



Quality Management
Improvement & Accountability
(QMIA)

YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report

Q3, SFY 2023

July, 2023



YES, QMIA Quarterly Report SFY 2023, Q3

YES QMIA-Q SFY 2023, Q3 includes data from January, February, and March 2023
and trends from previous years

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YES, QMIA Quarterly Report Q3, SFY 2023

Purpose of YES QMIA Quarterly (QMIA-Q) Report

The goal of Idaho’s Youth Empowerment Services (YES) program is to develop, implement, and sustain a child, youth, and family-driven, coordinated, and comprehensive children’s mental health delivery system of care. The enhanced YES child serving system will lead to improved outcomes for children, youth, and families 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 a 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 children-serving systems provide most outpatient mental health care for children and youth. The report includes data about 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. Data focused on 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 is also included.

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 the information provided within this QMIA-Q creates questions or an interest in additional data collection, please contact YES@dhw.idaho.gov with your questions, concerns, or suggestions.

QMIA-Q report dates for SFY 2023

YES QMIA-Q SFY 2023 Timelines	<i>Published on YES Website</i>
1st quarter: July – September + Annual YES projected number	January
2nd quarter: October – December	April
3rd quarter: January – March	July
4th quarter: April – June + Full SFY 2023	October



YES, QMIA Quarterly Report, includes data from Q3 of SFY 2023 (January, February, March 2023), and trends over past 5 years comparing previous quarters and SFYs.

Executive Summary – SFY 2023, Q3

The QMIA-Q report for State Fiscal Year (SFY) 2023, Quarter 3 (Q3) provides information about the delivery of YES services for January, February, March, 2023, and trends over the past five years of YES implementation.

Changes to the report format initiated in SFY 2023, Quarter 1, intended to make the data provided more useful and easier to understand, have been maintained. The significant changes are in Section 5 of the report on Medicaid Outpatient services. Information has been added to the statewide portion of the section. The statewide information now includes both a table with all services with number of youths serviced and a table with the penetration rates of all services. Data about services (i.e., Case Management, Therapeutic After School [TASSP], Crisis Services, and Family Support Partners) that had not previously been reported is also included.

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, etcetera. All the previously available data about services remains, but by breaking out the utilization data for each service by region, the QMIA-Q provides a clearer picture of how service utilization varies across the state. In addition, reports provided for each region include the number of youths served, the percent of the type of services 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.

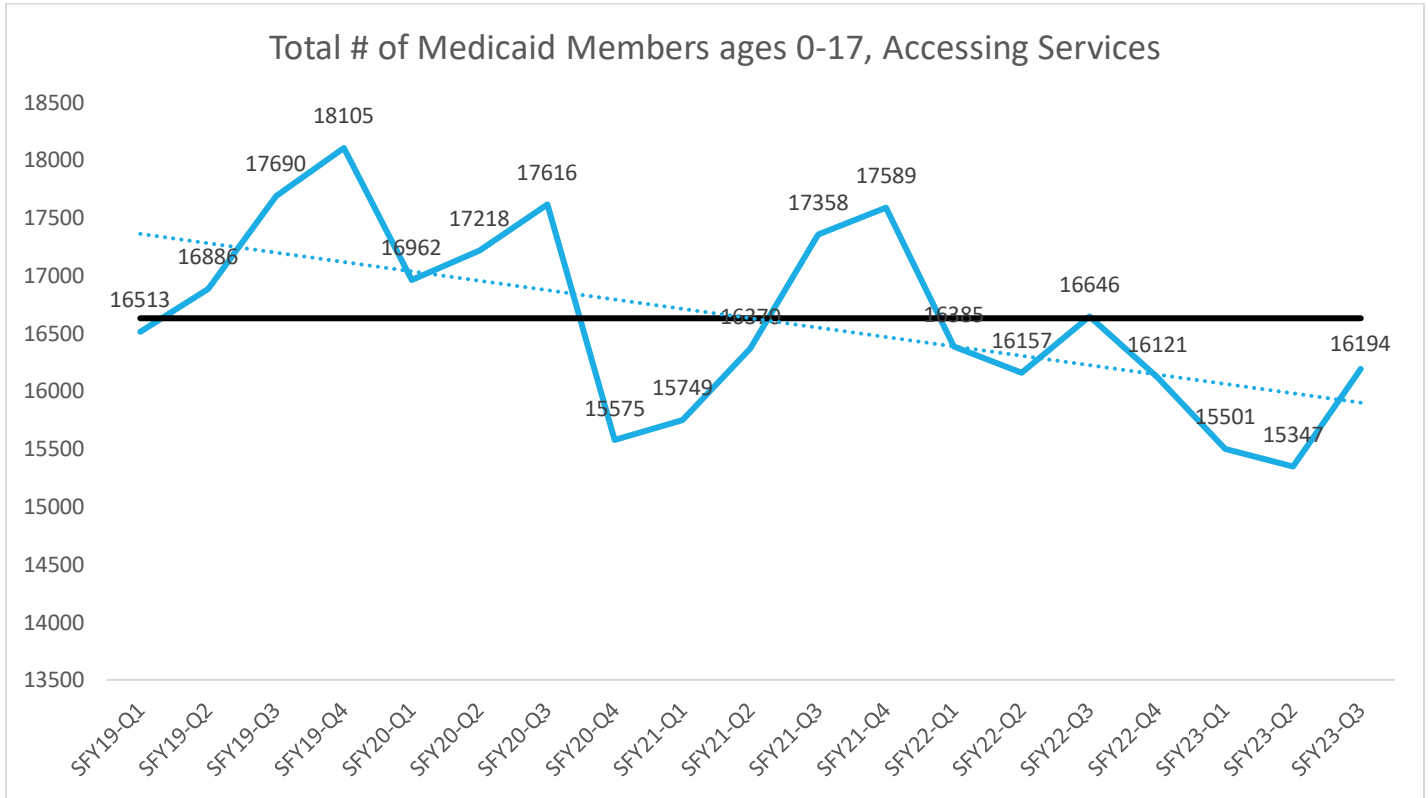
Data for QMIA-Q Q3 includes the updated Estimation of YES Eligibility (E1), statewide access to YES Outpatient Medicaid services (E2), the average Medicaid expenditure per member served by region (E3), access to intensive outpatient Medicaid services (E4), updates on quality improvement projects, and a list of published YES reports.

E1 Annual YES Eligibility Estimation SFY 2023 - updated in 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

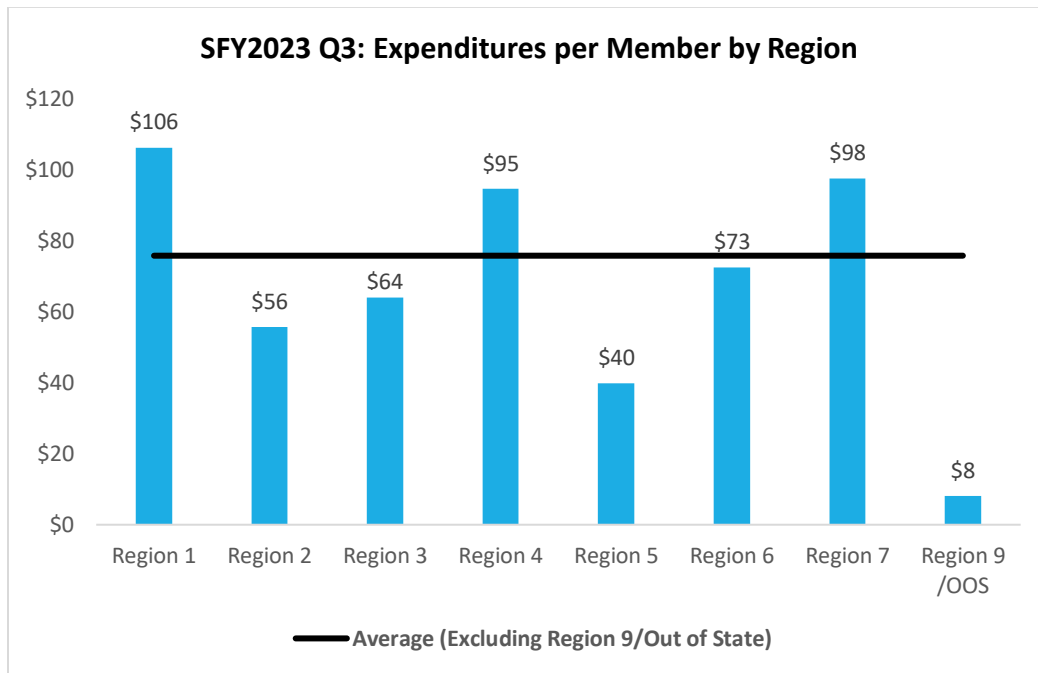
E2: Statewide access to YES Outpatient Medicaid Services

One aspect of identifying regional service gaps is understanding access statewide. As the chart below indicates, the number of Medicaid members under the age of 18 receiving outpatient services has varied over the last 18 quarters, with the highest number being 18,105 in Quarter 4 of SFY 2019 and the lowest number of 15,347 in Quarter 2 of SFY 2023. The overall trend is decreasing (blue dotted line), although the numbers served increased in the most in the current quarter (Q3-SFY2023). An analysis of the past quarters indicates that the average number of children and youth receiving services per quarter is approximately 16,631 (black line), and for the most recent seven 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 in SFY 2023, Q3 by region indicates there continues to be substantial variation in expenditures across the state – from \$40 per person served in Region 5 to \$106 per person served in Region 1¹.



E4 Access to Intensive Outpatient Medicaid Services by Type and Region

The following tables highlight the limited availability of Intensive Outpatient Treatment Services for Medicaid members under the age of 18 across all regions of the state. The first table provides an overview of the number served, while penetration rates (number receiving services/number of Medicaid members) are provided in the second table.

# of Medicaid Members Accessing Intensive Outpatient Treatment Services									
	1	2	3	4	5	6	7	9	Total
Intensive Outpatient	10	14	69	80	35	20	15	0	243
TASSP ²	0	0	4	16	0	1	3	0	24
Partial Hospitalization (PHP)	1	0	46	74	1	1	8	0	131
Day Treatment	0	0	1	1	11	3	8	0	24
IHCBS ³	0	0	3	4	1	14	7	0	29

Penetration Rates for Intensive Outpatient Treatment Services									
	1	2	3	4	5	6	7	9	Total
Intensive Outpatient	0.0%	0.2%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.1%
TASSP	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Partial Hospitalization (PHP)	0.0%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
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%

¹ Region 1 expenditures per member increased substantially in Q3. Section 5d: YES Medicaid Expenditures includes detailed information about the rise.

² TASSP- Therapeutic After School Support Program

³ IHCBS - Intensive Home and Community Based Services

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 YES website. In addition, a collaborative workgroup of parents and youth, the Idaho Department of Health and Welfare Divisions of Behavioral Health and Family and Community Services, the Idaho Department of Juvenile Corrections, and the State Department of Education 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, via a link from the YES website (yes.idaho.gov).

Crisis and Safety Plan training was provided to community providers in the fall of 2022 based on recommendations from family representatives on the Family Advisory Subcommittee (Q-FAS). The creation and use of effective safety planning training was provided in five total sessions. Attendance at the training was very good with over 500 participants. Although the 2022 family survey⁴ did not indicate there had been a substantial improvement in the percentage of caregivers who indicated a provider had helped them make a crisis and safety plan (60% in 2021, 61% in 2022) or in percentage of caregivers who perceived the plan would be effective in an actual crisis (61% in 2021 and 2022), the training session took place late in fiscal year so it is plausible a greater impact will be observed in the 2023 family survey.

The ongoing QIP effort also includes a second set of Crisis and Safety Planning trainings offered to providers in the summer of 2023. Three sessions will be available to providers in this round of training. Additional details about these trainings will be provided in future QMIA-Q reports and Family Survey data will continue to be used to assess whether providers are helping youth and families create crisis and safety plans as well as caregiver perceptions of the effectiveness of their individual plans.

Hospital Discharge Standard

Over the past several years, there have been 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 for best practices, and rules in other states in order 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 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.

⁴ A YES Family Survey is conducted annually to assess the YES Principles of Care

YES reports:

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

Provider Survey of the YES Quality Review, FY 2021-2022: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8>

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

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

YES Quality Review SFY 2022 Final Report:: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8>

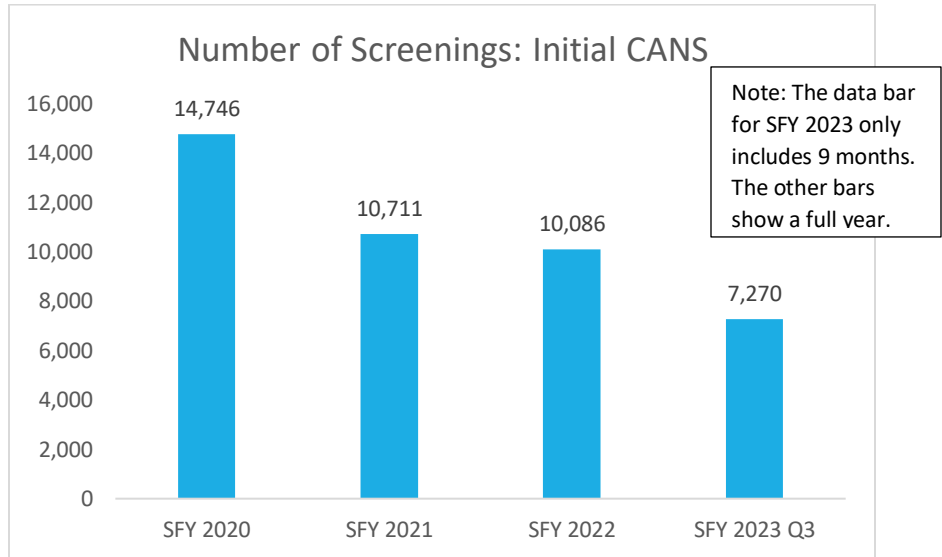
YES Rights and Resolutions: <https://yes.idaho.gov/yes-quality-management-improvement-and-accountability/>, click on “Additional QMIA Data and Reports” and scroll down the page

QMIA-Q SFY 2023, Q3 Report

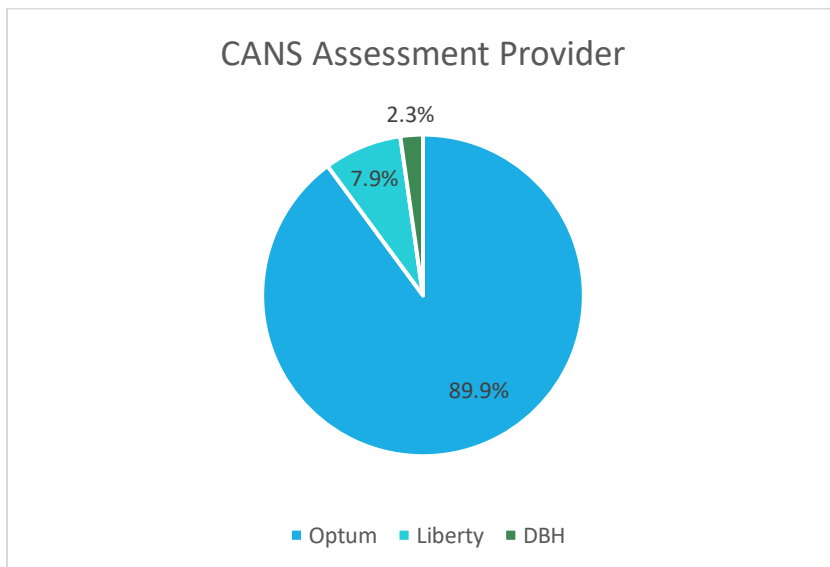
1. Screening for Mental Health Needs

1a: Total Number of Children and Youth Screened for Mental Health Needs

The number of initial CANS completed in SFY 2023, by the end of Q3 was 7,270. If this rate continues 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.



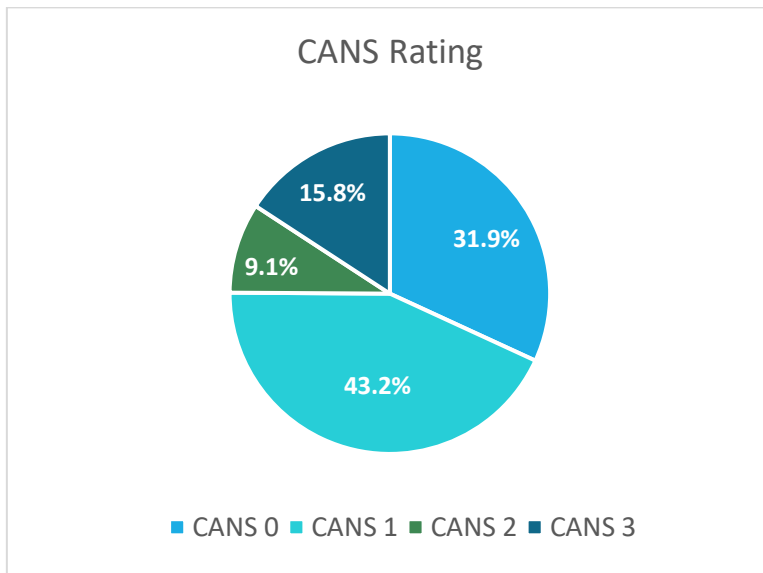
1b: Percentage of CANS Completed By DBH, Liberty, and Medicaid Providers



The screening for mental health services through the CANS assessment may be conducted by DBH, Liberty or a Medicaid Provider. For SFY 2023, Q3 almost 90% of CANS Assessments were completed by Medicaid providers, 8% by Liberty, and 2% by DBH. This is consistent with previous quarters.

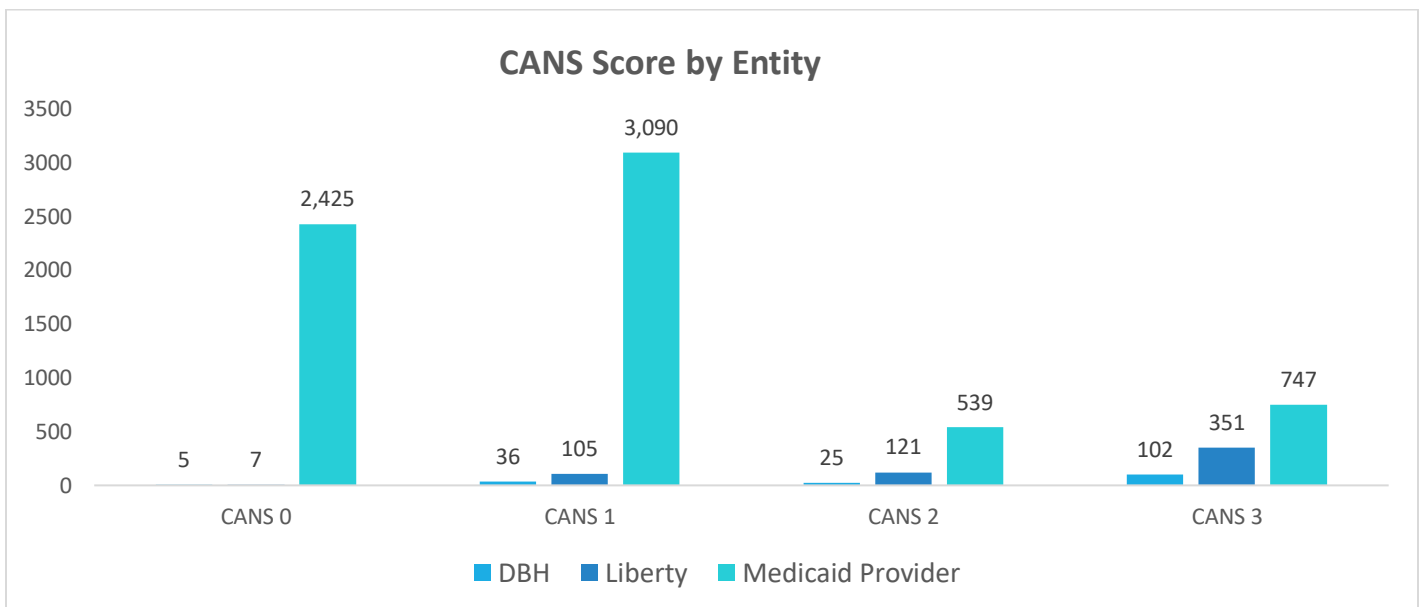
2. YES eligible children and youth based on initial CANS

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 eligibility criteria for YES membership. Children and youth with a rating of "0" on the CANS may still have mental health needs and are provided mental health services but do not meet the eligibility criteria established in the Jeff D. Settlement Agreement to be considered a class member of the Jeff D. lawsuit. The percent in each CANS rating have remained very consistent over time.

