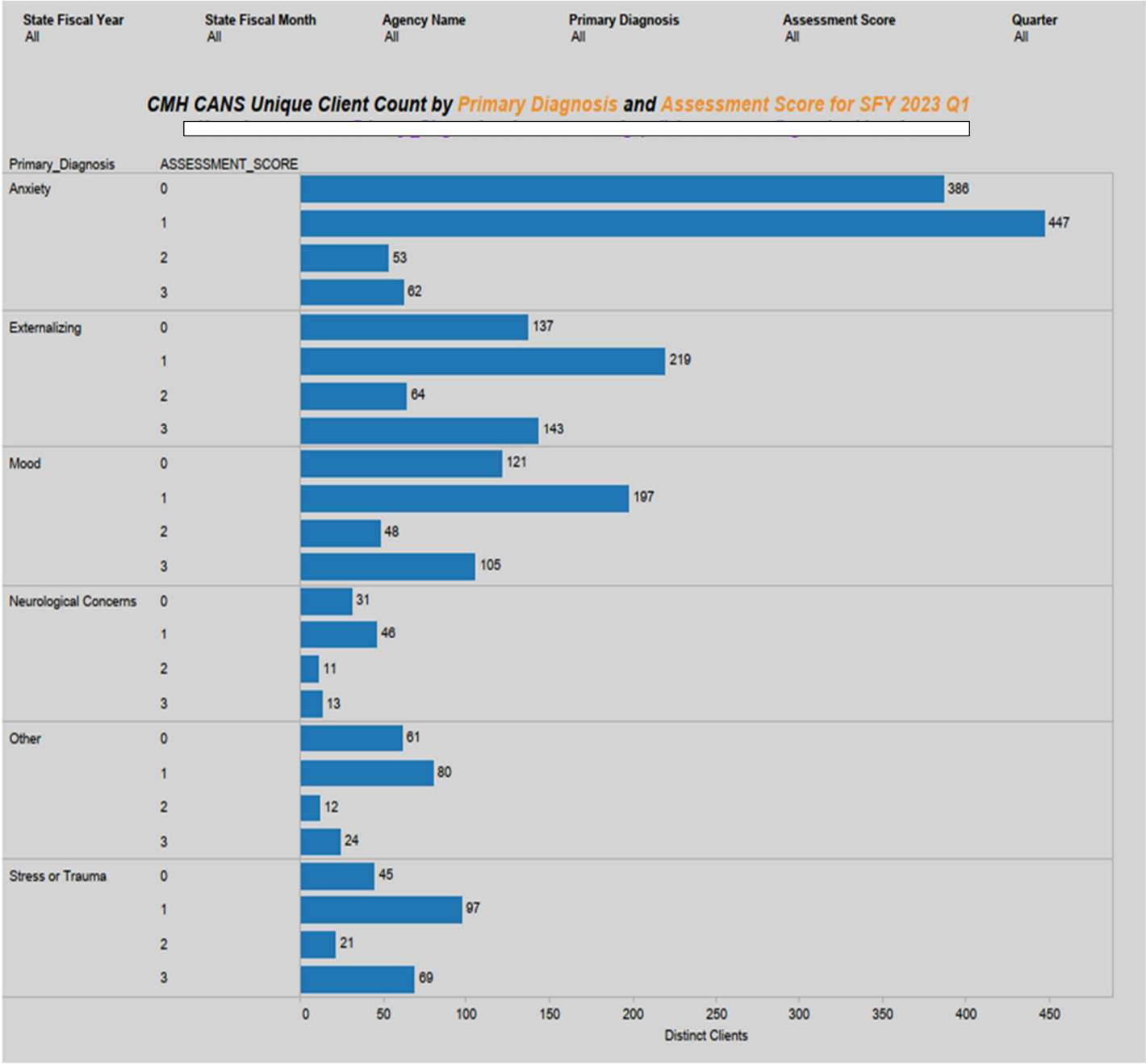


What is this data telling us?

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

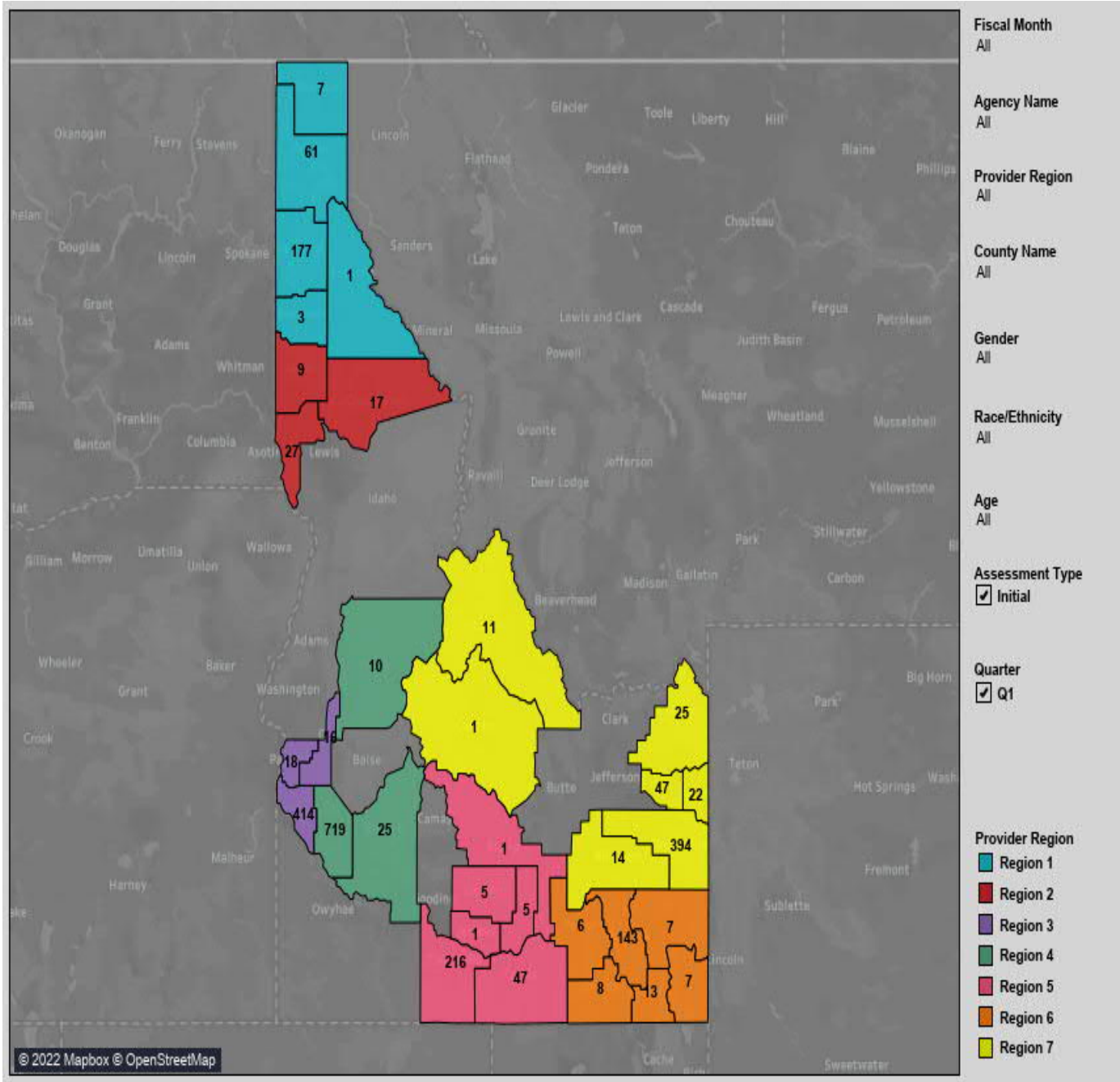
Race/Ethnicity- While the trend does not point to any majority disparities (e.g., specific racial or ethnic groups not getting a CANS) there are trends towards certain groups receiving more assessments compared to other populations (e.g., Hispanic- percent served (between 17.92% to 20.96%) is above percent of Idaho's population of Hispanic (12.70%).

CANS Diagnosis by CANS Rating



4: CANS Assessment Geographic Mapping

The map below shows the number based on the initial CANS provided in SFY 2023. In Q1 there are 11 counties with “0” completed CANS: Adams, Boise, Butte, Clark, Camas, Gooding, Idaho, Jefferson, Lewis, Owyhee, and Washington. In addition, there were 3 counites with 3 or fewer CANS.



What is this data telling us?

The number of counites in which there were no CANS assessments (11) and the number of counties in which there were 3 or fewer (5) has increased substantially. The counites in which there were no CANS or few CANS are either mostly rural or frontier counties. The geographic distribution of the initial CANS assessments indicates that there is likely to be unmet need in those regions as children and youth are not being assessed using the CANS.

Utilization of Outpatient Services-

5. Medicaid Outpatient Utilization

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

Total number of children and youth served with Medicaid Outpatient services

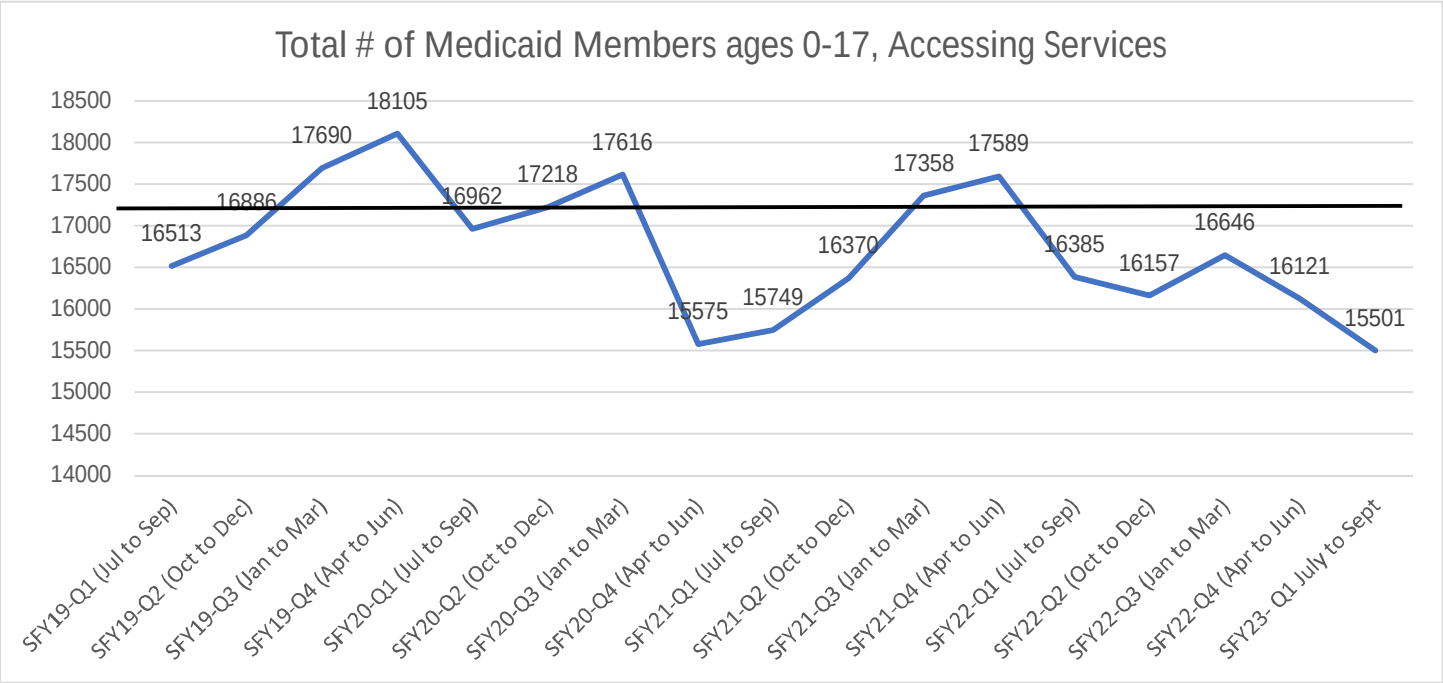
The following table combines the number of unduplicated children and youth who received Medicaid via 1915(i) and those with other types of Medicaid (regular Medicaid, Foster Care Medicaid, etc.) who accessed mental health services in SFY 2023, Q1.

5a: Total number of Medicaid members served

SFY19 -Q1 (Jul to Sep)	SFY19 -Q2 (Oct to Dec)	SFY19 -Q3 (Jan to Mar)	SFY19 -Q4 (Apr to Jun)	SFY20 -Q1 (Jul to Sep)	SFY20 -Q2 (Oct to Dec)	SFY20 -Q3 (Jan to Mar)	SFY20 -Q4 (Apr to Jun)	SFY21 -Q1 (Jul to Sep)	SFY21 -Q2 (Oct to Dec)	SFY21 -Q3 (Jan 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)	SFY23 - Q1 (July to Sept)
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	13,394
703	784	924	1142	1407	1583	1749	1872	2040	2081	2079	2151	2093	1991	2137	2092	2107
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	15,501

The following chart shows the quarterly trend of access to services. The median number of Medicaid members served over the past 4 years is 16,513- represented by the black line.

5b: Quarterly trend of Medicaid members accessing services



What is this data telling us?

The average number of children and youth accessing services per quarter is 16,732, and median number is 16,513 represented by the bold black line. The trend in number served has varied with the lowest numbers during the start of COVID 19.

5c: Statewide

The following table shows the outpatient services provided to Medicaid members ages 0-17 are noted by type of service and the region in which the service is delivered. The number served is SFY 2023, Q1 and is unduplicated within the specific category of services (e.g., the number children and youth who received that specific service).

Note: Data regarding utilization of services is based on Medicaid claims data.

5c1: Summary of Utilization of YES OP Services Provided by the Optum Medicaid Network by Region

SFY 2023, Q1	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
Assessments									
CANS- Billed to Medicaid	509	150	1,226	1,538	496	330	1,408	9	5,663
Psych and Neuropsych Testing	37	10	87	121	40	84	146	0	525
Behavior Assessment	40	0	16	46	0	0	0	0	102
Outpatient Treatment Services									
Psychotherapy	1,081	417	2,143	2,662	992	780	2,605	14	10,639
Case Management	39	28	161	272	117	98	585	0	1,297
Med Management	72	131	649	789	213	241	388	2	2,481
Skills Building (CBRS)	67	86	220	401	58	121	736	1	1,686
Targeted Care Coordination (TCC)	22	26	96	140	46	79	335	1	742
Substance Use Services	17	6	49	46	76	32	131	0	353
Child and Family Interdisciplinary Team (CFIT)	4	15	19	32	26	9	41	0	145
Skills Training and Development (STAD)	0	8	0	0	73	2	48	0	130
Behavior Modification and Consultation	60	1	25	44	1	0	0	0	130
Crisis									
Crisis Intervention	1	8	5	5	5	9	48	0	81
Crisis Psychotherapy	8	4	18	22	12	6	45	0	115
Crisis Response	4	1	2	4	1	2	9	0	23
Crisis Services	11	12	24	29	18	16	97	0	207
Intensive Outpatient Treatment Services									
TASSP[4]	0	0	0	0	0	0	19	0	19
Partial Hospitalization (PHP)	0	0	29	39	4	0	6	0	78
Day Treatment	0	0	1	1	12	1	9	0	24
IHCBS[5]	0	0	4	8	1	16	5	0	34
Support services									
Respite	1	61	70	107	27	47	146	0	459
Youth Support Services	1	8	30	101	39	19	69	0	265
Family Support	0	2	32	8	7	7	190	0	246
Family Psychoeducation	11	0	8	8	20	0	2	0	49

[4] TASSP- Therapeutic After School Support Program

[5] IHCBS - Intensive Home and Community Based Services

5c2: Medicaid Outpatient Penetration Rates by Region

"Penetration Rate", also called utilization, is calculated by dividing the number of Medicaid beneficiaries served (numerator) by the total number of Medicaid eligible members (denominator). Penetration rate tells us what percentage *of the eligible population* received a given service.

SFY 2023, Q1	Penetration Rate by Region								
	1	2	3	4	5	6	7	OOS	Total
Assessments									
CANS- Billed to Medicaid	2.1%	1.8%	2.8%	3.8%	1.7%	2.1%	3.6%	0.4%	2.8%
Psych and Neuropsych Testing	0.2%	0.1%	0.2%	0.3%	0.1%	0.5%	0.4%	0.0%	0.3%
Behavior Assessment	0.2%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Outpatient Treatment Services									
Psychotherapy	4.5%	4.9%	5.0%	6.6%	3.5%	4.9%	6.7%	0.7%	5.3%
Case Management	0.2%	0.3%	0.4%	0.7%	0.4%	0.6%	1.5%	0.0%	0.6%
Med Management	0.3%	1.5%	1.5%	1.9%	0.8%	1.5%	1.0%	0.1%	1.2%
Skills Building (CBRS)	0.3%	1.0%	0.5%	1.0%	0.2%	0.8%	1.9%	0.0%	0.8%
Targeted Care Coordination (TCC)	0.1%	0.3%	0.2%	0.3%	0.2%	0.5%	0.9%	0.0%	0.4%
Substance Use Services	0.1%	0.1%	0.1%	0.1%	0.3%	0.2%	0.3%	0.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	0.0%	0.2%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%
Skills Training and Development (STAD)	0.0%	0.1%	0.0%	0.0%	0.3%	0.0%	0.1%	0.0%	0.1%
Behavior Modification and Consultation	0.2%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Crisis									
Crisis Intervention	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%
Crisis Psychotherapy	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%
Crisis Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Services	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%
Intensive Outpatient Treatment Services									
TASSP	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%
Partial Hospitalization (PHP)	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Day Treatment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Support services									
Respite	0.0%	0.7%	0.2%	0.3%	0.1%	0.3%	0.4%	0.0%	0.2%
Youth Support Services	0.0%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.0%	0.1%
Family Support	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.5%	0.0%	0.1%
Family Psychoeducation	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%

What is this data telling us?

Outpatient services such as CANS Assessments, Psych and Neuropsych Testing, Psychotherapy, Medication Management, Skills Building, Targeted Care Coordination, Substance Use, Crisis, Child, and Family Interdisciplinary Teams are available statewide. Outpatient services such as 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.

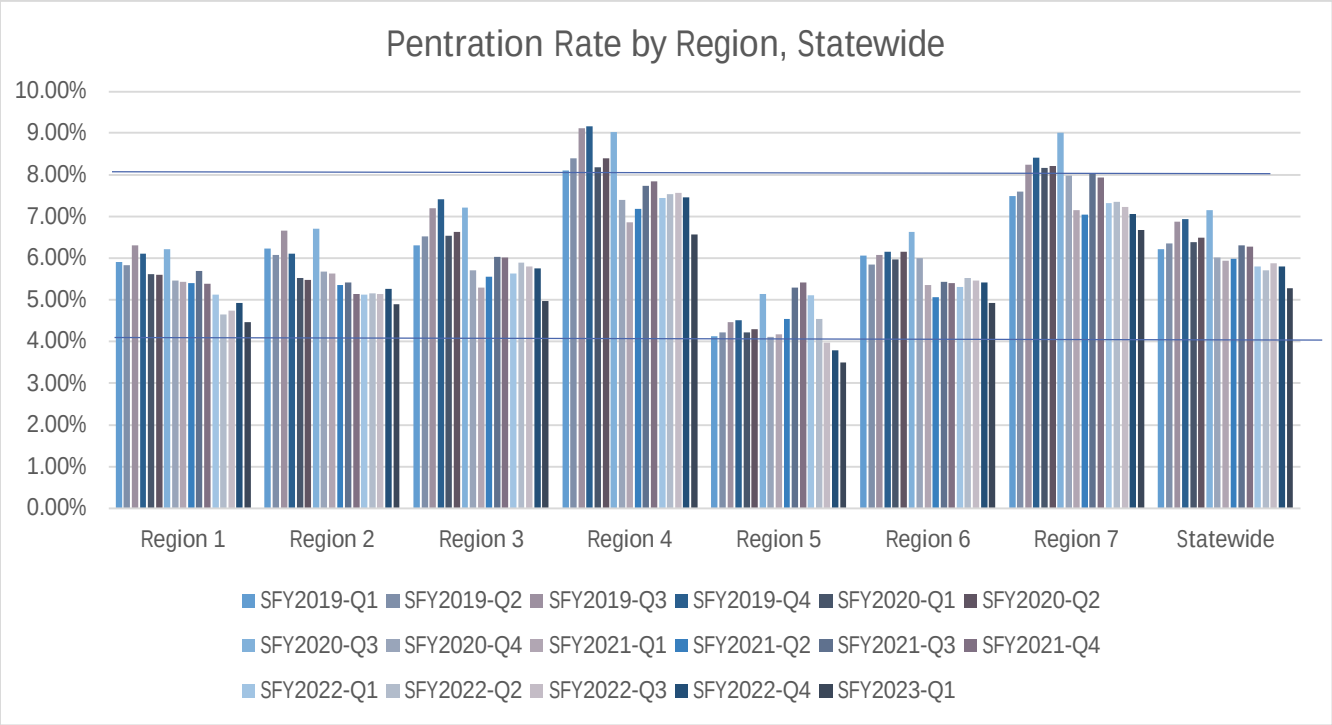
Statewide penetration rates also indicate that the most utilized services are Psychotherapy (5.3%), CANS assessment (2.8%), and Medication Management (1.2%)

5d: Targeted Service:

Analysis of targeted services by region-

- Psychotherapy
- Case Management
- Skills building : Community Based Rehabilitation Services (CBRS)
- Targeted Care Coordination (TCC)
- Intensive Home and Community Based Services (IHCBS)

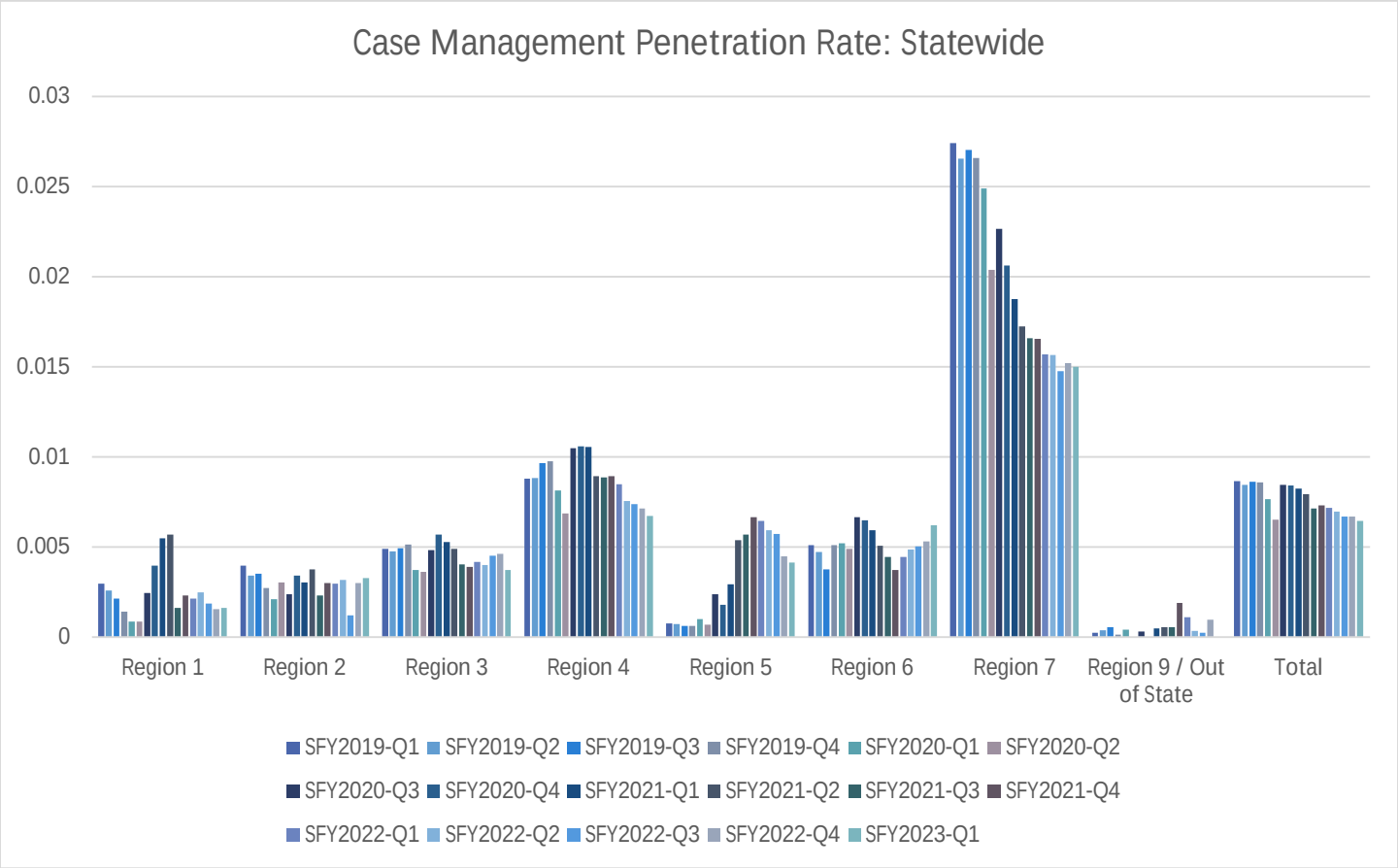
5d1: Psychotherapy



What is this data telling us?

Although penetration rates for psychotherapy are high as compared to all other outpatient services, penetration appears to be on the decline for all regions in SFY2023, Q1. Even in Regions 4 and 7 where psychotherapy penetration has at times met or closely approached the goal of 8% penetration, rates have declined sharply from their peaks. Historically, Region 5 has had lower penetration psychotherapy rates than all other regions. Further, because rates in Region 5 have followed the overall pattern of decline in recent quarters, with rates dipping below 4%, accessing this cornerstone mental health service may be especially difficult for Region 5 youth and their families.

5d2: Case Management

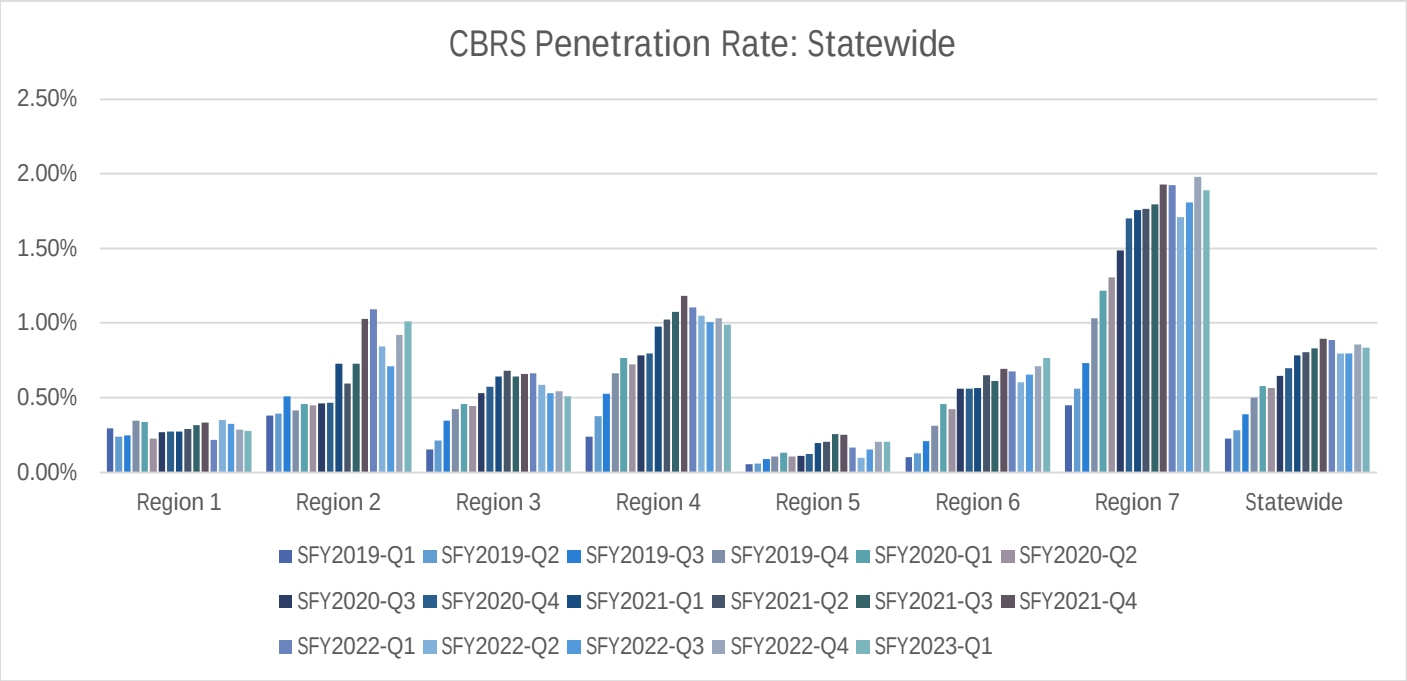


<u>Note the scale for Case Management is less than 1%</u>

What is this data telling us?

