



Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES QMIA Quarterly Report

Q4, SFY 2023



YES, QMIA Quarterly Report SFY 2023, Q4

YES QMIA-Q SFY 2023, Q4 includes data from April, May, and June 2023

and trends from previous quarters and years

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YES, QMIA Quarterly Report Q4, 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 meet their needs, and if they improve 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) Children's Mental Health (CMH) Regional clinics. Most of the data is from Medicaid or DBH; 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 income is greater than the Medicaid Federal Poverty Guideline. The 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.

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 Q4 of SFY 2023
(April, May, June 2023),
and trends over past 5 years comparing previous quarters and SFYs.

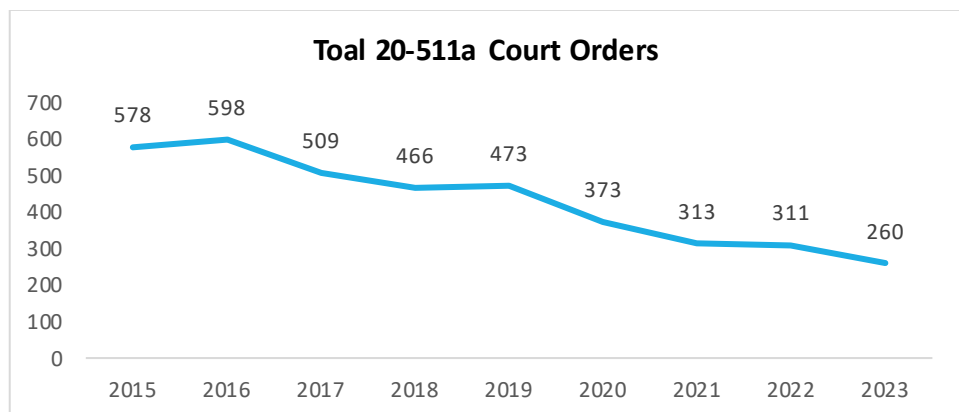
Executive Summary – SFY 2023, Q4

The QMIA-Q report for State Fiscal Year (SFY) 2023, Quarter 4 (Q4) provides information about the delivery of YES services for April, May, and June, 2023, and trends over the past five years of YES implementation. Modifications to the report format initiated in SFY 2023, Quarter 1, intended to make the data provided easier to understand and to facilitate comparisons between regions, have been maintained. The report also now includes annualized *statewide* outpatient service utilization data from state fiscal years 2020, 2021, 2022, and 2023 (see Table 5c). Additionally, a supplemental report with annualized *regional* outpatient service utilization data for fiscal years 2020 through 2023 is also available on the YES website.

E1 YES Accomplishments

During SFY 2023, significant progress was made in fulfilling the requirements of Jeff D. Settlement Agreement Implementation Assurance Plan (IAP). First, a *final draft* of the much-anticipated YES Services & Supports Crosswalk was submitted. The exhaustive crosswalk matrix describes the scope and parameters (e.g., authorization requirements; service timelines) of the medically necessary services and supports that should be provided to YES-eligible youth based on their individual strengths and needs. While this final draft version will require minor updating to become the *final services and supports document*, it represents an important achievement for the YES system of care. A second accomplishment in 2023 was the provision of the draft Access Pathways Maps to the Implementation Work Group (IWG). At present the IWG is consulting with the DBH to finalize the maps. In addition to the strides made in satisfying IAP requirements, there was continued reduction of 20-511a Court Orders¹ in SFY 2023. The annual volume of 20-511a Court Orders has been reduced by more than 50% since 2016.

Historical annualized
Number of Court
Ordered 20-511a, SFY
2015-2023



¹ 20-511a – Reference to Idaho Statute 20-5011A (Mental Health Assessment and Plan of Treatment). This statute provides authority for a judge to order a mental health assessment of youth and convene a screening team to evaluate the plan of treatment and make recommendations to the court.

Finally, substantial resources have been committed to facilities and services that will provide critical support to Idaho youth, particularly those experiencing behavioral health crises, including new Psychiatric Residential Treatment Facilities (PRFT), Youth Behavioral Health Community Crisis Centers, Youth Assessment Centers, and a 988 Hotline and Mobile Crisis Response Team.