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

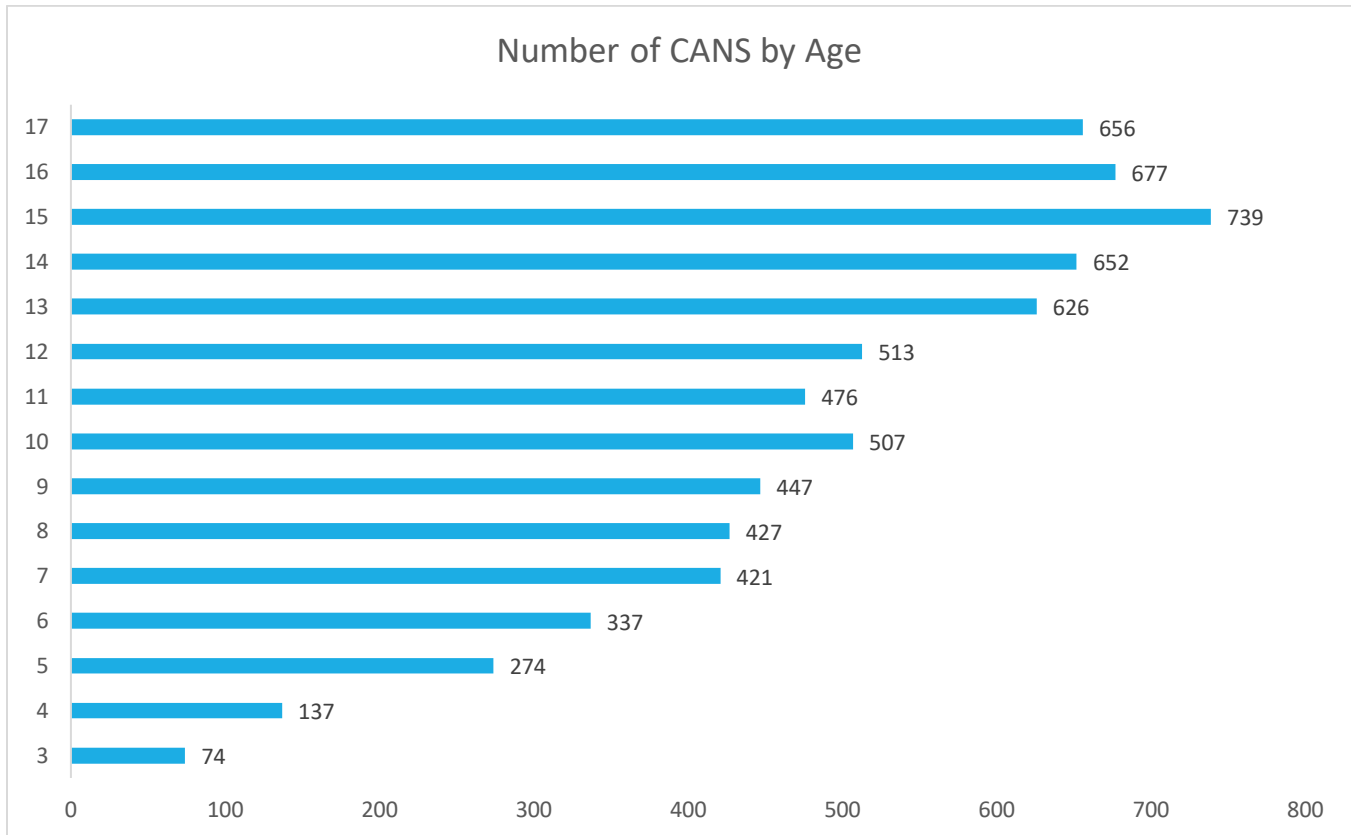


What is this data telling us?

Of all the initial CANS completed during the first three quarters of SFY 2023, approximately 68% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 rating) and 32% 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 across several quarters. The data also show children and youth with lower level of needs tend to be assessed more often by Medicaid providers.

3. Characteristics of children and youth assessed using the CANS

3a: Ages of Children and Youth Who Had an Initial CANS

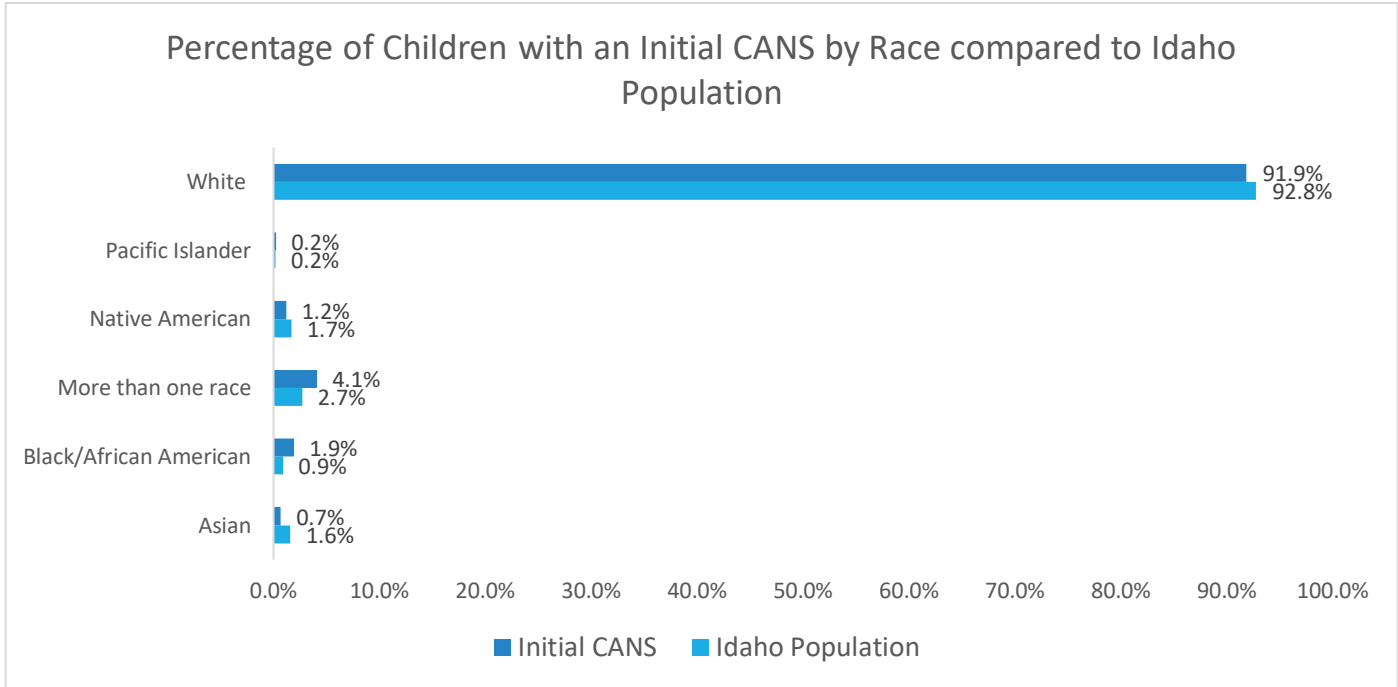


What is this data telling us?

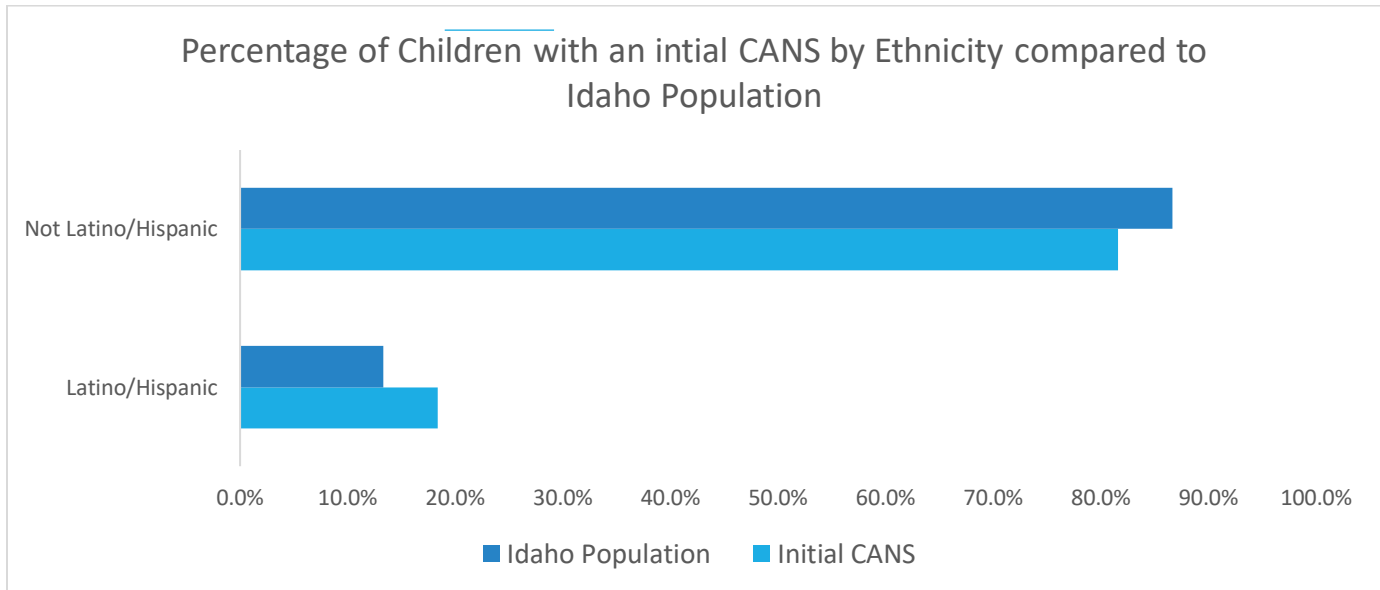
Consistent with previous state fiscal years, in the first three quarters of SFY 2023, initial CANS assessments were more likely to be completed with teenagers (13–17-year old’s) than with younger children.

CANS by Race and Ethnicity:

3d: Race of Children and Youth who Received an Initial CANS



3e: Ethnicity of Children and Youth who received an Initial CANS



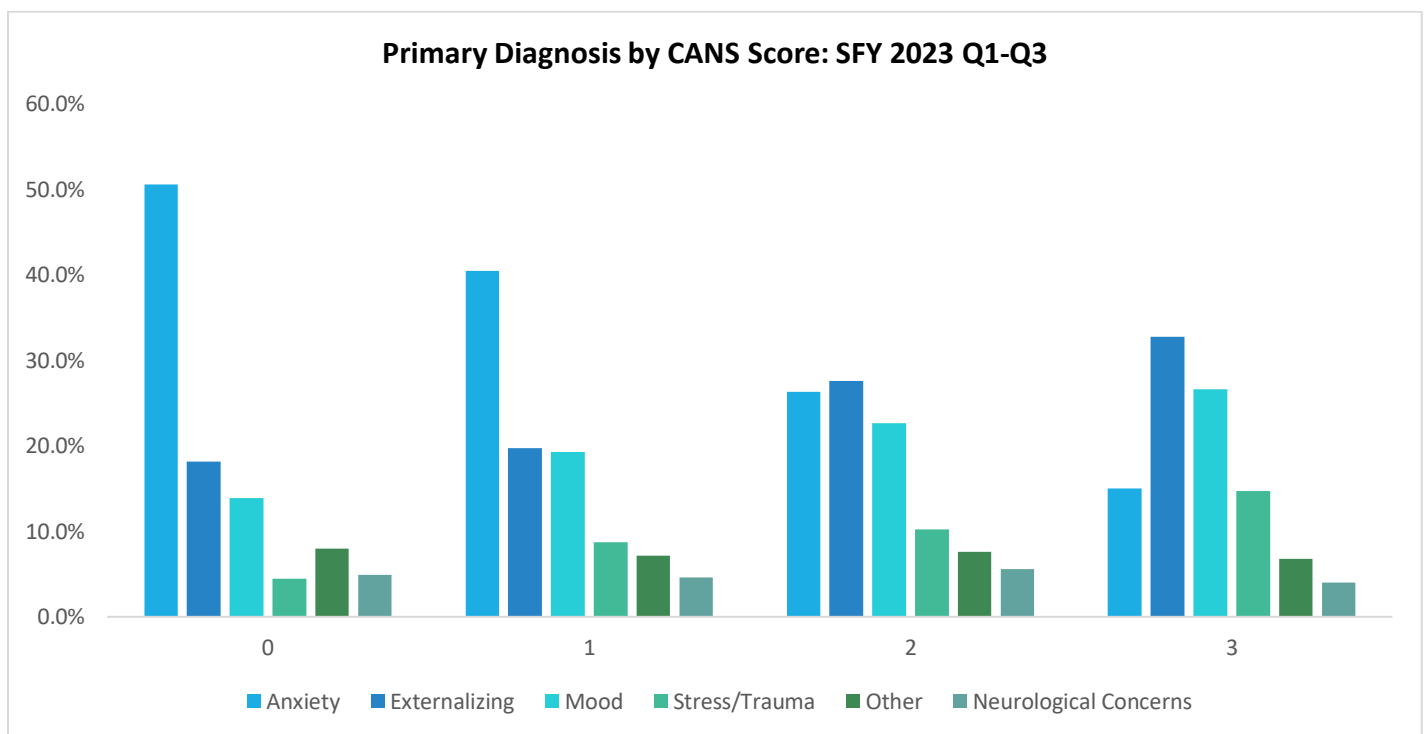
What is this data telling us?

Review of race data indicates children who more than one race or African American are slightly more likely to receive an initial CANS compared to the overall population in Idaho, while those who are native American or Asian are less likely to receive an initial CANS. Ethnicity data reveals more children who identify as Latino/Hispanic are receiving initial CANS assessments than those who do not identify as Latino/Hispanic.

3f: Primary Diagnosis by CANS Score: SFY 2023 Q1-Q3

Primary diagnosis by CANS score data is presented below in tubular and graphic formats to allow readers to process the information according to their preferred configuration.

Primary Diagnosis	CANS Score				Total
	0	1	2	3	
Anxiety	50.6%	40.5%	26.3%	15.0%	2910
Externalizing	18.1%	19.7%	27.6%	32.8%	1659
Mood	13.9%	19.3%	22.7%	26.7%	1435
Stress or Trauma	4.5%	8.7%	10.2%	14.7%	357
Other	8.0%	7.1%	7.6%	6.8%	559
Neurological Concerns	4.9%	4.6%	5.6%	4.0%	637
Total	2,448	3,252	686	1,177	7563
	100.0%	100.0%	100.0%	100.0%	

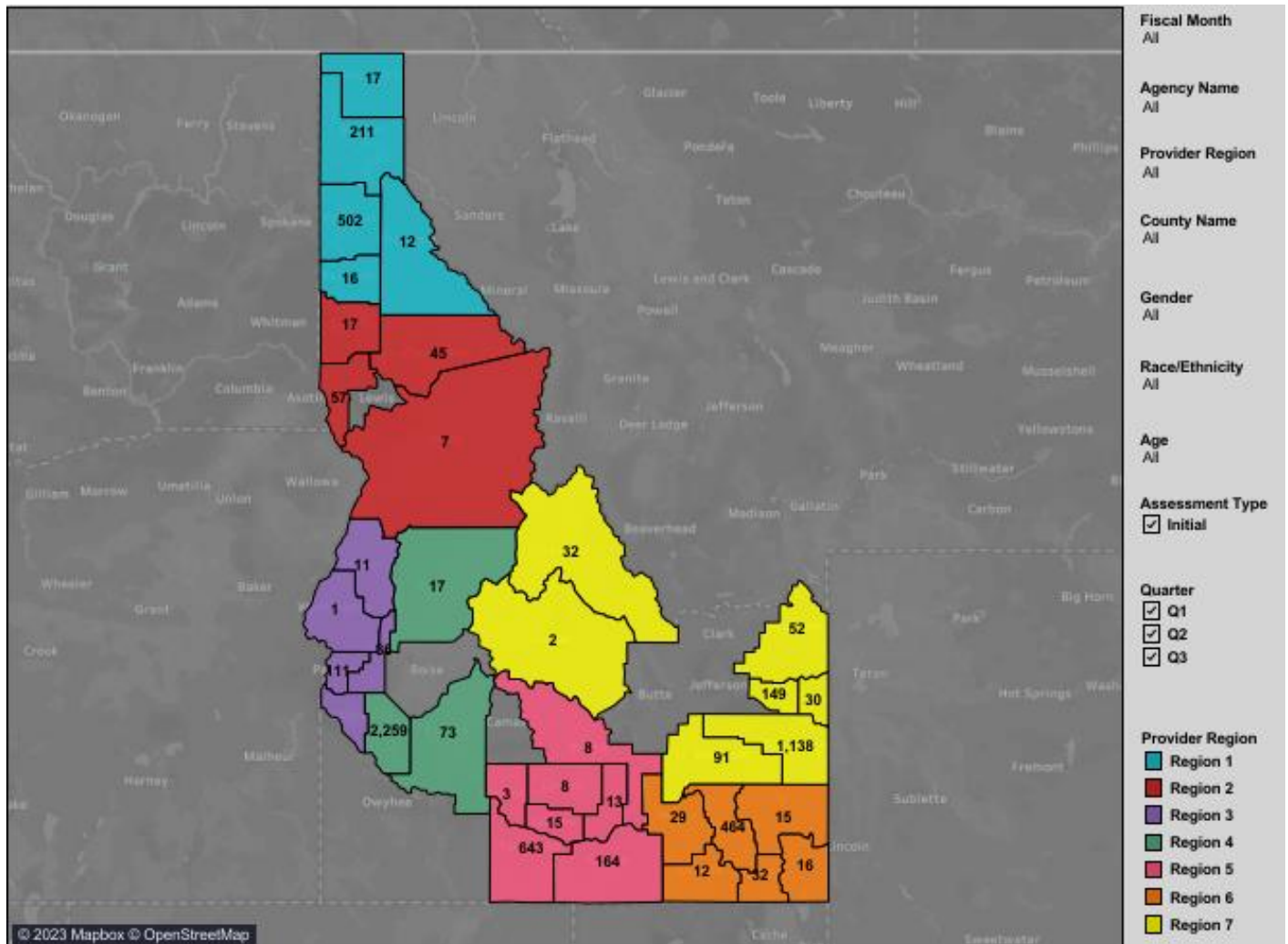


What is this data telling us?

Primary diagnosis varies substantially by CANS score. For example, anxiety is much more likely to be the primary diagnosis for youth with CANS scores of 0 and 1 than those with a CANS of 2 or 3 while externalizing is a considerably more common primary diagnosis among youth with CANS of 2 and 3 than those with lower CANS scores. It is also noteworthy that stress or trauma is a noticeably more prevalent primary diagnosis for youth with a CANS score of 3. These patterns suggest providers need to customize services based on youth CANS score *and* primary diagnosis and that in order to do so a full array of widely available services needs to be present within the overall YES system of care.

4: CANS Assessment Location- Geographic Mapping

The map below shows the number of initial CANS provided in Q1-Q3 of SFY 2023 by Idaho county. As of Q3 there remain 7 counties with no initial CANS completed: Boise, Butte, Clark, Camas, Jefferson, Lewis, and Owyhee (in Q1 there were 11 counties with no initial CANS completed). In addition, there were also 3 counties with 3 or fewer CANS as of Q3.



What is this data telling us?

The number of counties in which there were no initial CANS assessments (7) and the number of counties in which there were 3 or fewer (3) improved slightly since Q1 but has not improved since Q2. The counties in which there were no, or few, initial CANS were either rural or remote counties. The geographic distribution of the initial CANS assessments indicates that there is likely to be unmet need in those areas as children and youth are not being assessed by an initial CANS.

Utilization of Outpatient Services

5. Medicaid Outpatient Utilization

Total number of children and youth (ages 0-17 only) served with Medicaid Outpatient services

The following table combines the number of unduplicated children and youth who received Medicaid through the YES Medicaid Program and those with other types of Medicaid (regular Medicaid, Foster Care Medicaid, etc.) who accessed mental health services between SFY 2019 and SFY 2023, Q3.