Historically, Case Management penetration rates have rarely exceeded one-half of one percent (0.50%) in regions 1, 2, 3, 5 and 6. While Case Management penetration rates have been higher in Region 4 (close to 1.00% in some quarters) and in Region 7 (peaking at 2.7% in SFY 2019), rates have declined in these two regions in recent quarters. Defining a target Case Management penetration rate and understanding how Case Management services may be linked to CANS ratings may be useful steps to consider if it is determined this service should be utilized at higher rates.

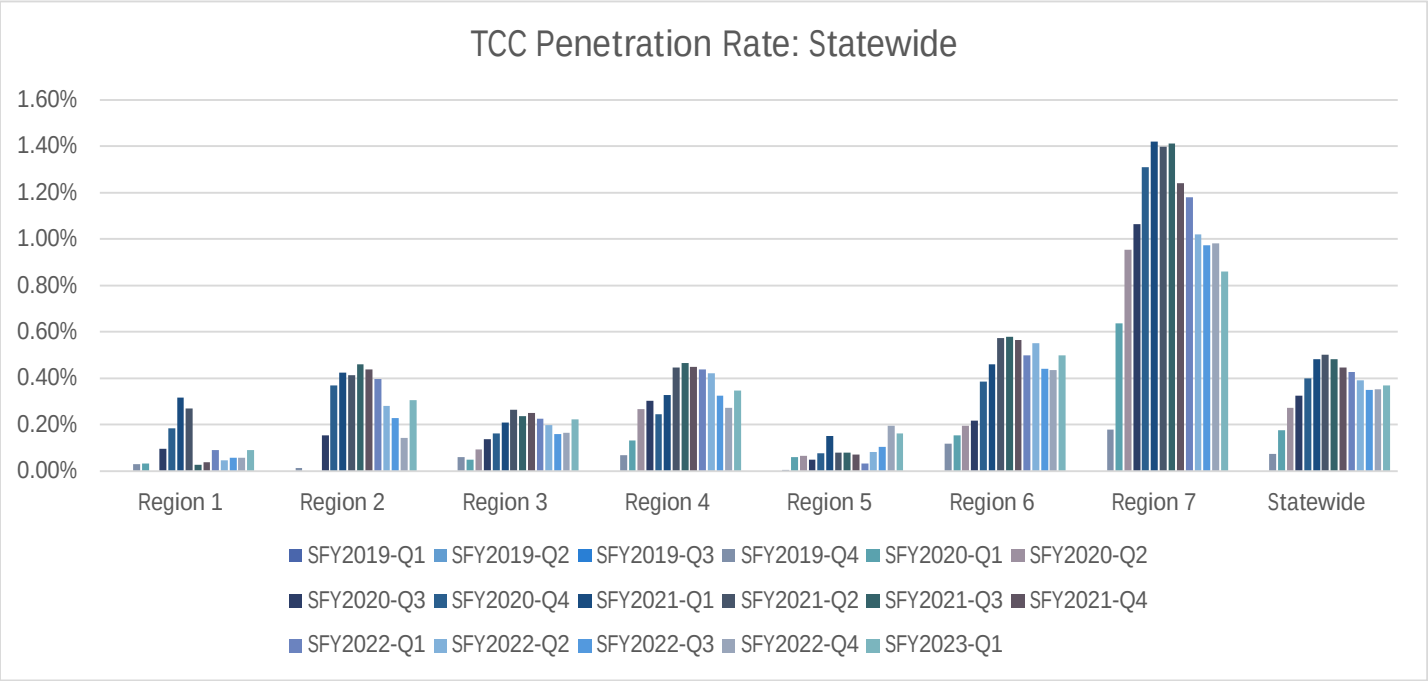
5d3: Skills Building: CBRS



What is this data telling us?

Skills building (CBRS) penetration rates have remained noticeably and persistently low in regions 1 and 5, never exceeding one-half of one percent. While other regions have somewhat higher skills building penetration rates, only Region 7 has approached 2.0% penetration in this service area. The development of strengths/skills has been linked to need reduction. As such, regional discrepancies in skills building (CBRS) penetration may need to become a focus area and strategies to ensure more youth receive these services may be a useful focal area for the YES system of care.

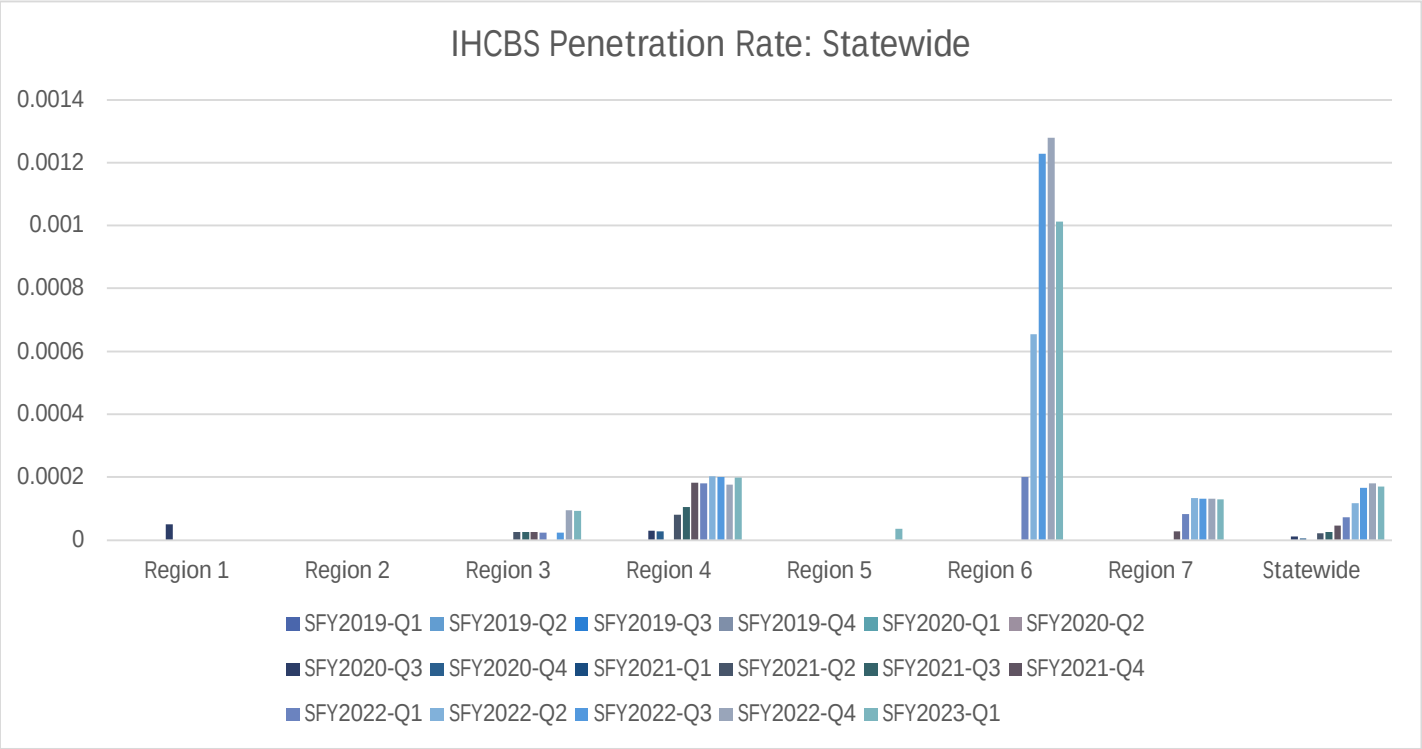
5f4: Targeted Care Coordination: TCC



What is this data telling us?

Targeted Care Coordination (TCC) penetration rates are very low in all regions except Region 7. The overall penetration rate patterns for TCC at the regional level closely mirror those of skills building (CBRS) but with lower penetration across all regions, except Region 6.

5d5:Intensive Home and Community Based Services: IHCBS



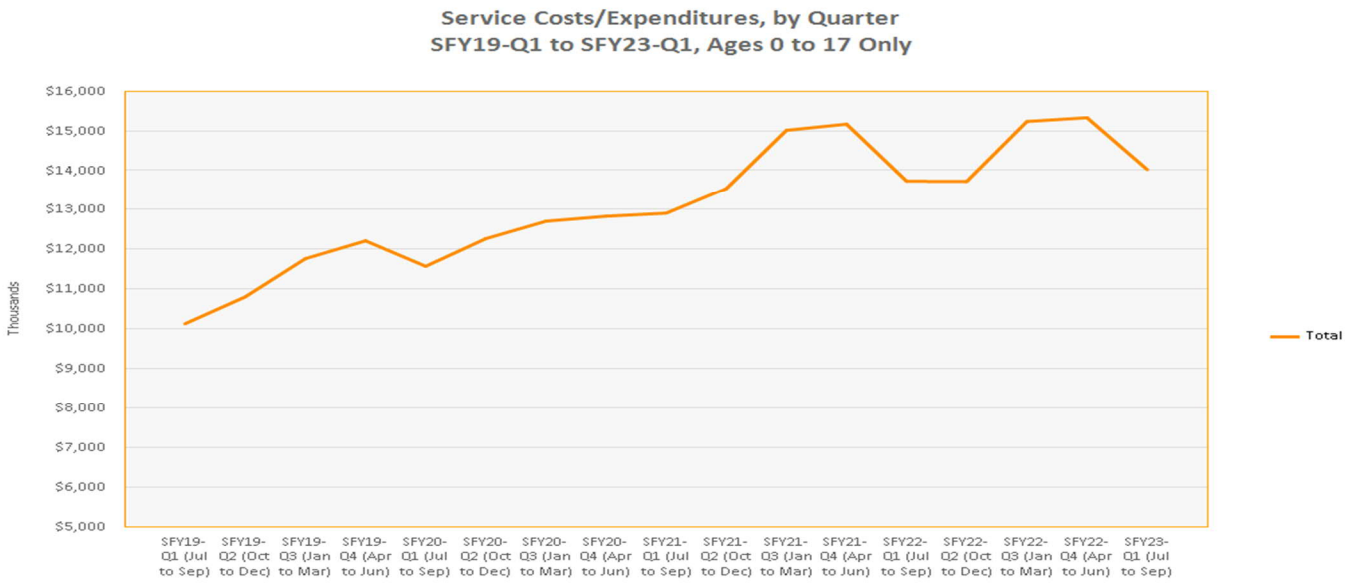
What is this data telling us?

The penetration rates for Intensive Home/Community-Based Services are exceeding low in all regions and across all quarters. Even in Region 6 where these services are most used utilized, penetration does not approach one-quarter of one percent (0.25%) during any quarter.

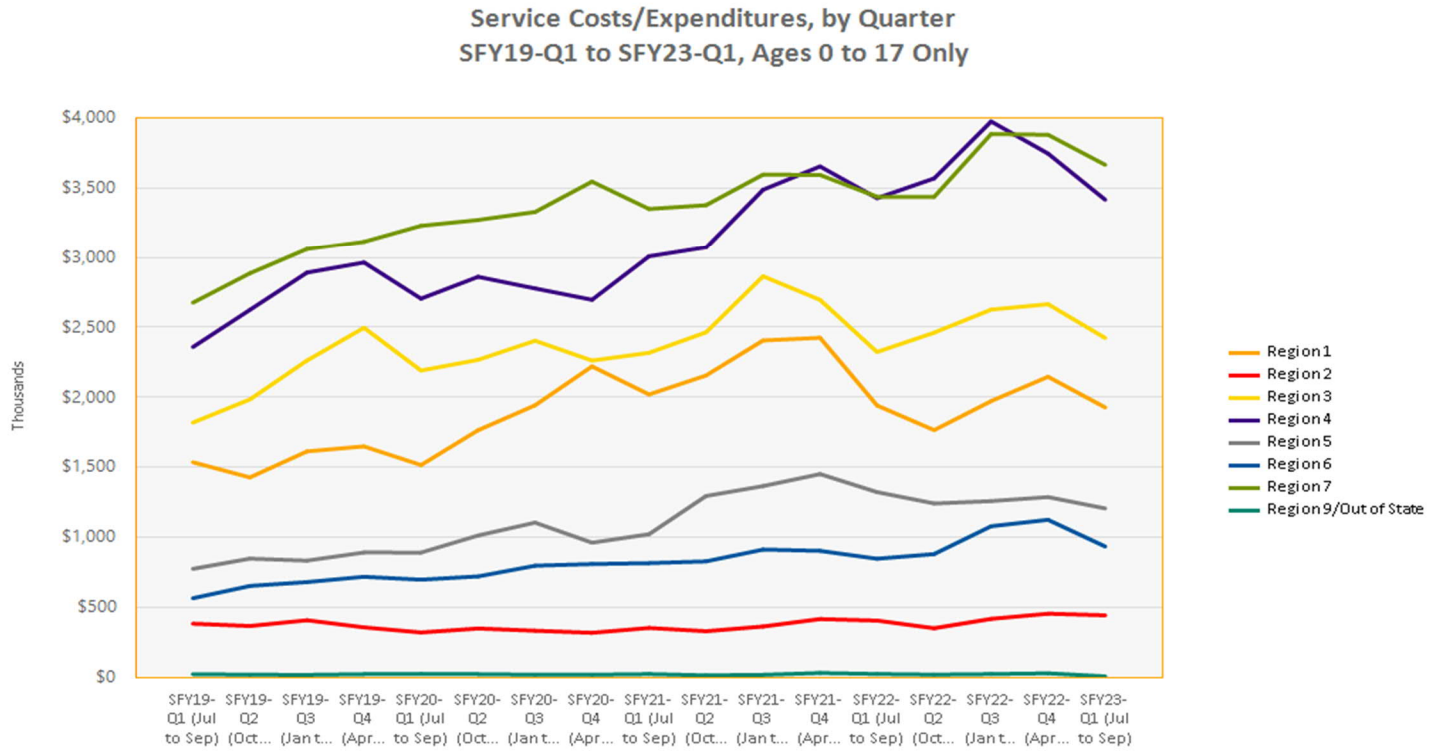
5e: YES Medicaid Expenditures

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

5e1: Medicaid Outpatient Expenditures by Quarter



5e2 Medicaid Outpatient Expenditures by Region



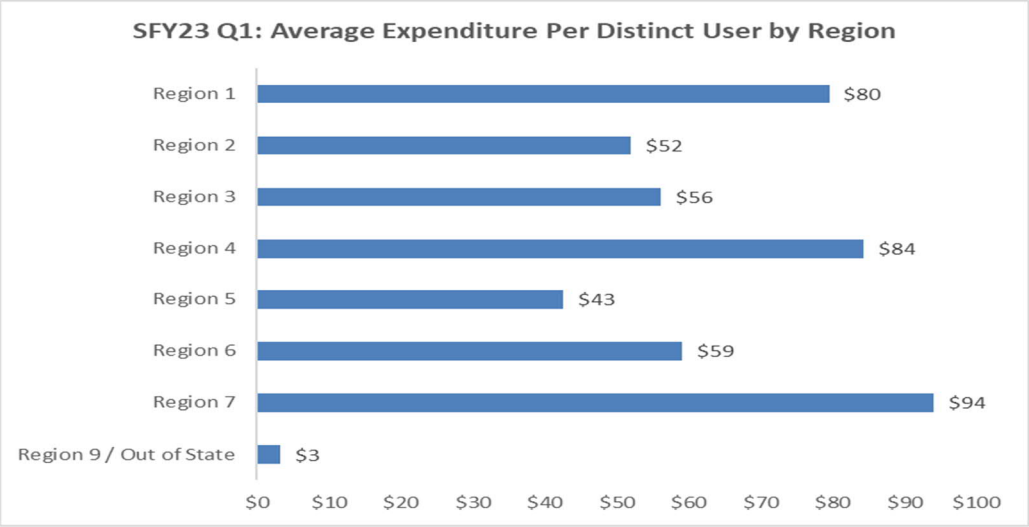
5e3: Regional comparison of Outpatient expenditures

	Total Distinct Members SFY 23-Q1 (July-Sept)	Expenditures SFY 23-Q1 (July-Sept)	$ per Distinct User	% Distinct User	% Expenditures
Region 1	24,245	$1,927,426.38	$79.50	12.0%	13.7%
Region 2	8,517	$442,591.74	$51.97	4.2%	3.2%
Region 3	43,124	$2,422,926.30	$56.19	21.4%	17.3%
Region 4	40,520	$3,416,679.67	$84.32	20.1%	24.4%
Region 5	28,360	$1,205,837.77	$42.52	14.1%	8.6%
Region 6	15,816	$934,016.05	$59.06	7.8%	6.7%
Region 7	38,996	$3,665,249.01	$93.99	19.3%	26.1%
Region 9/Out of State	2,121	$6,864.37	$3.24	1.1%	0.0%
Total	201,699	$14,021,591.29	$69.52	100.0%	100.0%
QoQ Change	0.6%	-8.5%			
YoY Change	2.8%	2.2%			

What is this data telling us?

Resources are not being distributed equitably across all geographic regions in Idaho. Dollar amounts spent vary dramatically with as little as $43 per person in Region 5 and as much as $94 per person in Region 7 (see 5g). Ideally, regional percentages of distinct utilizers should be very close to regional expenditure percentages. However, there are substantial mismatches (defined for the purposes of this report as greater than a 2% difference between percentages of distinct utilizers and expenditures) in four regions. Regions 3 and 5 are under-resourced (red font) while regions 4 and 7 receive higher percentages of system-wide expenditures than their distinct user populations suggest they should (blue font).

5e4: Average Expenditure per User by Region



5f: Medicaid Outpatient Service Utilization and Service Use Rates: Regional Snapshots SFY2023 - Q1

The following region-by-region tables display distinct number of members served through the Medicaid Network between the ages of 0 and 17 for Quarter 1 of state fiscal year 2023 (July, August, and September 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 may not be updated in each quarter. The change ranges between a 3% from one quarter to the following quarter, to less than 1% from one year to the previous year (and these percentages vary by service).

New Data: Monitoring by Penetration and Service Use Rates

Two new data elements (penetration rate and service use rate) have been added to the QMIA-Q for SFY 2023. These rates facilitate comparisons between regions because they are standardized rather than based on counts of the number served.

"Penetration Rate", also called utilization, is calculated by dividing the number of Medicaid beneficiaries served (numerator) by the total number of Medicaid eligible members (denominator). Penetration rate tells us what percentage *of the eligible population* received a given service.

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% (based on expected prevalence of SED) . Over the past 16 quarters, the median[2] 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.

"Service Use Rate" is calculated by dividing the number of Medicaid beneficiaries who received a particular service (numerator) by the number of Medicaid beneficiaries receiving any service (denominator). Service Use Rate tells us what percentage *of total youth receiving services* received a given service.

Service Use Rates are presented in the new Regional Profiles section. They aid understanding of what services youth in the system of care are receiving and facilitate regional comparisons. For example, of all the youth who received services in Region 7, 16.1% were provided Case Management while just 2.4% of the youth receiving services in Region 1 were provided Case Management. The respective Case Management penetration rates, 1.5% for Regions 7 and 0.2% for Region 1, reveal the same pattern but service use rates highlight the differences between regions more profoundly.

Region 1

Counties: Benewah, Bonner, Boundary, Kootenai, and Shoshone (Panhandle)

SFY 2023, Q1 Big Picture Overview

Total Medicaid Eligible Members: 24,245 (12% of total Medicaid eligible members statewide)

Expenditures: $1,927,426.38 (13.7% of total expenditures statewide)

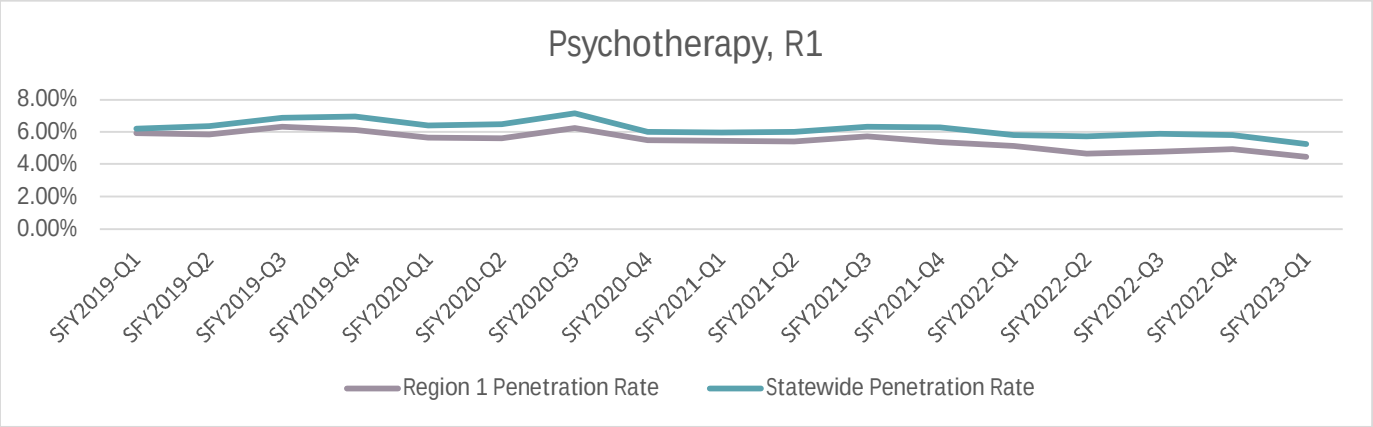
Expenditures per Medicaid Eligible Member: $79.50

Medicaid Eligible Members Receiving Any Service(s): 1,646

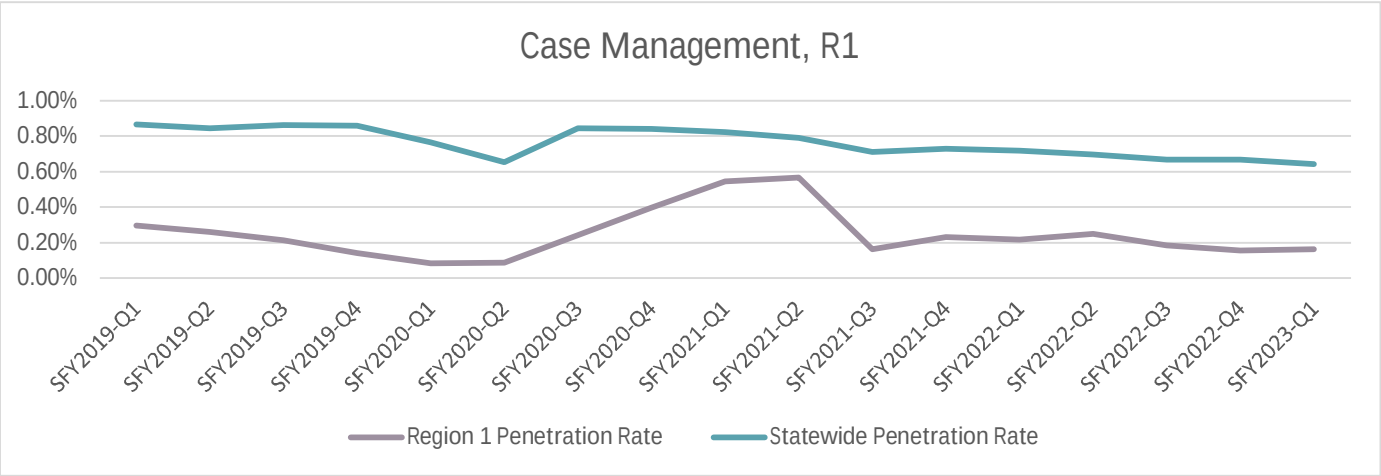
SFY 2023, Q1	Region 1			*Statewide*	
	Distinct Utilizers	Service Use Rate	Penetration Rate	*Service Use Rate*	*Penetration Rate*
Assessments					
CANS-(Billed to Medicaid)	509	30.9%	2.1%	*36.5%*	*2.8%*
Psych and Neuropsych Testing	37	2.2%	0.2%	*3.4%*	*0.3%*
Behavior Assessment	40	2.4%	0.2%	*0.7%*	*0.1%*
Outpatient Treatment Services					
Psychotherapy	1081	65.7%	4.5%	*68.6%*	*5.3%*
Case Management	39	2.4%	0.2%	*8.4%*	*0.6%*
Med Management	72	4.4%	0.3%	*16.0%*	*1.2%*
Skills Building (CBRS)	67	4.1%	0.3%	*10.9%*	*0.8%*
Targeted Care Coordination (TCC)	22	1.3%	0.1%	*4.8%*	*0.4%*
Substance Use Services	17	1.0%	0.1%	*2.3%*	*0.2%*
Child and Family Interdisciplinary Team (CFIT)	4	0.2%	0.0%	*0.9%*	*0.1%*
Skills Training and Development (STAD)	0	0.0%	0.0%	*0.8%*	*0.1%*
Behavior Modification and Consultation	60	3.6%	0.2%	*0.8%*	*0.1%*
Crisis					
Crisis Intervention	1	0.1%	0.0%	*0.5%*	*0.0%*
Crisis Psychotherapy	8	0.5%	0.0%	*0.7%*	*0.1%*
Crisis Response	4	0.2%	0.0%	*0.1%*	*0.0%*
Crisis Services	11	0.7%	0.0%	*1.3%*	*0.1%*
Intensive Outpatient Treatment Services					
Therapeutic After School (TASSP)	0	0.0%	0.0%	*0.1%*	*0.0%*
Partial Hospitalization (PHP)	0	0.0%	0.0%	*0.5%*	*0.0%*
Day Treatment	0	0.0%	0.0%	*0.2%*	*0.0%*
Intensive Home and Community Based Services	0	0.0%	0.0%	*0.2%*	*0.0%*
Support services					
Respite	1	0.1%	0.0%	*0.2%*	*3.0%*
Youth Support Services	1	0.1%	0.0%	*1.7%*	*0.1%*
Family Support	0	0.0%	0.0%	*1.6%*	*0.1%*
Family Psychoeducation	11	0.7%	0.0%	*0.3%*	*0.0%*

Regional Trends for Targeted Services-R1

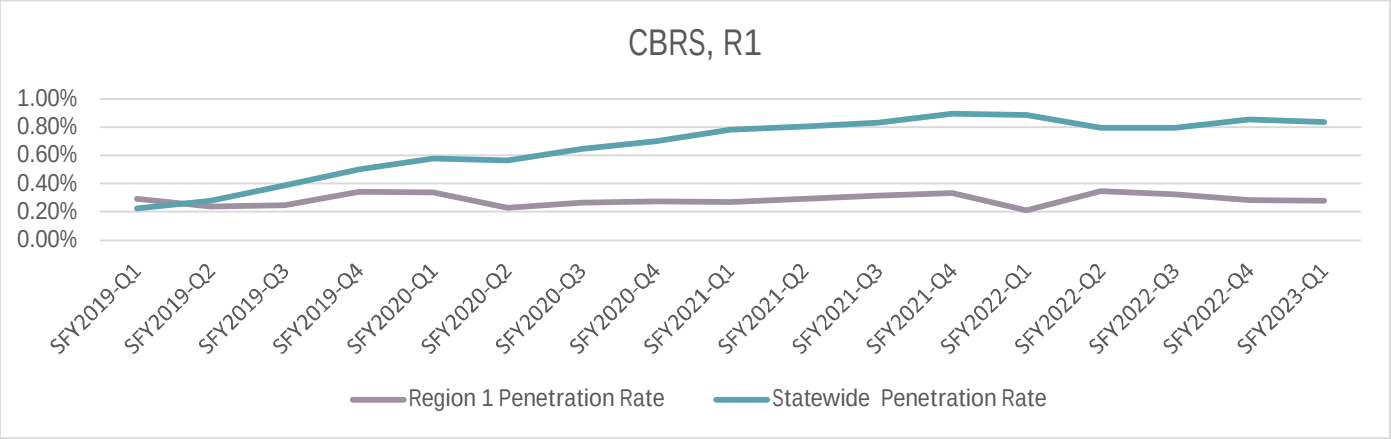
Psychotherapy



Case Management



CBRS



What is this data telling us?

Region 1 receives more expenditures (13.7% of total state expenditures) than its statewide share of the Medicaid Eligible population (12%). While Psychotherapy penetration rates in Region 1 have closely mirrored statewide penetration, Case Management and CBRS penetration rates have historically lagged behind the statewide rate indicating there is a potential need to understand why these services are being under-utilized in Northern Idaho.