E2 2023 YES Family Survey Highlights

The YES Family Survey is conducted annually to assess the quality and outcomes of mental health services for youth in Idaho's YES system of care from the perspective of families and to highlight areas for statewide service improvement efforts. Key 2023 survey findings include:

- Youth outcomes were better when caregivers rated their family's mental health services higher on YES principles (e.g., family-centered and strengths-based).
- Between 2021 and 2022, the percentage of youth who received a face-to-face visit during a mental health crisis increased from 15% to 36%. This gain was largely maintained in 2023 – 33% of caregivers indicated their child had received a crisis visit.
- Reflective of the current strain on mental health resources, including the substantial mental health provider workforce shortage, family ratings declined on 13 of 19 items designed to assess the extent to which the services received by youth and families reflect YES principles. Items that declined reflected youth involvement in service planning, the availability of services recommended by providers, and coordination of services across providers.

The full 2023 YES Family Survey Results report is available on the YES Website at the following link:

<https://yes.idaho.gov/wp-content/uploads/2023/08/2023YESFamilySurveyResults.pdf>

E3 Assessing the Need for Intensive Care Coordination

Meeting the needs of Idaho youth who experience serious emotional disturbance continues to challenge the YES system of care. An important component of YES is the delivery of Intensive Care Coordination (ICC) using high-quality Wraparound. The Wraparound method for delivering ICC is designed to support youth with complex and intensive mental health needs so they can remain in their communities. Representing an increase of 12.6% since 2016, the June 2023 biannual estimate of need for ICC among Idaho Youth indicated 1,520 Idaho youth would have been benefited from participating in ICC using high quality Wraparound in 2023. During the same period there was an 9.6% increase in Idaho's population of youth under the age of 18; this indicates that the need for ICC is outpacing population growth. However, just 107 Idaho youth received Wraparound services in FY 2023. Thus, approximately 93% of youth who may have needed Wraparound did not receive those intensive services.

The full 2023 Intensive Care Coordination Need report is available on the YES Website at the following link:

<https://yes.idaho.gov/wp-content/uploads/2023/06/Estimated-Need-ICCReportJuly2023.pdf>

E4 YES Challenges and Opportunities

Interrelated challenges faced by the YES system of care as well as opportunities to grow and improve YES include the following: the ongoing mental health care workforce shortage, lack of access to mental health care in rural/frontier areas of Idaho, increased mental health care need, the dearth of high intensity services (as illustrated in part by the tables below), and providers struggling with reimbursement rates that are not keeping pace with the costs of doing business, connected in part to the administrative burden associated with providing Medicaid services.

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	16	15	74	83	40	17	12	3	259
TASSP ²	0	0	1	17	0	1	14	0	32
Partial Hospitalization (PHP)	0	0	39	61	1	0	2	0	100
Day Treatment	0	0	0	0	0	2	7	0	9
IHCBS ³	0	2	3	12	0	17	9	0	43

Penetration Rates for Intensive Outpatient Treatment Services									
	1	2	3	4	5	6	7	9	Total
Intensive Outpatient	0.1%	0.2%	0.2%	0.2%	0.1%	0.1%	0.0%	0.1%	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%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Day Treatment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%

There also remains considerable opportunity for YES partners to work in a more coordinated fashion to share data as well as to synchronize services for youth in the YES system of care.

YES reports:

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

Biannual Estimate of Need for Intensive Care Coordination, SFY 2023 (June 2023 report)

<https://yes.idaho.gov/wp-content/uploads/2023/06/Estimated-Need-ICCReportJuly2023.pdf>

Final Report of the YES Quality Review (SFY 2022)

<https://yes.idaho.gov/wp-content/uploads/2023/08/2023YESFamilySurveyResults.pdf>

Historical QMIA-Q reports

<https://yes.idaho.gov/yes-quality-management-improvement-and-accountability/>

Idaho YES Family Survey Results, 2023

<https://yes.idaho.gov/wp-content/uploads/2023/08/2023YESFamilySurveyResults.pdf>

Provider Survey of the YES Quality Review, FY 2021-2022

<https://yes.idaho.gov/wp-content/uploads/2022/10/QRReport01AgencySurvey2022.pdf>