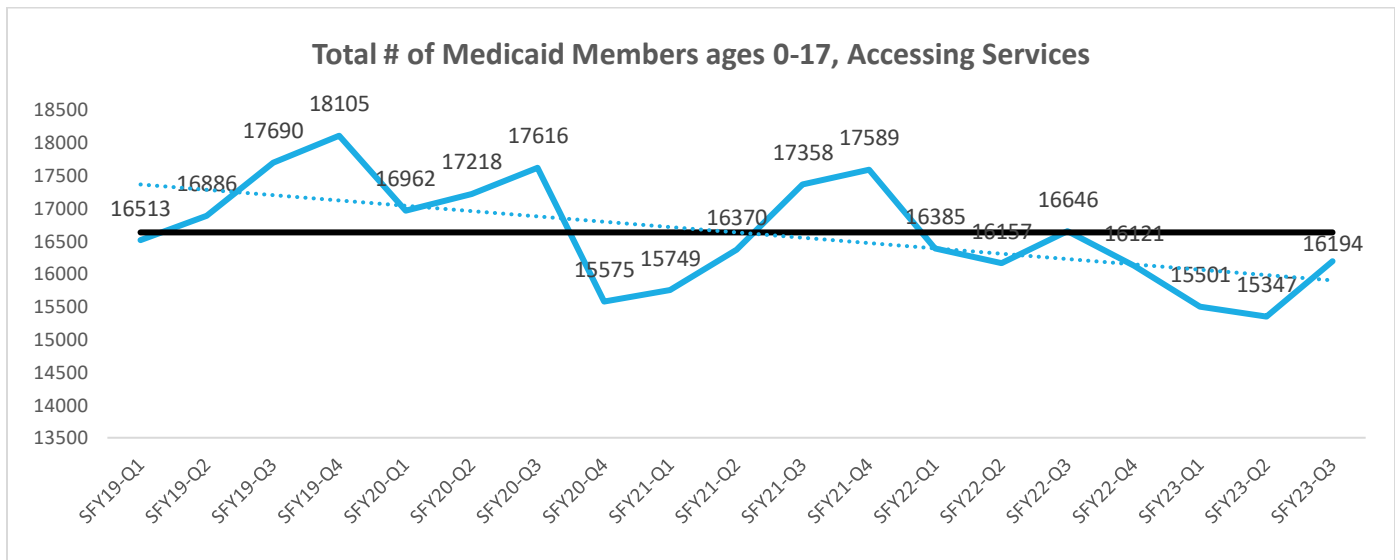
5a: Total number of Medicaid members served

	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)	SFY23 -Q2 (Oct to Dec)	SFY23 -Q3 (Jan to Mar)
Medicaid	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	13,298	14,136
YES Medicaid	703	784	924	1,142	1,407	1,583	1,749	1,872	2,040	2,081	2,079	2,151	2,093	1,991	2,137	2,092	2,107	2,049	2,058
Total	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	15,347	16,194

What is this data telling us?

The table shows that while the overall number served had been decreasing, dipping below 16,000 in Quarters 1 and 2 of SFY23, in Quarter 3 it rebounded and is again above 16,000. Additionally, the number with YES Medicaid steadily increased between SFY19, Q1 and SFY21, Q1 when it topped 2,000. The number of YES Medicaid served now appears to have stabilized, hovering around 2,000 to 2,100 in more recent SFYs.

5b: Quarterly trend of Medicaid members accessing services



What is this data telling us?

The number of Medicaid members receiving outpatient services has varied substantially – from a high of 18,105 in April - June 2019 and a low of 15,347 in Oct- Dec 2022. The overall trend is decreasing (blue dotted line), although the numbers served did increase in 2022 as well as in Q3 of SFY2023. An analysis of the past quarters indicates that the average number of children and youth receiving services per quarter is approximately 16,631 (black line) and for the most recent 7 quarters the number accessing services has been trending below the average.

5c: Statewide Utilization of YES Outpatient Services Provided by the Optum Idaho/Medicaid Provider Network by Region

The following table shows the outpatient services provided to Medicaid members ages 0-17 noted by type of service and the region in which the service was delivered. The number served is SFY 2023, Q3 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: Number of Medicaid Members Accessing YES Outpatient Services by Region

SFY 2023, Q3	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
Assessments									
CANS Billed to Medicaid	539	126	1,313	1,828	563	385	1,691	12	6,457
Psych and Neuropsych Testing	9	3	101	95	31	78	176	3	496
Behavior Assessment	48	0	18	49	0	0	0	0	115
Outpatient Treatment Services									
Psychotherapy	1,045	412	2,211	2,826	1,009	817	2,693	25	11,035
Case Management	30	20	147	283	154	84	541	1	1,255
Med Management	94	135	715	888	263	287	452	2	2,836
Skills Building (CBRS)	48	70	197	390	59	113	633	1	1,511
Targeted Care Coordination (TCC)	3	20	110	149	39	83	367	2	773
Substance Use Services	12	1	76	41	61	29	138	2	671
Child and Family Interdisciplinary Team (CFIT)	0	11	14	28	10	15	37	1	116
Skills Training and Development (STAD)	0	0	1	2	57	0	50	0	110
Behavior Modification and Consultation	70	0	25	65	0	0	0	0	160
Crisis									
Crisis Intervention	3	2	7	14	6	6	70	0	108
Crisis Psychotherapy	16	9	21	32	22	7	57	0	164
Crisis Response	5	5	3	9	0	2	9	0	33
Crisis Services	23	13	31	52	28	15	130	0	292
Intensive Outpatient Treatment Services									
TASSP ⁵	0	0	4	16	0	1	3	0	24
Partial Hospitalization (PHP)	1	0	46	74	1	1	8	0	131
Day Treatment	0	0	1	1	11	3	8	0	24
IHCBS ⁶	0	0	3	4	1	14	7	0	29
Support services									
Respite	0	46	49	60	18	46	139	0	358
Youth Support Services	0	15	40	63	25	10	77	1	231
Family Support	0	2	28	9	7	9	170	0	224
Family Psychoeducation	4	0	6	4	16	0	3	0	33

⁵ TASSP- Therapeutic After School Support Program

⁶ IHCBS - Intensive Home and Community Based Services

“Penetration Rate” is calculated by dividing the number of youth Medicaid beneficiaries served (numerator) by the total number of youth Medicaid eligible members (denominator). **Penetration rate tells us what percentage of the eligible population received a given service.**

5c2: Penetration Rate for Medicaid Members Accessing YES Outpatient Services by Region

SFY 2023, Q3	Penetration Rate by Region								
	1	2	3	4	5	6	7	OOS	Total
Assessments									
CANS Billed to Medicaid	2.2%	1.5%	3.0%	4.4%	1.9%	2.4%	4.3%	0.6%	3.1%
Psych and Neuropsych Testing	0.0%	0.0%	0.2%	0.2%	0.1%	0.5%	0.4%	0.1%	0.2%
Behavior Assessment	0.2%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Outpatient Treatment Services									
Psychotherapy	4.2%	4.7%	5.0%	6.8%	3.5%	5.1%	6.8%	1.2%	5.4%
Case Management	0.1%	0.2%	0.3%	0.7%	0.5%	0.5%	1.4%	0.0%	0.6%
Med Management	0.4%	1.6%	1.6%	2.1%	0.9%	1.8%	1.1%	0.1%	1.4%
Skills Building (CBRS)	0.2%	0.8%	0.4%	0.9%	0.2%	0.7%	1.6%	0.0%	0.7%
Targeted Care Coordination (TCC)	0.0%	0.2%	0.2%	0.4%	0.1%	0.5%	0.9%	0.1%	0.4%
Substance Use Services	0.0%	0.0%	0.2%	0.1%	0.2%	0.2%	0.3%	0.1%	0.2%
Child and Family Interdisciplinary Team (CFIT)	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%
Skills Training and Development (STAD)	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.1%
Behavior Modification and Consultation	0.3%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
Crisis									
Crisis Intervention	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%
Crisis Psychotherapy	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.1%
Crisis Response	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Services	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.3%	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%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
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%	0.5%	0.1%	0.1%	0.1%	0.3%	0.4%	0.0%	0.2%
Youth Support Services	0.0%	0.2%	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%	0.1%	0.4%	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?

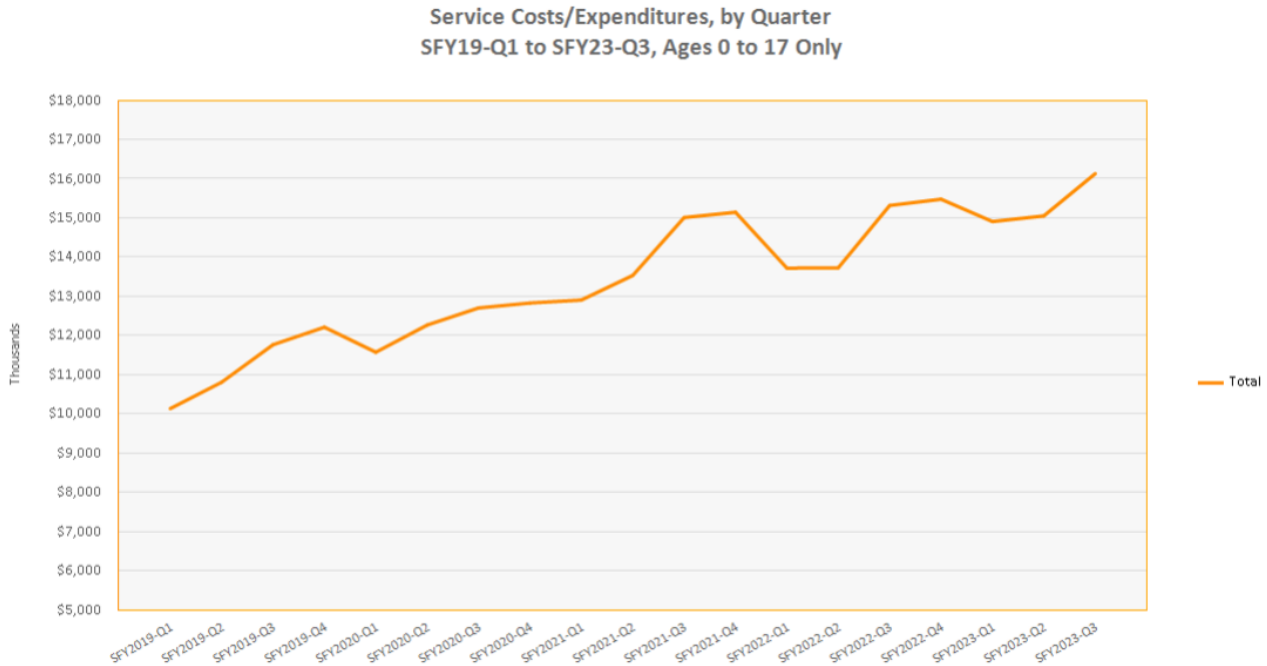
Outpatient services such as CANS Assessments, Psych and Neuropsych Testing, Psychotherapy, Medication Management, Skills Building, Targeted Care Coordination, Substance Use, Crisis, Child, and Family Interdisciplinary Teams are available statewide. Outpatient services such as Behavior Assessments, Skills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

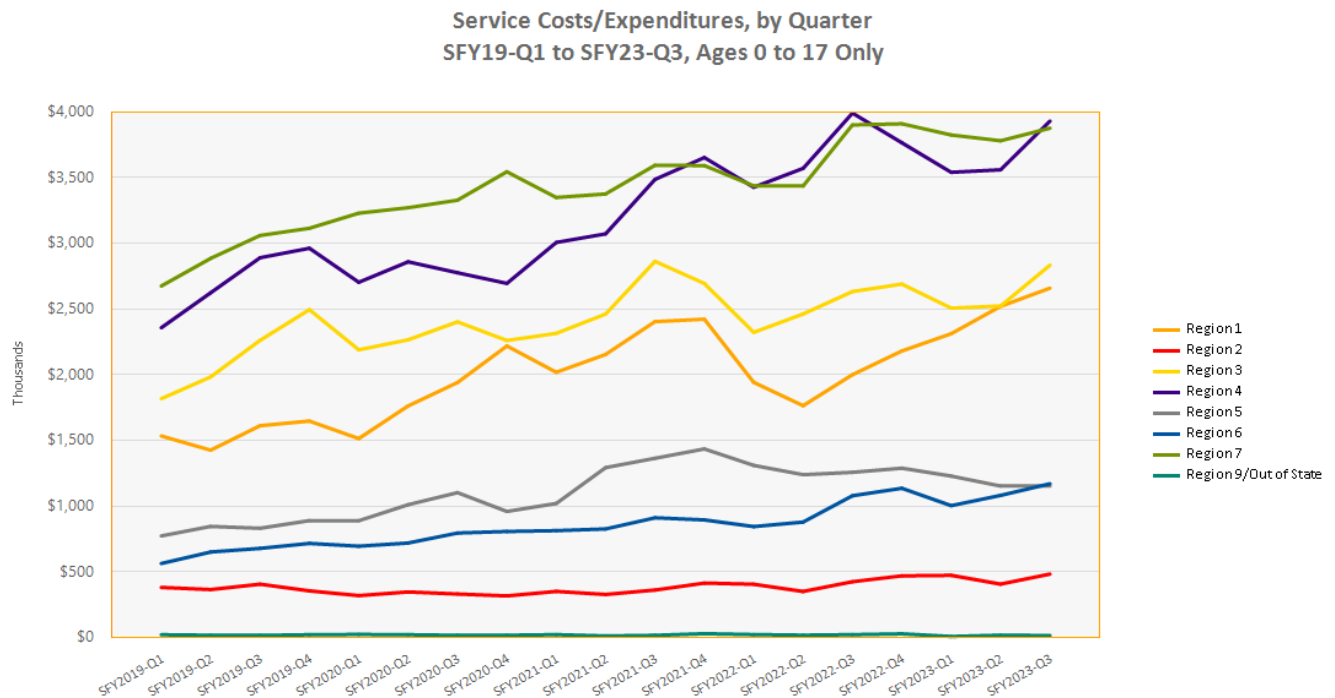
5d: YES Medicaid Expenditures

The following charts provide overall Medicaid outpatient expenditures by quarter (5d1) and by quarter *and* region (5d2) as of the report run date (4/26/2023) and represent the total dollars paid for services rendered to members between the ages of 0 to 17.

5d1: Medicaid Outpatient Expenditures by Quarter



5d2 Medicaid Outpatient Expenditures by Quarter by Region



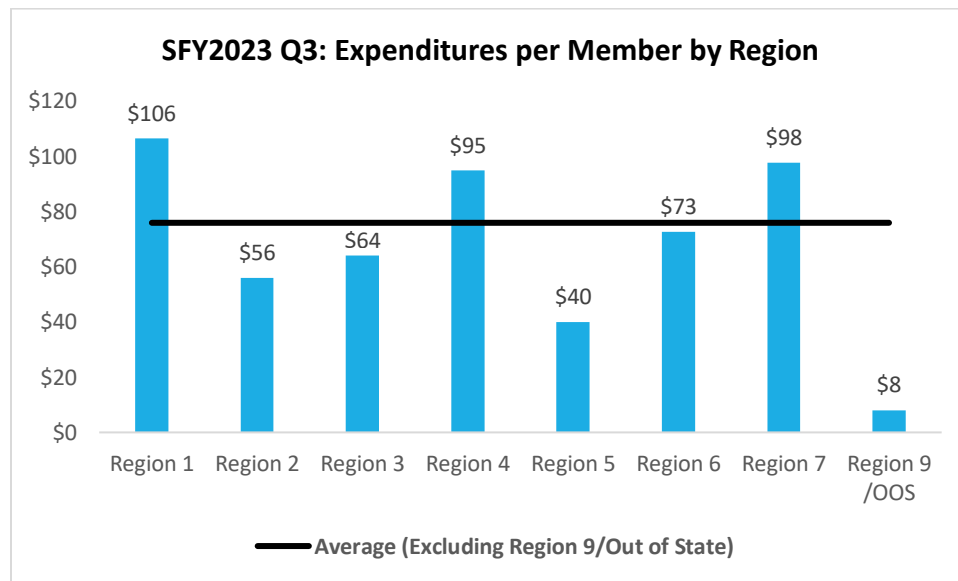
5d3: Regional Comparison of SFY23-Q3 Outpatient Expenditures

	Total Members SFY 23-Q3 (Jan-Mar)	Expenditures SFY 23-Q3 (Jan-Mar)	\$ per Distinct Member	% Members	% Expenditures
Region 1	25,000	\$2,659,784	⁷ \$106	12.1%	16.5%
Region 2	8,676	\$484,392	\$56	4.2%	3.0%
Region 3	44,232	\$2,834,744	\$64	21.5%	17.6%
Region 4	41,480	\$3,930,911	\$95	20.1%	24.4%
Region 5	28,921	\$1,154,412	\$40	14.0%	7.2%
Region 6	16,135	\$1,171,581	\$73	7.8%	7.3%
Region 7	39,712	\$3,877,091	\$98	19.3%	24.0%
Region 9/OOS	2,029	\$16,362	\$8	1.0%	0.1%
Total/Average	206,185	\$16,129,278	⁸ \$76		

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 \$40 per person in Region 5 and as much as \$98 per person in Region 7. 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 five regions. Regions 3 and 5 are under-resourced (red font) while regions 1, 4, and 7 receive higher percentages of system-wide expenditures than their distinct user populations suggest they should (blue font).

5d4: Average Expenditure per User by Region



⁷ Service rate increases caused expenditures per member to rise across *all* regions in Q3 (a detailed analysis of these changes will be provided in the Q4-QMIA Q report). However, expenditures per member rose dramatically (45.6%) in Region 1 from \$73 in Q2 to \$106 in Q3. Per the Medicaid IBHP provider, this large increase was due to a retroactive rate change impacting claims with service dates between August 2022 and the present (Q3) reporting period.

⁸ Average expenditure per distinct user excludes Region 9/Out of State (OOS).

5e: Medicaid Outpatient Service Utilization: Regional Snapshots SFY2023 – Q3

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 3 of state fiscal year 2023 (January, February, and March 2023). 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 to as high as 7% 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 in SFY 2023: 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 above. 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 median² rate has been 6.25%.

Currently the penetration rate is trending down. The high of 7.2% was in Q3 of 2020 and there have been 10 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, 14.2% were provided Case Management while just 1.8% of the youth receiving services in Region 1 were provided Case Management. The respective Case Management penetration rates, 1.4% for Regions 7 and 0.1% 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)

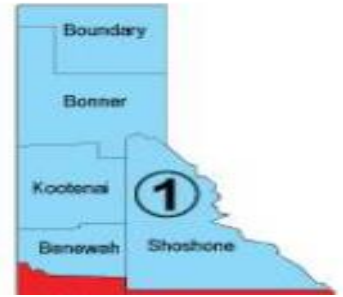
SFY 2023, Q3 Big Picture Overview

Total Medicaid Eligible Youth Members: 25,000 (12.1% of total Medicaid eligible youth members statewide)

Expenditures: \$2,659,784 (16.5% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$106.39

Medicaid Eligible Youth Members Receiving Any Service(s): 1,660



SFY 2023, Q3	Region 1			Statewide	
	Distinct Utilizers	Service Use Rate	Penetration Rate	Service Use Rate	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	539	32.5%	2.2%	39.9%	3.1%
Psych and Neuropsych Testing	9	0.5%	0.0%	3.1%	0.2%
Behavior Assessment	48	2.9%	0.2%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	1045	63.0%	4.2%	68.1%	5.4%
Case Management	30	1.8%	0.1%	7.8%	0.6%
Med Management	94	5.7%	0.4%	17.5%	1.4%
Skills Building (CBRS)	48	2.97%	0.2%	9.3%	0.7%
Targeted Care Coordination (TCC)	3	0.2%	0.0%	4.8%	0.4%
Substance Use Services	12	0.7%	0.0%	2.2%	0.2%
Child and Family Interdisciplinary Team (CFIT)	0	0.0%	0.0%	0.7%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	0.7%	0.1%
Behavior Modification and Consultation	70	4.2%	0.3%	1.0%	0.1%
Crisis					
Crisis Intervention	3	0.2%	0.0%	0.7%	0.1%
Crisis Psychotherapy	16	1.0%	0.1%	1.0%	0.1%
Crisis Response	5	0.3%	0.0%	0.2%	0.0%
Crisis Services	23	1.4%	0.1%	1.8%	0.1%
Intensive Outpatient Treatment Services					
Therapeutic After School (TASSP)	0	0.0%	0.0%	0.1%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.8%	0.1%
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	0	0.0%	0.0%	2.2%	0.2%
Youth Support Services	0	0.0%	0.0%	1.4%	0.1%
Family Support	0	0.0%	0.0%	1.4%	0.1%
Family Psychoeducation	4	0.2%	0.0%	0.2%	0.0%

What is this data telling us?