Region 2

Latah, Clearwater, Nez Perce, Lewis, and Idaho counties (North Central)

SFY 2023, Q1 Big Picture Overview

Total Medicaid Eligible Members: 8,517 (4.2% of total Medicaid eligible members statewide)

Expenditures: $442,591.74 (3.2% of total expenditures statewide)

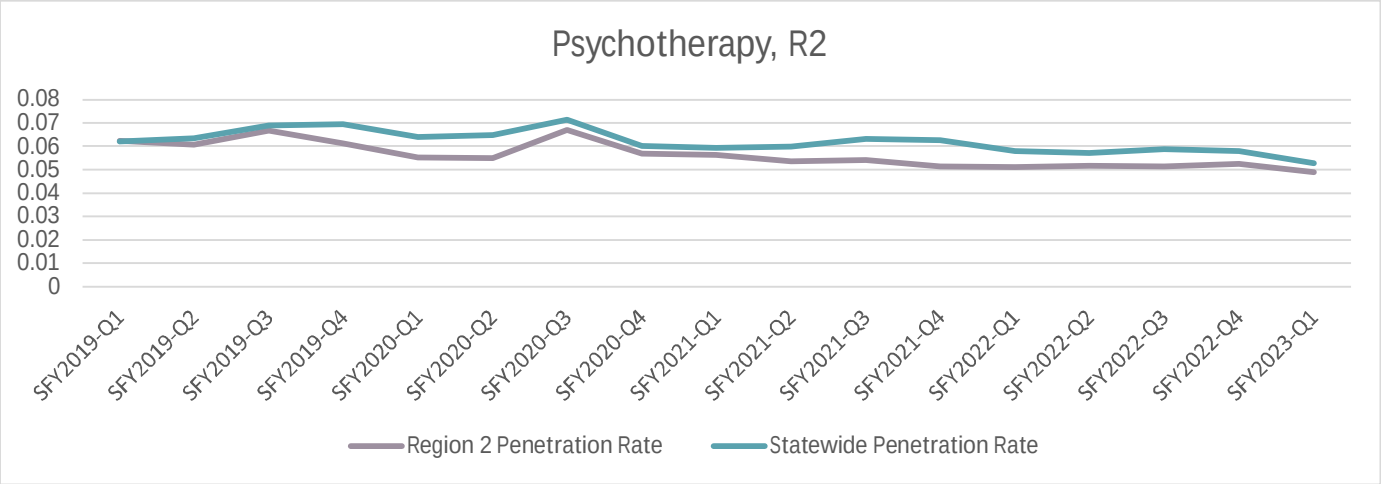
Expenditures per Medicaid Eligible Member: $51.97

Medicaid Eligible Members Receiving Any Service(s): 561

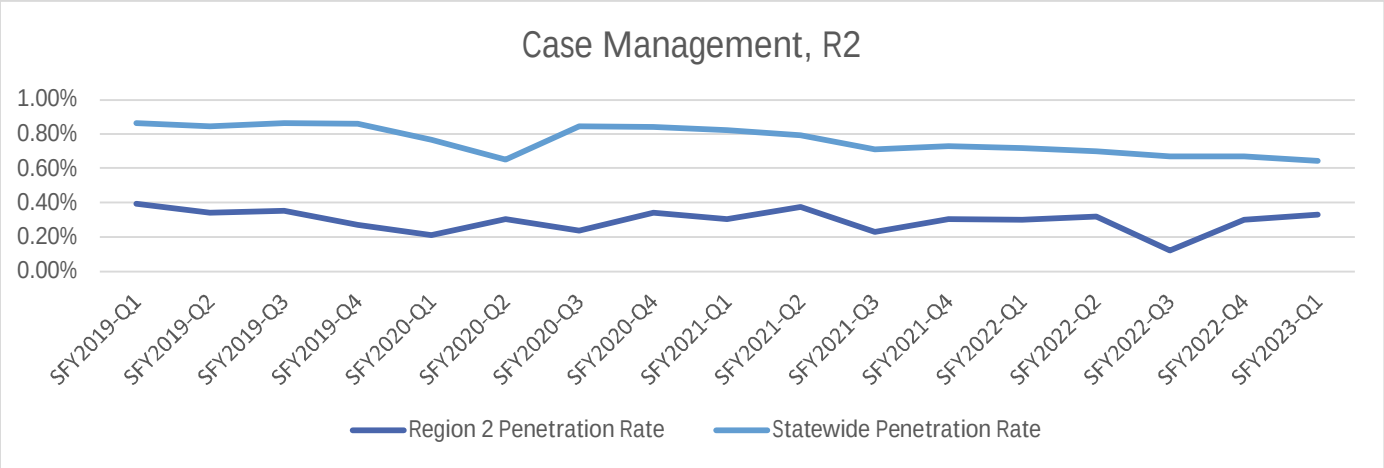
SFY 2023, Q1	Region 2			*Statewide*	
	Distinct Utilizers	% service used	Penetration Rate	*% service used*	*Penetration Rate*
Assessments					
CANS-(Billed to Medicaid)	150	26.7%	1.8%	*36.5%*	*2.8%*
Psych and Neuropsych Testing	10	1.8%	0.1%	*3.4%*	*0.3%*
Behavior Assessment	0	0.0%	0.0%	*0.7%*	*0.1%*
Outpatient Treatment Services					
Psychotherapy	417	74.3%	4.9%	*68.6%*	*5.3%*
Case Management	28	5.0%	0.3%	*8.4%*	*0.6%*
Med Management	649	23.4%	1.5%	*16.0%*	*1.2%*
Skills Building (CBRS)	86	15.3%	1.0%	*10.9%*	*0.8%*
Targeted Care Coordination (TCC)	26	4.6%	0.3%	*4.8%*	*0.4%*
Substance Use Services	6	1.1%	0.1%	*2.3%*	*0.2%*
Child and Family Interdisciplinary Team (CFIT)	15	2.7%	0.2%	*0.9%*	*0.1%*
Skills Training and Development (STAD)	8	1.4%	0.1%	*0.8%*	*0.1%*
Behavior Modification and Consultation	1	0.2%	0.0%	*0.8%*	*0.1%*
Crisis					
Crisis Intervention	8	1.4%	0.1%	*0.5%*	*0.0%*
Crisis Psychotherapy	4	0.7%	0.0%	*0.7%*	*0.1%*
Crisis Response	1	0.2%	0.0%	*0.1%*	*0.0%*
Crisis Services	12	2.1%	0.1%	*1.3%*	*0.1%*
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	*0.1%*	*0.0%*
Partial Hospitalization (PHP)	0	0.0%	0.0%	*0.5%*	*0.0%*
Day Treatment	0	0.0%	0.0%	*0.2%*	*0.0%*
Intensive Home and Community Based Services	0	0.0%	0.0%	*0.2%*	*0.0%*
Support services					
Respite	61	10.9%	0.7%	*3.0%*	*0.2%*
Youth Support Services	8	1.4%	0.1%	*1.7%*	*0.1%*
Family Support	2	0.4%	0.0%	*1.6%*	*0.1%*
Family Psychoeducation	0	0.0%	0.0%	*0.3%*	*0.0%*

Trends for Targeted Services-R2

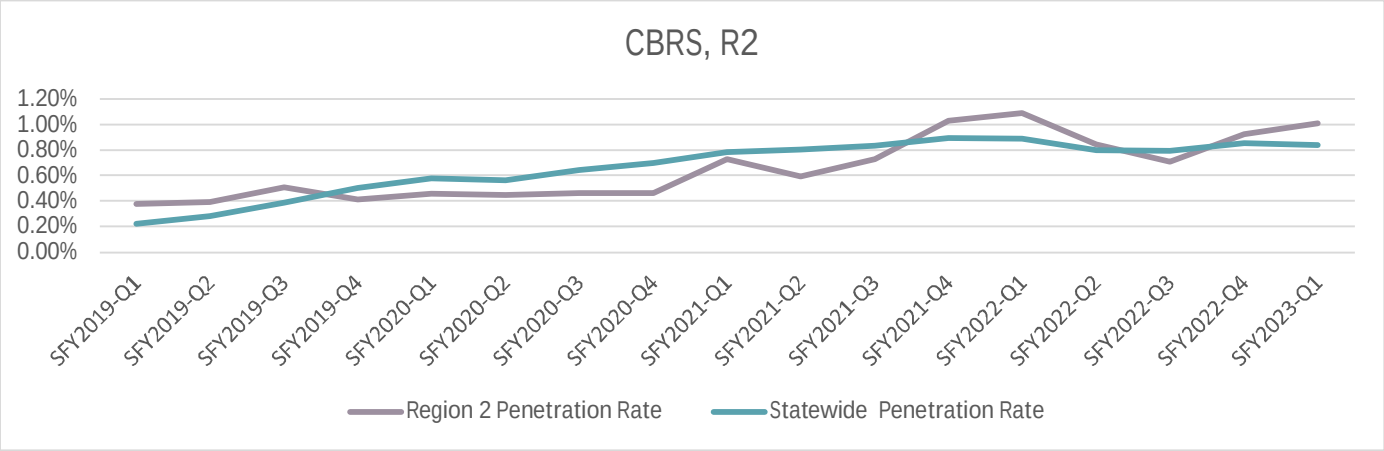
Psychotherapy



Case Management



CBRS



What is this data telling us?

Region 2 receives less expenditures (3.2% of total state expenditures) than its statewide share of the Medicaid Eligible population (4.2%). Further, Region 2 is among the regions with the lowest average dollars spent per eligible member at $52. Psychotherapy penetration rates in Region 2 have historically been slightly lower than the statewide average. Trends for Case Management penetration and CBRS are strikingly different in Region 2 with CBRS closely mirroring, and at times exceeding the statewide average, while Case Management penetration rate in Region 2 has consistently lagged when compared to the statewide average.

Region 3

Adams, Washington, Payette, Gem, Canyon, and Owyhee counties (Southwest)

SFY 2023, Q1 Big Picture Overview

Total Medicaid Eligible Members: 43,124 (21.4% of total Medicaid eligible members statewide)

Expenditures: $2,422,926.30 (17.3% of total expenditures statewide)

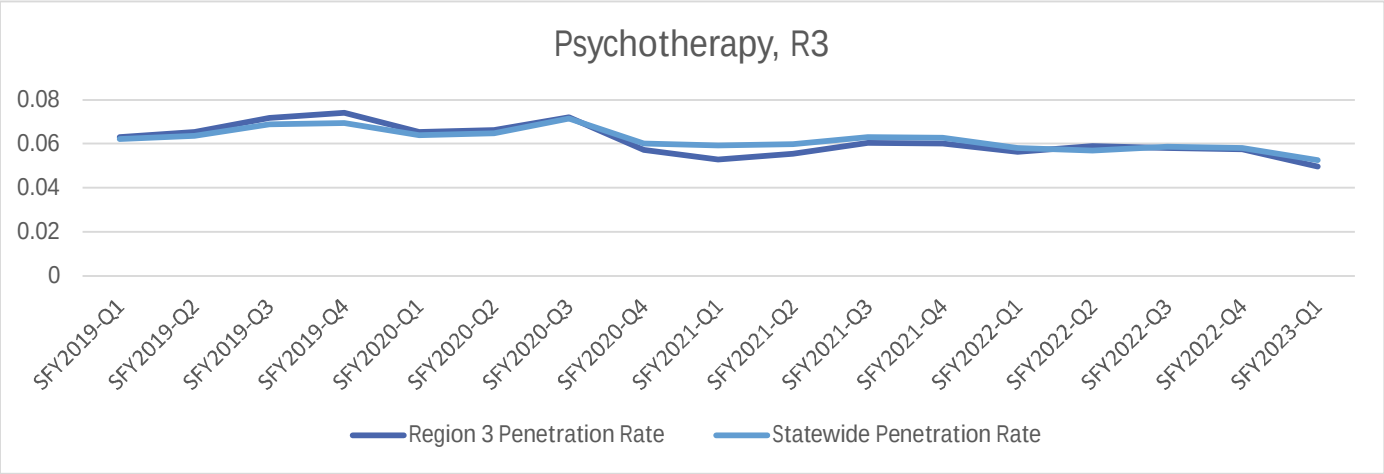
Expenditures per Medicaid Eligible Member: $56.19

Medicaid Eligible Members Receiving Any Service(s): 3,185

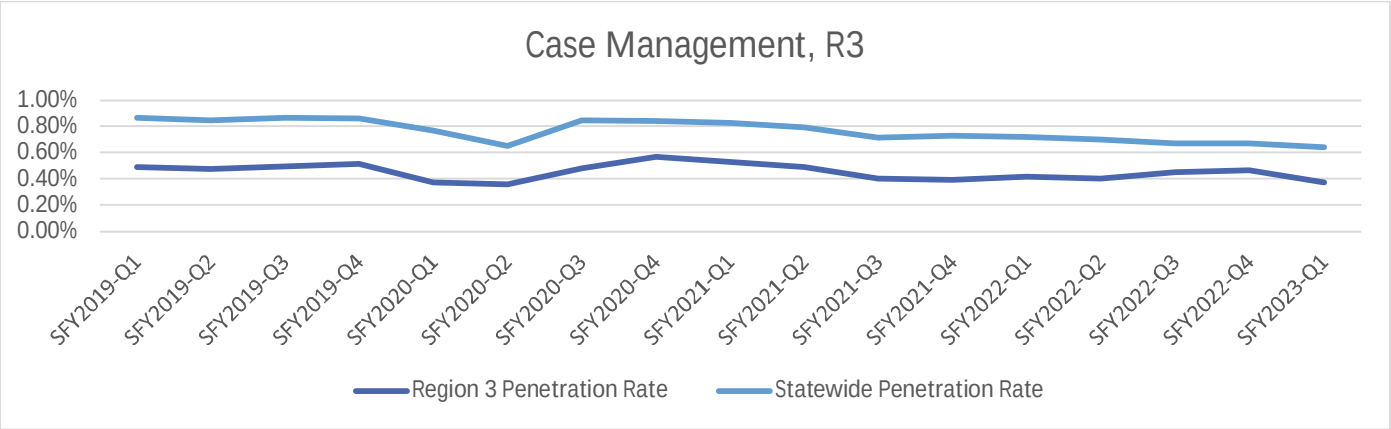
SFY 2023, Q1	Region 3			*Statewide*	
	Distinct Utilizers	% service used	Penetration Rate	*% service*	*Penetration Rate*
Assessments					
CANS-(Billed to Medicaid)	1226	38.5%	2.8%	*36.5%*	*2.8%*
Psych and Neuropsych Testing	87	2.7%	0.2%	*3.4%*	*0.3%*
Behavior Assessment	16	0.5%	0.0%	*0.7%*	*0.1%*
Outpatient Treatment Services					
Psychotherapy	2143	67.3%	5.0%	*68.6%*	*5.3%*
Case Management	161	5.1%	0.4%	*8.4%*	*0.6%*
Med Management	649	20.4%	1.5%	*16.0%*	*1.2%*
Skills Building (CBRS)	220	6.9%	0.5%	*10.9%*	*0.8%*
Targeted Care Coordination (TCC)	96	3.0%	0.2%	*4.8%*	*0.4%*
Substance Use Services	49	1.5%	0.1%	*2.3%*	*0.2%*
Child and Family Interdisciplinary Team (CFIT)	19	0.6%	0.0%	*0.9%*	*0.1%*
Skills Training and Development (STAD)	0	0.0%	0.0%	*0.8%*	*0.1%*
Behavior Modification and Consultation	25	0.8%	0.1%	*0.8%*	*0.1%*
Crisis					
Crisis Intervention	5	0.2%	0.0%	*0.5%*	*0.0%*
Crisis Psychotherapy	18	0.6%	0.0%	*0.7%*	*0.1%*
Crisis Response	2	0.1%	0.0%	*0.1%*	*0.0%*
Crisis Services	24	0.8%	0.1%	*1.3%*	*0.1%*
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	*0.1%*	*0.0%*
Partial Hospitalization (PHP)	29	0.9%	0.1%	*0.5%*	*0.0%*
Day Treatment	1	0.0%	0.0%	*0.2%*	*0.0%*
Intensive Home and Community Based Services	4	0.1%	0.0%	*0.2%*	*0.0%*
Support services					
Respite	70	2.2%	0.2%	*3.0%*	*0.2%*
Youth Support Services	30	0.9%	0.1%	*1.7%*	*0.1%*
Family Support	32	1.0%	0.1%	*1.6%*	*0.1%*
Family Psychoeducation	8	0.3%	0.0%	*0.3%*	*0.0%*

Trends for Targeted Services-R3

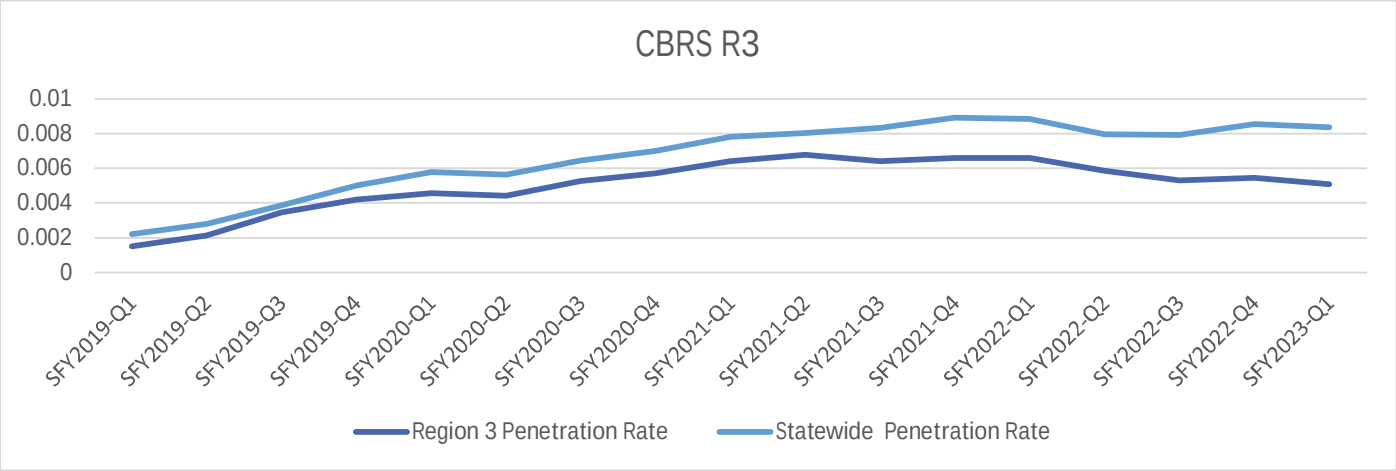
Psychotherapy



Case Management



CBRS



What is this data telling us?

Region 3 receives substantially less expenditures (17.3% of total state expenditures) than its statewide share of the Medicaid Eligible population (21.4%) and is also a region with low average dollars spent per eligible member ($56). Historically, Psychotherapy penetration rates in Region 3 are extremely close to the statewide average. However, Case Management and CBRS penetration rates in Region 3 are consistently lower than the statewide averages suggested youth in Region 3 have less access to key services than youth who reside elsewhere in Idaho.

Region 4

Valley, Boise, Ada, and Elmore counties (Central)

SFY 2023, Q1 Big Picture Overview

Total Medicaid Eligible Members: 40,520 (20.1% of total Medicaid eligible members statewide)

Expenditures: $3,416,679.67 (24.4% of total expenditures statewide)

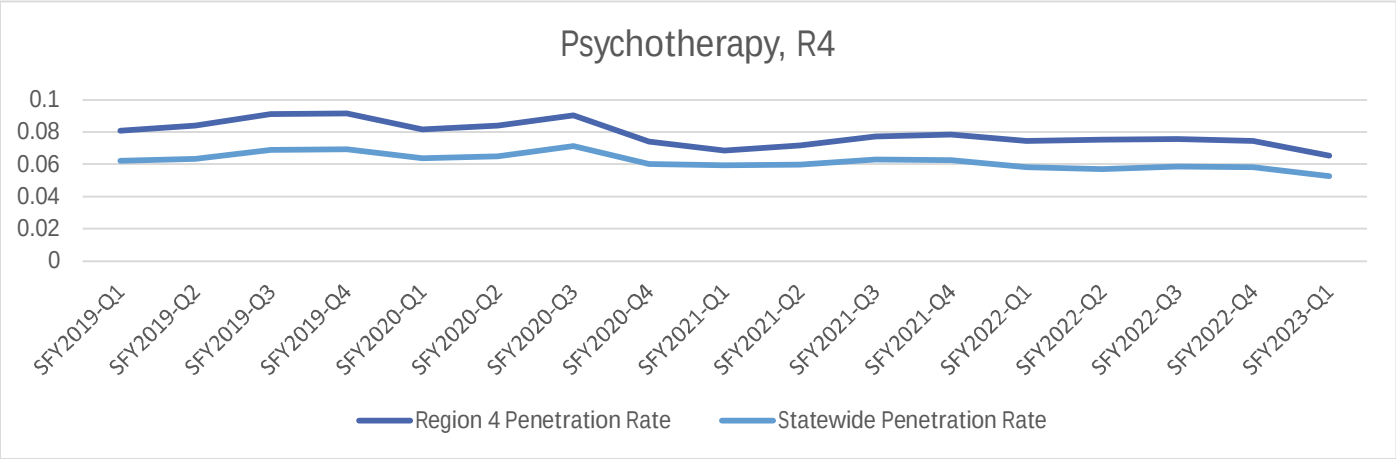
Expenditures per Medicaid Eligible Member: $84.32

Medicaid Eligible Members Receiving Any Service(s): 3,761

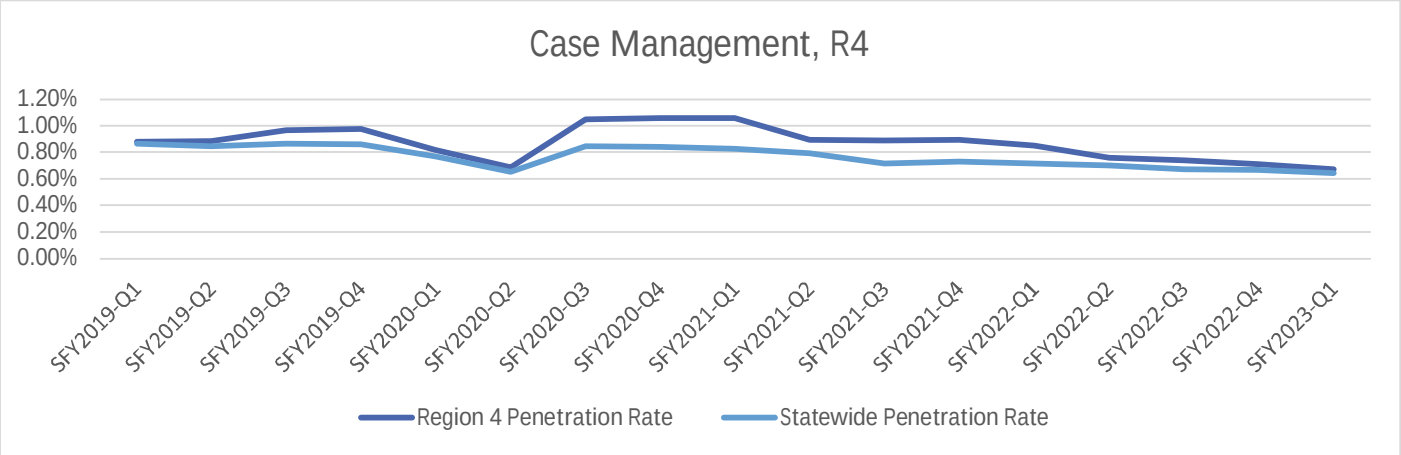
SFY 2023, Q1	Region 4			*Statewide*	
	Distinct Utilizers	% service used	Penetration Rate	*% service used*	*Penetration Rate*
Assessments					
CANS-(Billed to Medicaid)	3761	40.9%	3.8%	*36.5%*	*2.8%*
Psych and Neuropsych Testing	121	3.2%	0.3%	*3.4%*	*0.3%*
Behavior Assessment	46	1.2%	0.1%	*0.7%*	*0.1%*
Outpatient Treatment Services					
Psychotherapy	2662	70.8%	6.6%	*68.6%*	*5.3%*
Case Management	272	7.2%	0.4%	*8.4%*	*0.6%*
Med Management	789	21.0%	1.9%	*16.0%*	*1.2%*
Skills Building (CBRS)	401	10.7%	1.0%	*10.9%*	*0.8%*
Targeted Care Coordination (TCC)	140	3.7%	0.3%	*4.8%*	*0.4%*
Substance Use Services	46	1.2%	0.1%	*2.3%*	*0.2%*
Child and Family Interdisciplinary Team (CFIT)	32	0.9%	0.1%	*0.9%*	*0.1%*
Skills Training and Development (STAD)	0	0.0%	0.0%	*0.8%*	*0.1%*
Behavior Modification and Consultation	44	1.2%	0.1%	*0.8%*	*0.1%*
Crisis					
Crisis Intervention	5	0.1%	0.0%	*0.5%*	*0.0%*
Crisis Psychotherapy	22	0.6%	0.1%	*0.7%*	*0.1%*
Crisis Response	4	0.1%	0.0%	*0.1%*	*0.0%*
Crisis Services	29	0.8%	0.1%	*1.3%*	*0.1%*
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	*0.1%*	*0.0%*
Partial Hospitalization (PHP)	39	1.0%	0.1%	*0.5%*	*0.0%*
Day Treatment	1	0.0%	0.0%	*0.2%*	*0.0%*
Intensive Home and Community Based Services	8	0.2%	0.0%	*0.2%*	*0.0%*
Support services					
Respite	107	2.8%	0.3%	*3.0%*	*0.2%*
Youth Support Services	101	2.7%	0.2%	*1.7%*	*0.1%*
Family Support	8	0.2%	0.0%	*1.6%*	*0.1%*
Family Psychoeducation	8	0.2%	0.0%	*0.3%*	*0.0%*

Trends for Targeted Services-R4

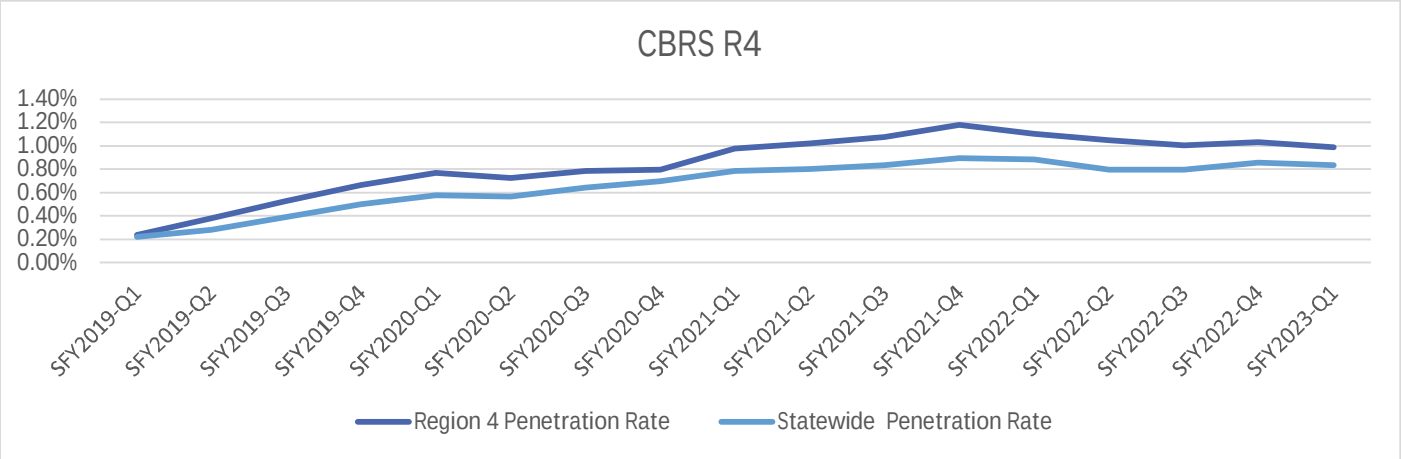
Psychotherapy



Case Management



CBRS



What is this data telling us?

Region 4 receives substantially more expenditures (24.4% of total state expenditures) than its statewide share of the Medicaid Eligible population (20.1%). Region 4 has the second highest average dollars spent per eligible member ($84). Penetration rates trends for Psychotherapy, Case Management, and CBRS all follow a similar pattern of consistently exceeding average statewide penetration over time.