² TASSP- Therapeutic After School Support Program

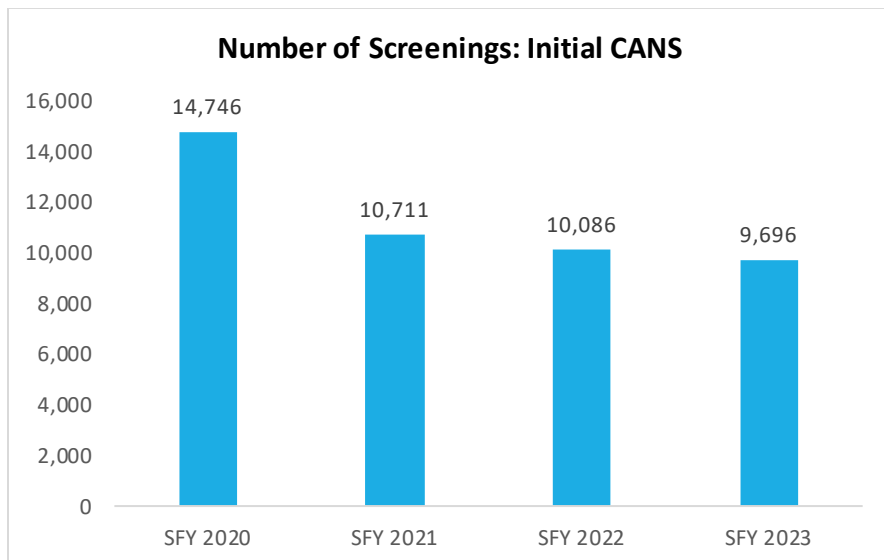
³ IHCBS - Intensive Home and Community Based Services

QMIA-Q SFY 2023 Report

1. Screening for Mental Health Needs

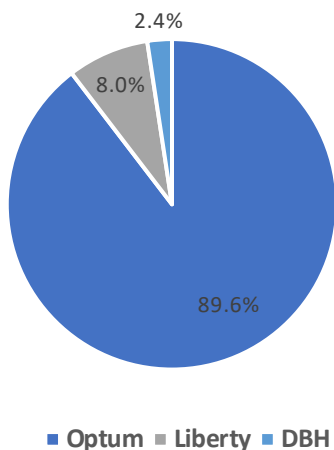
1a: Total Number of Children and Youth Screened for Mental Health Needs by Mental Health Providers

The number of initial CANS completed in SFY 2023 was 9,696. 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 the number of children and youth receiving an initial CANS assessment has been declining since SFY 2020. 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

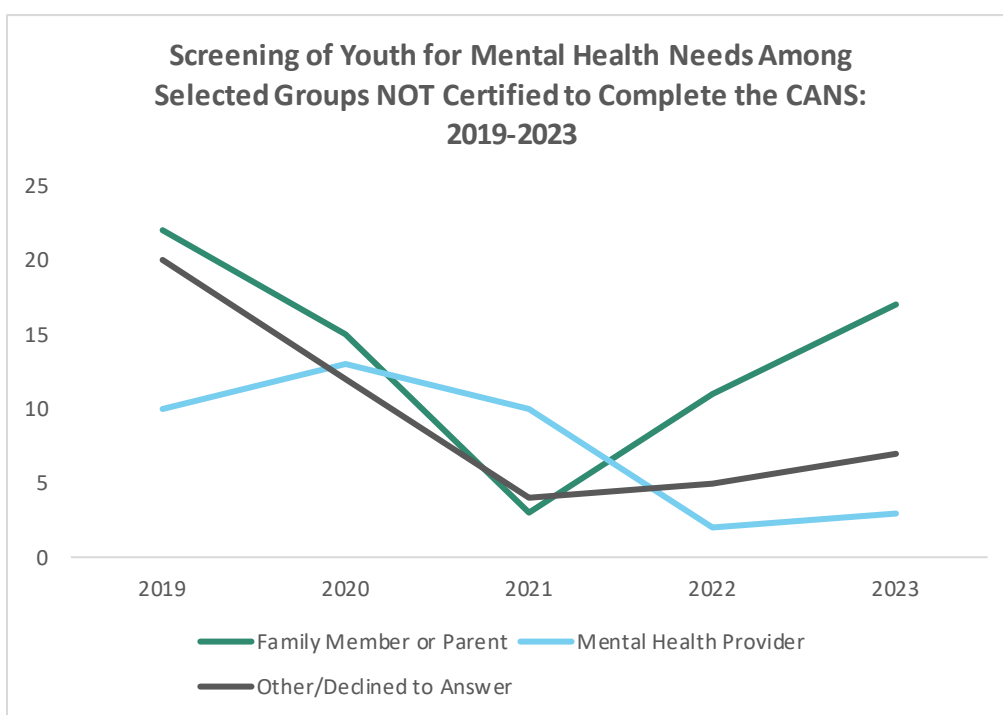
Percentage of CANS Assessments by Provider