In SFY 2023 Q3 Region 1 was over-resourced receiving more expenditures (16.5% of total state expenditures) than its statewide share of the Medicaid Eligible population (12.1%). However, penetration rates in Region 1 during Q3 of 2023 lagged behind the statewide rates across almost every service, including Psychotherapy, indicating the region lacks a full array of mental health services for youth as well as the workforce to implement the services.

Region 2

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

SFY 2023, Q3 Big Picture Overview

Total Medicaid Eligible Youth Members: 8,676 (4.2% of total Medicaid eligible youth members statewide)

Expenditures: \$484,392 (3.0% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$55.83

Medicaid Eligible Youth Members Receiving Any Service(s): 575



SFY 2023, Q3	Region 2			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	126	21.9%	1.5%	39.9%	3.1%
Psych and Neuropsych Testing	3	0.5%	0.0%	3.1%	0.2%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	412	71.7%	4.7%	68.1%	5.4%
Case Management	20	3.5%	0.2%	7.8%	0.6%
Med Management	135	23.5%	1.6%	17.5%	1.4%
Skills Building (CBRS)	70	12.2%	0.8%	9.3%	0.7%
Targeted Care Coordination (TCC)	20	3.5%	0.2%	4.8%	0.4%
Substance Use Services	1	0.2%	0.0%	2.2%	0.2%
Child and Family Interdisciplinary Team (CFIT)	11	1.9%	0.1%	0.7%	0.1%
Skills Training and Development (STAD)	1	0.2%	0.0%	0.6%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.0%	0.1%
Crisis					
Crisis Intervention	2	0.3%	0.0%	0.7%	0.1%
Crisis Psychotherapy	9	1.6%	0.1%	1.0%	0.1%
Crisis Response	5	0.9%	0.0%	0.2%	0.0%
Crisis Services	13	2.3%	0.1%	1.8%	0.1%
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	0.1%	0.0%
Partial Hospitalization (PHP)	0	0.0%	0.0%	0.8%	0.1%
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	46	8.0%	0.5%	2.2%	0.2%
Youth Support Services	15	2.6%	0.2%	1.4%	0.1%
Family Support	2	0.3%	0.0%	1.4%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.2%	0.0%

What is this data telling us?

Region 2 receives less expenditures (3.0% of total state expenditures) than its statewide share of the Medicaid Eligible population (4.2%). Psychotherapy penetration rates in Region 2 have historically been slightly lower than the statewide average and this trend held in Q3 of 2023. 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 lag when compared to the statewide average.

Region 3

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

SFY 2023, Q3 Big Picture Overview

Total Medicaid Eligible Youth Members: 44,232 (21.5% of total Medicaid youth eligible members statewide)

Expenditures: \$2,834,744 (17.6% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$64.09

Medicaid Eligible Members Youth Receiving Any Service(s): 3,268



SFY 2023, Q3	Region 3			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1313	40.2%	3.0%	39.9%	3.1%
Psych and Neuropsych Testing	101	3.1%	0.2%	3.1%	0.2%
Behavior Assessment	18	0.6%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	2211	67.7%	5.0%	68.1%	5.4%
Case Management	147	4.5%	0.3%	7.8%	0.6%
Med Management	715	21.9%	1.6%	17.5%	1.4%
Skills Building (CBRS)	197	6.0%	0.4%	9.3%	0.7%
Targeted Care Coordination (TCC)	110	3.4%	0.2%	4.8%	0.4%
Substance Use Services	76	2.3%	0.2%	2.2%	0.2%
Child and Family Interdisciplinary Team (CFIT)	14	0.4%	0.0%	0.7%	0.1%
Skills Training and Development (STAD)	1	0.0%	0.0%	0.6%	0.1%
Behavior Modification and Consultation	25	0.8%	0.1%	1.0%	0.1%
Crisis					
Crisis Intervention	7	0.2%	0.0%	0.7%	0.1%
Crisis Psychotherapy	21	0.8%	0.1%	1.0%	0.1%
Crisis Response	3	0.1%	0.0%	0.2%	0.0%
Crisis Services	31	0.9%	0.1%	1.8%	0.1%
Intensive Outpatient Treatment Services					
TASSP	4	0.1%	0.0%	0.1%	0.0%
Partial Hospitalization (PHP)	46	1.4%	0.1%	0.8%	0.1%
Day Treatment	1	0.0%	0.0%	0.2%	0.0%
Intensive Home and Community Based Services	3	0.1%	0.0%	0.2%	0.0%
Support services					
Respite	46	1.5%	0.1%	2.2%	0.2%
Youth Support Services	40	1.2%	0.1%	1.4%	0.1%
Family Support	28	0.9%	0.1%	1.4%	0.1%
Family Psychoeducation	6	0.2%	0.0%	0.2%	0.0%

What is this data telling us?

Region 3 receives substantially less expenditures (17.6% of total state expenditures) than its statewide share of the Medicaid Eligible population (21.5%) and is also a region with low average dollars spent per eligible member (\$64). 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 suggesting 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, Q3 Big Picture Overview

Total Medicaid Eligible Youth Members: 41,480 (20.1% of total Medicaid youth eligible members statewide)

Expenditures: \$3,930,910.81 (24.4% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$94.77

Medicaid Eligible Youth Members Receiving Any Service(s): 4,023



SFY 2023, Q3	Region 4			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1828	45.4%	4.4%	39.9%	3.1%
Psych and Neuropsych Testing	95	2.4%	0.2%	3.1%	0.2%
Behavior Assessment	49	1.2%	0.1%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	2826	70.2%	6.8%	68.1%	5.4%
Case Management	283	7.0%	0.7%	7.8%	0.6%
Med Management	888	22.1%	2.1%	17.5%	1.4%
Skills Building (CBRS)	390	9.7%	0.9%	9.3%	0.7%
Targeted Care Coordination (TCC)	149	3.7%	0.4%	4.8%	0.4%
Substance Use Services	41	1.0%	0.1%	2.2%	0.2%
Child and Family Interdisciplinary Team (CFIT)	28	0.7%	0.1%	0.7%	0.1%
Skills Training and Development (STAD)	2	0.0%	0.0%	0.6%	0.1%
Behavior Modification and Consultation	65	1.6%	0.2%	1.0%	0.1%
Crisis					
Crisis Intervention	14	0.3%	0.0%	0.7%	0.1%
Crisis Psychotherapy	32	0.8%	0.1%	1.0%	0.1%
Crisis Response	9	0.2%	0.0%	0.2%	0.0%
Crisis Services	52	1.3%	0.1%	1.8%	0.1%
Intensive Outpatient Treatment Services					
TASSP	16	0.4%	0.0%	0.1%	0.0%
Partial Hospitalization (PHP)	74	1.8%	0.2%	0.8%	0.1%
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	60	1.5%	0.1%	2.2%	0.2%
Youth Support Services	63	1.6%	0.2%	1.4%	0.1%
Family Support	9	0.2%	0.0%	1.4%	0.1%
Family Psychoeducation	4	0.1%	0.0%	0.2%	0.0%

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 third highest average dollars spent per eligible member (\$95). Penetration rate 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, Q3 Big Picture Overview

Total Medicaid Eligible Youth Members: 28,291 (14.0% of total Medicaid youth eligible members statewide)

Expenditures: \$1,154,412.28 (7.2% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$39.92

Medicaid Eligible Youth Members Receiving Any Service(s): 1,550

SFY 2023, Q3	Region 5			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	563	36.3%	1.9%	39.9%	3.1%
Psych and Neuropsych Testing	31	2.0%	0.1%	3.1%	0.2%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	1009	65.1%	3.5%	68.1%	5.4%
Case Management	154	9.9%	0.5%	7.8%	0.6%
Med Management	263	17.0%	0.9%	17.5%	1.4%
Skills Building (CBRS)	59	3.8%	0.2%	9.3%	0.7%
Targeted Care Coordination (TCC)	39	2.5%	0.1%	4.8%	0.4%
Substance Use Services	61	3.9%	0.2%	2.2%	0.2%
Child and Family Interdisciplinary Team (CFIT)	10	0.6%	0.0%	0.7%	0.1%
Skills Training and Development (STAD)	57	3.7%	0.2%	0.6%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.0%	0.1%
Crisis					
Crisis Intervention	6	0.4%	0.0%	0.5%	0.0%
Crisis Psychotherapy	22	1.4%	0.1%	1.0%	0.1%
Crisis Response	0	0.0%	0.0%	0.2%	0.0%
Crisis Services	28	1.8%	0.1%	1.8%	0.1%
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	0.1%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.8%	0.1%
Day Treatment	11	1.0%	0.0%	0.2%	0.0%
Intensive Home and Community Based Services	1	0.1%	0.0%	0.2%	0.0%
Support services					
Respite	18	1.2%	0.1%	2.2%	0.2%
Youth Support Services	25	1.6%	0.1%	1.4%	0.1%
Family Support	7	0.5%	0.0%	1.4%	0.1%
Family Psychoeducation	16	1.0%	0.1%	0.2%	0.0%

What is this data telling us?

Average dollars spent per eligible member in Region 5 (\$40) are less than half of Region's 1 systemwide high of \$106 spent per eligible member. Not surprisingly, Region 5 receives substantially less expenditures (7.8% 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. 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, Q3 Big Picture Overview



Total Medicaid Eligible Youth Members: 16,135 (7.8% of total Medicaid eligible youth members statewide)

Expenditures: \$1,171,581.39 (7.3% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Member: \$72.61

Medicaid Eligible Members Receiving Any Service(s): 1,281

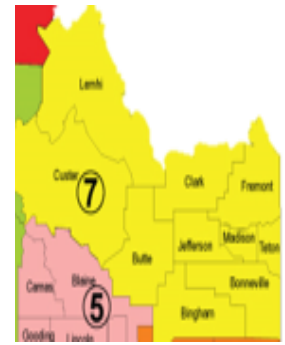
SFY 2023, Q3	Region 6			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	385	30.1%	2.4%	39.9%	3.1%
Psych and Neuropsych Testing	78	6.1%	0.5%	3.1%	0.2%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	817	63.8%	5.1%	68.1%	5.4%
Case Management	84	6.6%	0.5%	7.8%	0.6%
Med Management	287	22.4%	1.8%	17.5%	1.4%
Skills Building (CBRS)	113	8.8%	0.7%	9.3%	0.7%
Targeted Care Coordination (TCC)	83	6.5%	0.5%	4.8%	0.4%
Substance Use Services	29	2.3%	0.2%	2.2%	0.2%
Child and Family Interdisciplinary Team (CFIT)	15	1.2%	0.1%	0.7%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	0.6%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.0%	0.1%
Crisis					
Crisis Intervention	6	0.5%	0.0%	0.7%	0.1%
Crisis Psychotherapy	7	0.5%	0.0%	1.0%	0.1%
Crisis Response	2	0.2%	0.0%	0.2%	0.0%
Crisis Services	15	1.2%	0.1%	1.8%	0.1%
Intensive Outpatient Treatment Services					
TASSP	1	0.1%	0.0%	0.1%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.8%	0.1%
Day Treatment	3	0.2%	0.0%	0.2%	0.0%
Intensive Home and Community Based Services	14	1.1%	0.1%	0.2%	0.0%
Support services					
Respite	46	3.6%	0.3%	2.2%	0.2%
Youth Support Services	10	1.0%	0.1%	1.4%	0.1%
Family Support	9	0.7%	0.0%	1.4%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.2%	0.0%

What is this data telling us?

In SFY Q3 there was minimal discrepancy between expenditures (7.3% of total state expenditures) and the Medicaid Eligible population (7.8%) in Region 6. 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, Case Management rates in Region 6 have improved substantially indicating progress in providing this service to youth in the region. Understanding the factors driving this development 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, Q3 Big Picture Overview

Total Medicaid Eligible Youth Members: 39,712 (19.3% of total youth Medicaid eligible members statewide)

Expenditures: \$3,877,091.04 (24.0% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$97.63

Medicaid Eligible Youth Members Receiving Any Service(s): 3,803

SFY 2023, Q3	Region 7			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1691	44.5%	4.3%	39.9%	3.1%
Psych and Neuropsych Testing	176	4.6%	0.4%	3.1%	0.2%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	2556	70.8%	6.8%	68.1%	5.4%
Case Management	541	14.2%	1.4%	7.8%	0.6%
Med Management	452	11.9%	1.1%	17.5%	1.4%
Skills Building (CBRS)	633	16.6%	1.6%	9.3%	0.7%
Targeted Care Coordination (TCC)	367	9.7%	0.9%	4.8%	0.4%
Substance Use Services	138	3.6%	0.3%	2.2%	0.2%
Child and Family Interdisciplinary Team (CFIT)	37	1.0%	0.1%	0.7%	0.1%
Skills Training and Development (STAD)	50	1.3%	0.1%	0.6%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.0%	0.1%
Crisis					
Crisis Intervention	70	1.8%	0.2%	0.7%	0.1%
Crisis Psychotherapy	57	1.5%	0.1%	1.0%	0.1%
Crisis Response	9	0.2%	0.0%	0.2%	0.0%
Crisis Services	130	3.4%	0.3%	1.8%	0.1%
Intensive Outpatient Treatment Services					
TASSP	3	0.1%	0.0%	0.1%	0.0%
Partial Hospitalization (PHP)	8	0.2%	0.0%	0.8%	0.1%
Day Treatment	8	0.2%	0.0%	0.2%	0.0%
Intensive Home and Community Based Services	7	0.2%	0.0%	0.2%	0.0%
Support services					
Respite	139	3.7%	0.4%	2.2%	0.2%
Youth Support Services	77	2.0%	0.2%	1.4%	0.2%
Family Support	170	4.5%	0.4%	1.4%	0.1%
Family Psychoeducation	3	0.1%	0.0%	0.2%	0.0%

What is this data telling us?

Region 7 receives substantially more expenditures (24.0% of total state expenditures) than its statewide share of the Medicaid Eligible population (19.3%). 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 rate in Region 7 has fallen from nearly 3% in Q1 SFY 2019 to 1.4% in Q3 SFY 2023.

6: DBH YES Outpatient Service Utilization

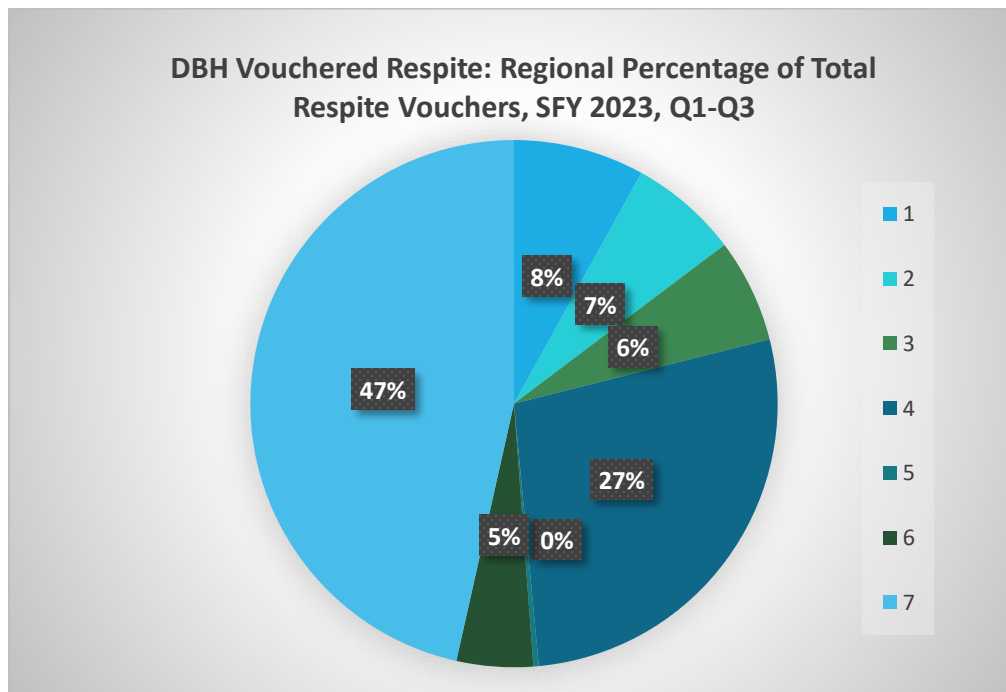
DBH Vouchered Respite

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-Q3

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
October	4	2	2	16	1	0	9	34
November	9	1	2	7	0	1	12	32
December	1	1	4	15	0	2	14	37
January	3	0	4	8	0	4	33	52
February	2	1	2	7	0	0	12	24
March	1	4	0	6	0	0	12	23
Q1-Q3 Total Vouchers	24	20	19	82	1	14	139	299

6b: Vouchered Respite Percentages by Region



DBH Wraparound Intensive Services (WInS)

It is estimated that approximately 1582 children and youth in Idaho may need Wraparound services. If the current SFY 2023 trend continues in the fourth quarter, about 120 youth will receive Wraparound which means just 7.6% of youth in Idaho who may need Wraparound services will actually receive those services.

6c: WInS SFY 2020-2022, SFY 2023 Q1-Q3

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	62	34	21	24	53	32	45	36	26	32	29	17	335
SFY 2021	19	16	34	23	24	24	19	25	27	19	24	23	188
SFY 2022	23	16	29	33	23	13	31	22	22	28	21	20	180
SFY 2023	15	11	12	26	12	14	13	11	12				91

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. The number of families receiving PLL has continued to trend downward substantially. PLL has been targeted as a Center of Excellence (CoE) focus area.

6d: PLL SFY 2020-2022, SFY 2023 Q1-Q3

	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	4	11	0	9	5	1	6	1	3				40

DBH 20-511A

If the current rate of 20-511a Court Orders stays approximately the same through the remainder of the SFY 2023 (an average of 19 per month) the number of 20-511a is projected to be substantially less than the last 2 years (in the range of 220 to 240) and less than 50% of the Court Orders in SFY 2015-2018.

6e: Number of 20-511A court orders for SFY 2021 – 2022, SFY 2023 Q1-Q3.