Region 5

Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia counties (South Central)

SFY 2023, Q1 Big Picture Overview

Total Medicaid Eligible Members: 28,360 (14.1% of total Medicaid eligible members statewide)

Expenditures: $1,205,837.77 (8.6% of total expenditures statewide)

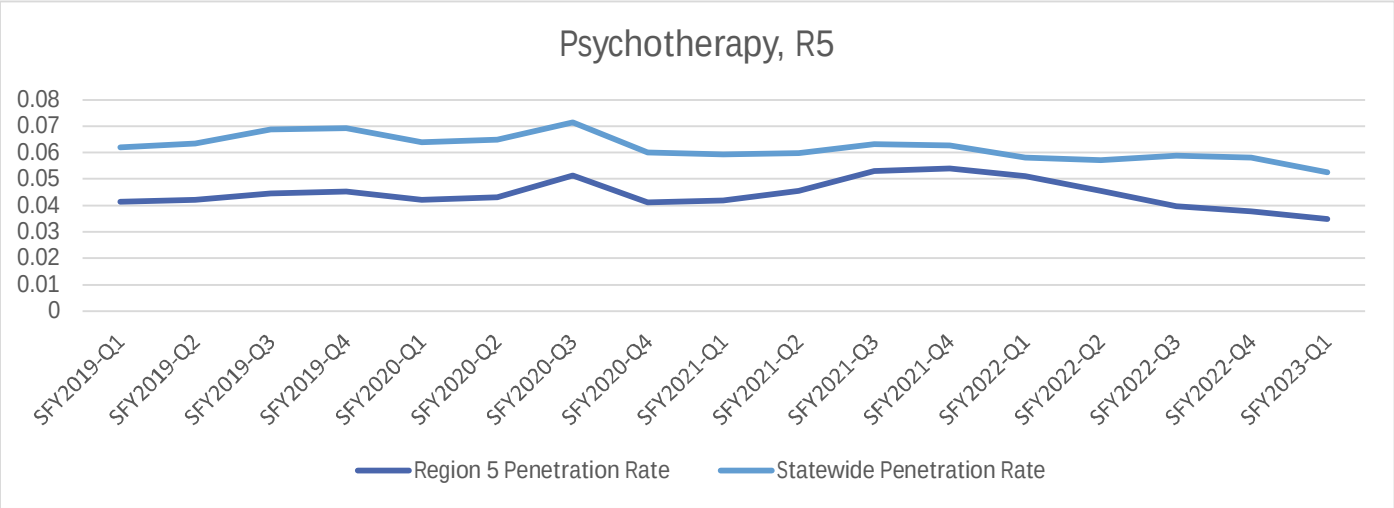
Expenditures per Medicaid Eligible Member: $42.52

Medicaid Eligible Members Receiving Any Service(s): 1,485

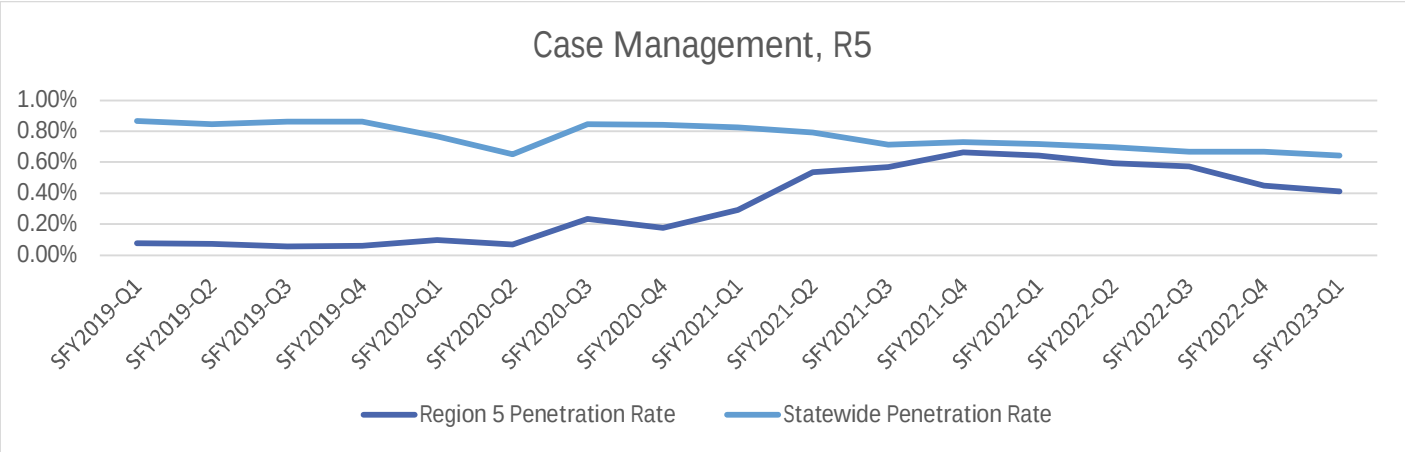
SFY 2023, Q1	Region 5			*Statewide*	
	Distinct Utilizers	% service used	Penetration Rate	*% service used*	*Penetration Rate*
Assessments					
CANS-(Billed to Medicaid)	496	33.4%	1.7%	*36.5%*	*2.8%*
Psych and Neuropsych Testing	40	2.7%	0.1%	*3.4%*	*0.3%*
Behavior Assessment	0	0.0%	0.0%	*0.7%*	*0.1%*
Outpatient Treatment Services					
Psychotherapy	992	66.8%	3.5%	*68.6%*	*5.3%*
Case Management	117	7.9%	0.4%	*8.4%*	*0.6%*
Med Management	213	14.3%	0.8%	*16.0%*	*1.2%*
Skills Building (CBRS)	58	3.9%	0.2%	*10.9%*	*0.8%*
Targeted Care Coordination (TCC)	46	3.1%	0.2%	*4.8%*	*0.4%*
Substance Use Services	76	5.1%	0.3%	*2.3%*	*0.2%*
Child and Family Interdisciplinary Team (CFIT)	26	1.8%	0.1%	*0.9%*	*0.1%*
Skills Training and Development (STAD)	73	4.9%	1.3%	*0.8%*	*0.1%*
Behavior Modification and Consultation	1	0.1%	0.0%	*0.8%*	*0.1%*
Crisis					
Crisis Intervention	5	0.3%	0.0%	*0.5%*	*0.0%*
Crisis Psychotherapy	12	0.8%	0.0%	*0.7%*	*0.1%*
Crisis Response	1	0.1%	0.0%	*0.1%*	*0.0%*
Crisis Services	18	1.2%	0.1%	*1.3%*	*0.1%*
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	*0.1%*	*0.0%*
Partial Hospitalization (PHP)	4	0.3%	0.0%	*0.5%*	*0.0%*
Day Treatment	12	0.8%	0.0%	*0.2%*	*0.0%*
Intensive Home and Community Based Services	1	0.1%	0.0%	*0.2%*	*0.0%*
Support services					
Respite	27	1.8%	0.1%	*3.0%*	*0.2%*
Youth Support Services	39	2.6%	0.1%	*1.7%*	*0.1%*
Family Support	7	0.5%	0.0%	*1.6%*	*0.1%*
Family Psychoeducation	20	1.3%	0.1%	*0.3%*	*0.0%*

Trends for Targeted Services-R5

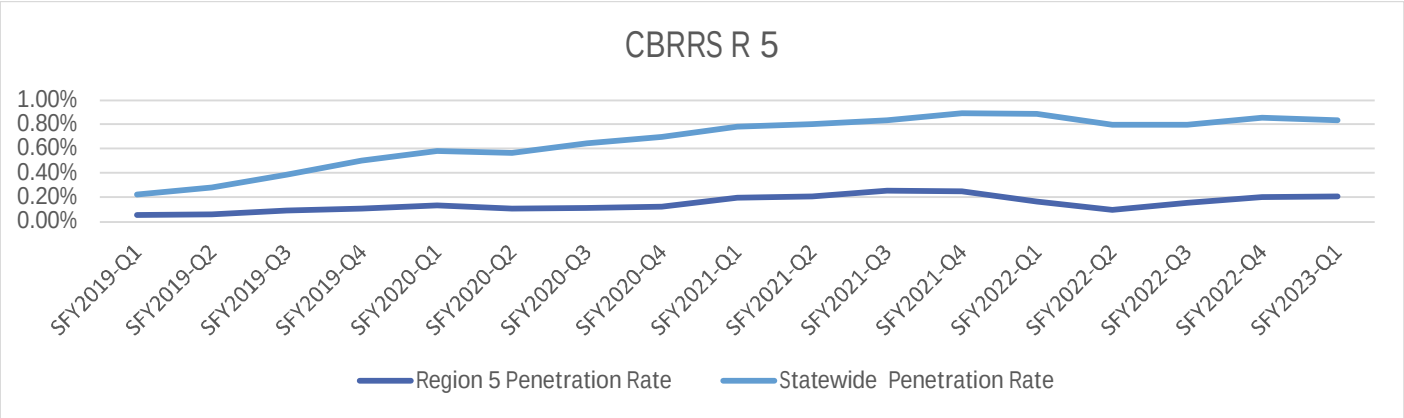
Psychotherapy



Case Management



CBRS



What is this data telling us?

Average dollars spent per eligible member in Region 5 ($43) are less than half of Region's 7 systemwide high of $94 spent per eligible member. Not surprisingly, Region 5 receives substantially less expenditures (8.6% of total state expenditures) than its statewide share of the Medicaid Eligible population (14.1%). Psychotherapy penetration rates in Region 5 are consistently below the statewide average. Case Management penetration rates in Region 5 improved dramatically in SFY 20222 and while they remain lower than the statewide average, they are not dramatically lower. However, CBRS penetration rates in Region 5 are very low and consistently lower than the statewide average.

Region 6

Bannock, Power, Caribou, Bear Lake, Franklin, and Oneida counties (Southeastern)

SFY 2023, Q1 Big Picture Overview

Total Medicaid Eligible Members: 15,816 (7.8% of total Medicaid eligible members statewide)

Expenditures: $934,016.05 (6.7% of total expenditures statewide)

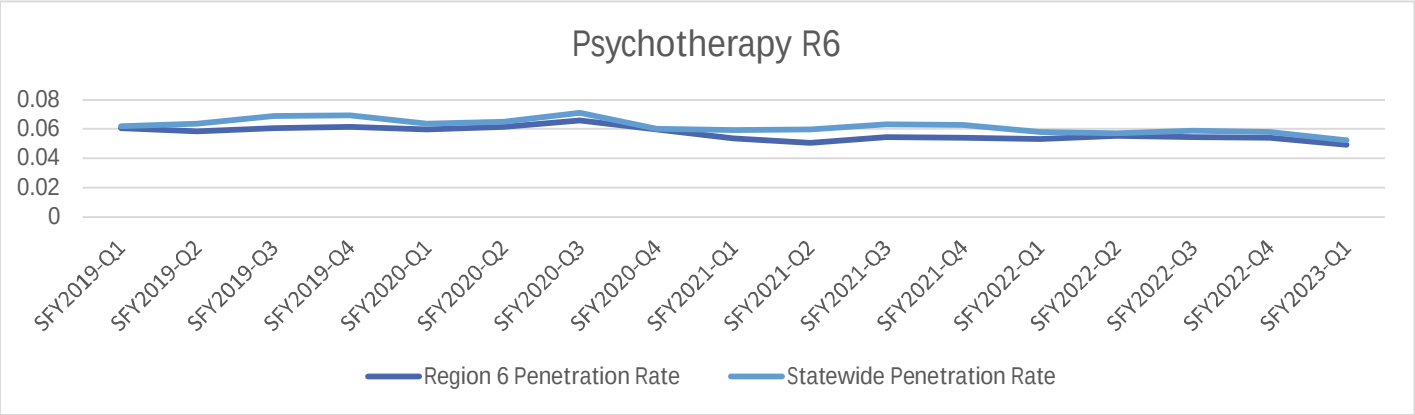
Expenditures per Medicaid Eligible Member: $56.09

Medicaid Eligible Members Receiving Any Service(s): 1,205

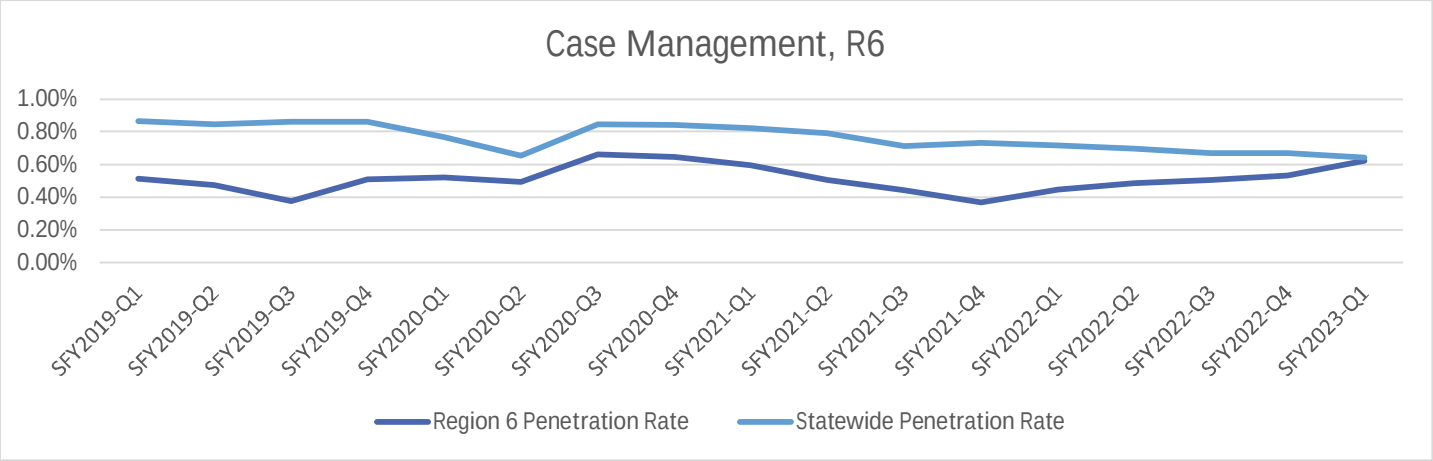
SFY 2023, Q1	Region 6			*Statewide*	
	Distinct Utilizers	% service used	Penetration Rate	*% service used*	*Penetration Rate*
Assessments					
CANS-(Billed to Medicaid)	330	27.4%	2.1%	*36.5%*	*2.8%*
Psych and Neuropsych Testing	84	7.0%	0.5%	*3.4%*	*0.3%*
Behavior Assessment	0	0.0%	0.0%	*0.7%*	*0.1%*
Outpatient Treatment Services					
Psychotherapy	780	64.7%	4.9%	*68.6%*	*5.3%*
Case Management	98	8.1%	0.6%	*8.4%*	*0.6%*
Med Management	241	20.0%	1.5%	*16.0%*	*1.2%*
Skills Building (CBRS)	121	10.0%	0.8%	*10.9%*	*0.8%*
Targeted Care Coordination (TCC)	79	6.6%	0.5%	*4.8%*	*0.4%*
Substance Use Services	32	2.7%	0.2%	*2.3%*	*0.2%*
Child and Family Interdisciplinary Team (CFIT)	9	0.7%	0.1%	*0.9%*	*0.1%*
Skills Training and Development (STAD)	2	0.2%	0.0%	*0.8%*	*0.1%*
Behavior Modification and Consultation	0	0.0%	0.0%	*0.8%*	*0.1%*
Crisis					
Crisis Intervention	9	0.7%	0.1%	*0.5%*	*0.0%*
Crisis Psychotherapy	6	0.5%	0.0%	*0.7%*	*0.1%*
Crisis Response	2	0.2%	0.0%	*0.1%*	*0.0%*
Crisis Services	16	1.3%	0.1%	*1.3%*	*0.1%*
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	*0.1%*	*0.0%*
Partial Hospitalization (PHP)	0	0.0%	0.0%	*0.5%*	*0.0%*
Day Treatment	1	0.1%	0.0%	*0.2%*	*0.0%*
Intensive Home and Community Based Services	16	1.3%	0.1%	*0.2%*	*0.0%*
Support services					
Respite	47	3.9%	0.3%	*3.0%*	*0.2%*
Youth Support Services	19	1.6%	0.1%	*1.7%*	*0.1%*
Family Support	7	0.6%	0.0%	*1.6%*	*0.1%*
Family Psychoeducation	0	0.0%	0.0%	*0.3%*	*0.0%*

Trends for Targeted Services-R6

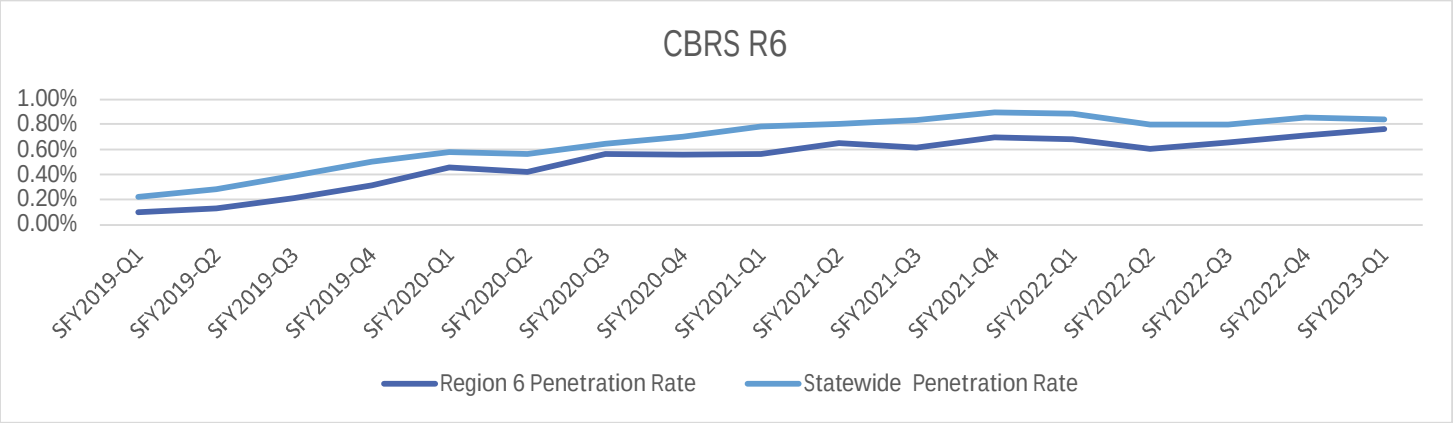
Psychotherapy



Case Management



CBRS



What is this data telling us?

Although the discrepancy is not as wide as in Regions 3 and 5, Region 6, receives less expenditures (6.7% of total state expenditures) than its statewide share of the Medicaid Eligible population (7.8%). While Psychotherapy penetration rates in Region 6 have closely mirrored statewide penetration, Case Management and CBRS penetration rates have historically lagged slightly behind the statewide rates. However, in SFY 2023 Q1, Case Management rates in Region 6 have converged indicating Region 6 has made progress in the provision of Case Management Services. Understanding the factors driving this progress maybe be illustrative for other areas in the state.

Region 7

Bingham, Lemhi, Custer, Butte, Clark, Jefferson, Fremont, Madison, Teton, and Bonneville counties (Eastern)

SFY 2023, Q1 Big Picture Overview

Total Medicaid Eligible Members: 38,996 (19.3% of total Medicaid eligible members statewide)

Expenditures: $3,665,249.01 (26.1% of total expenditures statewide)

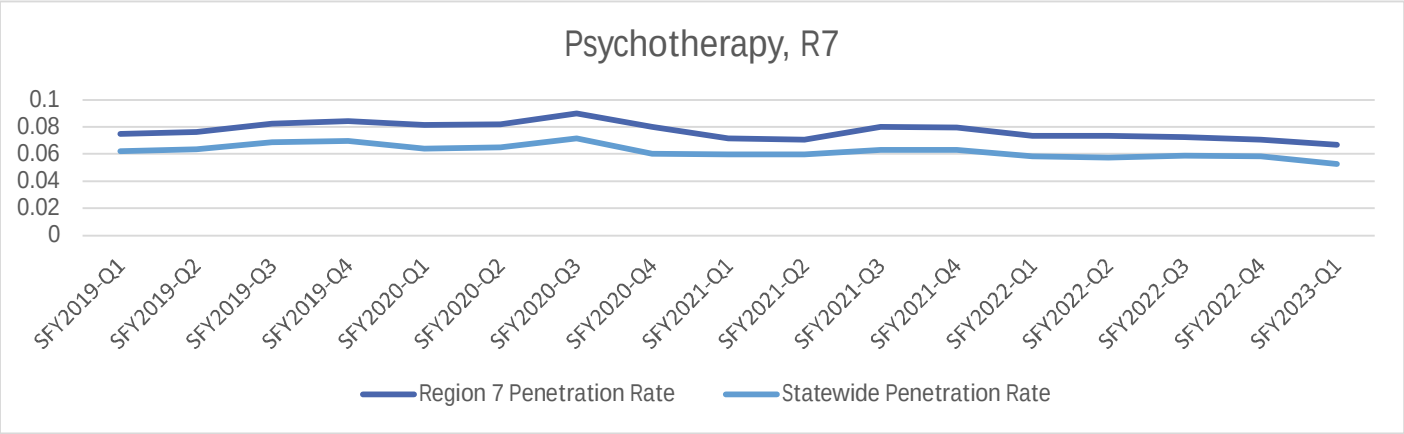
Expenditures per Medicaid Eligible Member: $93.99

Medicaid Eligible Members Receiving Any Service(s): 3,629

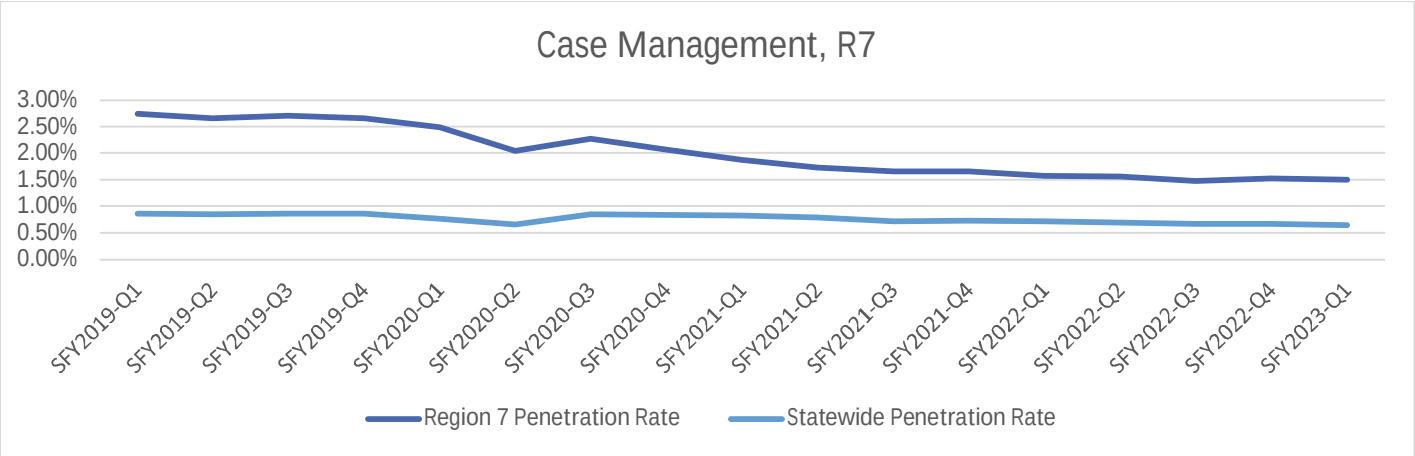
SFY 2023, Q1	Region 7			*Statewide*	
	Distinct Utilizers	% service used	Penetration Rate	*% service used*	*Penetration Rate*
Assessments					
CANS-(Billed to Medicaid)	1408	38.8%	3.6%	*36.5%*	*2.8%*
Psych and Neuropsych Testing	146	4.0%	0.4%	*3.4%*	*0.3%*
Behavior Assessment	0	0.0%	0.0%	*0.7%*	*0.1%*
Outpatient Treatment Services					
Psychotherapy	2605	71.8%	6.7%	*68.6%*	*5.3%*
Case Management	585	16.1%	1.5%	*8.4%*	*0.6%*
Med Management	388	10.7%	1.0%	*16.0%*	*1.2%*
Skills Building (CBRS)	736	20.3%	1.9%	*10.9%*	*0.8%*
Targeted Care Coordination (TCC)	335	9.2%	0.9%	*4.8%*	*0.4%*
Substance Use Services	131	3.6%	0.3%	*2.3%*	*0.2%*
Child and Family Interdisciplinary Team (CFIT)	41	1.1%	0.1%	*0.9%*	*0.1%*
Skills Training and Development (STAD)	48	1.3%	0.1%	*0.8%*	*0.1%*
Behavior Modification and Consultation	0	0.0%	0.0%	*0.8%*	*0.1%*
Crisis					
Crisis Intervention	48	1.3%	0.1%	*0.5%*	*0.0%*
Crisis Psychotherapy	45	1.2%	0.1%	*0.7%*	*0.1%*
Crisis Response	9	0.2%	0.0%	*0.1%*	*0.0%*
Crisis Services	97	2.7%	0.2%	*1.3%*	*0.1%*
Intensive Outpatient Treatment Services					
TASSP	19	0.5%	0.0%	*0.1%*	*0.0%*
Partial Hospitalization (PHP)	6	0.2%	0.0%	*0.5%*	*0.0%*
Day Treatment	9	0.2%	0.0%	*0.2%*	*0.0%*
Intensive Home and Community Based Services	5	0.1%	0.0%	*0.2%*	*0.0%*
Support services					
Respite	146	4.0%	0.4%	*3.0%*	*0.2%*
Youth Support Services	69	1.9%	0.2%	*1.7%*	*0.2%*
Family Support	190	5.2%	0.5%	*1.6%*	*0.1%*
Family Psychoeducation	2	0.1%	0.0%	*0.3%*	*0.0%*

Trends for Targeted Services-R7

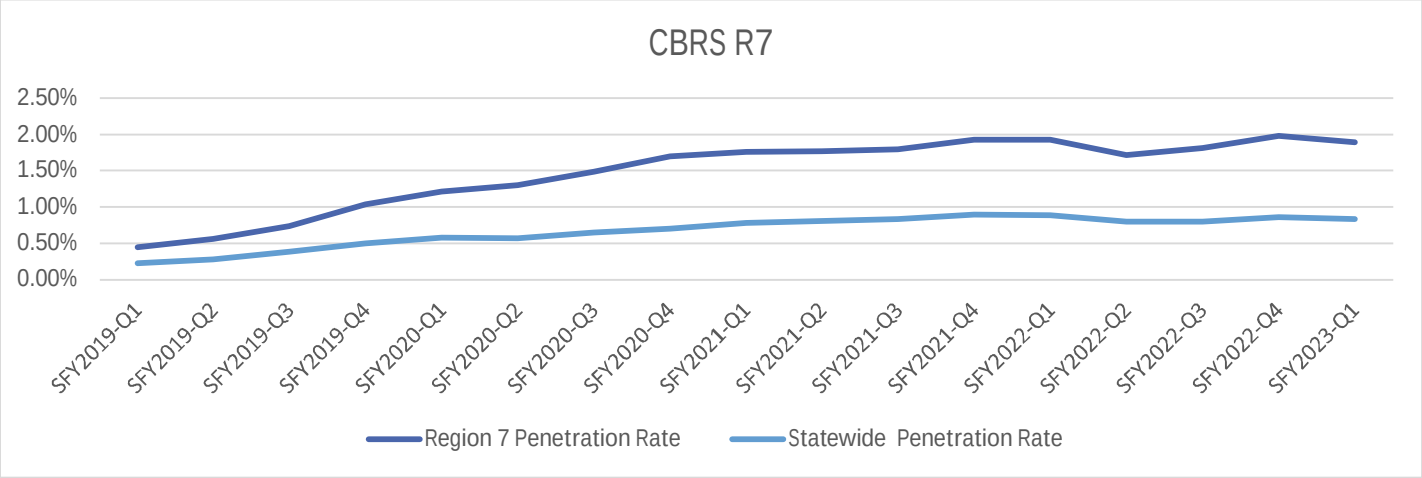
Psychotherapy



Case Management



CBRS



What is this data telling us?

Region 7 receives substantially more expenditures (26.1% of total state expenditures) than its statewide share of the Medicaid Eligible population (19.3%). Further, Region 7 has the highest average dollars spent per eligible member ($94). Like in Region 4, penetration rates trends in Region 7 for Psychotherapy, Case Management, and CBRS all follow a similar pattern of consistently exceeding average statewide penetration over time. Of note, Case Management penetration in Region 7 has fallen from nearly 3% in Q1 SFY 2019 to 1.5% in Q1 SFY 2023.

6: DBH YES Outpatient Service Utilization

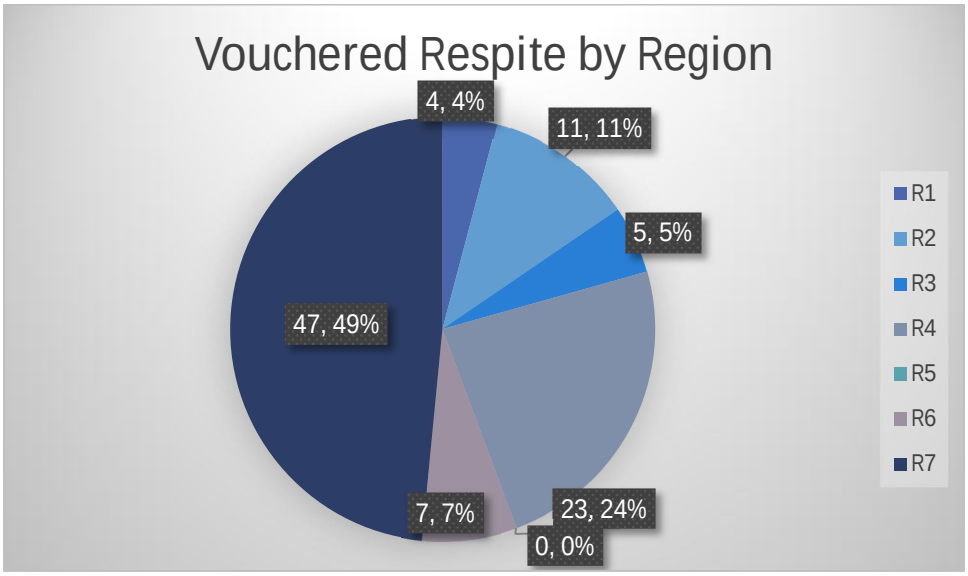
DBH Vouchered Respite

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.