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

1c: Children and Youth Screened for Mental Health Needs by Individuals NOT Certified to Complete the CANS

	Family Member or Parent	Mental Health Provider	Other Or Declined to Answer	Primary Care Physician	School	Social Services	State Agency	Total
2019	22	10	20	1	2	2	5	62
2020	15	13	12	2	0	0	0	42
2021	3	10	4	0	0	2	0	19
2022	11	2	5	0	3	1	0	22
2023	17	3	7	2	2	0	1	32
Total	68	38	48	5	7	5	6	177

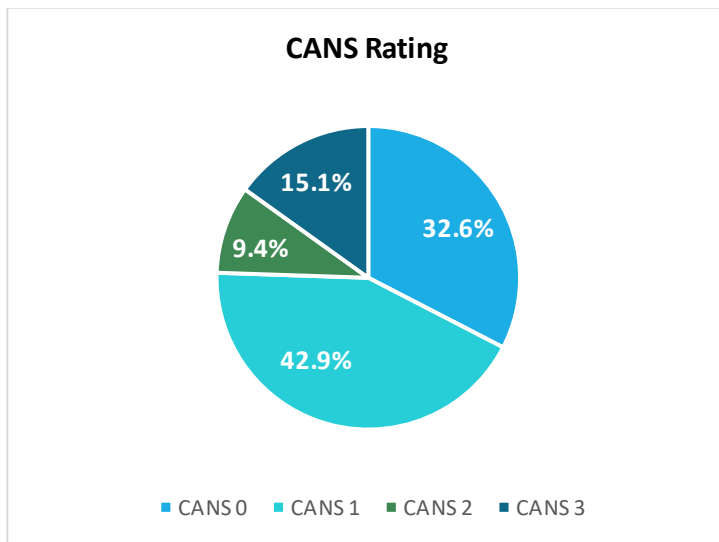


What is this data telling us?

Since 2019 a youth mental health needs screener has been available for use among individuals *not* certified to completed CANS assessments. The screener is designed to help determine if mental health services may be warranted and to gauge severity of need. Annual by year totals demonstrate screener use peaked in 2019, was at its lowest in 2021, and seems to be increasing in 2023. It also appears family members / parents and (non-CANS certified) mental health providers are historically among the most frequent users of the screener. However, usage patterns differ among these two groups. Use by (non-CANS certified) mental health providers declined over time while use of screener by family members / parents dipped in 2021 but rebounded in 2022 and 2023.

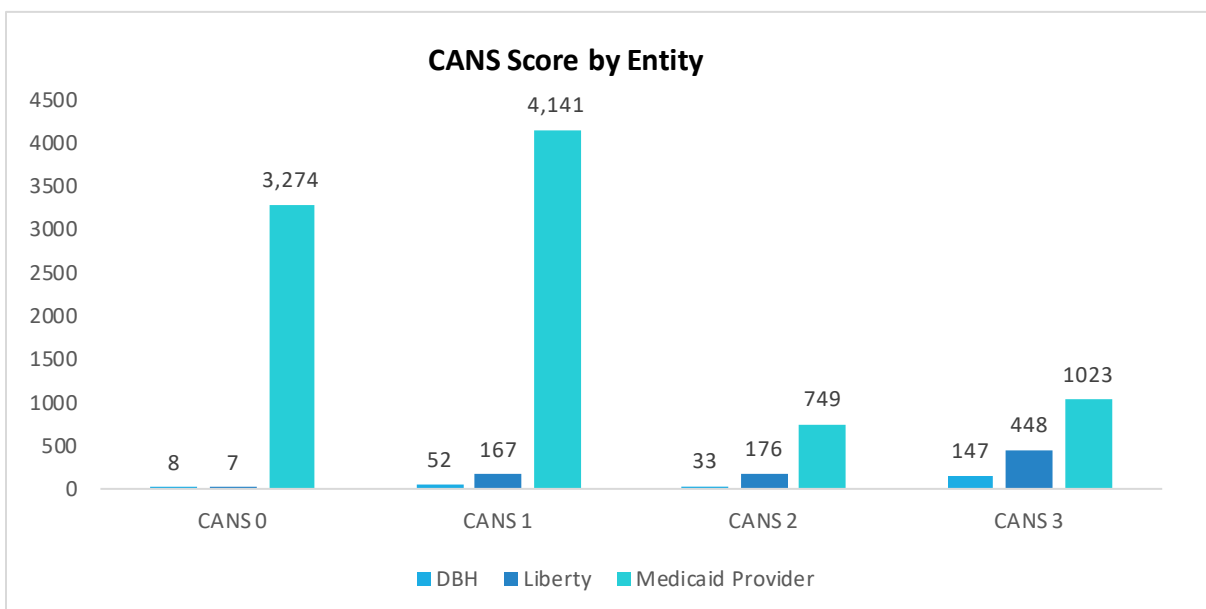
2. YES eligible children and youth based on initial CANS