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-Q3)	26	2	25	36	31	10	44	174

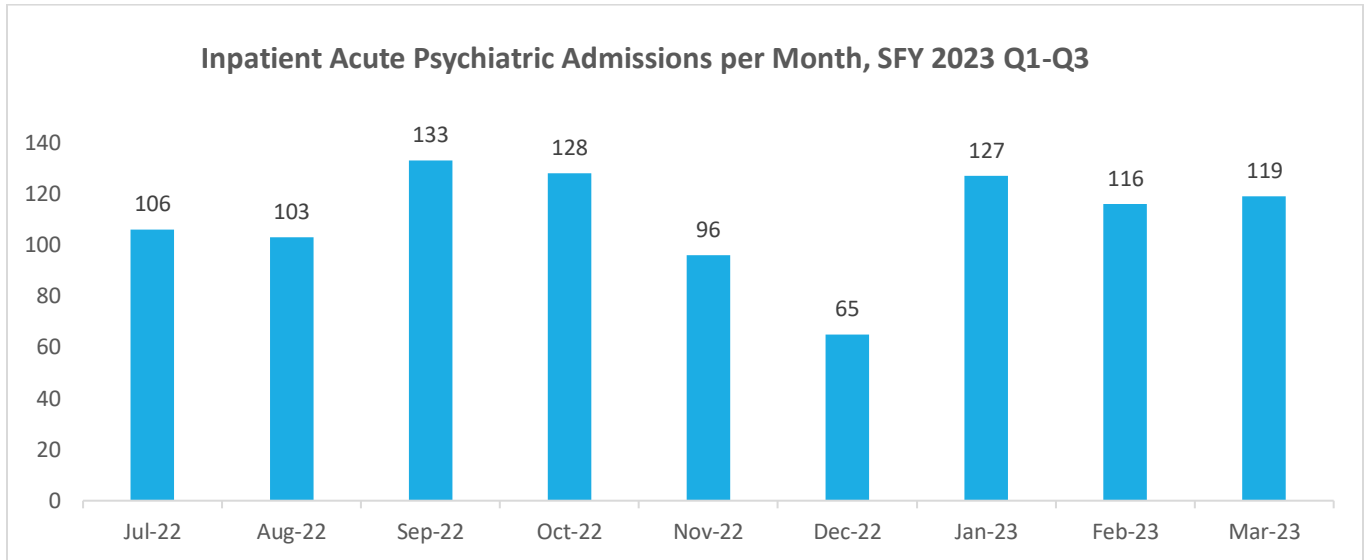
6f: Historical Annualized # of Court Ordered 20-511a, SFY 2015 – 2022



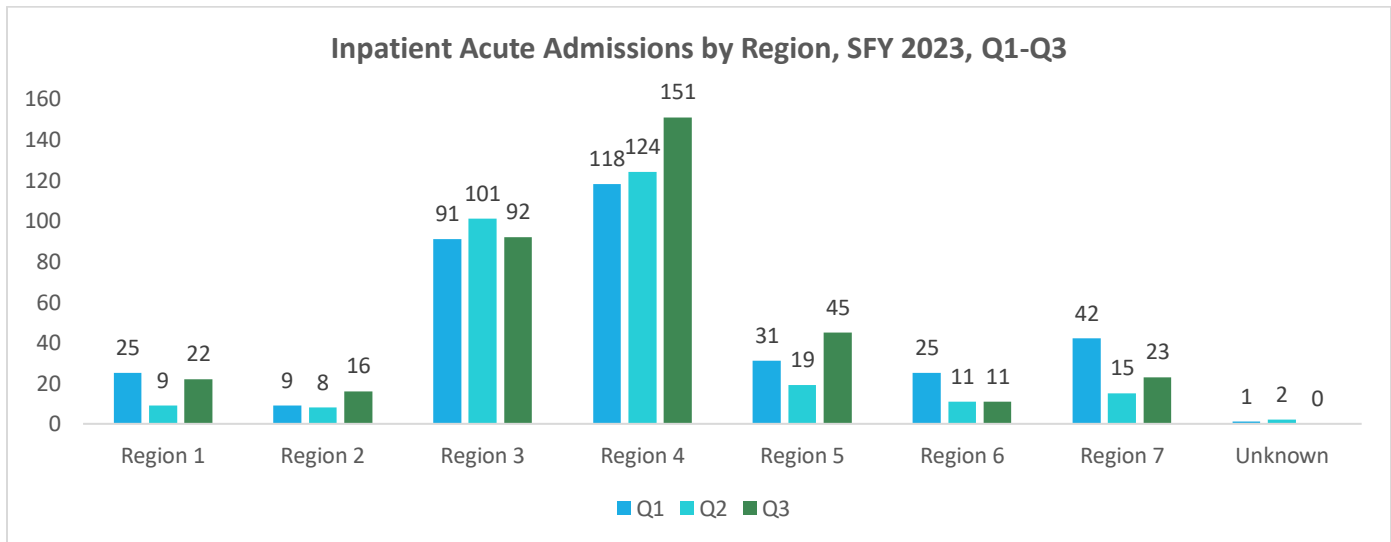
Utilization of 24-hour Services

7. Inpatient

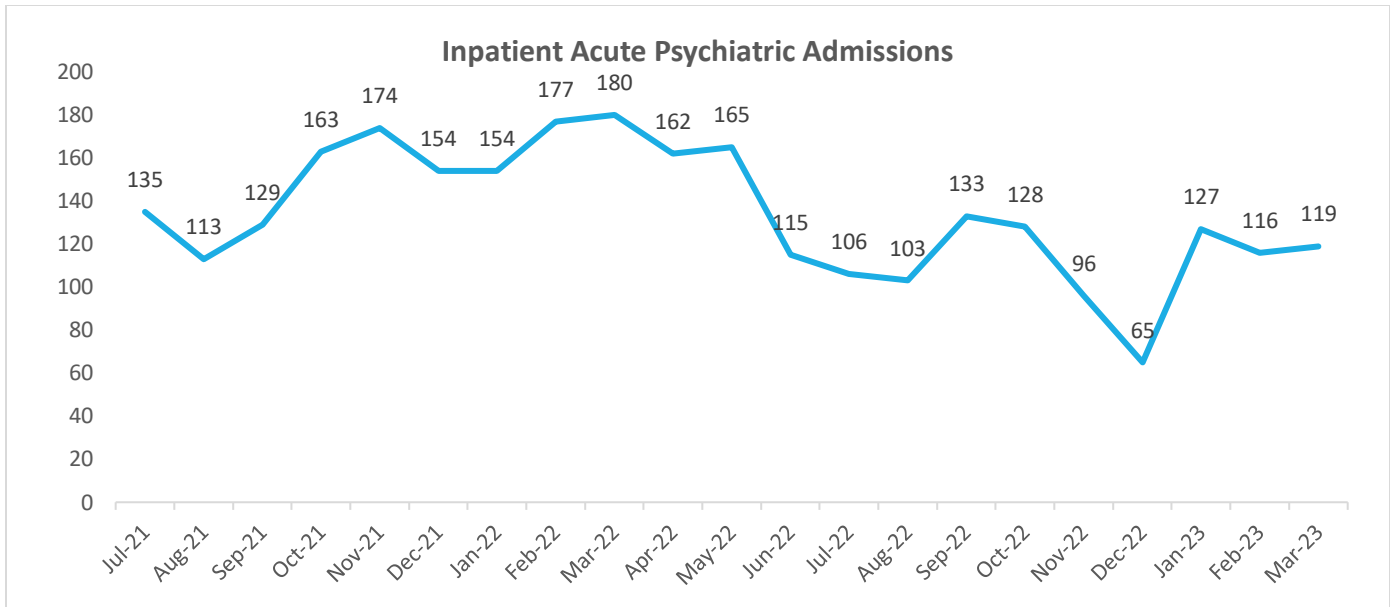
7a: Medicaid Acute Psychiatric Admissions by Month



7b: Medicaid Acute Psychiatric Admissions by Region

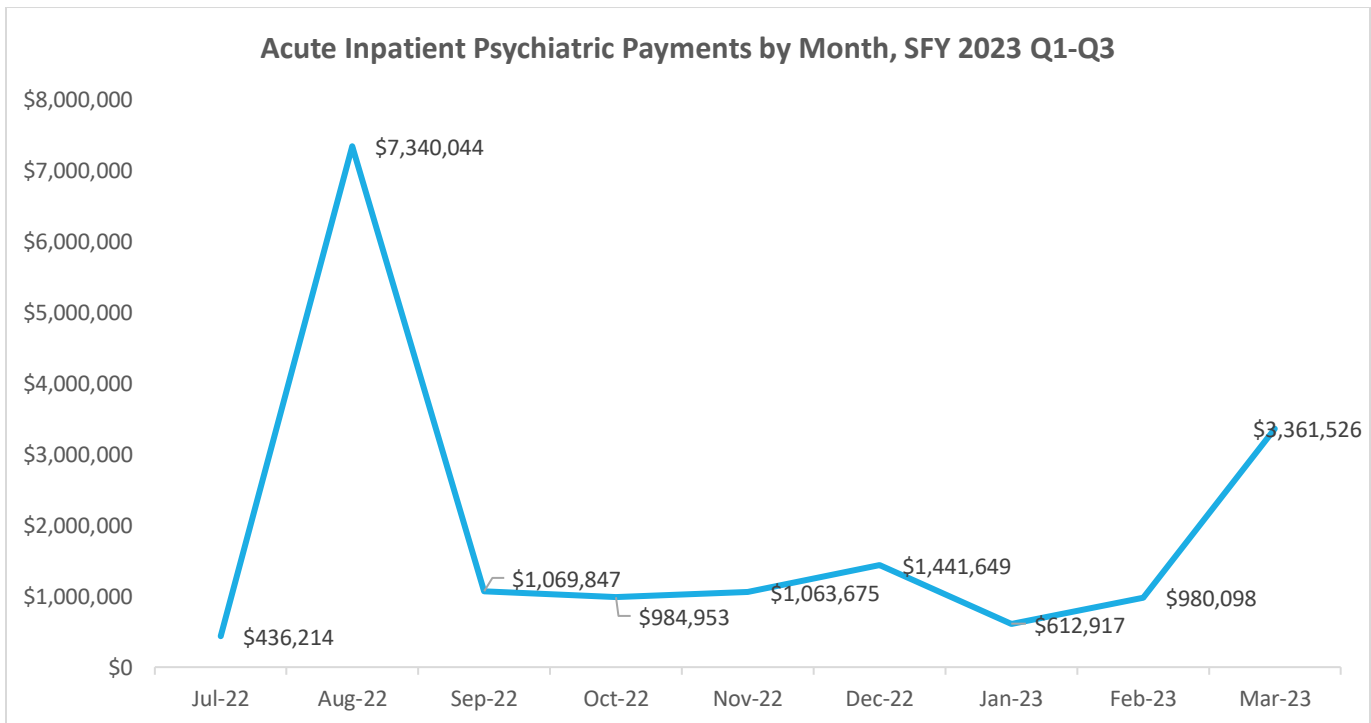


7c: Historical Trend of Medicaid Acute Admissions



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 involve different hospitals. 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: SFY 2023 Q1-Q3 Expenditures



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

7e: SHS/SHW Active Admissions by Month SFY 2020- 2022, SFY 2023 Q1-Q3

	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	N/A	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 YTD	10	11	5	8	7	11	9	6	10				77

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

The average number of admissions per month decreased from 21 in 2020, to 20 in 2021 and 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 16-bed capacity, 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-Q3

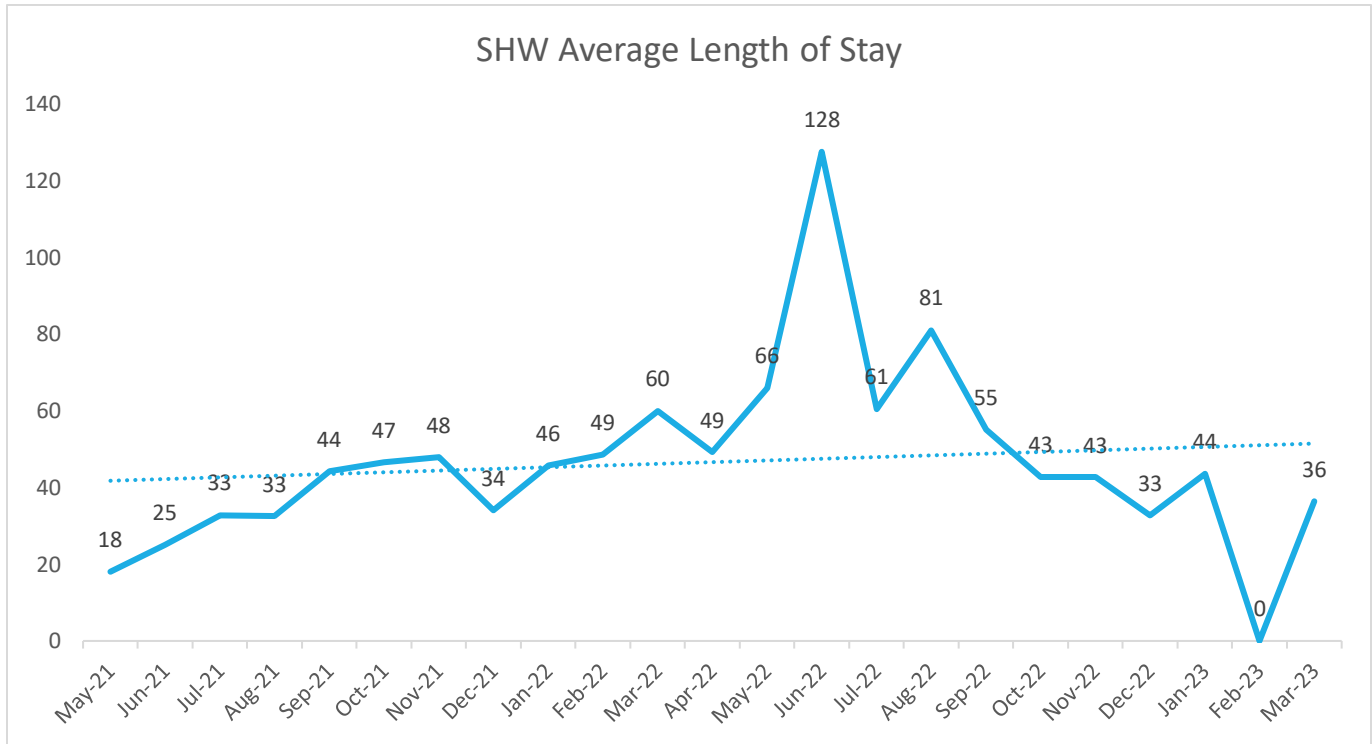
Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022	SFY 2023
							Q1-Q3
Re-admission 30 days or less	0	0	0	1	0	2	1
Re-admission 31 to 90 day	5	6	2	3	0	1	3
Re-admission 90 to 180 days	4	1	6	2	0	3	0
Re-admission 181 to 365 days	5	6	7	4	0	2	1
Re-admission more than 365 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 just 2 readmissions within 30 days in 2022.

**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 tracking State Hospital West data in Q4 SFY 2021.

DBH SHW Average Length of Stay (ALOS)

7g: SHW Average Length of Stay (ALOS)



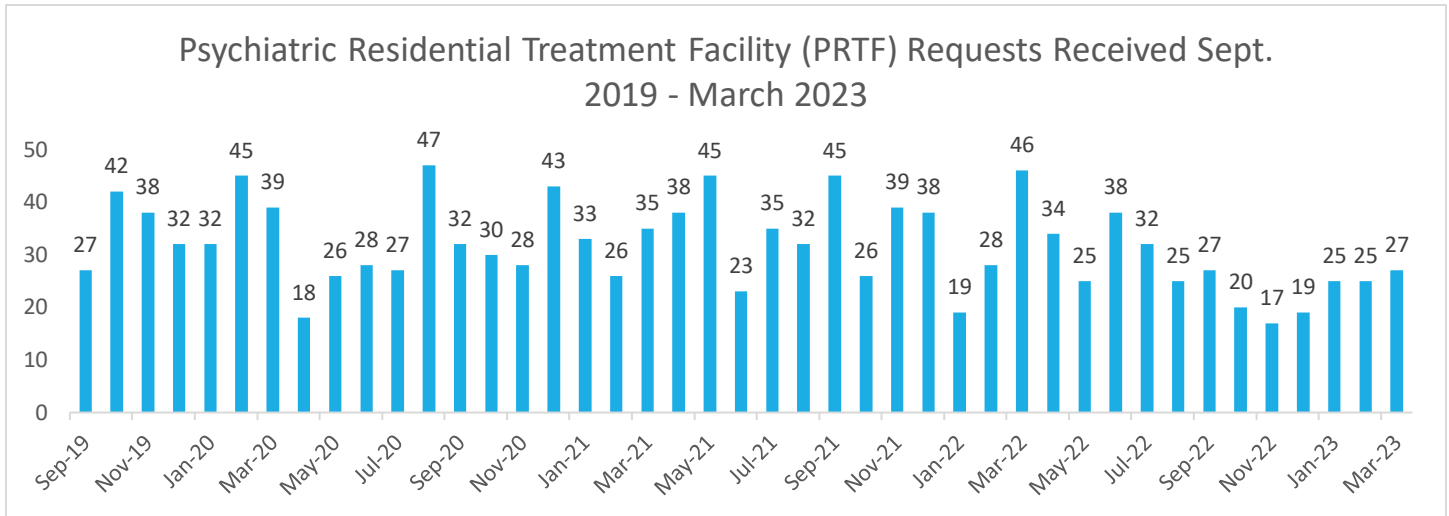
Notes:

State Hospital West opened in May 2021. All active patients were transferred from State Hospital South to State Hospital West at that time.

Average length of stay is calculated based on length of stay for patients during the reporting month. No patients were discharged from SHW in February of 2023.

8. Residential

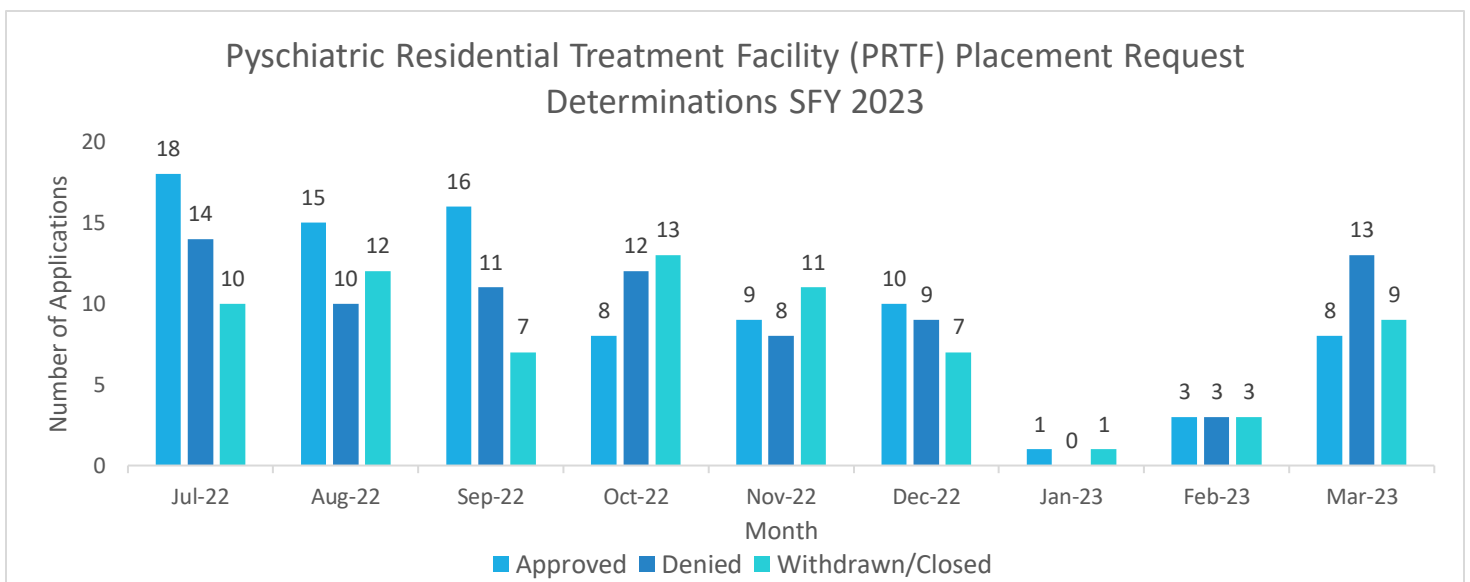
8a: Number of Psychiatric Residential Treatment Facility (PRTF)⁹ Monthly Requests



8b: PRTF Determinations SFY 2023, Q1-Q3

There are 4 potential results for requests for Medicaid PRTF placement:

- Approved (A) – Approved for placement in Psychiatric Residential Treatment Facility (PRTF); Medicaid works with the member’s family and representatives to secure a placement in a Medicaid-approved facility.
- Denied (D)– Denied placement in PRTF; Medicaid works with the member’s family and 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 Family and Community Services (Child Welfare) case worker (if youth in state custody) decide not to continue with request (represented below as Withdrawn/Closed).
- Technically Denied or Closed (C)– Additional information requested, but not received resulting in an inability to make a determination (represented below as Withdrawn/Closed).