6a - Vouchered Respite SFY2023 Q1

Regions	1	2	3	4	5	6	7	Total
July	1	2	1	8	0	2	15	29
Aug	2	5	1	6	0	3	18	35
Sept	1	4	3	9	0	2	14	33
Q1 Total	4	11	5	23	0	7	47	97

6b



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 Wraround services; 188 received Wraparound in SFY 2021; and since the initial implementation of Wraround in Idaho, in January of 2018, 613 children and families have received WInS.

6c: WInS- SFY 2020-2022 , SFY 2023 Q1

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	62	34	21	24	53	32	45	36	26	32	29	17	335
SFY 2021	19	16	34	23	24	24	19	25	27	19	24	23	188
SFY 2022	23	16	29	33	23	13	31	22	22	28	21	20	180
SFY 2023, Q1	13	8	8										29

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.

6d: PLL SFY 2020-2022 , SFY 2023 Q1

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	16	17	13	11	8	6	18	13	9	12	3	12	137
SFY 2021	5	3	6	4	5	5	4	8	6	2	9	8	67
SFY 2022	7	8	0	6	3	1	10	3	6	14	5	5	70
SFY 2023, Q1	4	11	0										15

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

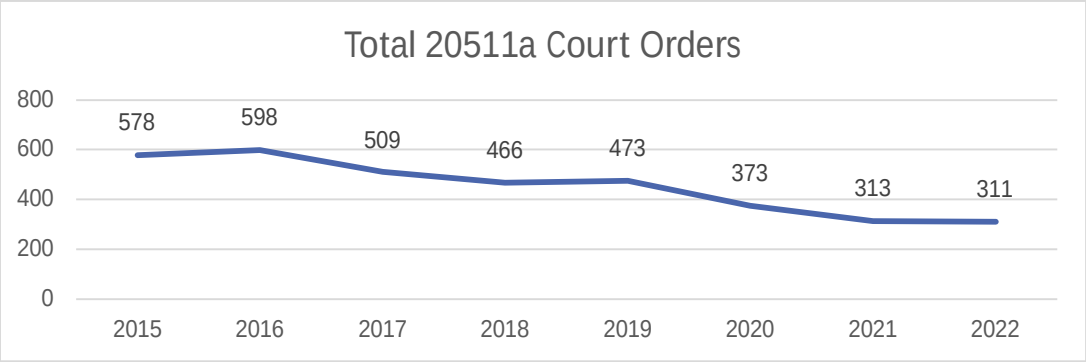
DBH 20-511A:

6e: Number of 20-511A court orders for SFY 2021 – 2022 SFY 2023 Q1.

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
SFY 2023, Q1	42							

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.

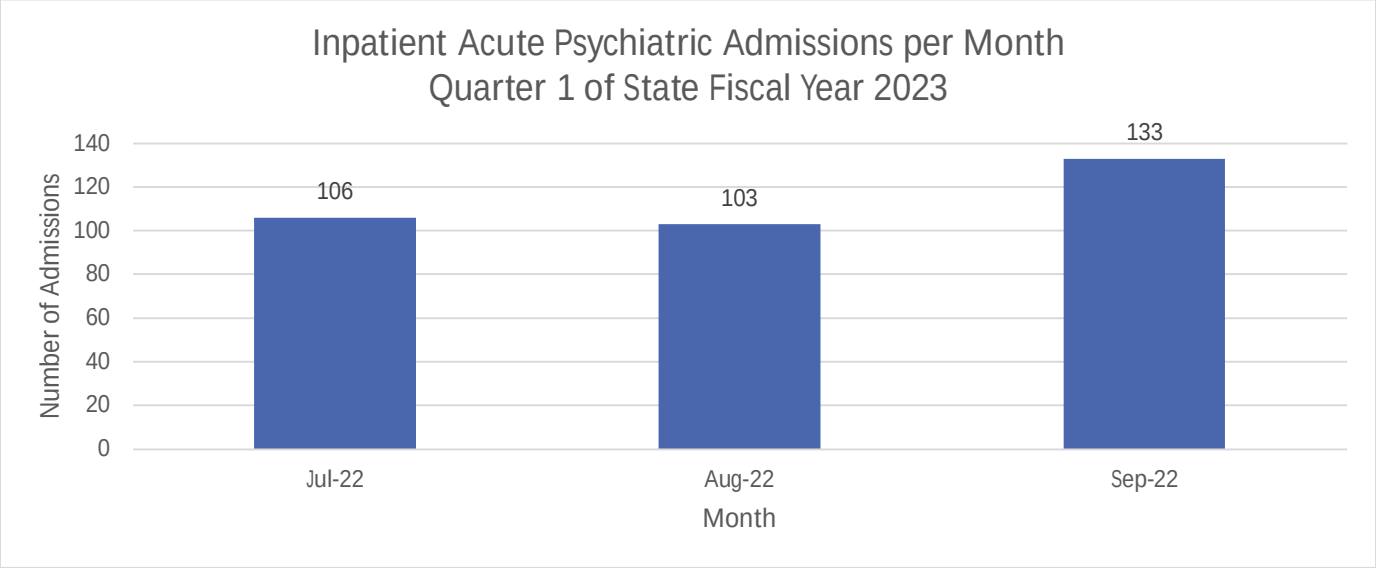
6f: Historical Annualized # of Court Ordered 20-511A, SFY 2015 - 2022



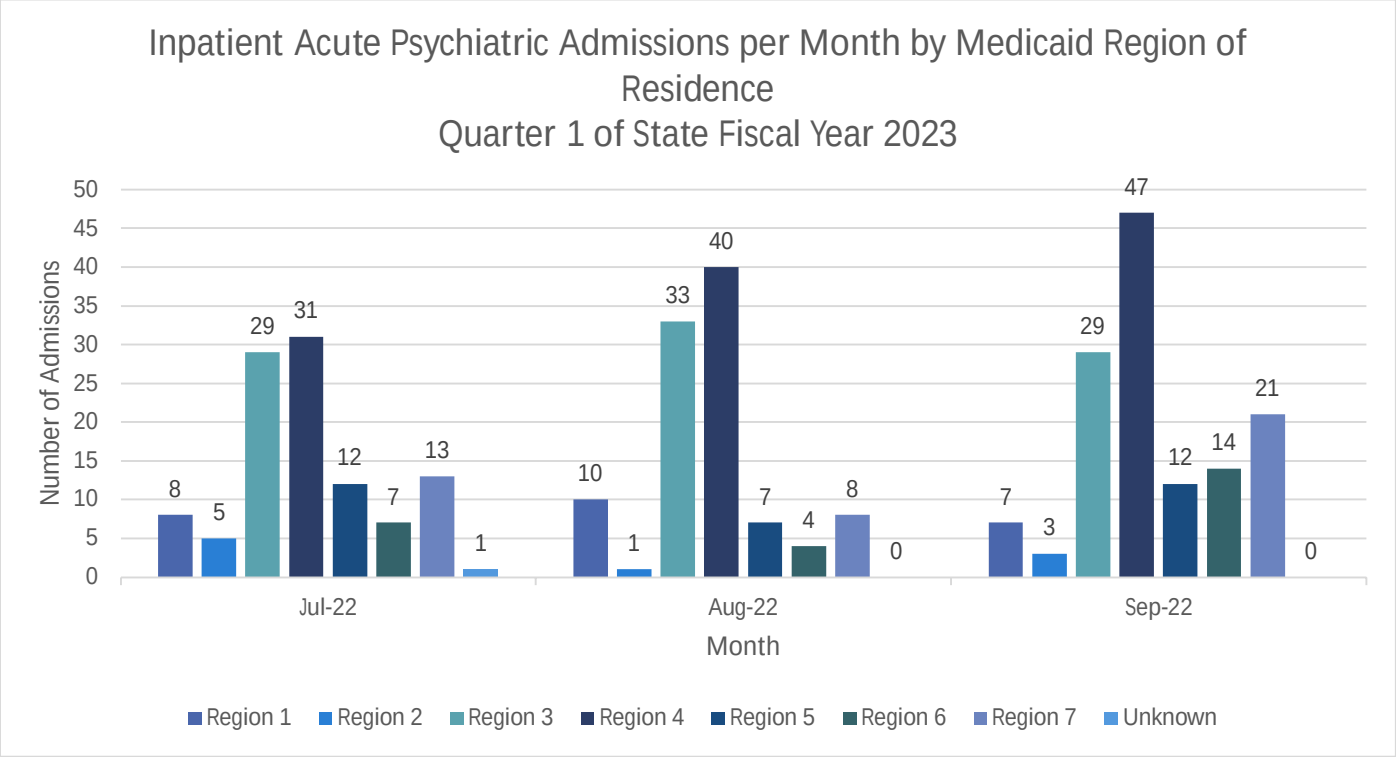
Utilization of 24-hour Services

7. Inpatient

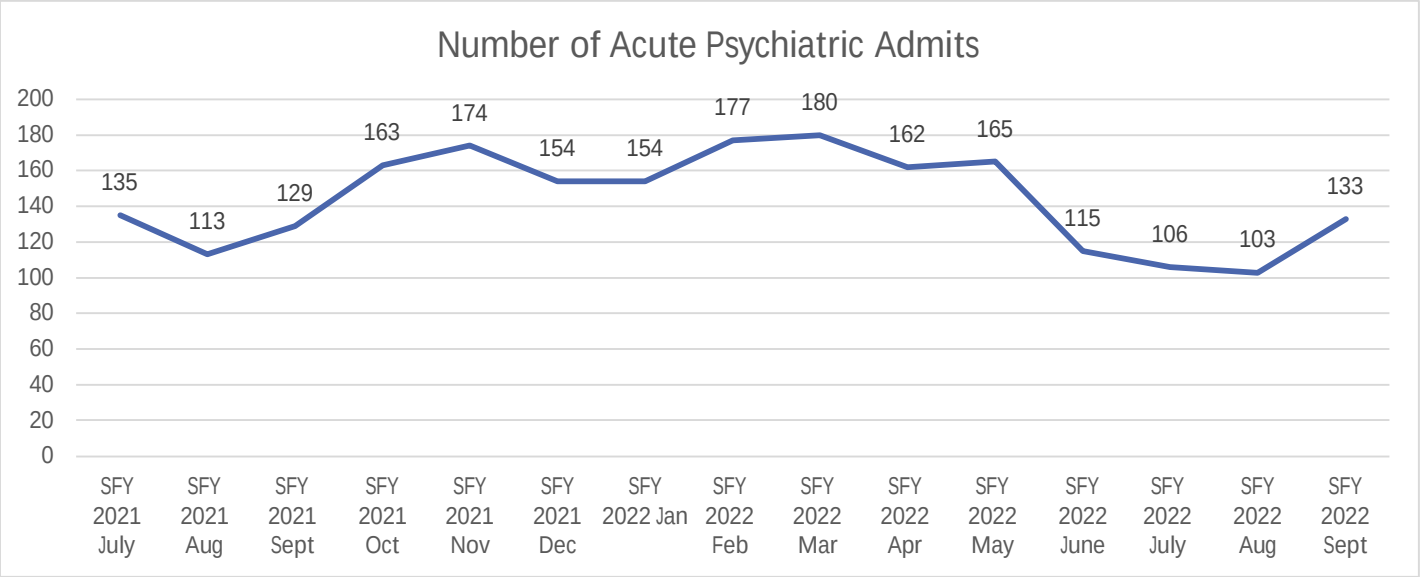
7a: Medicaid Acute Psychiatric Admissions by Month



7b: Medicaid Acute Psychiatric Admissions by Region

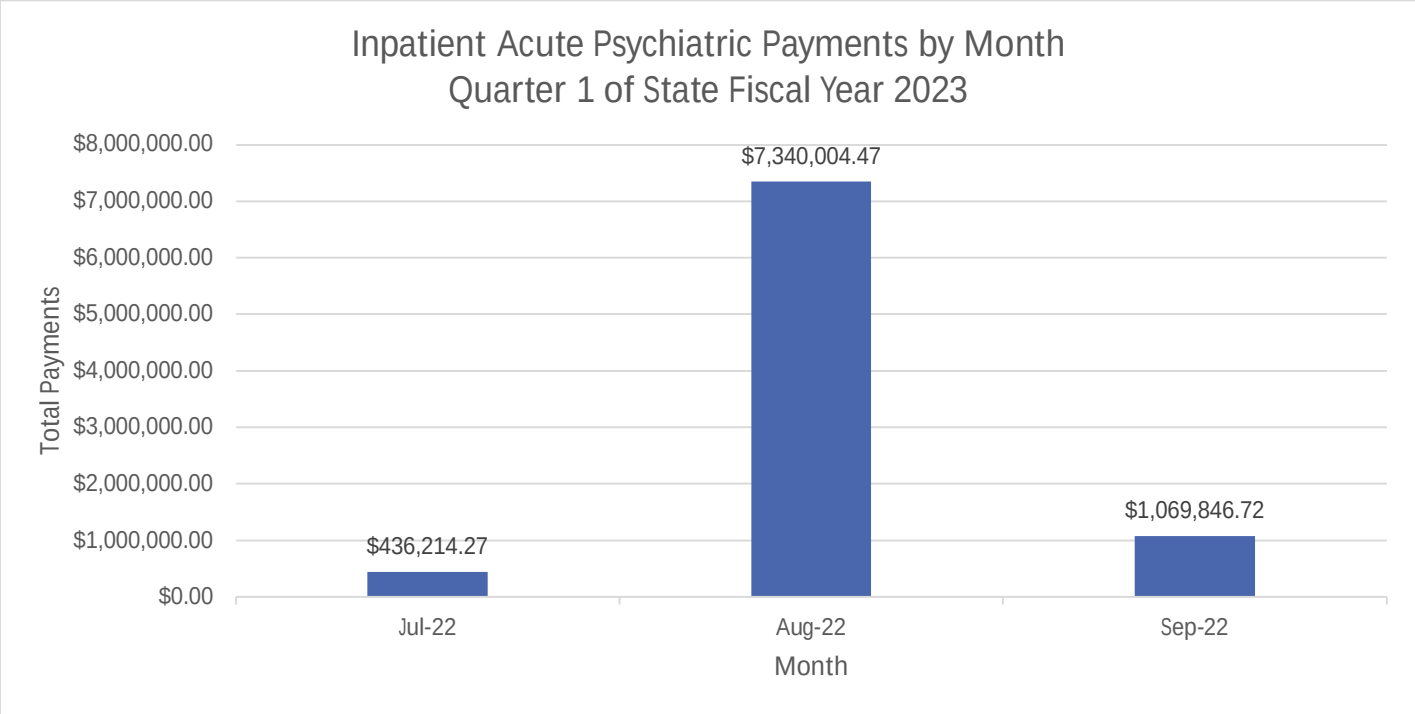


7c: Historical Trend of Medicaid Acute Admissions



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.

7d: Expenditures



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

7e: SHS/SHW Active by month SFY 2020- 2022 , SFY 2023 Q1

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total SFY Unduplicated
SFY 2020	17	20	18	18	22	21	21	23	25	24	25	21	101
SFY 2021	28	24	30	NA	19	20	16	19	17	17	15	11	72
SFY 2022	13	14	15	12	15	14	15	13	14	13	11	13	60
SFY 2023, Q1	11	12	7										17

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

Average number per month has decreased from an average of 21 in 2020 and 2021, 13.5 in 2022. The lower number served at SHW compared to SHS is related to the number of beds available at SHW. The facility has capacity to have 16 beds, but admissions have been limited due to facility issues (e.g. nursing station) and staffing resources.

DBH SHS/SHW Readmission Incidents (not unique individuals)

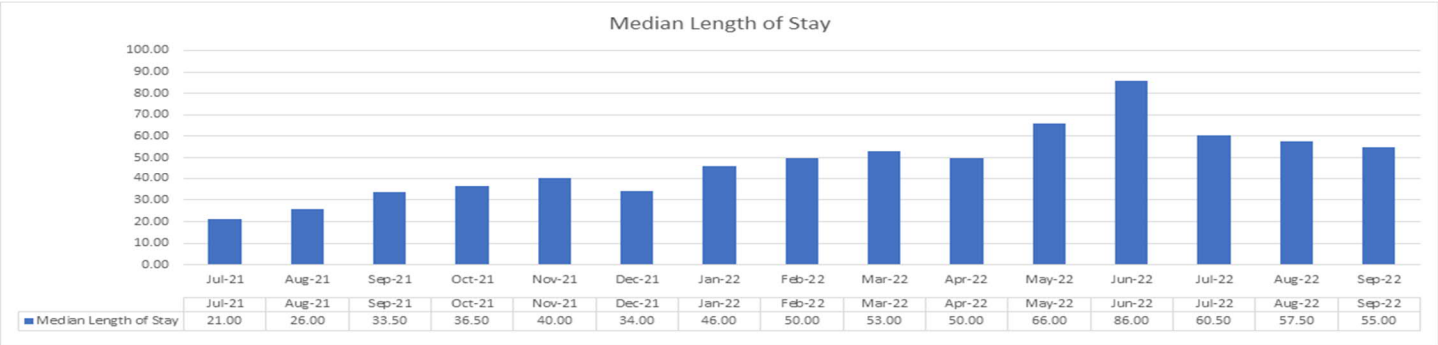
7f: SFY 2017 - 2022 , SFY 2023 Q1

Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022 Total	SFY 2023 Q1
Re-admission 30 days or less	0	0	0	1	0	2	0
Re-admission 31 to 90 day	5	6	2	3	0	1	1
Re-admission 90 to 180 days	4	1	6	2	0	3	0
Re-admission 181 to 365 days	5	6	7	4	0	2	1
Re-admission more than 365 days	11	9	9	7	3	0	0

DBH has been tracking the trend of readmissions incidents for SHS/SHW. It is notable that the number of incidents within 30 days has been extremely low. 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.

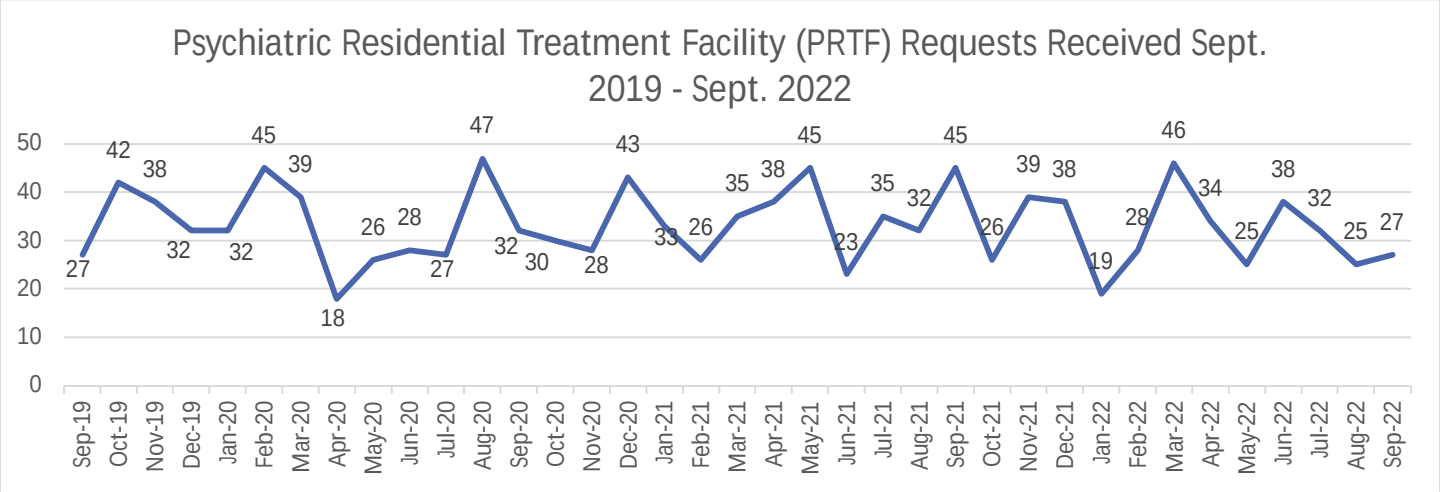
7g: SHW Length of Stay (LOS)



8. Residential

Psychiatric Residential Treatment Facility (PRTF)[6]:

8a: Number of Psychiatric Residential Treatment Facility (PRTF) Requests Monthly



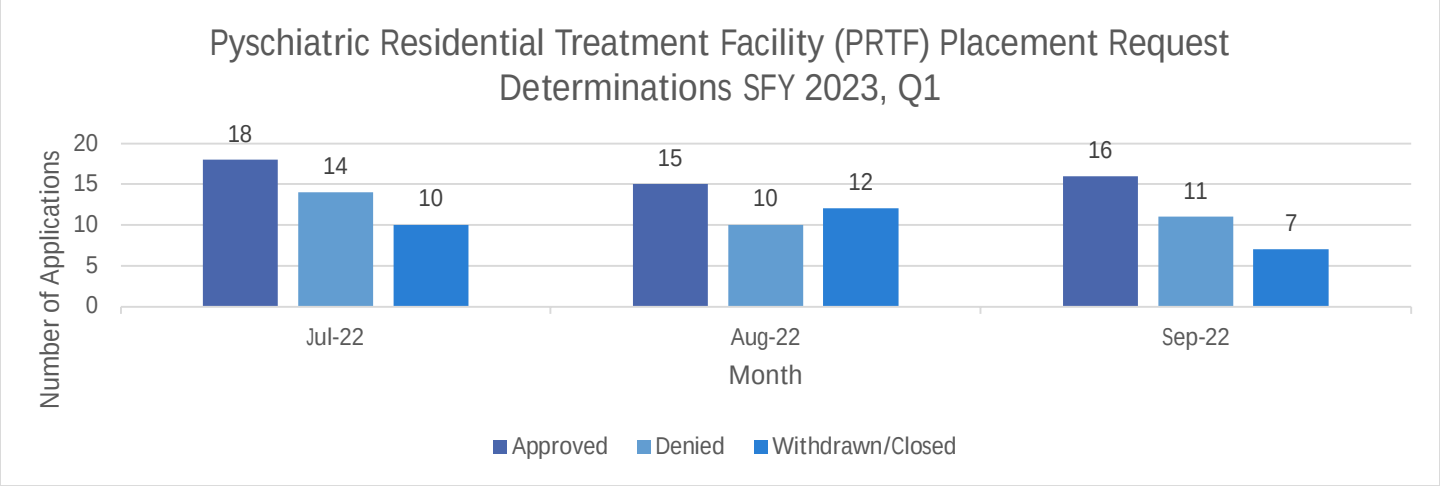
PRTF Determinations

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).

8b: PRTF Determinations SFY 2023, Q1

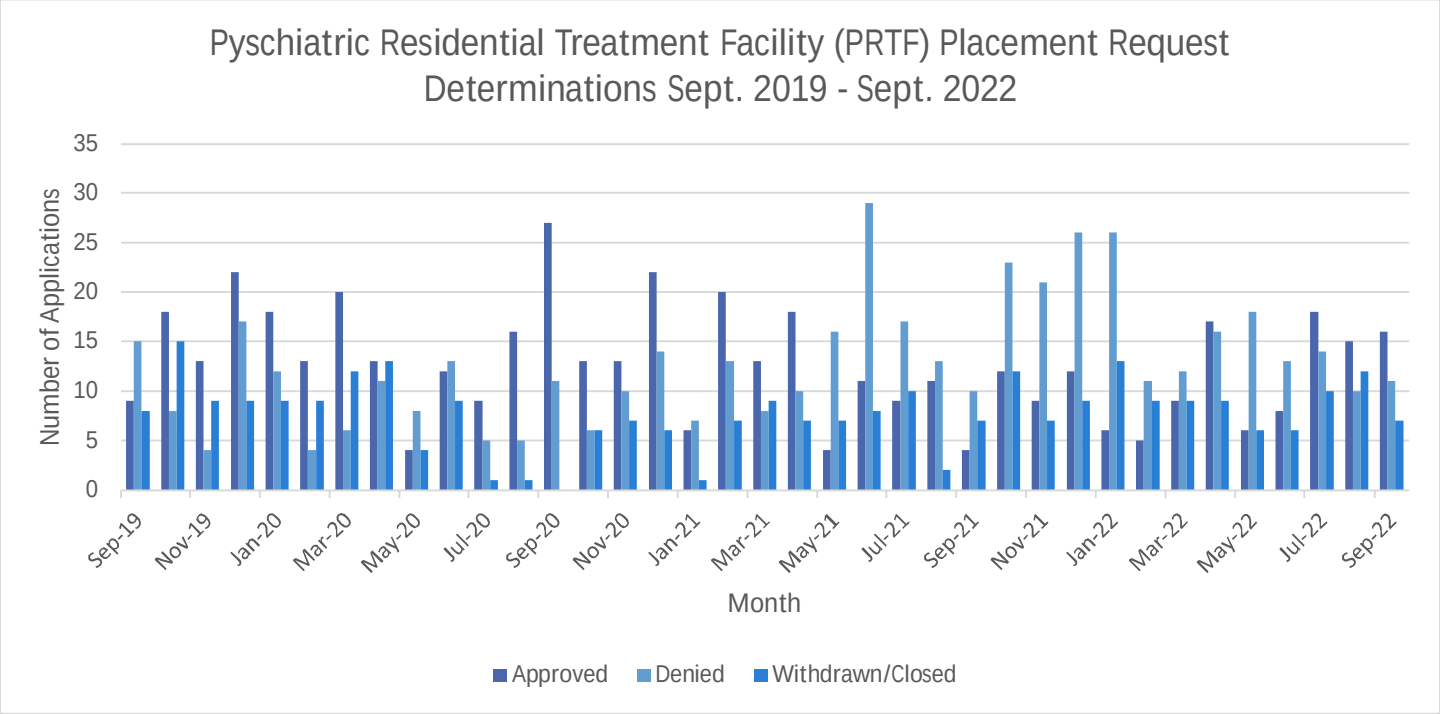
[6] Psychiatric Residential Treatment Facility (PRTF) services are as defined by 42 C.F.R. §483.352 Definitions and including a range of comprehensive services provided in a separate, stand-alone entity to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.