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

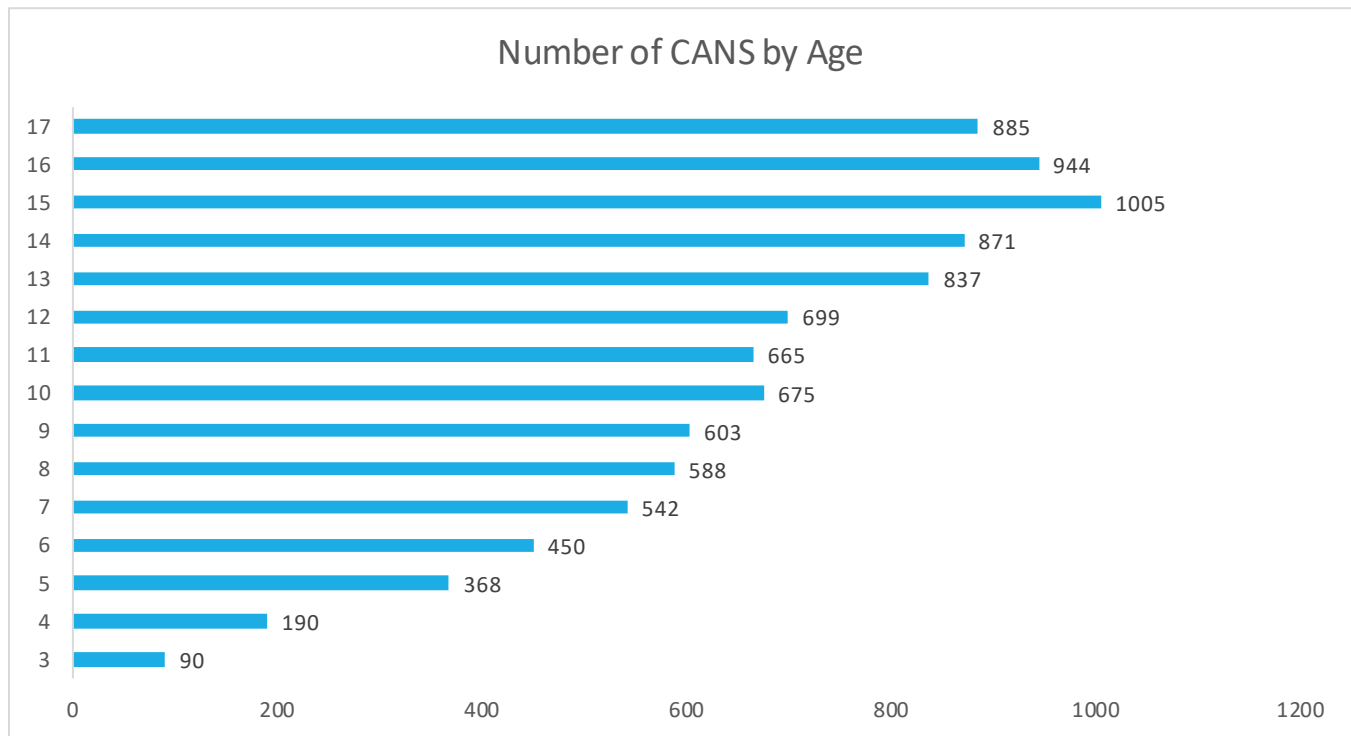


What is this data telling us?