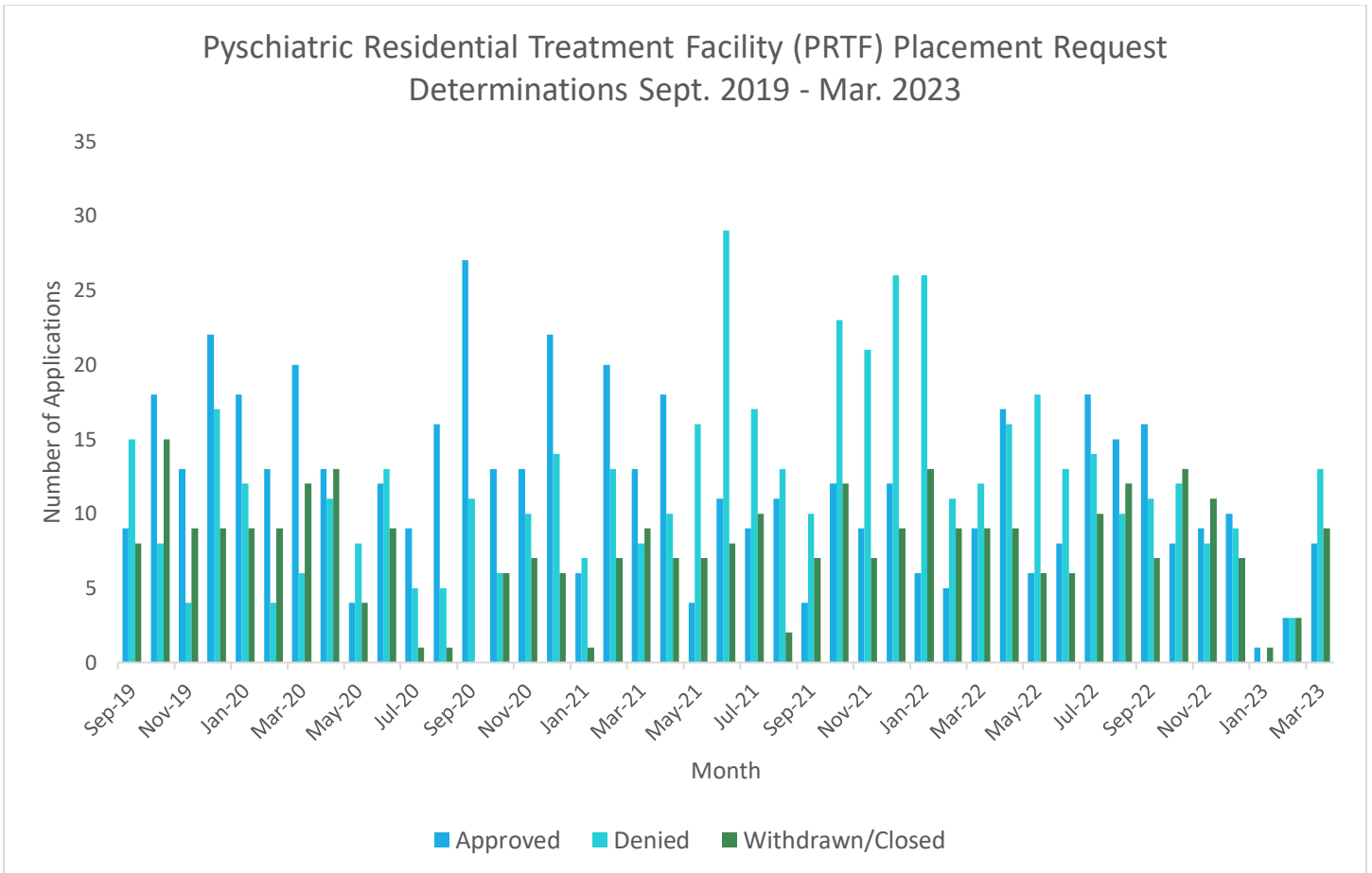


⁹ Psychiatric Residential Treatment Facility (PRTF) services are defined in 42 C.F.R. §483.352. *Definitions* include a range of comprehensive services provided in a separate, stand-alone entities to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.

8c: Historical Trends for PRTF SFY 2019-2022, and SFY 2023 Q1-Q3

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 YTD	241	88	36.51%	80	33.20%	73	30.29%
Avg			33.67%		40.40%		25.94%

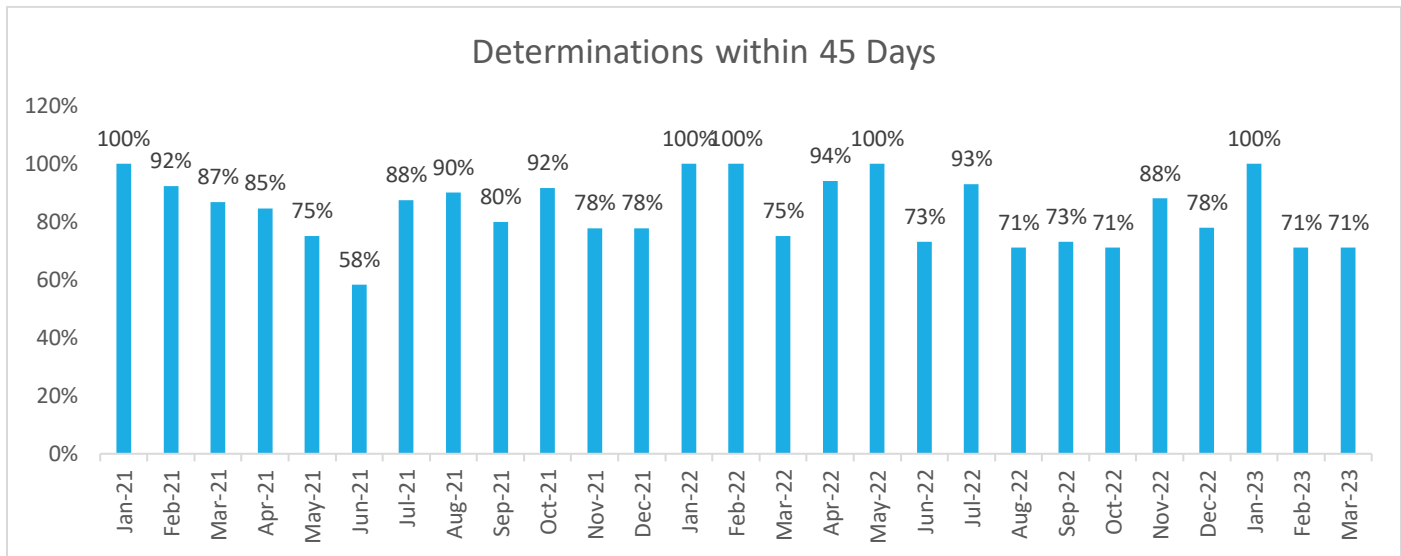
8d: Historical Trends for PRTF SFY 2019, 2020, 2021, 2022, and 2023 Q1-Q3



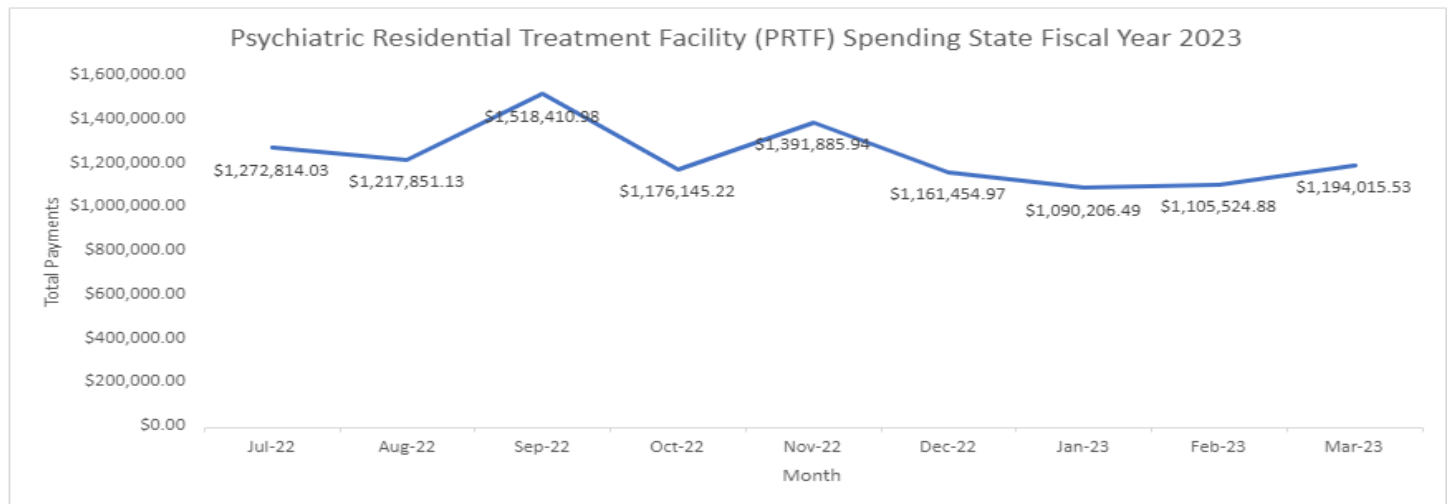
8e: Timeliness of Notice of Decision (NOD) Letters for PRTF Decisions

2023	# NOD	# ≤ 45 days	% ≤ 45 days	# > 45 day	# > 45 days
July	15	14	93%	1	7%
August	14	10	71%	4	29%
September	15	11	73%	4	27%
October	7	5	71%	2	29%
November	8	7	88%	1	12%
December	9	7	78%	2	22%
January	7	7	100%	0	0.0%
February	7	5	71%	2	29%
March	7	5	71%	2	29%

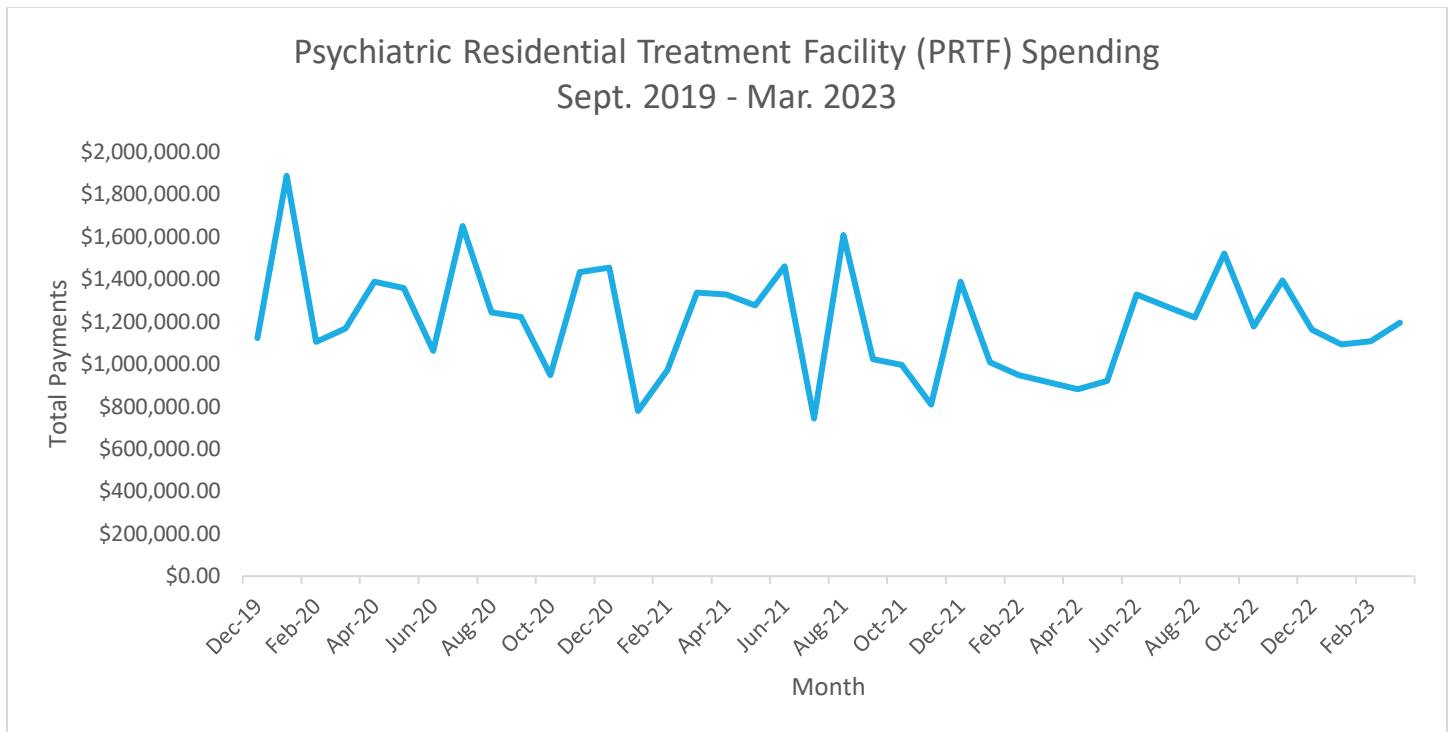
8f: Percent of determinations completed within ≤ 45 days



8g: PRTF SFY 2023, Q1-Q3 Expenditures



8h: PRTF Trend in Expenditures Sept. 2019 - SFY 2023, Q1-Q3



DBH Residential

DBH Residential placements are placements in residential programs paid for by DBH. The placements may include children/youth who may or may not have Medicaid and may be placements at out-of-state Psychiatric Residential Treatment Facilities (PRTF) or in state Residential Treatment Centers (RTCs). Residential numbers do not include acute hospital care.

8j: Residential Active by month SFY 2020 - 2022, SFY 2023, Q1-Q3

	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	N/A	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, Q3	23	20	23	25	23	23	24	28	27				41

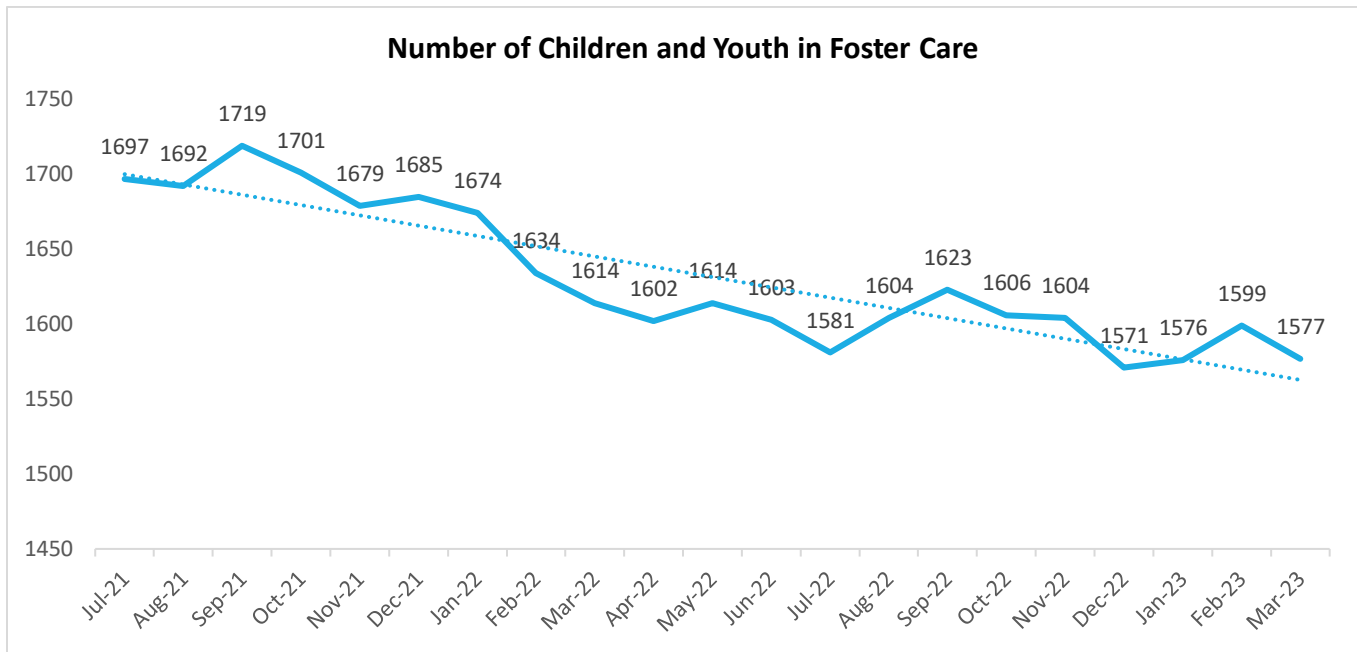
Note: Data for October SFY 2021 is not available because of a data collection protocol change.

DBH Residential placements are trending upward, with an increased number of residential placements during the first three quarter of SFY 2023 and in SFY 2022 as compared to SFYs 2020 and 2021.

9. YES Partners Information

Family and Community Services (FACS)

9a: SFY 2023 Q3 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. Additionally, the chart above reflects total numbers of children in foster care, not children in foster care with Serious Emotional Disturbance (SED).

Idaho Department of Juvenile Corrections (IDJC)

About IDJC

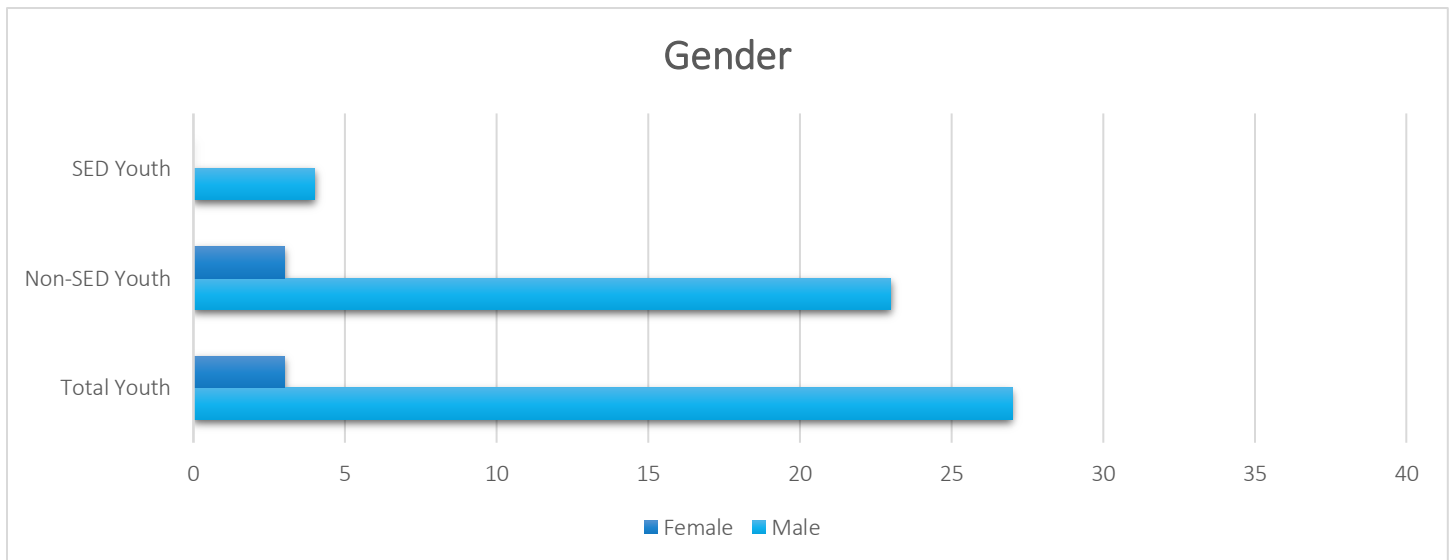
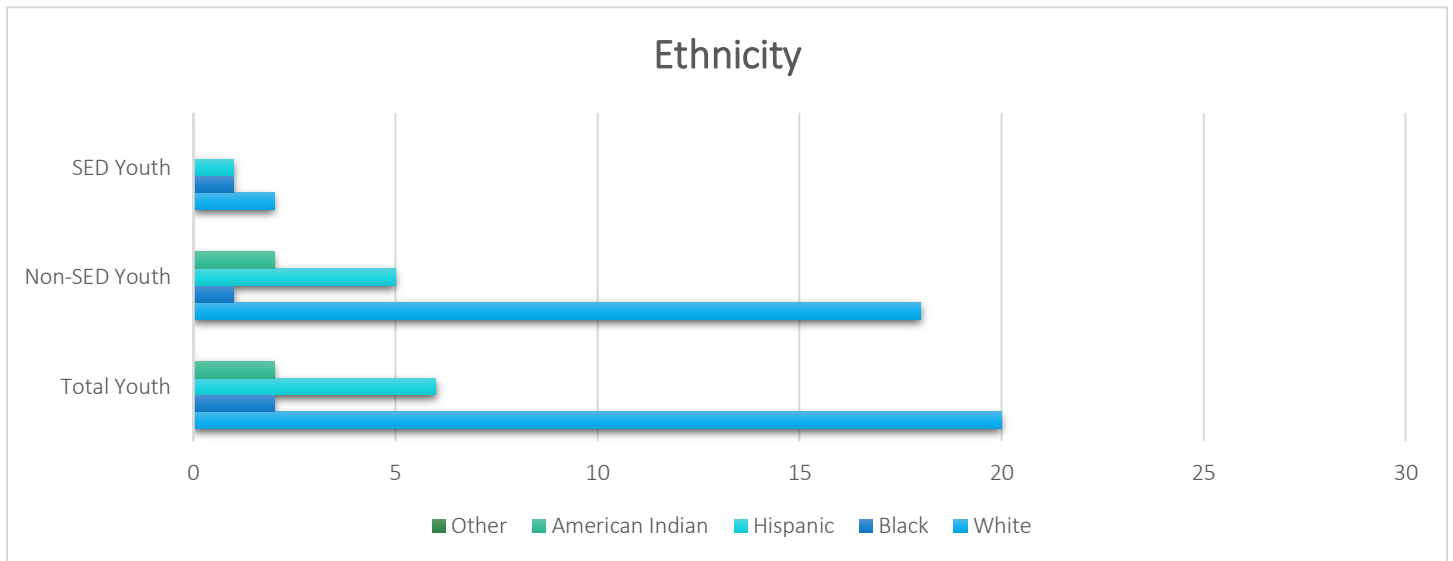
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided from system partners) determine the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