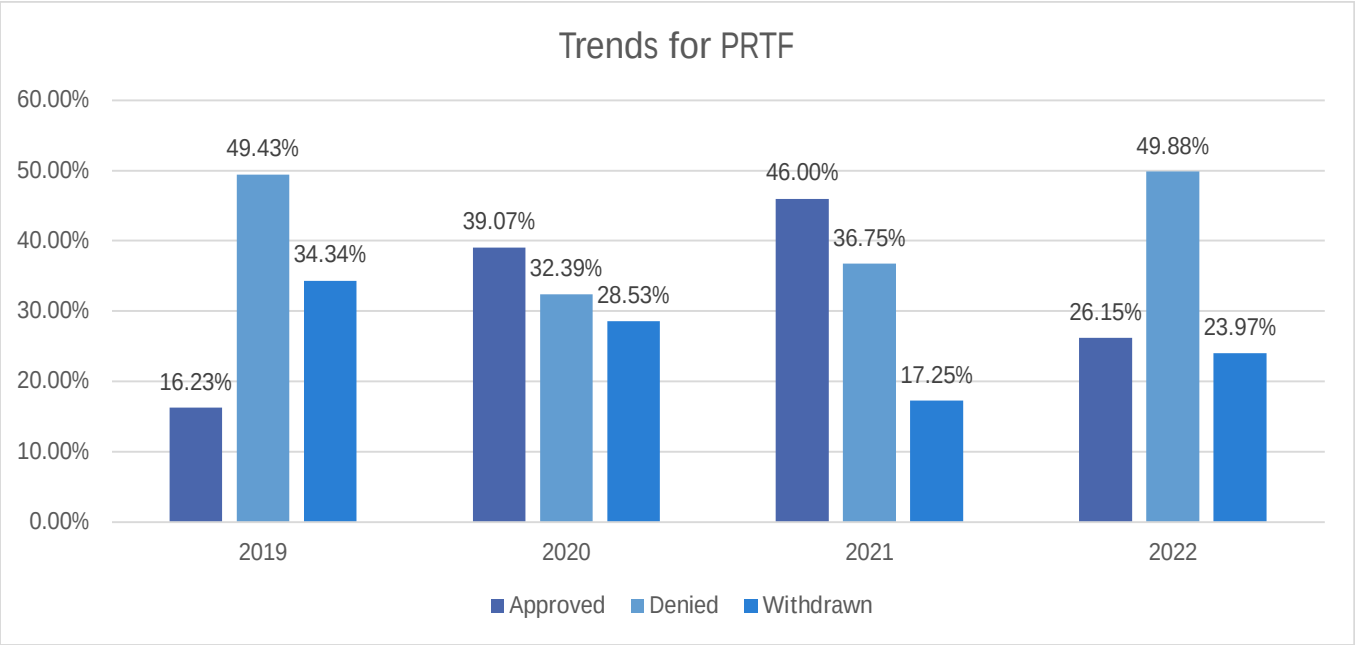
8c: Historical Trends for PRTF SFY 2019, 2020 and 2021, and 2022

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%
SFY 2023 Q1	113	49	43.36%	35	30.97%	29	25.66%
			34.16%		39.88%		25.66%
Avg			31.86%		42.11%		26.02%

8d: Historical Trends for PRTF SFY 2019, 2020, 2021, and 2022



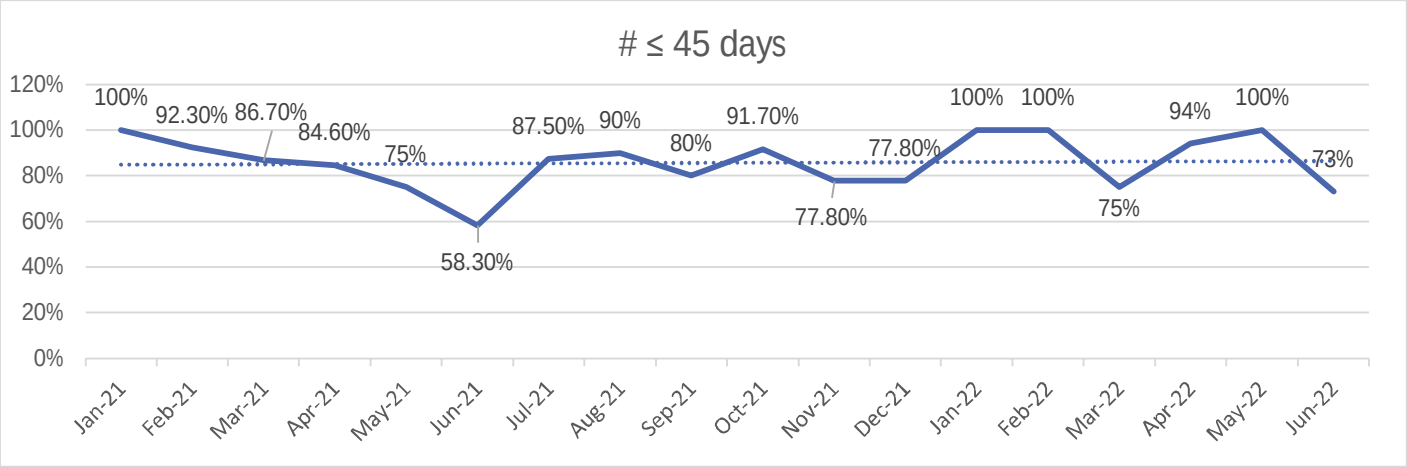
8e Trends



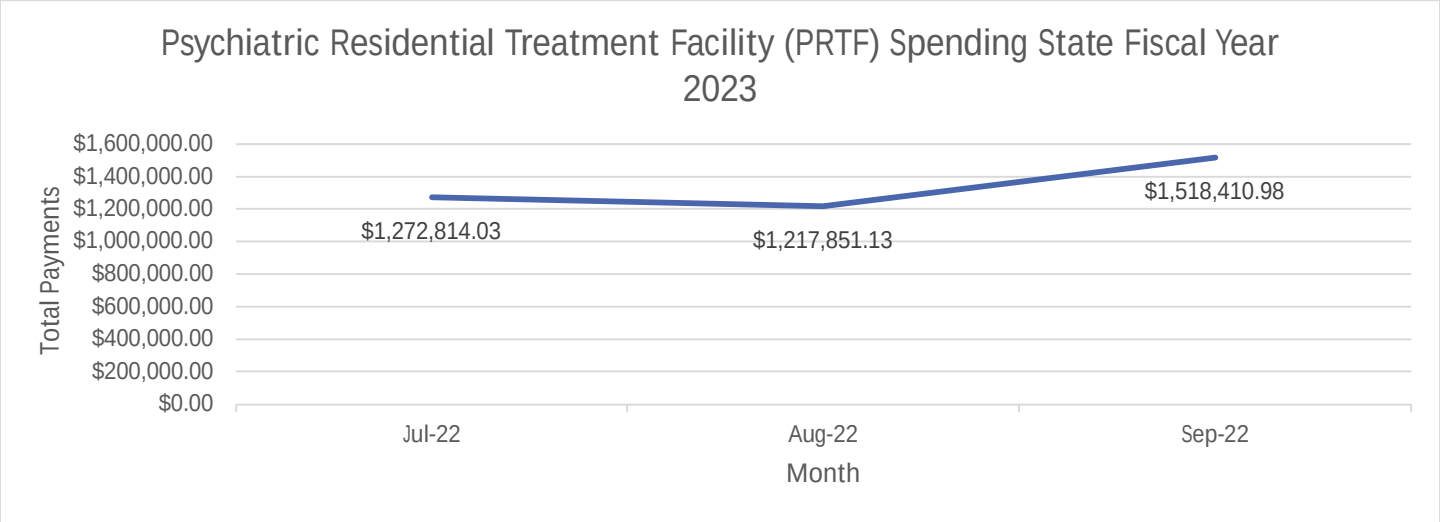
8f: Timeliness of Notice of Determination (NOD) PRTF Decisions

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%
July	15	14	93%	1	7%
August	14	10	71%	4	29%
September	15	11	73%	4	27%

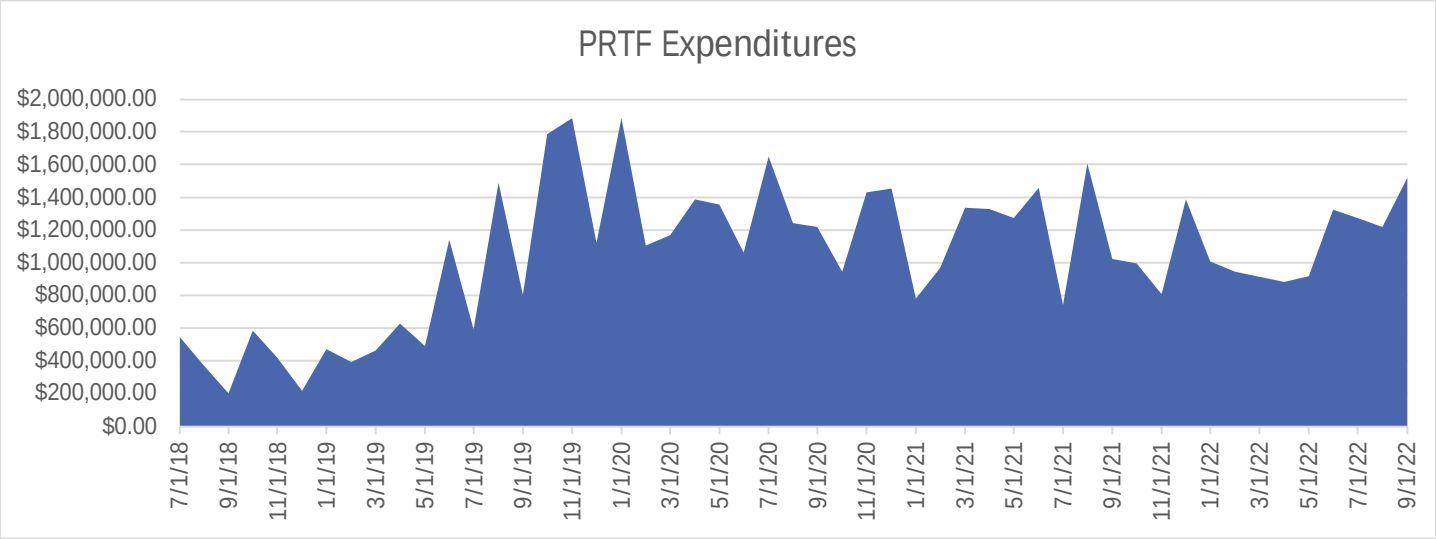
8g: Percent of determinations completed within ≤ 45 days



8h: **PRTF SFY Q1 Expenditures**



8i: PRTF Trend in Expenditures SFY 2021- SFY 2023, Q1



DBH Residential

DBH Residential placements may include children/youth who have Medicaid or who do not have Medicaid and may be placements at Psychiatric Residential Treatment Facilities (PRTF) or Residential Treatment Centers (RTCs), but the residential services are paid for by DBH. Residential numbers do not include acute hospital care.

8j: 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	12	17	16	16	18	17	17	16	17	23	24	23	37
SFY 2023, Q1	23	20	23										26

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

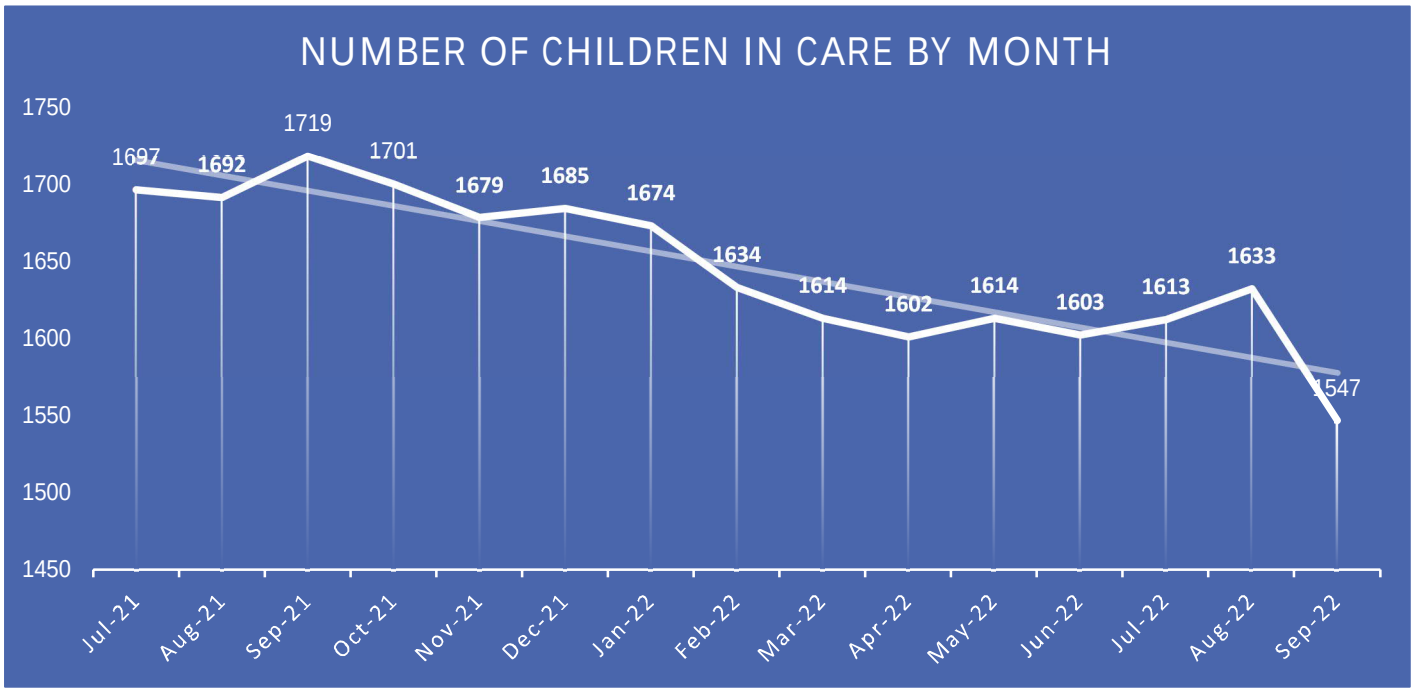
DBH has an increased number of residential placements SFY 2022 vs. SFY 2020 and 2021.

9. YES Partners Information

Family and Community Services (FACS):

DBH and FACS are working together to develop data related to children and youth with SED (?) who are in foster care in future QMIA-Q reports. The Divisions 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.

9a: 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. And the chart above reflects total numbers of children in foster care, not children in foster care with SED.

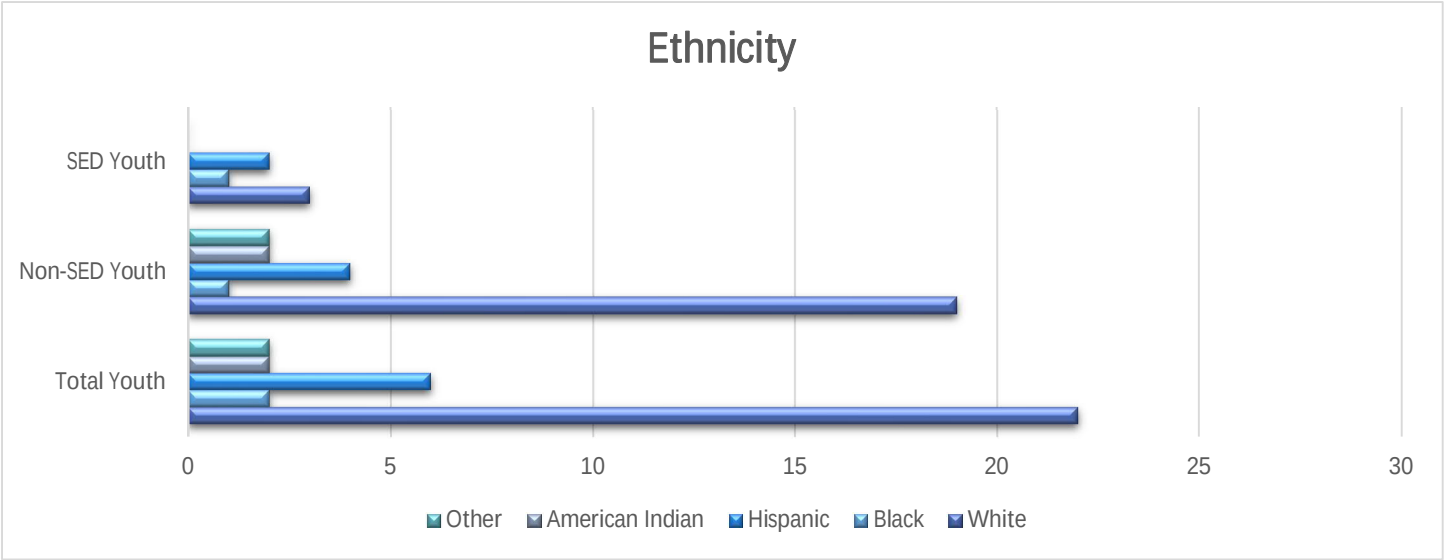
Idaho Department of Juvenile Corrections

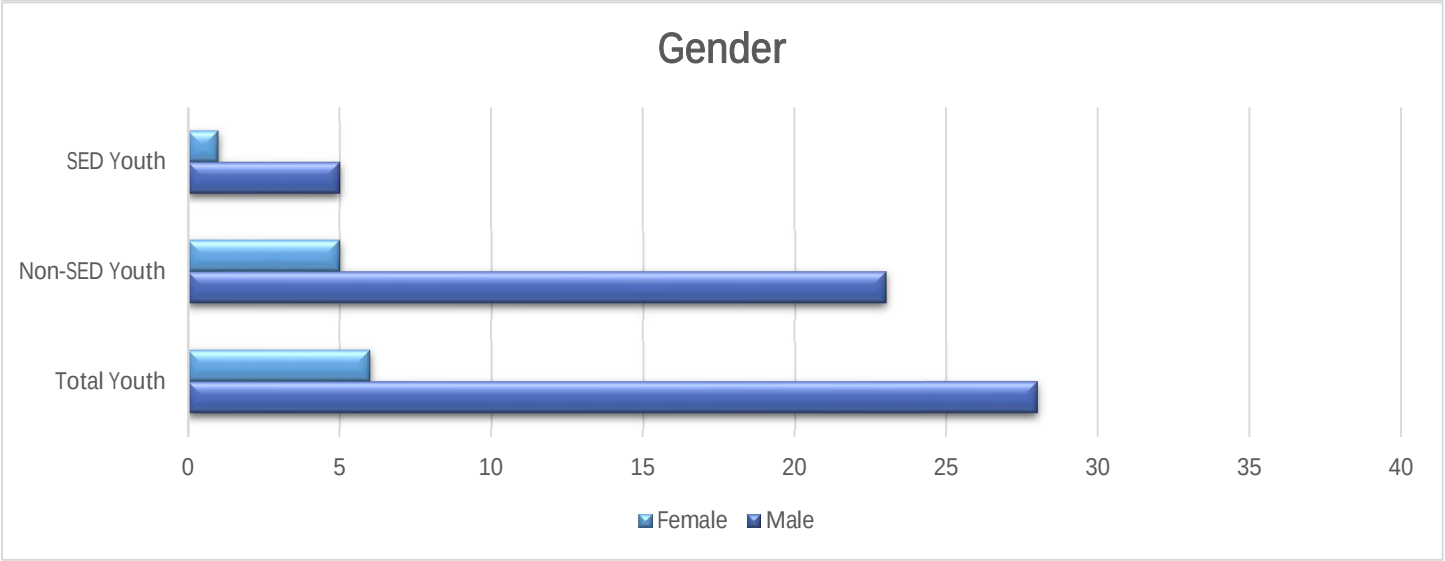
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided from system partners) determine the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

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

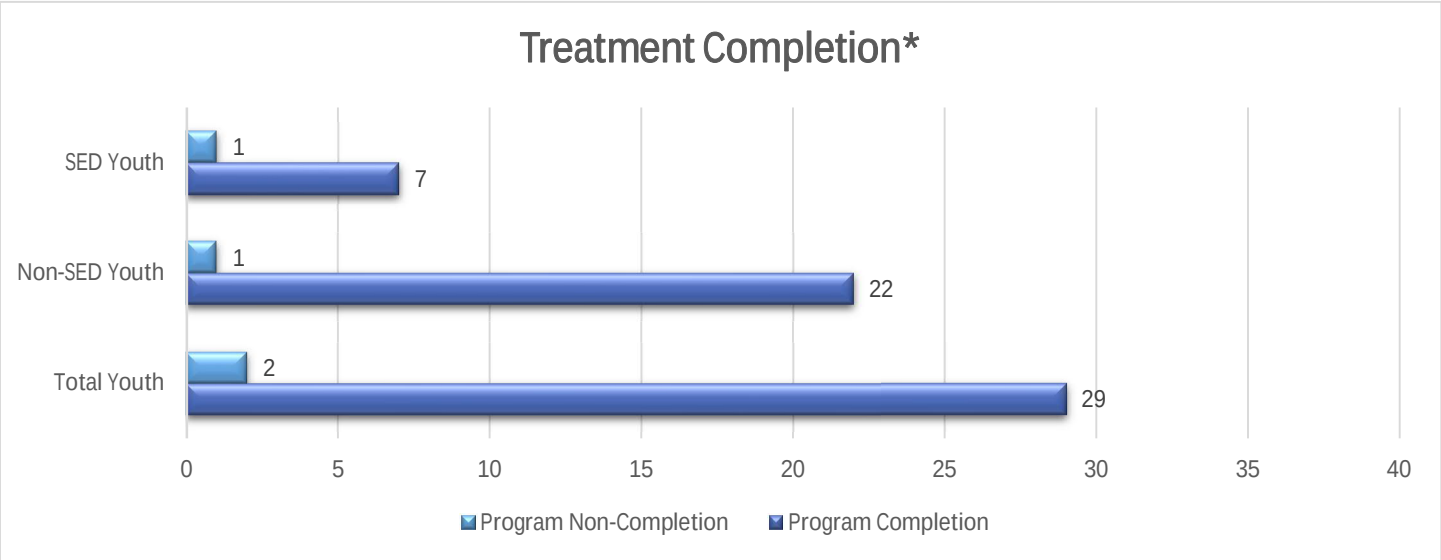
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

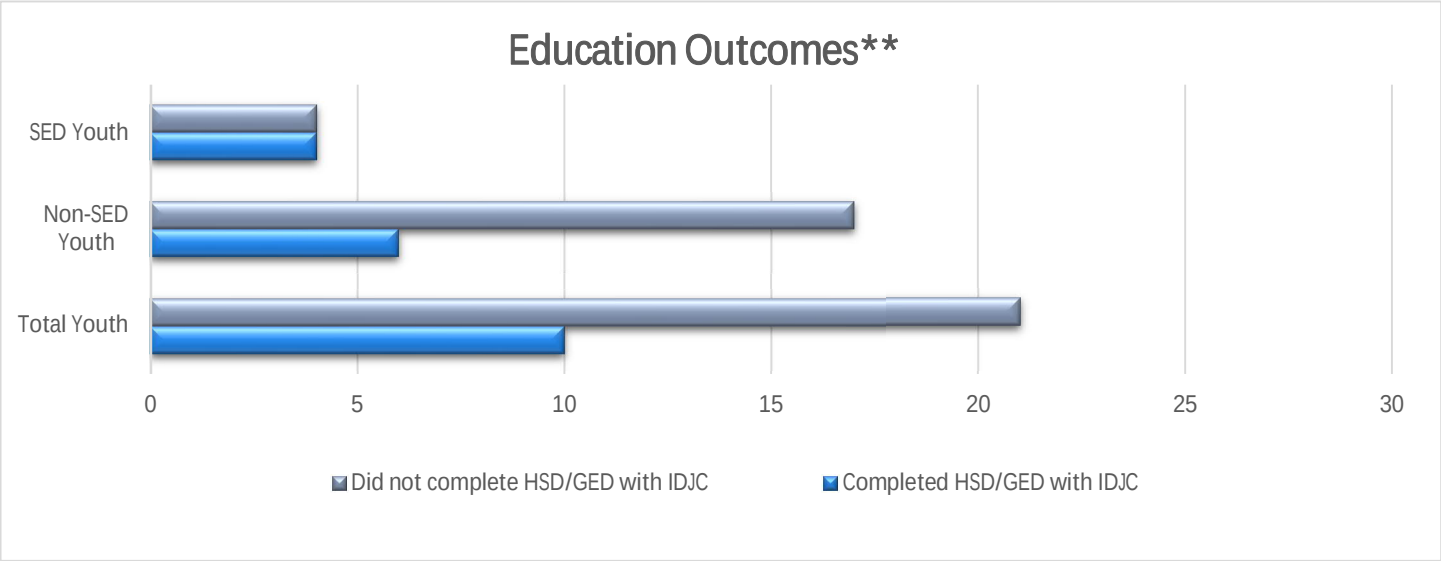
The graphs below compare ethnicity and gender between all youth committed to IDJC and SED youth committed to IDJC from July 1 – September 30.





The graphs below compare positive youth outcomes between all youth released from IDJC and SED youth released from IDJC between July 1 – September 30.





**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)

SFY 2021-2022 Complaints, Mediation, Due Process, Expedited Due Process

Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Total number of written signed complaints filed.	28	41	29	30	30	37
Complaints with reports issued.	22	35	23	27	24	34
Reports with findings of noncompliance.	16	20	16	22	21	29
Reports within timelines.	22	35	23	27	24	34
Reports within extended timelines.	0	0	0	0	0	0
Complaints pending.	0	0	0	0	0	0
Complaints pending a due process hearing.	0	0	0	0	0	0
Complaints withdrawn or dismissed.	6	6	6	3	6	3

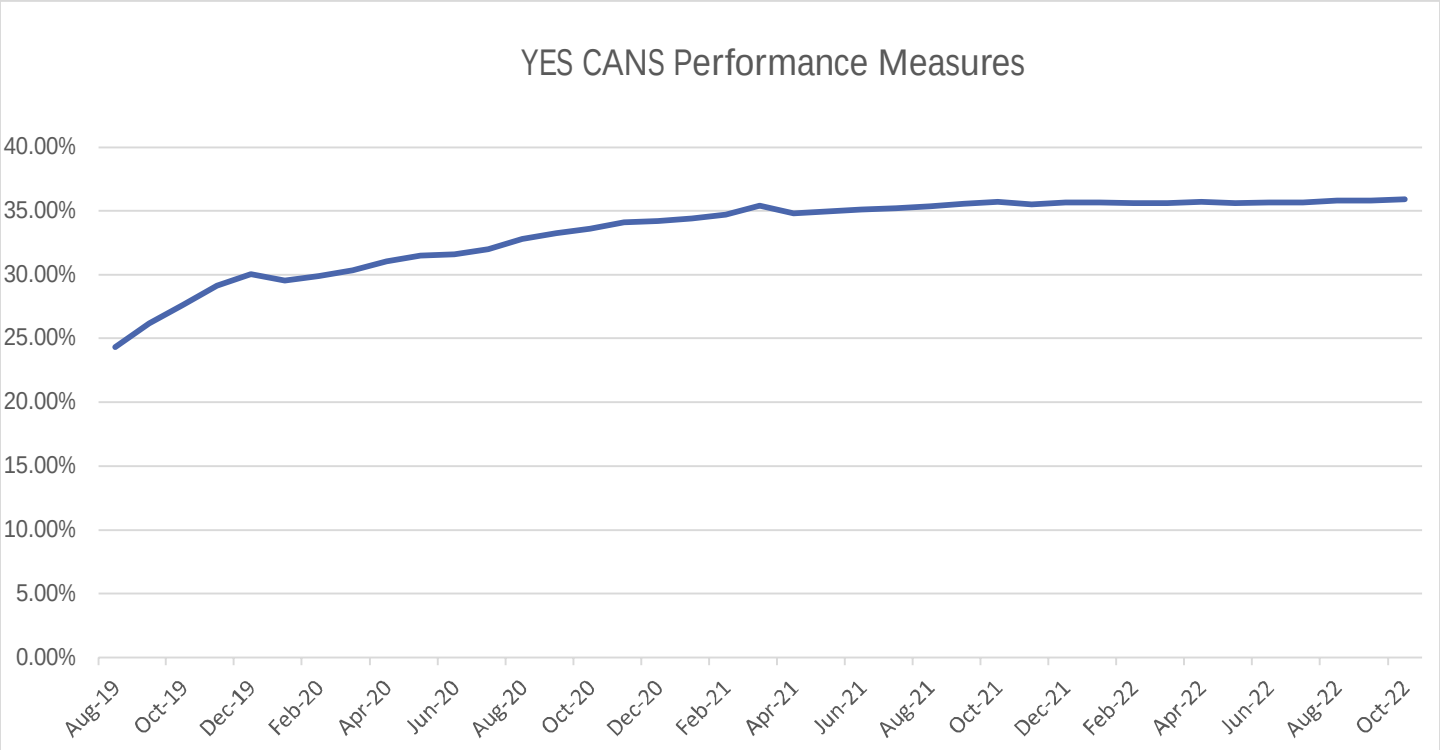
Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Total number of mediation requests received through all dispute resolution processes.	19	18	9	14	20	12
Mediations held.	9	13	2	14	15	9
Mediations held related to due process complaints.	1	1	0	1	5	4
Mediation agreements related to due process complaints.	1	1	0	1	4	1

Mediations held not related to due process complaints.	8	12	0	13	10	5
Mediation agreements not related to due process complaints.	6	12	2	13	8	5
Mediations pending.	0	0	0	0	0	0
Mediations withdrawn or not held.	10	5	7	0	5	3
Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Total number of due process complaints filed.	5	3	5	5	7	4
Resolution meetings.	4	3	2	2	0	0
Written settlement agreements reached through resolution meetings.	2	2	0	2	0	0
Hearings fully adjudicated.	2	1	2	1	3	0
Decisions within timeline (include expedited).	0	0	1	1	0	0
Decisions within extended timeline.	2	1	1	0	3	0
Due process complaints pending.	0	0	3	0	0	1
Due process complaints withdrawn or dismissed (including resolved without a hearing).	3	2	0	4	4	3
Item description	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Total number of expedited due process complaints filed.	1	1	0	2	0	1
Expedited resolution meetings.	0	1	0	1	0	0
Expedited written settlement agreements.	0	1	0	1	0	0
Expedited hearings fully adjudicated.	0	0	0	0	0	0
Change of placement ordered.	0	0	0	0	0	0
Expedited due process complaints pending.	0	0	0	0	0	0
Expedited due process complaints withdrawn or dismissed.	1	1	0	2	0	1

10. YES Service Outcomes

YES services are leading to improved outcomes. In SFY 2023, Q1 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 35.94%.

10a: 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.

Detailed Outcomes data:

The detailed outcomes data information presented below is just a small sample of the systemwide information available on the Idaho TCOM Institute website. The Idaho TCOM Institute website is home to the IDHW System Dashboard which includes CANS-based reports meant to gauge how the overall YES system-of-care is functioning. The System Dashboard is updated quarterly with assistance from the Praed Foundation and includes six key reports as well as the ability to download specific system-wide data for further analysis. The remainder of this section highlights examples of how the dashboard can be used to assess the overall YES system of care. The full dashboard can be accessed assessed by visiting the IDHW DBH Idaho TCOM website at: https://healthandwelfare.idaho.gov/providers/behavioral-health-providers/idaho-transformational-collaborative-outcomes-management-tcom.