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

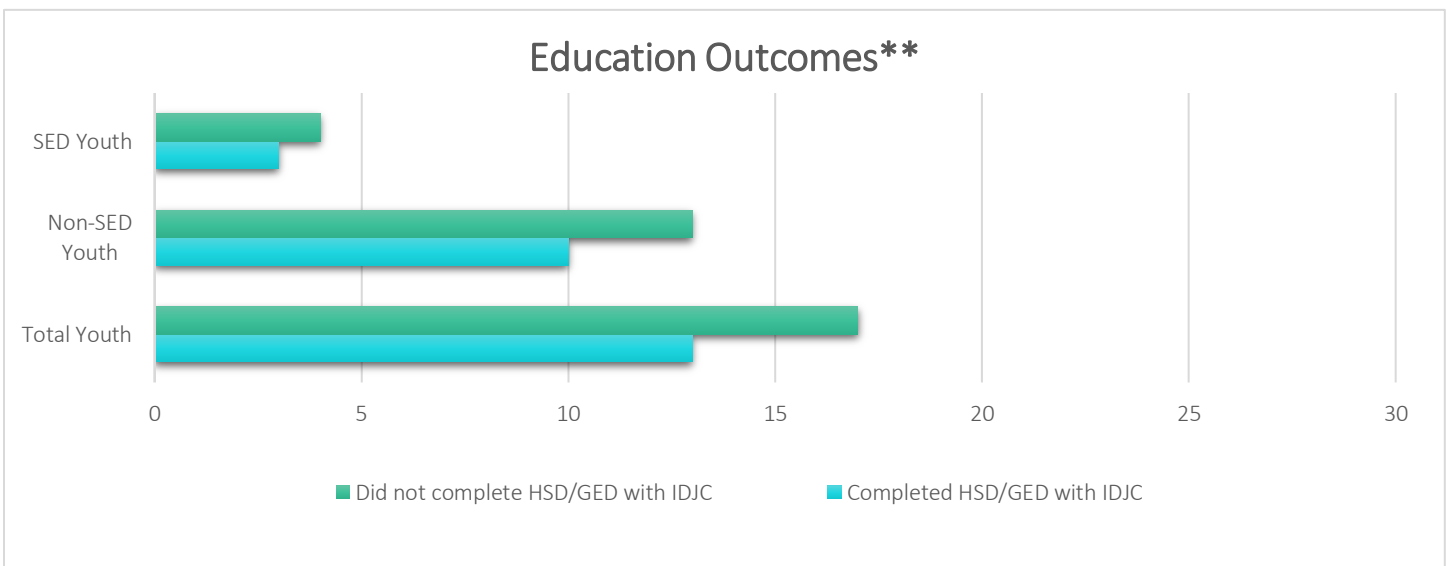
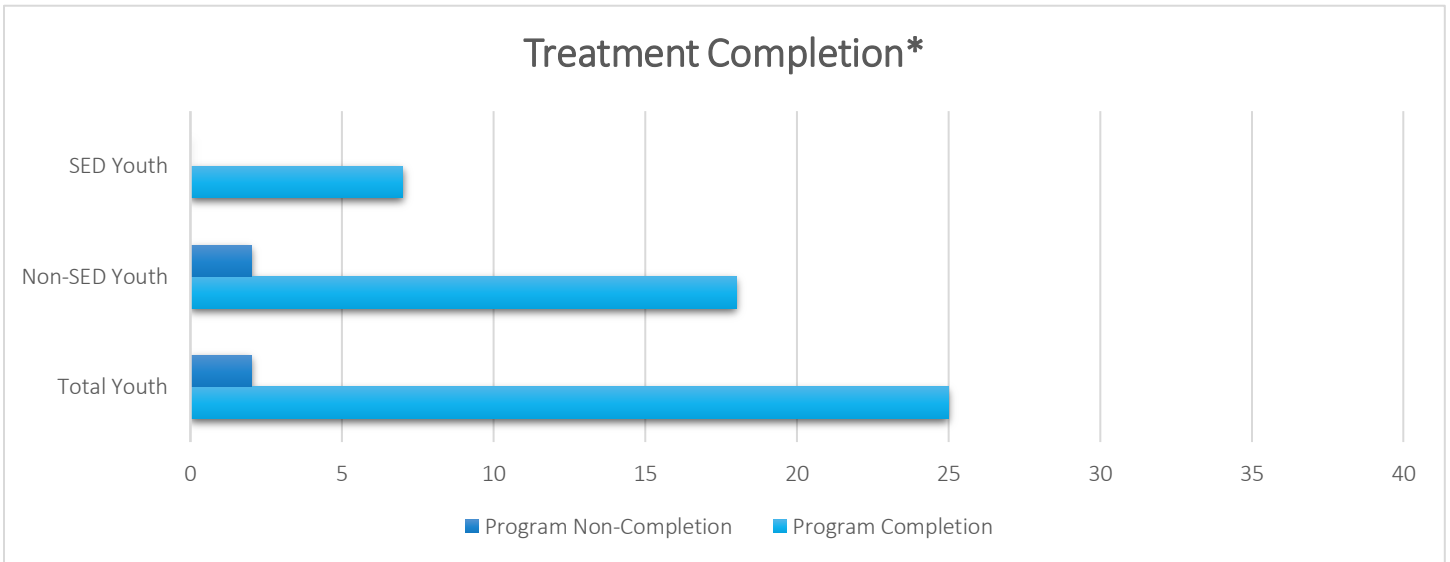
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

2023 Third Quarter Report

The graphs below compare ethnicity and gender between all youth committed to IDJC and SED youth committed to IDJC from January 1 – March 31.



The graphs below compare positive youth outcomes between all youth released from IDJC and SED youth released from IDJC between January 1 – March 31.



State Department of Education (SDE)

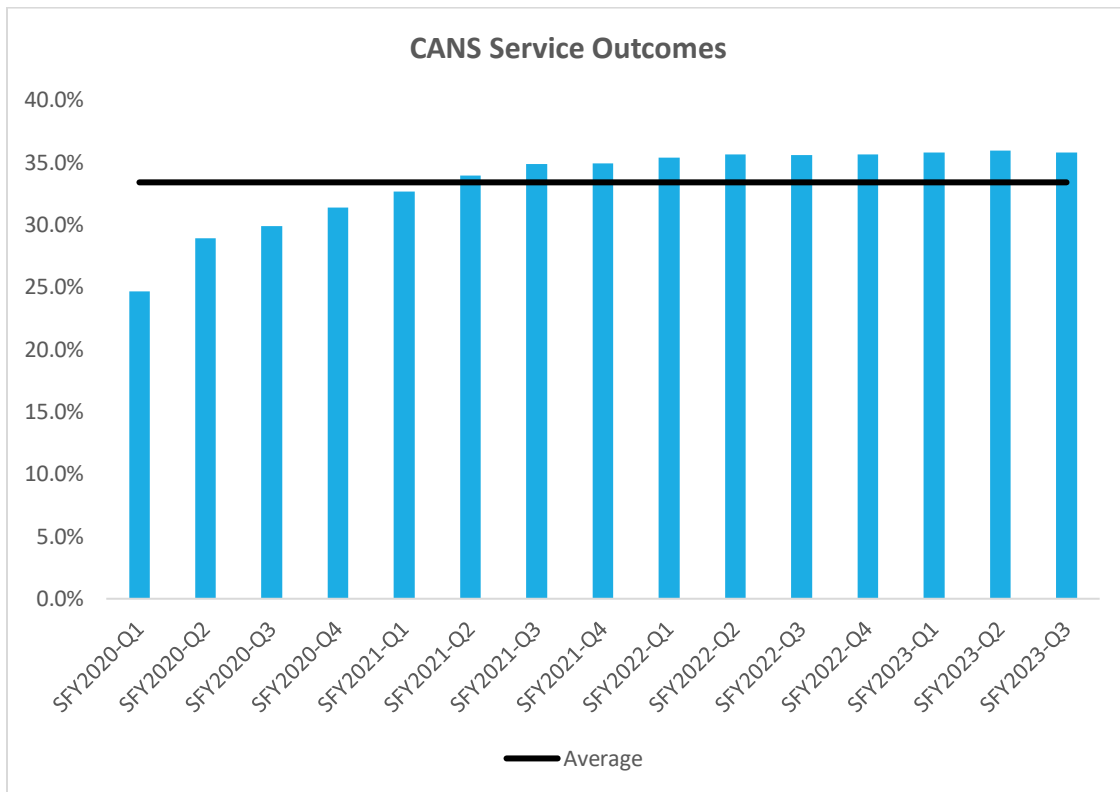
On an annual basis, the Idaho State Department of Education (SDE) provides written and electronic information and training resources to 100 percent of local education agencies (LEA) superintendents/charter administrators. The purpose of these resources is to ensure that LEA teams have the necessary information and training to inform and or refer families to YES. These materials include:

- a. The YES Overview for School Personnel PowerPoint*
- b. The YES Overview Brochure*
- c. The YES 101*
- d. YES Youth Mental Health Checklist for Families*
- e. The Mental Health Checklist for Youth*
- f. The YES and the Individuals with Disabilities Education Act (IDEA) Comparison*
- g. The YES FAQ Flyer (to be placed in the schools)*
- h. Training video for building-level staff meetings*

10. YES Service Outcomes

YES services are leading to improved cumulative outcomes. In SFY 2023, Q3 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 35.8%.

10a: YES CANS ratings continue to demonstrate improvement in outcomes.



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

Detailed YES Service Outcomes Data Forthcoming

The Idaho Transformational Collaborative Outcome Management (TCOM) dashboard is currently undergoing significant revision with assistance from the Praed Foundation. Future QMIA-Q reports will highlight statewide YES Outcomes using the dashboard and demonstrate how the dashboard can be filtered to assess outcomes by subpopulation (e.g., outcomes for females versus males; strength development by overall CANS score of 0, 1, 2, or 3).

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 Q-FAS maintains a list of barriers to care that are discussed in the Q-FAS 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 recommendations for SFY 2023 are in progress in the Q-FAS. A priority brought forth for consideration for SFY 2023, Q2 is opportunities for Q-FAS learn directly from families through having families come to the meeting to tell their stories. The Q-FAS is currently developing this process.

11a: QFAS List of Barriers to Care

Area	Noted issues
Access to care	<ul style="list-style-type: none"> Services not available within reasonable distance Services not coordinated between mental health and development disabilities (DD) 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24-hour services: Hospitals/Residential	<ul style="list-style-type: none"> Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination for PRTF Families report getting verbal “denial” but no Notice of Determination/appeal info until after “re-applying” for EPSDT. 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

The YES QMIA Council believes that complaints are a valuable source of information about the YES system of care and that each complaint received offers an opportunity to monitor and improve Idaho's behavioral health system for youth and families. A total of 92 YES complaints were received in SFY 2022. As of the end of SFY 2023 Q3, 72 complaints have been filed.

11b: YES Complaints

	YES	DBH	Optum	EPSDT	Telligen	MTM	Liberty	IDJC	FACS	SDE*	Total
SFY 2022	22	1	27	-	0	25	1	16	0	-	92
SFY 2023 Q1-Q3	24	0	19	1	4	9	6	9	0	-	72

*State Department of Education (SDE) complaints are analyzed and presented by school year rather than Sate Fiscal Year and will be available in the QMIA-Quarter 4 report.

Note: The full YES Complaints report is published annually on YES Website at the conclusion of the fiscal year. The SFY 2022 YES Complaints report is available at: <https://yes.idaho.gov/wp-content/uploads/2022/10/YES-Rights-and-Resolutions-Q4-SFY-2022-Final-2.pdf>

12. YES Quality Monitoring Results

In 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) Data regarding Key Quality Performance Measures, 2) Family Experience Survey <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=8>, 3) YES Quality Review <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 may change over time but are provided here to provide the QMIA Council way to analyze initial 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 ¹⁰	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
	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

¹⁰ 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.

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
<i>Are services available timely?</i>	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
<i>Are services available in urban, rural and frontier areas across the state?</i>	Utilization of services by county	Quarterly	65%-74%	75%-84%	85% +	NA
<i>Are services proportionately available to culturally diverse populations?</i>	Utilization of services - by race ethnicity by region -	Quarterly	65%-74%	75%-84%	85% +	NA
<i>Are Children getting Access to care in the scope, duration and intensity needed?</i>	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% +	?
<i>Are services being delivered in accordance care plans?</i>	Services listed in Care plans are provided	Annual	65%-74%	75%-84%	85% +	NA

12b: Family Experience Survey

The SFY 2023 YES family survey which was administrated in February and March of 2023 included questions 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) services the youth participated in, 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 family’s 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 report for SFY 2023 will be published in July of 2023. The full report from 2022 is available at <https://yes.idaho.gov/wp-content/uploads/2022/10/2022IdahoYESFamilySurveyResults.pdf>

12b1: Family survey; 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 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 QR are summarized below:

Access. Navigating access to services, particularly specialized services, is a vexing challenge for families of youth in YES. Clinicians treating the youth in this QR appear to be relying on their own personal knowledge of available care options in order to suggest additional appropriate services for youth. This does not result in consistent, appropriate connections to much-needed, often specialized services. Therapists do not have the time to serve as care coordinators for youth with complex needs, nor should they have to. In order to reduce the burden for both families and therapists, care coordination should be more accessible, and its use clearly prescribed. Without creating automated prompts for when youth must have care coordination, and an easy to use, reliable process for connecting youth to intensive care coordination, youth and families will continue to experience substantial frustration when trying to connect to the services to which they are entitled.

Appropriateness. The YES System of Care is currently undergoing substantial change. The expansion of the Medicaid-eligible population, re-organization of the Department of Behavioral Health, and re-bid of the Idaho Behavioral Health Program (IBHP) contract are each sufficiently disruptive organizational events to pull focus from the quality of clinical care. At the same time, the effort and time it took to make the initial connection to appropriate services is the most consistent, persistent pain point we heard across all of our interviews with caregivers and youth. Access and Selecting Care were the two care processes rated as the least helpful by caregivers. No youth received a dose of care in the first thirty days that was consistent with full engagement. Documented collaboration between providers and families across early care processes was observed in less than 20% of cases.

Youth generally experienced care that did not meet quality standards. Yet there is a reason to be particularly focused on quality indicators from the first thirty days in care. Youth who are under engaged are more prone to dropout and have poor treatment outcomes. Without addressing the first thirty days in care, the YES System of Care may not get another opportunity to meaningfully help youth when they need it the most.

Comprehensive report with full details of QR Results of the 2022 QR are published on the YES Website at the following link: https://yes.idaho.gov/wp-content/uploads/2023/01/QR-Report_Final-Report_2022v2.pdf.

YES WEBSITE ANALYTICS

Reporting Period: January 1, 2023 – March 31, 2023

VISITORS AND PAGES

Visits

5,391
% of Total: 100.00% (5,391)

Unique Visitors

3,766
% of Total: 100.00% (3,766)

Type of Visitors

■ New Visitor ■ Returning Visitor

4,357 Users

Visits by Location

City	Sessions
Boise	1,295
(not set)	811
Nampa	249
Seattle	187
Salt Lake City	180
Idaho Falls	170
Meridian	144
Phoenix	133
Pocatello	87
Coeur d'Alene	85

Average Pages per Visit

2.01
Avg for View: 2.01 (0.00%)

Average Visit Duration

00:02:26
Avg for View: 00:02:26 (0.00%)

Pageviews **10,832** in Quarter

● Pageviews

February 2023 March 2023

Unique Page Views *Top 10: 1/1/23-3/31/23*

Page Title	Unique Pageviews	Pageviews
Welcome to YOUTH EMPOWERMENT SERVICES	3,120	3,866
YOUTH EMPOWERMENT SERVICES	711	733
Contact Us YOUTH EMPOWERMENT SERVICES	639	706
Quick Start Guide YOUTH EMPOWERMENT SERVICES	553	616
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	430	472
Parents YOUTH EMPOWERMENT SERVICES	416	481
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	387	453
YES History and Current Development YOUTH EMPOWERMENT SERVICES	376	416
Getting Started YOUTH EMPOWERMENT SERVICES	255	321
YES Publications YOUTH EMPOWERMENT SERVICES	208	261

Visits by Device

■ desktop ■ mobile ■ tablet

Visits by Device

Device Category	Sessions	Bounce Rate
desktop	3,977	54.97%
mobile	1,385	58.27%
tablet	29	58.62%

Visits by Traffic Site

Traffic Type	Sessions
direct	3,028
organic	1,804
referral	559

Bounce Rate

55.83%
Avg for View: 55.83% (0.00%)

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

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

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

See page 4 for a list of top traffic sources.

YES WEBSITE ANALYTICS

Trends since site launch: June 21, 2021 – March 31, 2023

VISITORS AND PAGES

Pagesviews: **63,588** total since June 21, 2021 launch



Visits

31,098
(vs. Total: 63,588 (50.82%))

Average Pages per Visit

2.04
Aug 2021 Avg: 2.04 (0.00%)

Visits by Device

desktop mobile tablet

Unique Visitors

20,498
(vs. Total: 63,588 (32.08%))

Average Visit Duration

00:02:13
Aug 2021 Avg: 00:02:13 (0.00%)

Type of Visitors

New Visitor Repeating Visitor

Unique Page Views

Top 10: 6/21/21-3/31/23

Page Title	Unique Pageviews	Pageviews
Welcome to YOUTH EMPOWERMENT SERVICES	18,227	33,112
YOUTH EMPOWERMENT SERVICES	5,157	5,407
Contact Us YOUTH EMPOWERMENT SERVICES	3,912	4,399
Quick Start Guide YOUTH EMPOWERMENT SERVICES	3,378	3,797
YES History and Current Development YOUTH EMPOWERMENT SERVICES	2,402	2,734
Parents YOUTH EMPOWERMENT SERVICES	2,152	2,311
Guide to YES - A Practice Manual YOUTH EMPOWERMENT SERVICES	2,012	2,370
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	1,827	1,891
Getting Started YOUTH EMPOWERMENT SERVICES	1,520	1,660
YES Overview YOUTH EMPOWERMENT SERVICES	1,298	1,319

Visits by Device

Device Category	Visitors	Source Rate
desktop	17,069	54.82%
mobile	11,840	38.09%
tablet	1,589	4.92%

Visits by Traffic Site

Traffic Type	Visitors
direct	17,069
organic	18,260
referral	2,557

Source Rate

54.82%
Aug 2021 Avg: 54.82% (0.00%)

Visits by Location

City	Visitors
Bozeman	8,333
Great Falls	4,321
Helena	1,814
Great Falls	1,549
Meridian	886
Kalispell	661
Salt Lake City	700
Codyville	754
Forestville	610
Twin Falls	666

Direct traffic categorises 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

Reporting Period: January 1, 2023 – March 31, 2023

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	3,006	1.23
YOUTH EMPOWERMENT SERVICES	690	1.06
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	302	1.50
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	239	1.56
YES History and Current Development YOUTH EMPOWERMENT SERVICES	131	2.61
Contact Us YOUTH EMPOWERMENT SERVICES	112	6.30
Mental Health Providers YOUTH EMPOWERMENT SERVICES	95	2.33
Quick Start Guide YOUTH EMPOWERMENT SERVICES	95	6.04
Parents YOUTH EMPOWERMENT SERVICES	91	9.34
Wraparound Intensive Services YOUTH EMPOWERMENT SERVICES	68	1.76

What pages do visitors leave the YES site from?

Page Title	Exits	% Exit
Welcome to YOUTH EMPOWERMENT SERVICES	1,588	41.08%
YOUTH EMPOWERMENT SERVICES	683	93.18%
Contact Us YOUTH EMPOWERMENT SERVICES	429	60.76%
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	368	77.97%
Quick Start Guide YOUTH EMPOWERMENT SERVICES	346	56.17%
YES History and Current Development YOUTH EMPOWERMENT SERVICES	294	70.67%
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	290	64.02%
Parents YOUTH EMPOWERMENT SERVICES	195	40.54%
Mental Health Providers YOUTH EMPOWERMENT SERVICES	127	55.70%
YES Publications YOUTH EMPOWERMENT SERVICES	114	43.68%

[14 Supplemental CANS info: Are kids Safe, in School, and Out of Trouble](#)

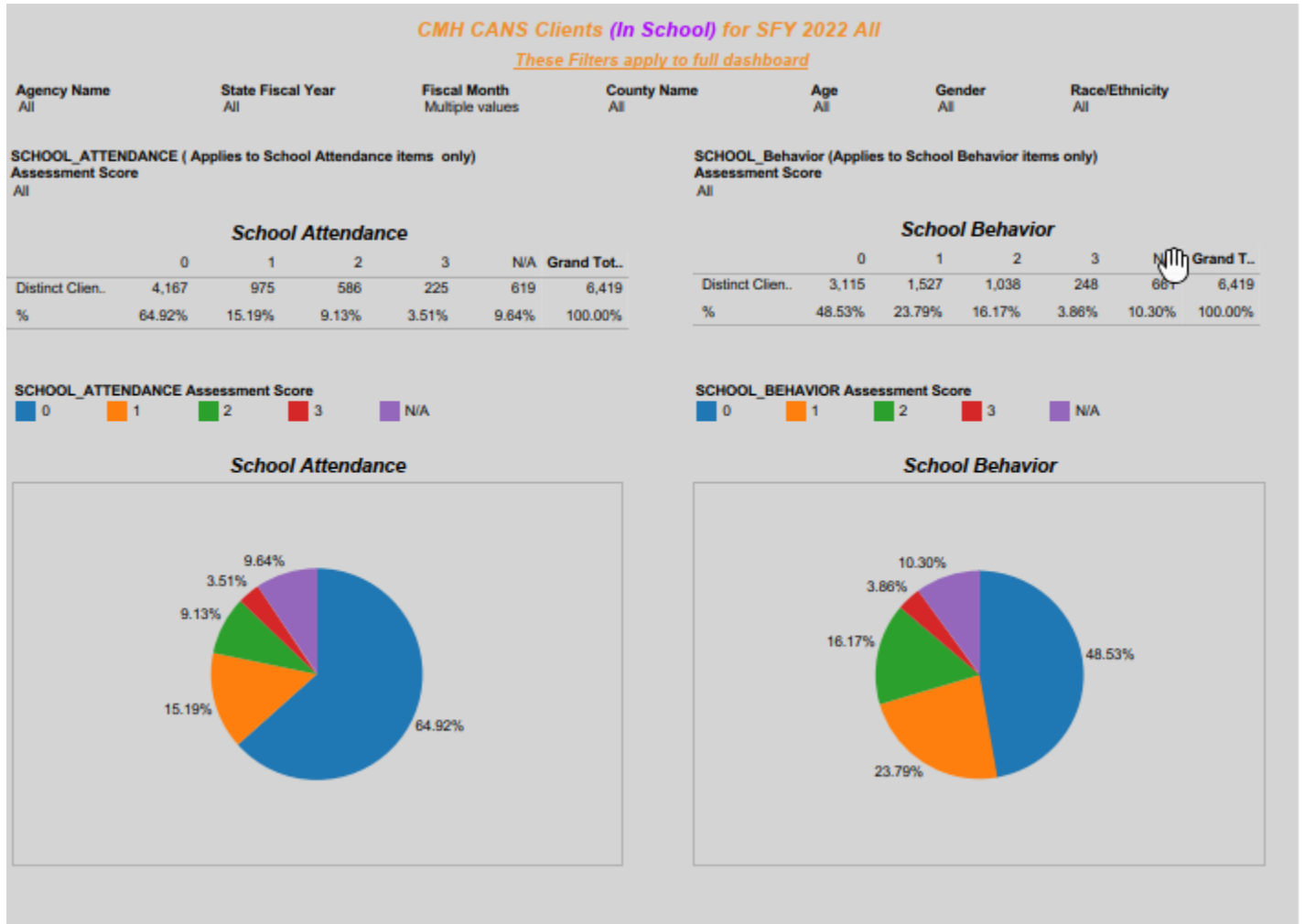
This section of the QMIA Report includes status at initial CANS, regarding safety, school, and legal issues.

Safety

Based on the results of the initial CANS for SFY 2023 Q1-Q3, the following are the ratings on Suicide Watch, Danger to Others, Self-Mutilation, Self-Harm, and Flight Risk.

CMH CANS Clients (SAFE) for SFY 2023						
	SUICIDE_WATCH					
	0	1	2	3	Grand Total	
Suicide Watch	5,214	1,707	442	46	7,270	SUICIDE_WATCH Assessment Score Applies to SUICIDE WATCH Table only All
% along SUICIDE_..	71.72%	23.48%	6.08%	0.63%	100.00%	
	DANGER_TO_OTHERS					
	0	1	2	3	Grand Total	
Distinct Clients	5,531	1,247	596	62	7,270	DANGER_TO_OTHERS Assessment Score Applies to DANGER TO OTHERS Table only All
% along DANGER_T..	76.08%	17.15%	8.20%	0.85%	100.00%	
	SELF_MUTILATION					
	0	1	2	3	Grand Total	
Distinct Clients	5,437	1,357	572	27	7,270	SELF_MUTILATION Assessment Score Applies to SELF MUTILATION Table only All
% along SELF_MUTILA.	74.79%	18.67%	7.87%	0.37%	100.00%	
	SELF_HARM					
	0	1	2	3	Grand Total	
Distinct Clients	5,868	1,050	473	41	7,270	SELF_HARM Assessment Score Applies to SELF HARM Table only All
% along SELF_HARM	80.72%	14.44%	6.51%	0.56%	100.00%	
	FLIGHT_RISK					
	0	1	2	3	Grand Total	
Distinct Clients	6,112	948	291	65	7,270	FLIGHT_RISK Assessment Score Applies to FLIGHT RISK Table only All
% along FLIGHT_RISK	84.07%	13.04%	4.00%	0.89%	100.00%	

In School – SFY 2023 Q1-Q3



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-Q3

CMH CANS Clients (Juvenile Justice) SFY 2022 All
 These Filters apply to full dashboard

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

LEGAL_ISSUES (Applies to Legal Issues items only)
 LEGAL_ISSUES
 All

RISK_BEHAVIORS_DELINQUENCY (Applies to Delinquency items only)
 RISK_BEHAVIORS_DELINQUENCY
 All

Legal Issues

Delinquency

	0	1	2	3	Grand To..
Distinct Clients	5,878	693	681	127	7,270
% LEGAL_ISSUES	81%	10%	9%	2%	100%

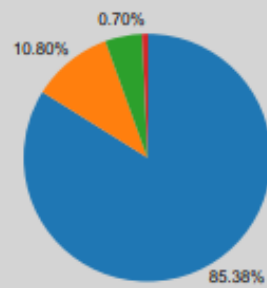
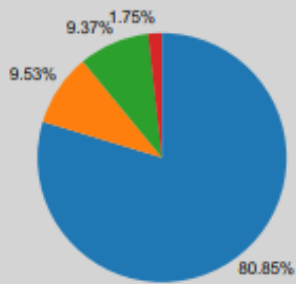
	0	1	2	3	Grand ..
Distinct Clients	6,207	785	355	51	7,270
% BEHAVIORS_DELI..	85%	11%	5%	1%	100%

LIFE FUNCTIONING LEGAL ISSUES
 0 1 2 3

RISK_BEHAVIORS_DELINQUENCY
 0 1 2 3

Legal Issues

Delinquency



Appendix A: Glossary- updated September 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				Total
	Employer	Non-Group	Medicaid	Uninsured	
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 eligible 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) = 2655+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¤tTimeframe=0&selectedRows=%7B%22states%22:%7B%22idaho%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%7B%22Location%22,%22sort%22:%7B%22asc%22%7D%7D%7D>

Prevalence rates:

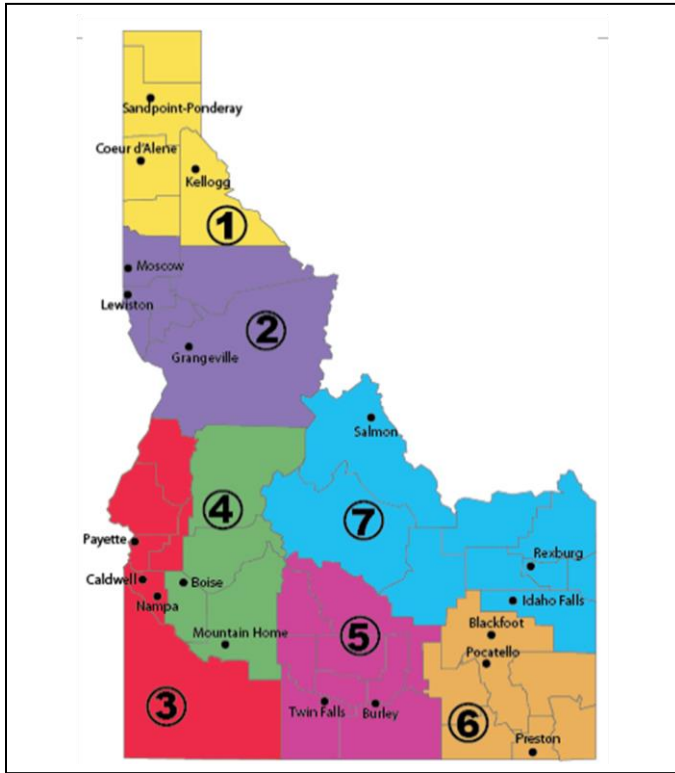
Medicaid: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

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

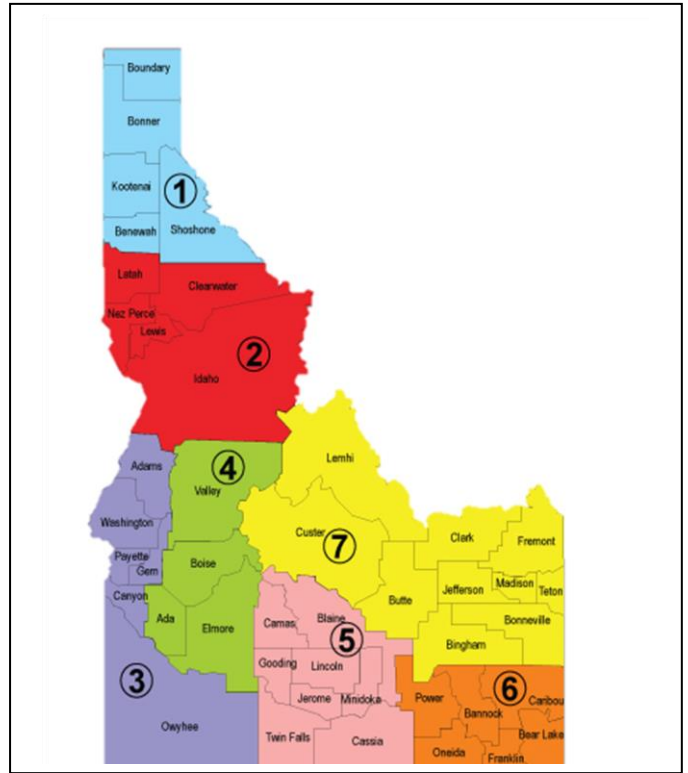
Private insurance: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

Appendix C- Regional Maps

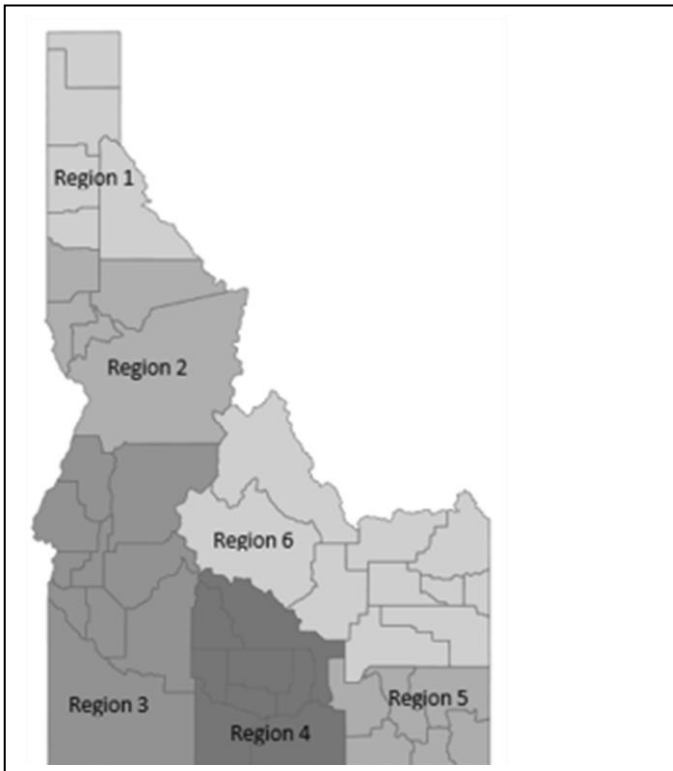
Idaho Department of Health and Welfare: Medicaid,



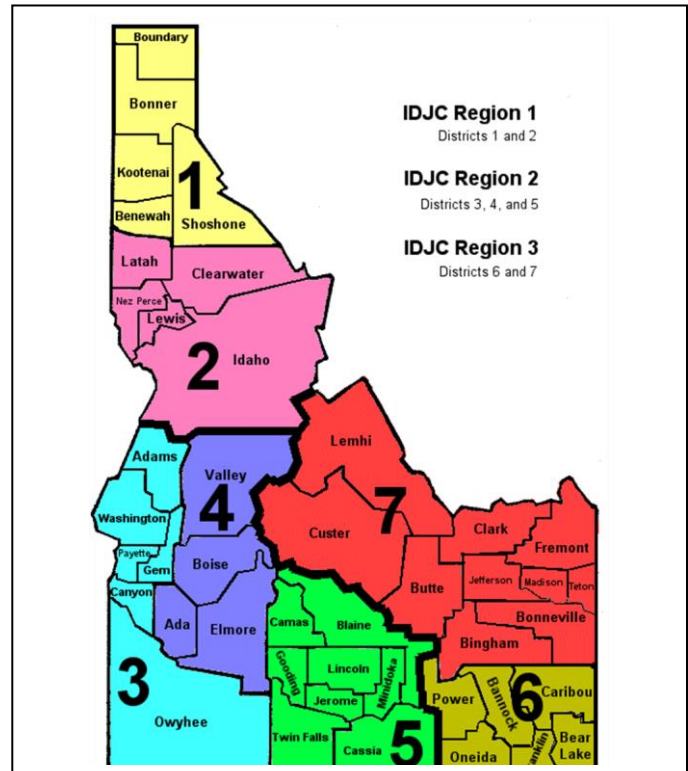
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



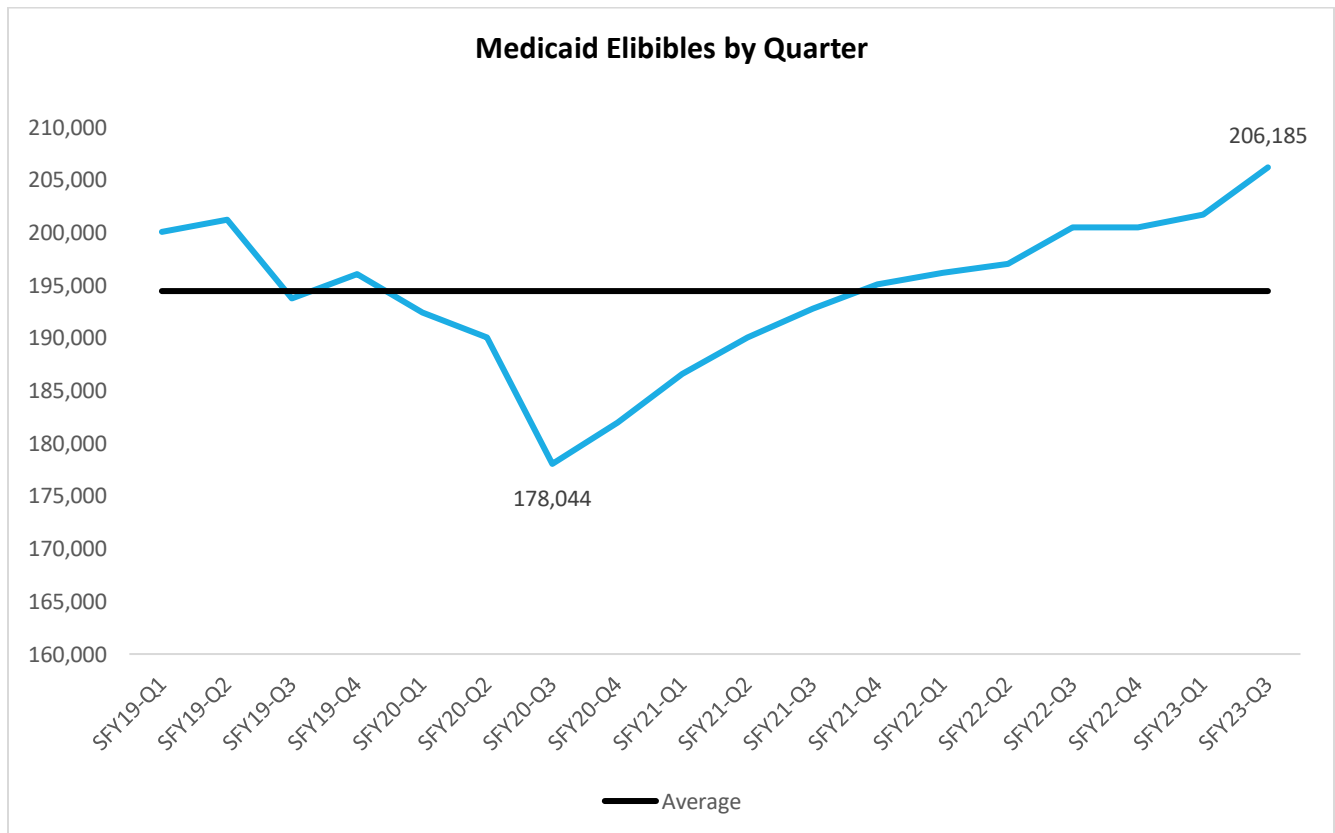
Idaho Department of Juvenile Corrections



Appendix D –Medicaid Eligible Members and Service Utilization Rate by Quarter (SFY 2019 – SFY 2023 Q3)

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	SFY2023-Q3
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	25,000
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	8,676
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	44,232
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	41,480
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	28,921
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	16,135
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	39,712
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	2,029
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	206,185



Utilization Rate - Percentage of Eligible Members Using Services

The table below displays the number of service utilizers compared to number of eligible members, by quarter, between SFY 2019-Q1 and SFY 2023-Q3.

While the data reveals variation in total members 0-17 and also in the number of utilizing services over the report period, according to the Medicaid provider, the percentage of members utilizing services remains relatively steady by quarter varying from 7.7% to 9.9%. The Medicaid provider also notes that variation can be attributed to seasonality consistent with previous plan experience similar for each year.

Quarter	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	18,107	196,033	9.24%	92	1.1%	
SFY2020-Q1	16,962	192,397	8.82%	88	-4.6%	6.8%
SFY2020-Q2	17,218	190,051	9.06%	91	2.8%	8.0%
SFY2020-Q3	17,618	178,043	9.90%	99	9.2%	8.4%
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	16,373	190,011	8.62%	86	2.1%	-4.9%
SFY2021-Q3	17,358	192,763	9.00%	90	4.5%	-9.0%
SFY2021-Q4	17,598	195,111	9.02%	90	0.2%	5.4%
SFY2022-Q1	16,395	196,171	8.36%	84	-7.3%	-1.0%
SFY2022-Q2	16,176	197,013	8.21%	82	-1.8%	-4.7%
SFY2022-Q3	16,818	201,639	8.34%	83	1.6%	-7.4%
SFY2022-Q4	16,996	202,262	8.40%	84	0.7%	-6.8%
SFY2023-Q1	15,915	204,056	7.80%	78	-7.2%	-6.7%
SFY2023-Q2	15,912	205,951	7.73%	77	-0.9%	-5.9%
SFY2023-Q3	16,194	206,185	7.85%	79	1.7%	-5.8%

Percent of Eligible Members Using Services, by Quarter
SFY19-Q1 to SFY23-Q3, Ages 0 to 17 Only