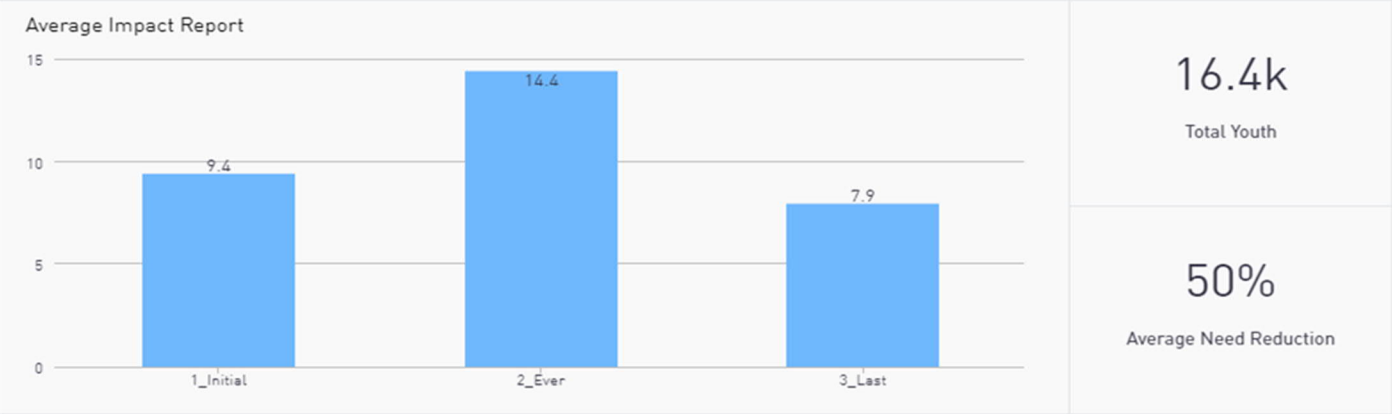
10b: Average Impact Report (January 1, 2018 – March 31, 2022)

Average Impact

Purpose: This chart provides an overview of need reduction over time and can be used to assess the average impact the system of care is having on the individuals it serves.

Data Notes:

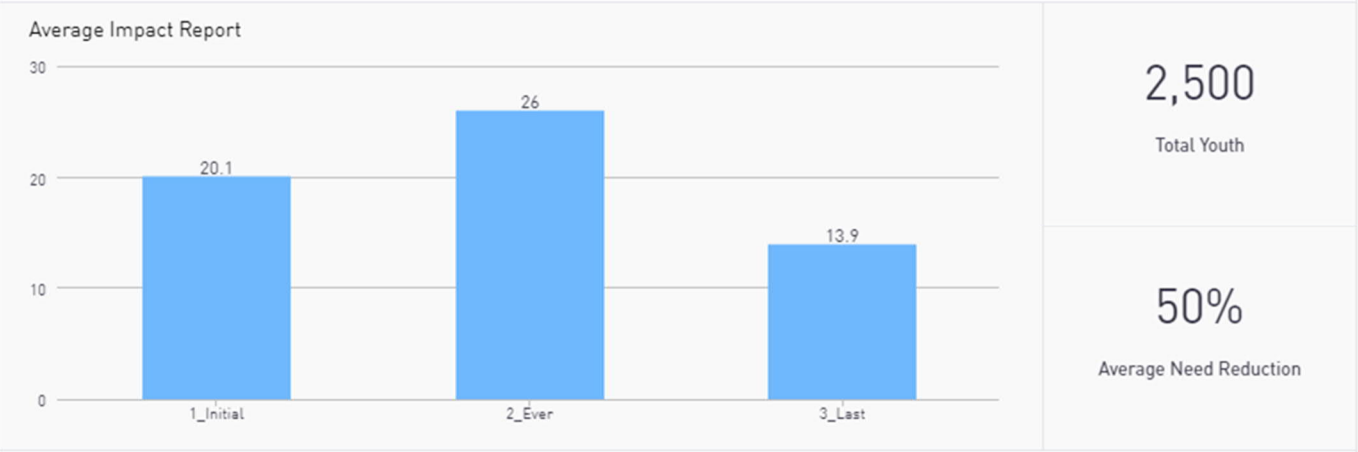
- This chart only includes individuals that had a first CANS any time on or after 18 months prior to the end of the current reporting quarter. In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.
- The Average Need Reduction is calculated based on Ever to Last using the formula: (Ever-Last)/Ever.
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.



What is this data telling us?

When considering all youth in the system of care who have received at least three CANS assessments, there has been an average need reduction of 50%. A question this data might lead to is: Do we see similar findings for youth in the system with the highest needs (i.e., overall CANS of 3)?

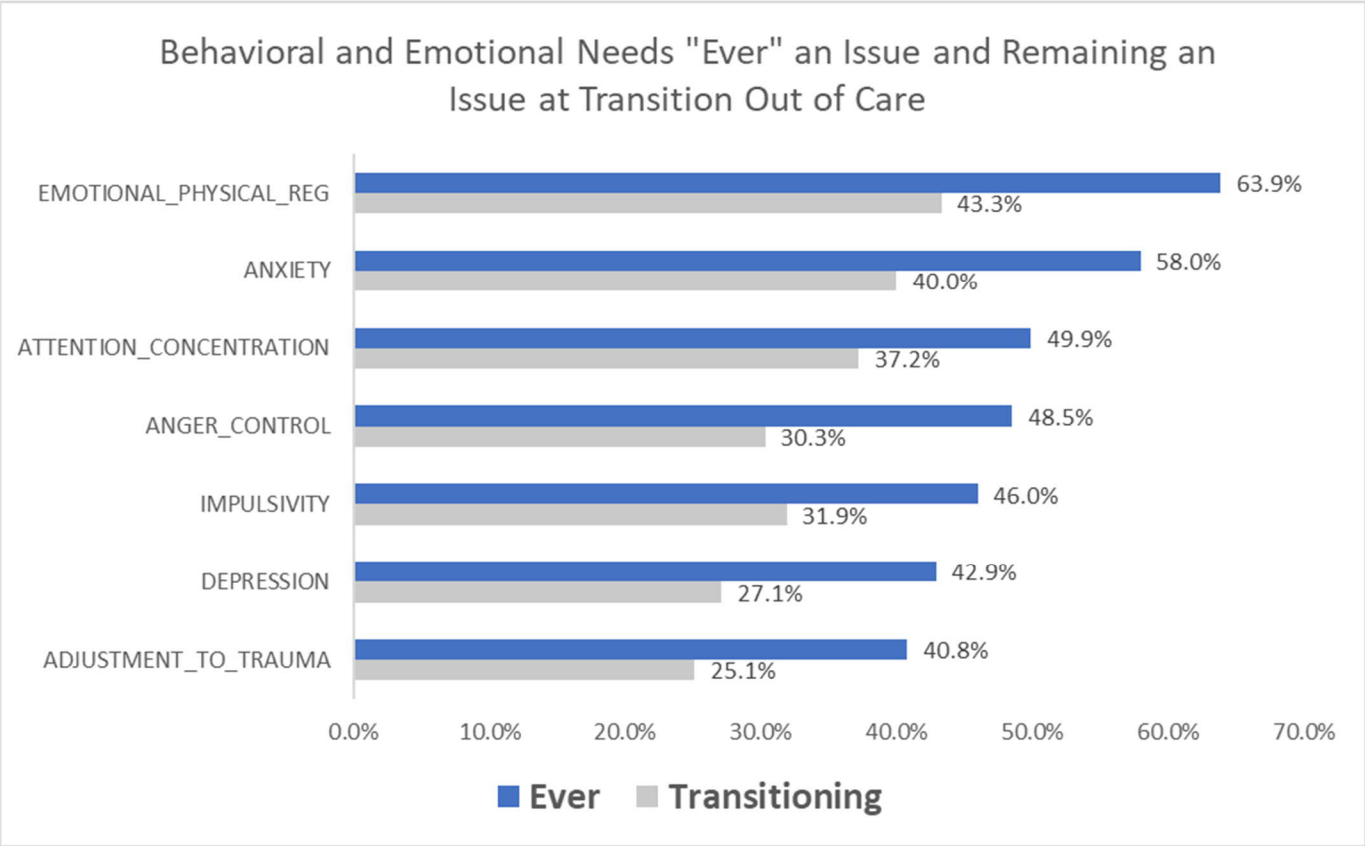
10c: Average Impact Report – Filtered by Overall CANS of 3 (January 1, 2018 – March 31, 2022)



What is this data telling us?

Because dashboard reports can be filtered by CANS scores (0 to 3), it is possible to assess how the system of care is functioning when different levels of care are warranted (e.g., CANS of 3 versus CANS of 0). As the report indicates and as would be expected, youth with an overall CANS of 3, had substantially more actionable needs as compared to all youth in the system of care. However, average need reduction for the 2,500 youth with an overall of CANS of 3 was also 50%, indicating the overall system is making substantial progress in need reduction for those youth with the highest need.

10d: Behavioral and Emotional Needs Impact Report: Downloaded Data Example – Persistent Needs (January 1, 2018 – March 31, 2022)



What is this data telling us?

The focus of this examination of downloaded dashboard data is Behavioral and Emotional needs categorized as persistent based on 25% or more of youth transitioning out of care with an actionable rating in the area which, not surprisingly, coincides with areas of high need reflected by substantial percentages of youth Ever having an actionable rating. Emotional and physical regulation, anxiety, and attention/concentration are areas of high and persistent need with 50% or more of youth Ever having the need and a high percentage of youth (37% to 43%) transitioning out of care with an actionable need in these areas suggesting efforts to address these areas could improve youth outcomes.

10e: Risk Factor Impact Report: Downloaded Data Example – Top Actionable Needs (January 1, 2018 – March 31, 2022)

What is this data telling us?

This downloaded data example includes Risk Factors with an "Ever" actionable rating of 10% or more. Systemwide, impressive progress was made in the areas of being bullied by others, intentional misbehavior, danger to others, self-mutilation, and other type of self-harm with over 56% to 65% of youth "Resolved" (i.e., actionable at any assessment no longer actionable to the latest reassessment). The data also suggested the risk factor "Judgement" may be fruitful for intervention efforts because nearly 19% of youth were actionable in this area when they transitioned out of care. Further, nearly 30% of youth were Ever actionable in area of Judgement and, as compared to other risk factors, there was less resolution in the area of Judgement.

11. Quality Monitoring Processes

The QMIA Family Advisory Subcommittee (Q-FAS)

The QMIA 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 maintains a list of barriers to care that are discussed in the QFAS which have been identified over the past years. Barriers that are noted may be experienced by one or more families, and may not include all barriers, or specifically address gaps in services as noted in the prevalence data. The establishment of the priorities for quality improvement project recommendation for SFY 2023 are in progress in the QFAS. A priority brought forth for consideration for SFY 2023, Q1 is opportunities for QFAS learn directly from families through having families come to the meeting to tell their stories. The QFAS is currently developing this process.

11a: QFAS List of Barriers to Care

Area	Noted issues
Access to care	Services not available within reasonable distance Services not coordinated between mental health and DD- DHW Waitlist for Respite and Family Support Partners Respite process through Medicaid too demanding due to need for updated CANS Wait times for services can be several months
Clinical care	Repeating the CANS with multiple providers is traumatic Diagnosis often 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 services 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 to access care not available Transportation not available Gas vouchers only at specific gas stations

YES Complaints

Tracking and responding to complaints about the YES system. A total of 92 YES complaints were received in SFY 2022 and 33 for SFY 2023, Q1.

11b: YES Complaints (full report published on YES Website) https://yes.idaho.gov/wp-content/uploads/2022/10/YES-Rights-and-Resolutions-Q4-SFY-2022-Final-2.pdf

	YES	DBH	Optum	EPSDT	MTM	Liberty	IDJC	FACS	SDE*	Total
SFY 2022	22	1	27	-	25	1	16	0	-	92
SFY 2023 Q1	8	0	16	0	3	6	0	0	-	33

YES Quality Review (QR)

The purpose of the 2022 YES Quality Review was to:

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

The QR process included 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 were answered such as:

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

Results of the 2022 QR will be published on the YES Website by January 31, 2023

12. YES Quality Monitoring Results

In Spring of SFY 2022, QMIA utilized three types of quality review processes to assess the quality of services being delivered and evaluated the integration of the YES Principles of Care into the system of care: 1) All Key Quality Performance Measures, 2) Family Experience Survey https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8, 3) Provider Survey https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8

The following table is a list of the quality measures that the QMIA Council determined would be the YES Key Quality Performance Measures (KQPMs) . Results in the last column indicate the current status of this measure:

Needs Improvement= Red

Emerging = orange

Evolving = blue

Established = green

Quality targets were developed by the Council and may change over time but are provided here to give YES partners and stakeholders an initial way to analyze results. Based on the targets there are four (4) items that need improvement, nine (9) that are emerging, ten (10) that are evolving, and six (6) that are established. There are seven (7) items identified by the QMIA Council for which the data are not yet available and are being developed

Performance Metric	Measure	Frequency	Quality Targets for YES Practice			SFY 2022	Status
			Emerging	Evolving	Established	Results	
Are children who need services being identified?	CANS Assessments- % of 0, 1, 2, and 3 s- maintain current average of 30% =0, 70% = 1,2 and 3	Quarterly	55%-64%	65%-69%	70%+	69%	Evolving
Are children getting access to care?	Expected % of Medicaid members accessing Psychotherapy	Annually	55%-64%	65%-69%	70%+	78%	Established
Are services available timely?	Family can easily access the services child needs	Annual	65% - 74%	75% - 84%	85% +	69%	Emerging
	Meetings occur at times and locations that are convenient	Annual	65% - 74%	75% - 84%	85% +	83%	Evolving
For Children and Youth with scores of 2 or 3 on the CANS	Assessments are completed within 30 days of first contact[7]	Annual	55%-64%	65%-69%	70%+	58%	Emerging
	Treatment planning is completed within 10 days of first treatment contact (QR)	Annual	55%-64%	65%-69%	70%+	58%	Emerging
	Psychiatric supports consultation is provided within 30 days of first treatment contact (QR)	Annual	55%-64%	65%-69%	70%+	50%	Needs Improvement
Are Children getting Access to care in the scope, duration and intensity needed	Provider makes suggestions about what services might benefit child/youth	Annual	65% - 74%	75% - 84%	85% +	77%	Evolving
	Provider suggests changes when things aren't going well	Annual	65% - 74%	75% - 84%	85% +	75%	Evolving
	Provider leads discussion of how to make things better when services are not working	Annual	65% - 74%	75% - 84%	85% +	68%	Emerging
	Provider helped make a safety/crisis plan	Annual	65% - 74%	75% - 84%	85% +	61%	Needs improvement

[7] Measure was assessed during the Quality Review process. Number of records analyzed was very small and is assumed to be representative of the whole YES system, but further evaluation is needed to verify.

	I feel confident that child/youth's safety/crisis plan will be useful	Annual	65% - 74%	75% - 84%	85% +	61%	Needs Improvement
For children and youth with scores of 2 or 3 on the CANS	Practice standards of scope, intensity and duration are met by initial care effectiveness (QR)	Annual	55%-64%	65%-69%	70%+	32%	Needs Improvement
Are services being delivered in accordance care plans?	Children with SED in IDJC care complete mental health treatment	Quarterly	65%-74%	75%-84%,	85% +	87.5%	Established
Are services provided with fidelity to POCPM?	Provider encourages me to share what I know about my child/youth	Annual	65% - 74%	75% - 84%	85% +	85%	Established
	The goals we are working on are the ones I believe are most important	Annual	65% - 74%	75% - 84%	85% +	87%	Established
	My child and I are the main decision makers	Annual	65% - 74%	75% - 84%	85% +	83%	Evolving
	Provider respects me as an expert on my child/youth	Annual	65% - 74%	75% - 84%	85% +	85%	Established
	The assessment completed by the provider accurately represents my child/youth	Annual	65% - 74%	75% - 84%	85% +	81%	Evolving
	My youth/child is an active participant in planning services	Annual	65% - 74%	75% - 84%	85% +	71%	Emerging
	My child/youth has the opportunity to share his/her own ideas when decisions are made	Annual	65% - 74%	75% - 84%	85% +	82%	Evolving
	I know who to contact if I have a concern or complaint about my provider	Annual	65% - 74%	75% - 84%	85% +	68%	Emerging
	Services focus on what my child/youth is good at, not just problems	Annual	65% - 74%	75% - 84%	85% +	84%	Evolving
	Provider discusses how to use things we are good at to overcome problems	Annual	65% - 74%	75% - 84%	85% +	76%	Evolving
	Collaborative/Team -Based Care	Annual	65% - 74%	75% - 84%	85% +	74%	Emerging
	Care is outcome based	Annual	65% - 74%	75% - 84%	85% +	73%	Emerging
Are services provided through Child and Family Teaming	Families were able to participate in child's mental health services as much as they want	Annual	65% - 74%	75% - 84%	85% +	83%	Evolving
	The provider communicates as much as needed with others involved in my child's care	Annual	65% - 74%	75% - 84%	85% +	73%	Emerging
Are YES Complaints and appeals addressed and tracked	Number, type and disposition of all complaints and grievances	Quarterly	Yes	Yes	Yes	Yes	Established

KQPMs that are still being developed

Performance Metric	*Measure*	*Frequency*	*Quality Targets for*			*Results*
Are services available timely?	Follow-up outpatient services for Medicaid and Non-Medicaid YES Eligible within 7 days of hospitalization (national 48%- Current Idaho range is 6%-89%-See Nate W study)	Quarterly	38%	48%-57%	58%+	NA
Are services available in urban, rural and frontier areas across the state?	Utilization of services by county	Quarterly	65%-74%	75%-84%	85% +	NA
Are services proportionately available to culturally diverse populations ?	Utilization of services - by race ethnicity by region -	Quarterly	65%-74%	75%-84%	85% +	NA
Are Children getting Access to care in the scope, duration and intensity needed?	YES eligible children receive a minimum of 8 Psychotherapy sessions (scope, intensity, duration) (potential to add variation by Level of Care rating on the CANS)	Quarterly	65%-74%	75%-84%	85% +	NA

	Children have skill building interventions in 50% of psychotherapy sessions	Annual	65%-74%	75%-84%	85% +	?
	Children have caregivers/supporters involved in 50% of psychotherapy sessions	Annual	65%-74%	75%-84%	85% +	?
Are services being delivered in accordance care plans?	Services listed in Care plans are provided	Annual	65%-74%	75%-84%	85% +	NA

12b: Family Experience Survey

The SFY 2022 YES family survey included 45 questions that asked about families experiences of care in five areas (1) the extent to which youth and families care adheres to the Idaho YES principles of care and practice model, (2) the adequacy of crisis safety planning, (3) the extent to which the CANS Assessment process followed guidelines, (4) select services the youth participated in (e.g., Wraparound, psychiatric hospitalization) , and (5) caregiver's perceptions of service outcomes such as improvement in youth overall mental health and day-to-day functioning at home, school and in the community. Research has shown these questions are valid and reliable indicators of families experiences of care and the variation in participants responses predicts variation in the extent to which youth benefit from care (Williams et al., 2021) .

The survey was fielded via postal mail from February 2022 to April 2022. The sample included 5,999 caregivers of youth who participated in YES mental health services during 2021. Caregivers were randomly sampled with proportional allocation across Idaho's' seven behavioral health regions to ensure adequate representation across the State. Following an evidence-based process the survey entailed a pre-survey letter, survey with postage paid return envelope, reminder card, and final survey with postage paid return envelope. The survey asked specifically about 1 identified child within the household. A total of 1,048 caregiver's responded (20.4% response rate after excluding returned mail).

The full report is available at https://yes.idaho.gov/wp-content/uploads/2022/10/2022IdahoYESFamilySurveyResults.pdf

12b1. Trends over the last three years:

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%

12c: YES Provider Survey

The central questions for SFY 2022's Provider Survey were based on the results of the Quality Review conducted in 2021. The findings form 2021 indicated that youth with intensive needs experienced delays in access to care, infrequent treatment sessions, care coordination that did not engage partners, disparities in care and outcomes for persons identified as culturally diverse.

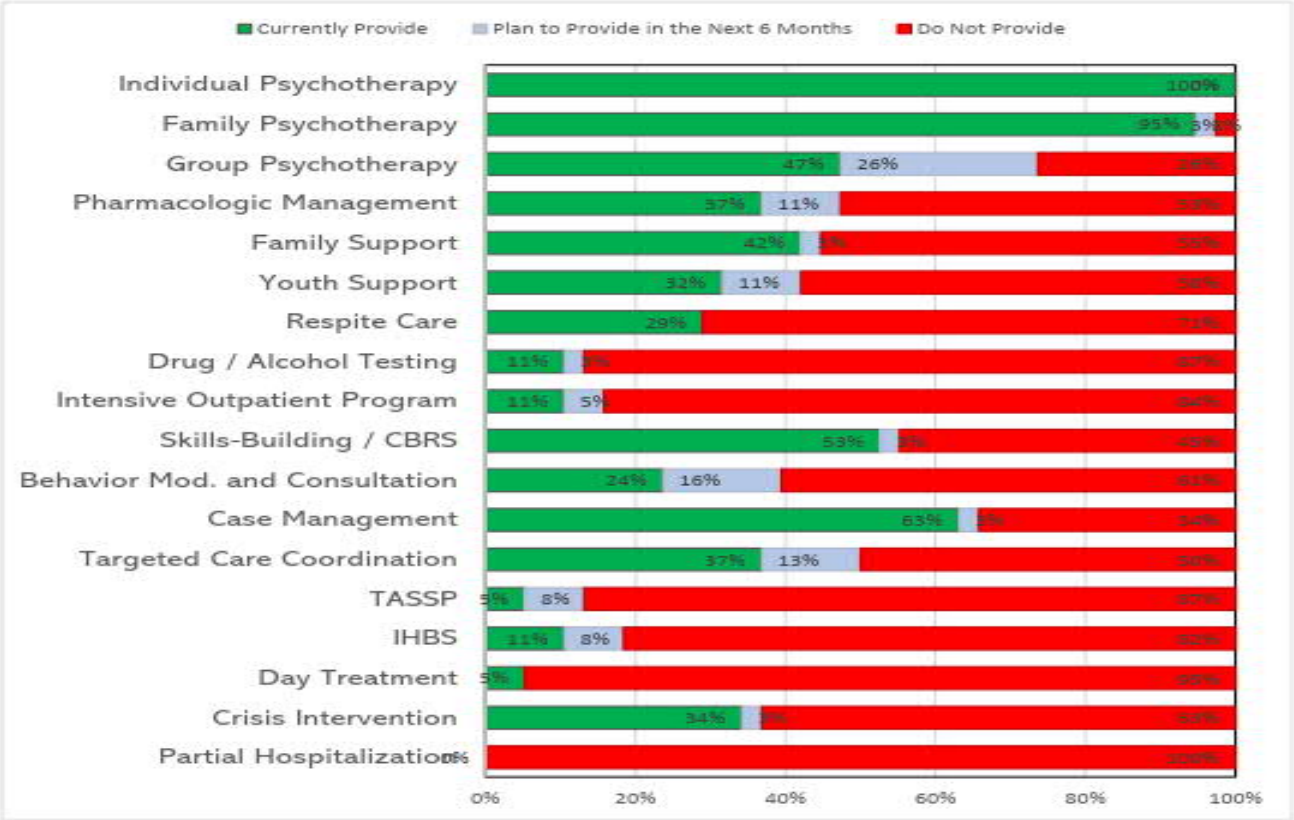
The Provider Survey was designed to answer two primary questions:

1) What capacity do providers currently have for intensive community-based treatment?
2) What state-level barriers and supports impact the expansion of intensive community-based treatment?

Findings of the survey indicate that:

a) Individual providers, as a group, do not provide intensive, community-based treatment services
b) Very few provider agencies (5-10%) currently offer intensive, community-based services (see 11c1)
c) The current service array is contracting rather than expanding
d) Barriers and supports impacting the expansion of community based treatment services were readily and consistently identified by providers included: reimbursement rate, administrative burdens, lack of qualified and willing workforce, high cost of training staff.

12c1: YES Provider Agencies Current and Planned Services



13 YES Communications :

YES WEBSITE ANALYTICS

Reporting Period: July 1, 2022 – September 30, 2022

VISITORS AND PAGES

Visits

4,394

Unique Visitors

3,177

Type of Visitors

Visits by Location

City	Sessions
Boise	1,197
(not set)	978
Nampa	188
Seattle	123
Phoenix	97
Coffeyville	82
Idaho Falls	77
Salt Lake City	76
Meridian	74
Las Vegas	74

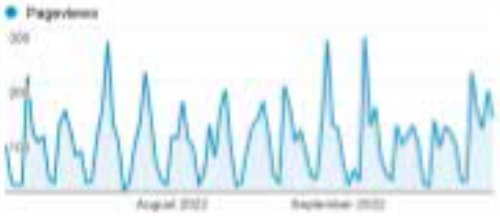
Average Pages per Visit

1.95

Average Visit Duration

00:01:37

Pageviews **8,573 in Quarter**



Unique Page Views *Top 10: 7/1/22-9/30/22*

Page Title	Unique Pageviews	Pageviews
Welcome to YOUTH EMPOWERMENT SERVICES	2,426	2,989
| YOUTH EMPOWERMENT SERVICES	999	1,659
Contact Us | YOUTH EMPOWERMENT SERVICES	529	573
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	423	466
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	398	442
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	283	332
Parents | YOUTH EMPOWERMENT SERVICES	266	303
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	177	193
YES Training | YOUTH EMPOWERMENT SERVICES	177	212
Getting Started | YOUTH EMPOWERMENT SERVICES	173	236

Visits by Device

Visits by Device

Device Category	Sessions	Bounce Rate
desktop	3,412	63.34%
mobile	961	58.27%
tablet	21	57.14%

Visits by Traffic Site

Traffic Type	Sessions
direct	2,633
organic	1,415
referral	346

Bounce Rate

62.20%

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.

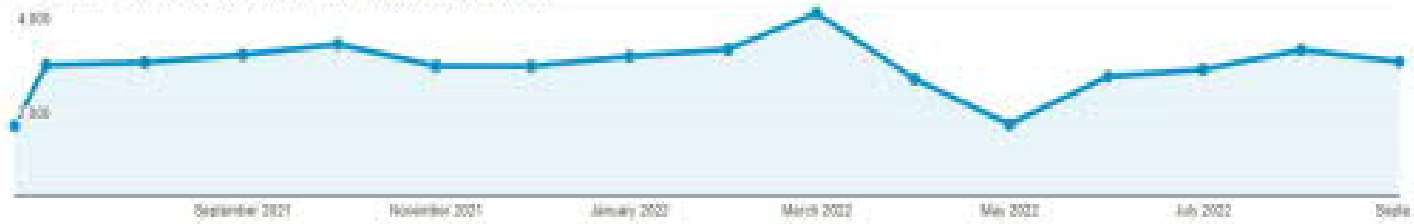
See page 4 for a list of top traffic sources.

YES WEBSITE ANALYTICS

Trends since site launch: June 21, 2022 – September 30, 2022

VISITORS AND PAGES

Pageviews **43,656 total since June 21, 2021 launch**



Visits

20,904

Unique Visitors

13,794

Type of Visitors

New Visitor Returning Visitor

Visits by Location

City	Sessions
Boise	5,858
(not set)	2,548
Nampa	1,330
Seattle	715
Meridian	672
Coeur d'Alene	616
Idaho Falls	601
Salt Lake City	497
Pocatello	446
Twin Falls	397

Average Pages per Visit

2.09

Average Visit Duration

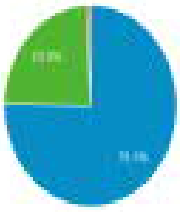
00:02:16

Unique Page Views *Top 10: 6/21/21-9/30/22*

Page Title	Unique Pageviews	Pageviews
Welcome to YOUTH EMPOWERMENT SERVICES	12,583	16,125
| YOUTH EMPOWERMENT SERVICES	3,433	3,660
Contact Us | YOUTH EMPOWERMENT SERVICES	2,738	2,989
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	2,407	2,721
YES History and Current Development | YOUTHE MPOWERMENT SERVICES	1,711	1,951
Parents | YOUTH EMPOWERMENT SERVICES	1,430	1,675
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	1,283	1,442
Getting Started | YOUTH EMPOWERMENT SERVICES	1,089	1,248
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	979	1,155
YES Overview | YOUTH EMPOWERMENT SERVICES	847	905

Visits by Device

desktop mobile tablet



Visits by Device

Device Category	Sessions	Bounce Rate
desktop	15,751	52.00%
mobile	4,994	55.49%
tablet	159	44.03%

Visits by Traffic Site

Traffic Type	Sessions
direct	11,966
organic	7,268
referral	1,670

Bounce Rate

52.77%

YES WEBSITE ANALYTICS

Reporting Period: July 1, 2022 – September 30, 2022

NOTE: Document downloads and external links were not tracked this quarter due to a reporting error.

Where do visitors enter the YES site?

Page Title	Entrances	Pages / Session
Welcome to YOUTH EMPOWERMENT SERVICES	2,352	1.27
| YOUTH EMPOWERMENT SERVICES	957	1.07
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	215	1.54
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	137	3.23
Contact Us | YOUTH EMPOWERMENT SERVICES	114	5.03
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	94	1.63
Parents | YOUTH EMPOWERMENT SERVICES	65	4.66
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	61	7.64
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	51	3.78
YES Training | YOUTH EMPOWERMENT SERVICES	46	4.61

What pages do visitors leave the YES site from?

Page Title	Exits	% Exit
Welcome to YOUTH EMPOWERMENT SERVICES	1,202	40.21%
| YOUTH EMPOWERMENT SERVICES	942	92.35%
Contact Us | YOUTH EMPOWERMENT SERVICES	370	64.57%
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	304	68.78%
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	267	57.30%
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	219	65.96%
Parents | YOUTH EMPOWERMENT SERVICES	124	40.92%
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	116	60.10%
YES Training | YOUTH EMPOWERMENT SERVICES	113	53.30%
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	82	53.59%

14 Supplemental CANS info: Are kids Safe, in School and Out of Trouble

This section of the QMIA Report is includes status at initial CANS, regarding safety, school, and legal issues.

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 2023 Q1, approximately

- 76% on average have no evidence of safety issues (score of zero on the CANS),
- 17% percent have some safety concerns noted (Score of 1 on the CANS),
- 7% 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

	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%

SUICIDE_WATCH
Assessment Score
Applies to SUICIDE WATCH
Table only
All

DANGER_TO_OTHERS

	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%

DANGER_TO_OTHERS
Assessment Score
Applies to DANGER TO OTHERS
Table only
All

SELF_MUTILATION

	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_MUTILATION
Assessment Score
Applies to SELF MUTILATION
Table only
All

SELF_HARM

	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%

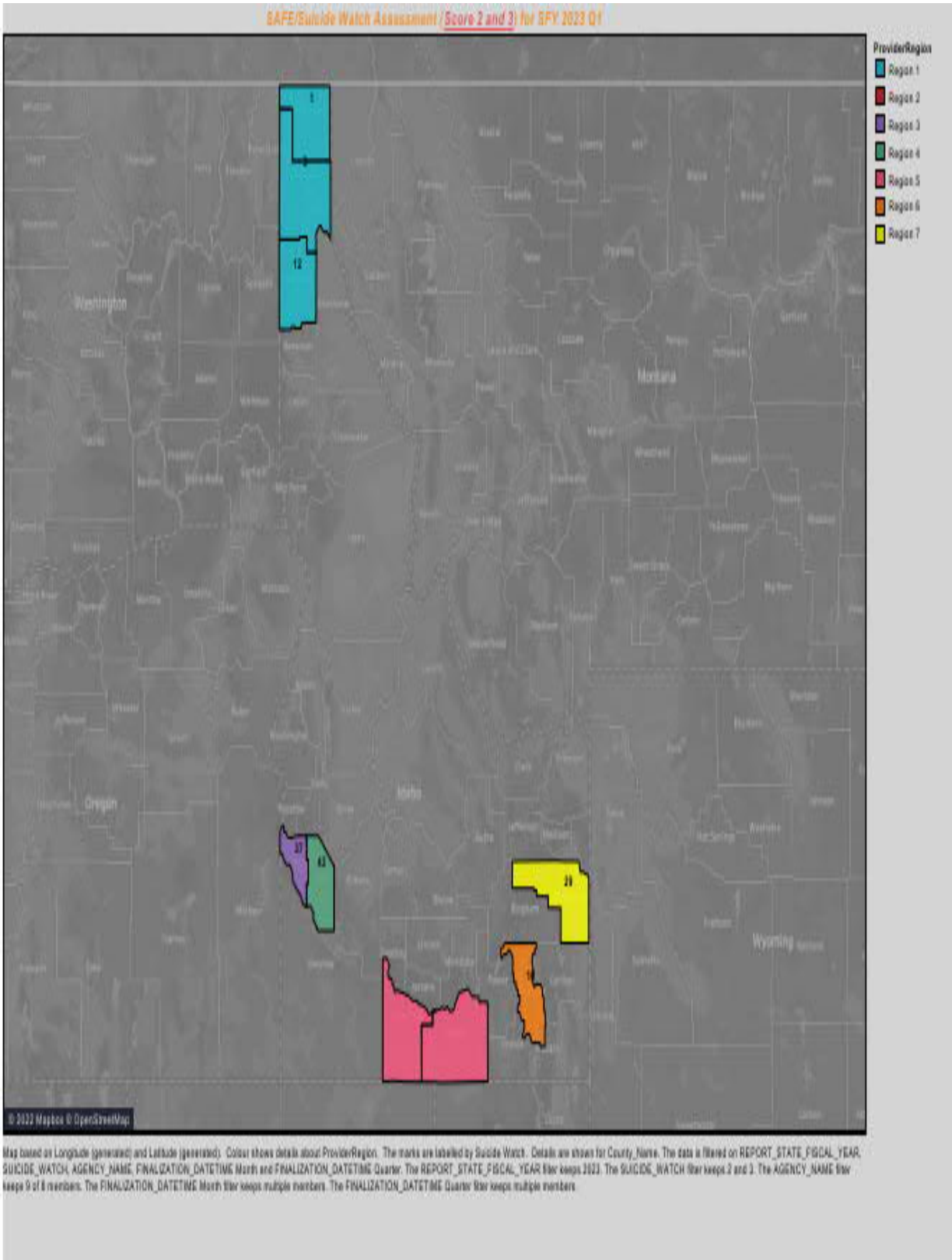
SELF_HARM
Assessment Score
Applies to SELF HARM
Table only
All

FLIGHT_RISK

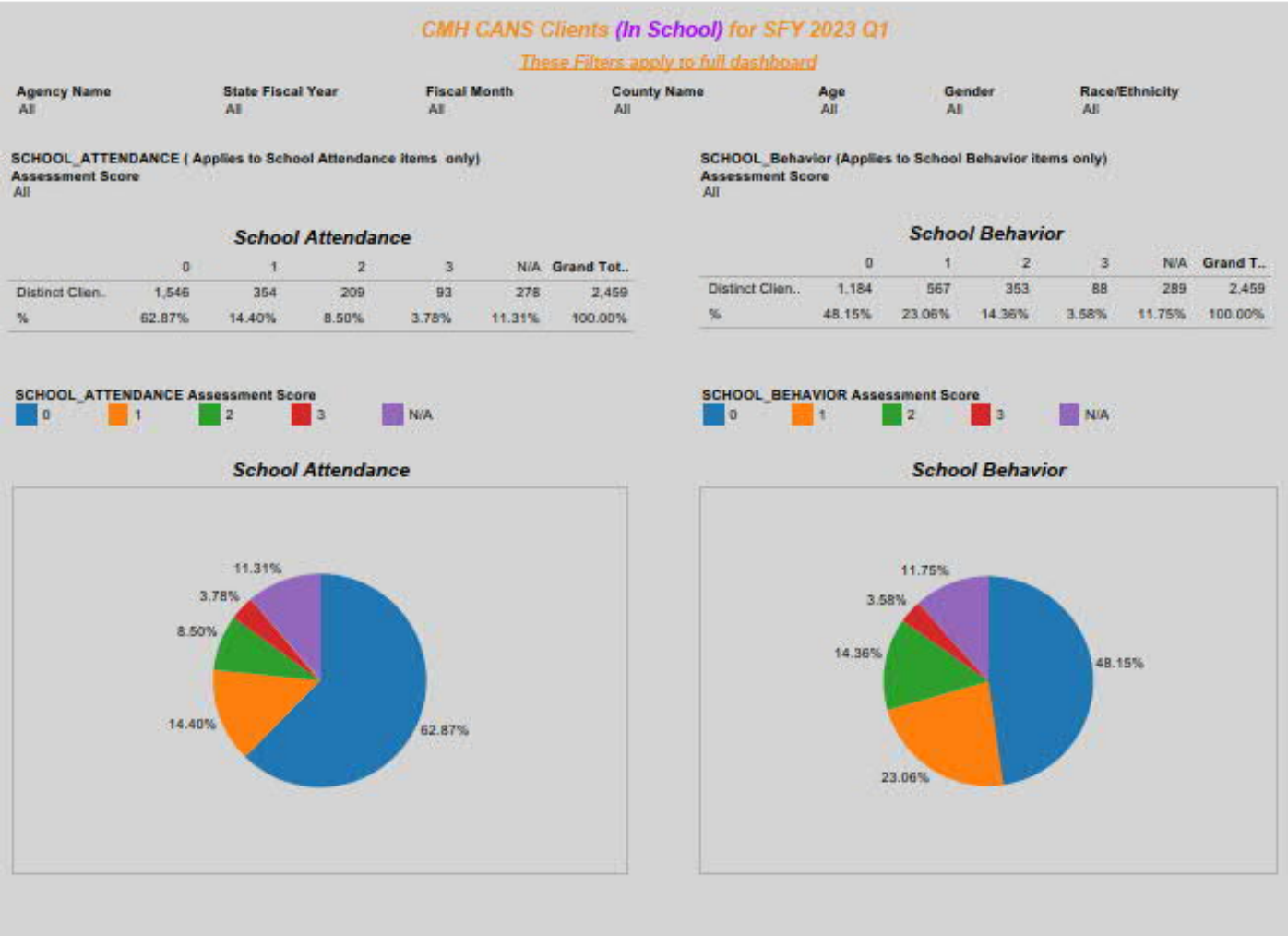
	0	1	2	3	Grand Total
Distinct Clients	8,468	1,418	373	77	10,086
% along FLIGHT_RISK	83.96%	14.06%	3.70%	0.76%	100.00%

FLIGHT_RISK
Assessment Score
Applies to FLIGHT RISK
Table only
All

Locations of children and youth with higher risk of safety issues by county for SFY 2023; Q1:



In School – SFY 2023-Q1



What is School Behavior?

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

Questions to Consider

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

Out of trouble: SFY 2023, Q1

CMH CANS Clients (Juvenile Justice) SFY 2023 Q1

These Filters apply to full dashboard

Agency Name	State Fiscal Year	Fiscal Month	County Name	AGE	Gender	Race/Ethnicity
All	All	All	All	All	All	All

LEGAL_ISSUES (Applies to Legal Issues items only)
LEGAL_ISSUES
All

RISK_BEHAVIORS_DELINQUENCY (Applies to Delinquency items only)
RISK_BEHAVIORS_DELINQUENCY
All

Legal Issues

	0	1	2	3	Grand To..
Distinct Clients	1,935	241	239	50	2,459
% LEGAL_ISSUES	79%	10%	10%	2%	100%

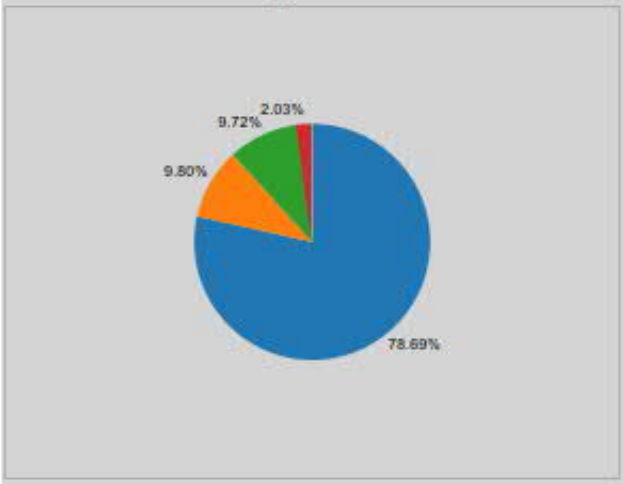
Delinquency

	0	1	2	3	Grand ..
Distinct Clients	2,046	273	134	20	2,459
% BEHAVIORS_DELI..	83%	11%	5%	1%	100%

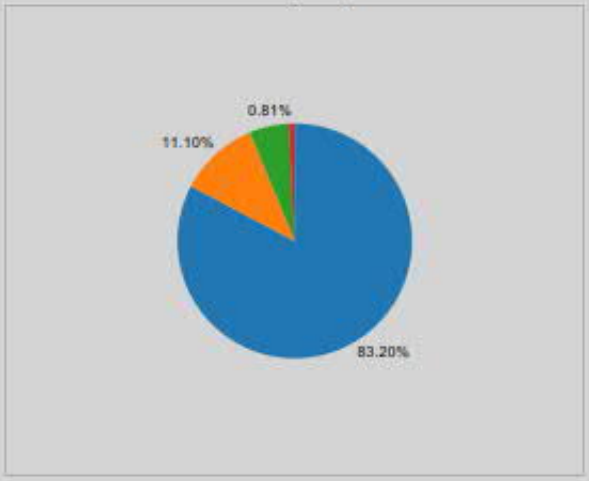
LIFE FUNCTIONING LEGAL ISSUES
0 1 2 3

RISK_BEHAVIORS_DELINQUENCY
0 1 2 3

Legal Issues



Delinquency



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

Appendix B –Annual Estimation 2022

Annual Estimated Number of Potential Class Members Dec, 2022

	Type of insurance				
	Employer	Non-Group	Medicaid	Uninsured	Total
Insured rate based on 2020 Estimated Census	50.70%	5%	34.90%	7.10%	
Population	246,000	25,000	170,000	35,000	
Estimated prevalence	6%	6%	8%	11.90%	
Estimated need	14,760	1,500	13,600	4,165	
Expected Utilization Lower Estimate 15%	2215	225	13,600	4,165	20,205
Expected Utilization Higher Estimate 18%	2655	270	13,600	4,165	20,690

**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 (15% Employer, Non-Group, Medicaid, Uninsured) = 2215+225+13,600 +4,165 = 20,205

YES Eligible higher (18% Employer, Non-Group, Medicaid, Uninsured) = 12655+270+13,600+ 4,165 = 20,690

Resources for data;

Population numbers:

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

Prevalence rates:

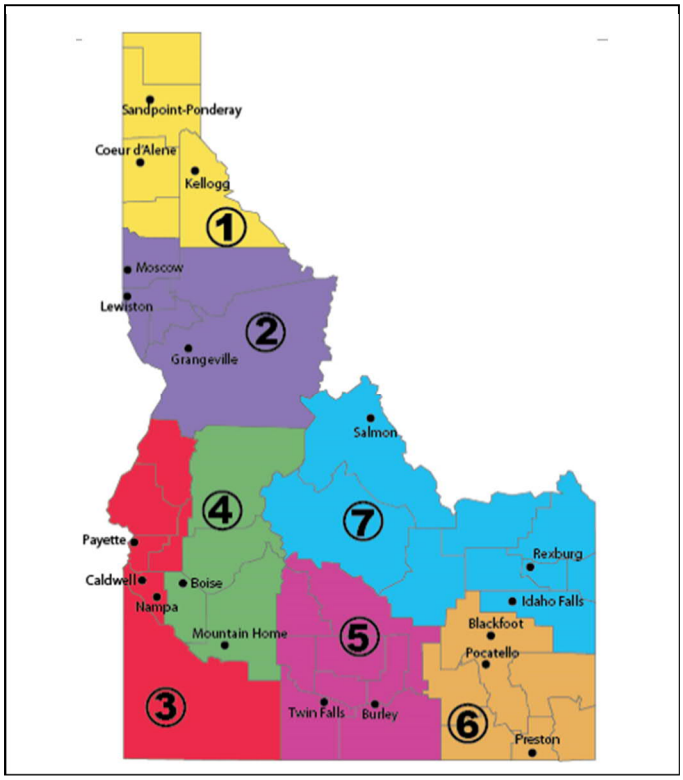
Medicaid : https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7

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

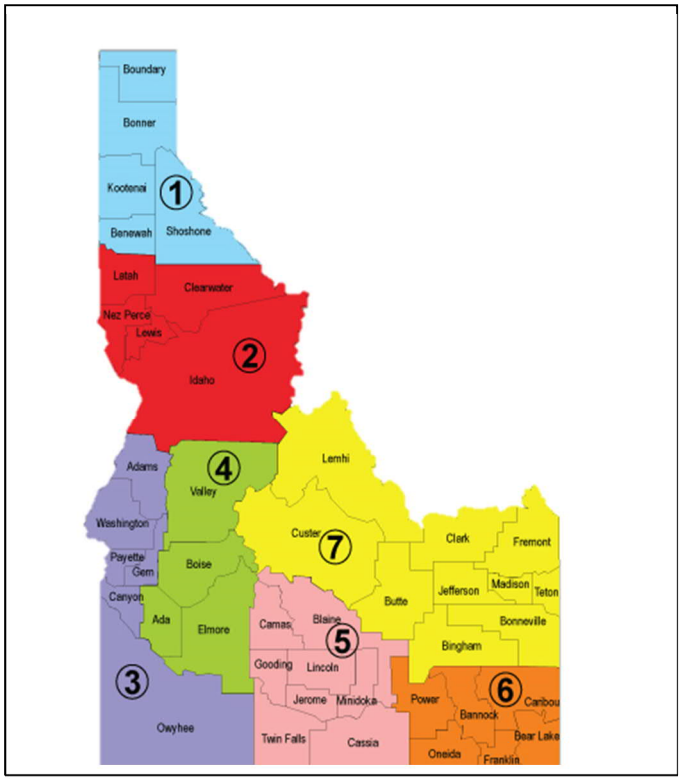
Private insurance:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/

Appendix C- Regional Maps

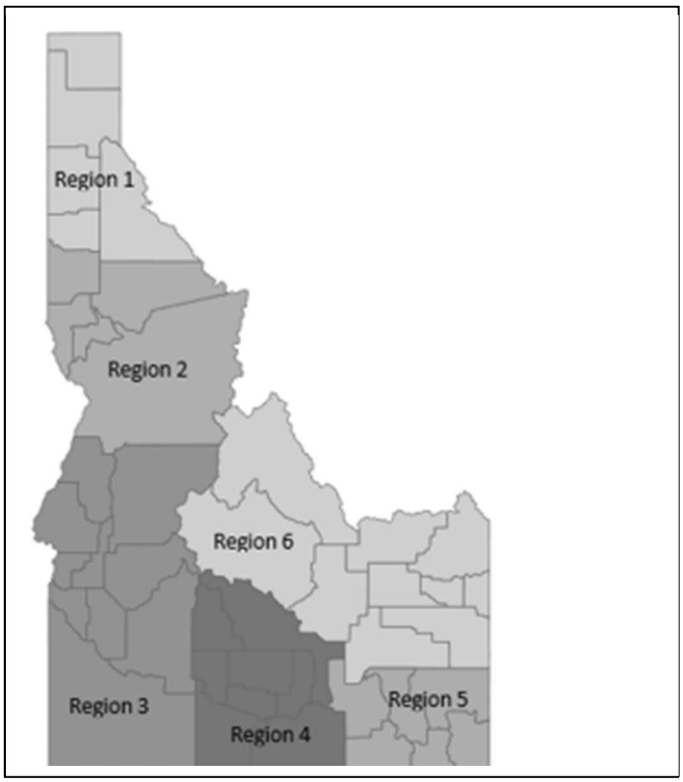
Idaho Department of Health and Welfare: Medicaid,



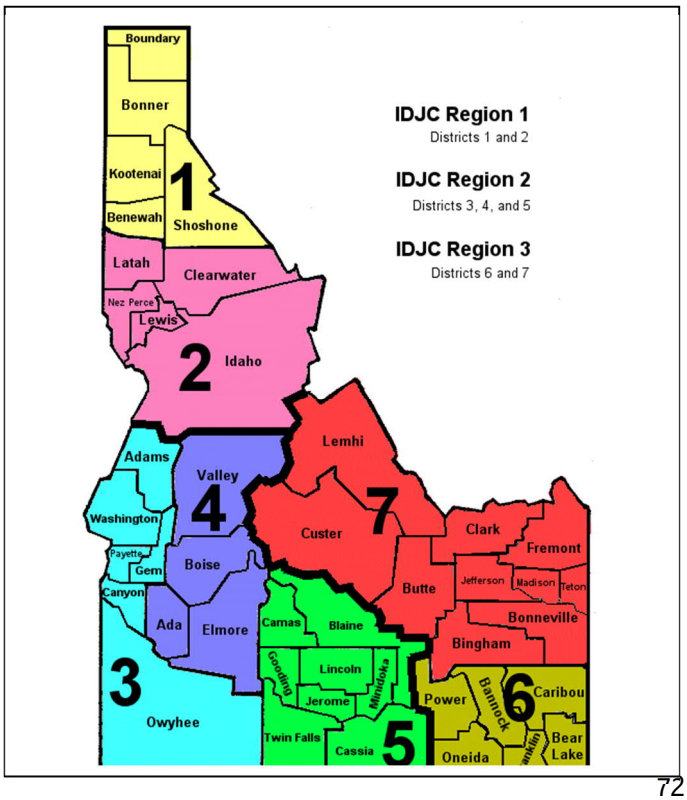
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



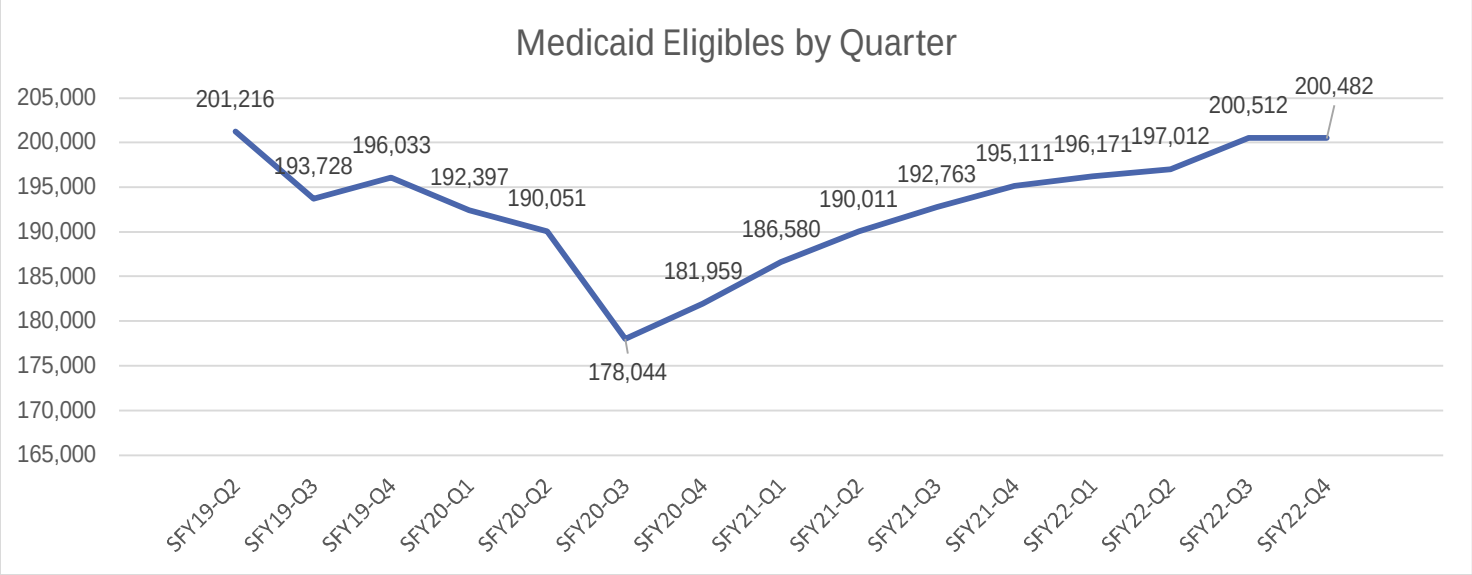
Idaho Department of Juvenile Corrections



Appendix D –Medicaid Eligible Members and rate of Utilization of Services

Medicaid eligible members, ages 0 - 17

Region	SFY19-Q1	SFY19-Q2	SFY19-Q3	SFY19-Q4	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	SFY21-Q1	SFY21-Q2	SFY21-Q3	SFY21-Q4	SFY22-Q1	SFY22-Q2	SFY22-Q3	SFY22-Q4	SFY23-Q1
Region 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	23,906	23,926	24,245
Region 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	8,317	8,350	8,517
Region 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	42,681	42,777	43,124
Region 4	39,509	39,911	38,364	38,773	38,133	37,568	35,158	35,989	36,874	37,705	38,241	38,625	38,996	39,449	39,814	40,057	40,520
Region 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	27,960	28,115	28,360
Region 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	15,474	15,630	15,816
Region 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	38,045	38,460	38,996
OOS	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	4,315	3,167	2,121
Total	200,042	201,216	193,728	196,033	192,397	190,051	178,044	181,959	186,580	190,011	192,763	195,111	196,171	197,012	200,512	200,482	201,699



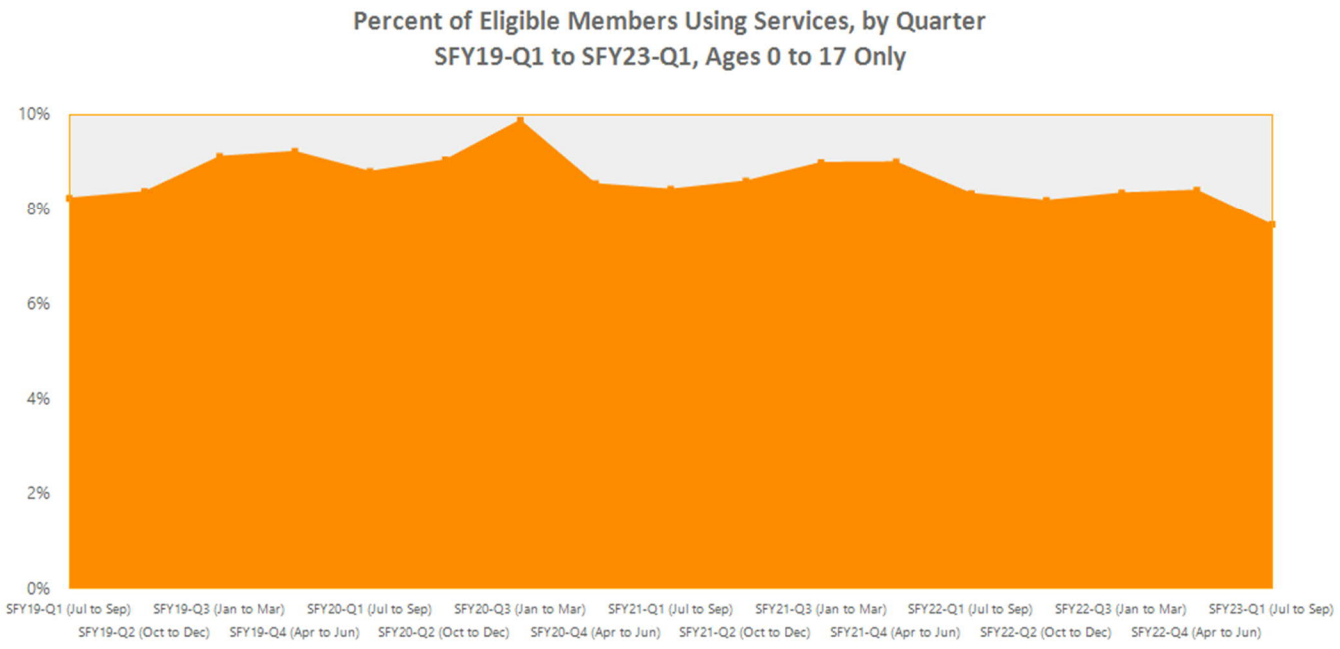
Utilization Rate - Percentage of Eligible Members Using Services

Percent Utilization: While data reveals variation in total members 0-17 eligible and also utilizing services over the report time period (SFY19-Q1 to SFY23-Q1), the percentage of members utilizing services remains relatively steady by quarter varying from 7.7% to 9.9%. It should also be noted that variation can be attributed to seasonality consistent with previous plan experience similar for each year.

QoQ (SFY22-Q4 to SFY23-Q1): -8.8%
YoY (SFY22-Q1 to SFY23-Q1): -8%

Utilization Rate by Quarter - Ages 0 to 17 Only
Description: This table displays the number of service utilizers compared to number of Eligible members, by quarter, between 7/1/2018 to 9/30/2022 for utilizers/members between the ages of 0 to 17. Data as of 11/7/2022

Qtr	Total Utilizers per Quarter	Total Distinct Members per Quarter	Pct Utilizers	Rate per Thousand	QoQ Change	YoY Change
SFY2019-Q1	16,513	200,042	8.25%	83		
SFY2019-Q2	16,886	201,216	8.39%	84	1.7%	
SFY2019-Q3	17,691	193,728	9.13%	91	8.8%	
SFY2019-Q4	18,106	196,033	9.24%	92	1.1%	
SFY2020-Q1	16,962	192,397	8.82%	88	-4.5%	6.8%
SFY2020-Q2	17,218	190,051	9.06%	91	2.8%	8.0%
SFY2020-Q3	17,616	178,044	9.89%	99	9.2%	8.3%
SFY2020-Q4	15,575	181,959	8.56%	86	-13.5%	-7.3%
SFY2021-Q1	15,751	186,580	8.44%	84	-1.4%	-4.2%
SFY2021-Q2	16,371	190,011	8.62%	86	2.1%	-4.9%
SFY2021-Q3	17,358	192,763	9.00%	90	4.5%	-9.0%
SFY2021-Q4	17,594	195,111	9.02%	90	0.1%	5.3%
SFY2022-Q1	16,390	196,171	8.35%	84	-7.3%	-1.0%
SFY2022-Q2	16,167	197,012	8.21%	82	-1.8%	-4.8%
SFY2022-Q3	16,770	200,512	8.36%	84	1.9%	-7.1%
SFY2022-Q4	16,888	200,482	8.42%	84	0.7%	-6.6%
SFY2023-Q1	15,501	201,699	7.69%	77	-8.8%	-8.0%


Percent of Eligible Members Using Services, by Quarter
SFY19-Q1 to SFY23-Q1, Ages 0 to 17 Only
10%
8%
6%
4%
2%
0%
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)
SFY23-Q1 (Jul to Sep)