Of all the initial CANS completed during SFY 2023, approximately 69% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 rating) and 31% 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 most 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

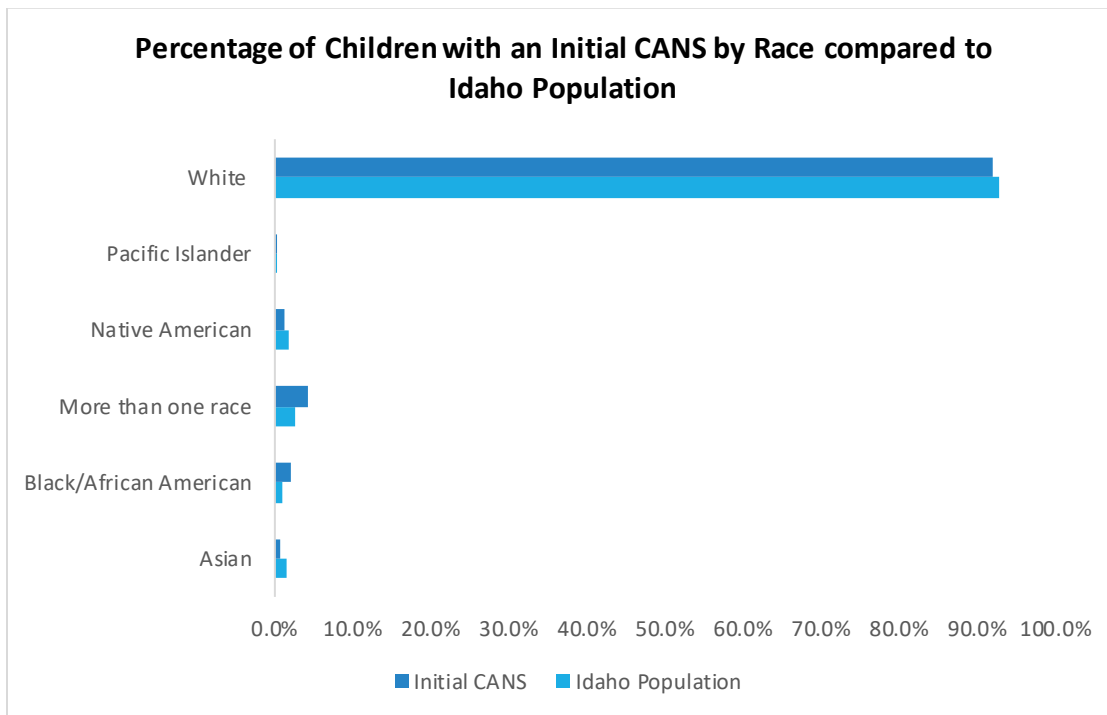


What is this data telling us?

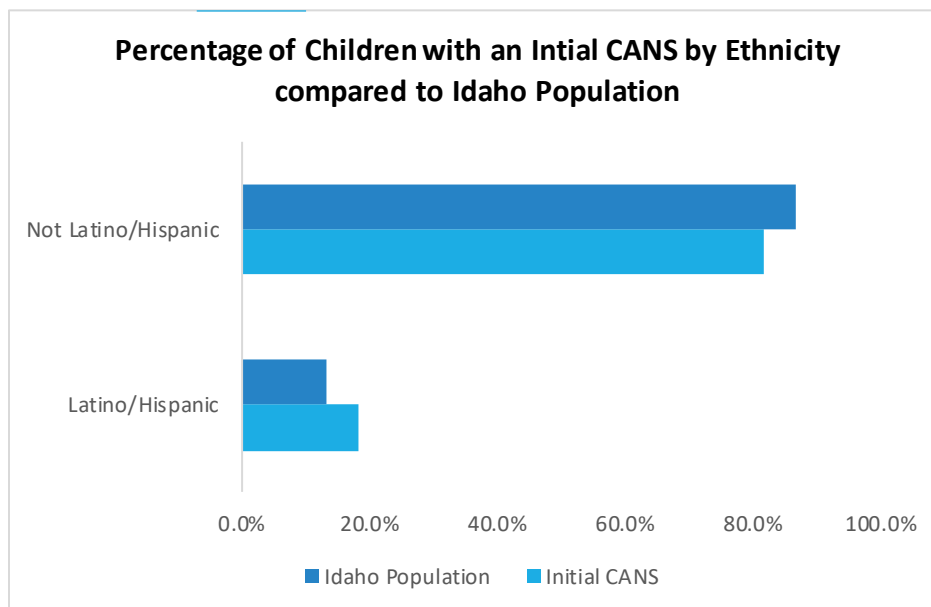
Consistent with previous state fiscal years, in SFY 2023, initial CANS assessments were more likely to be completed with teenagers (13–17-year old's) than with younger children.

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



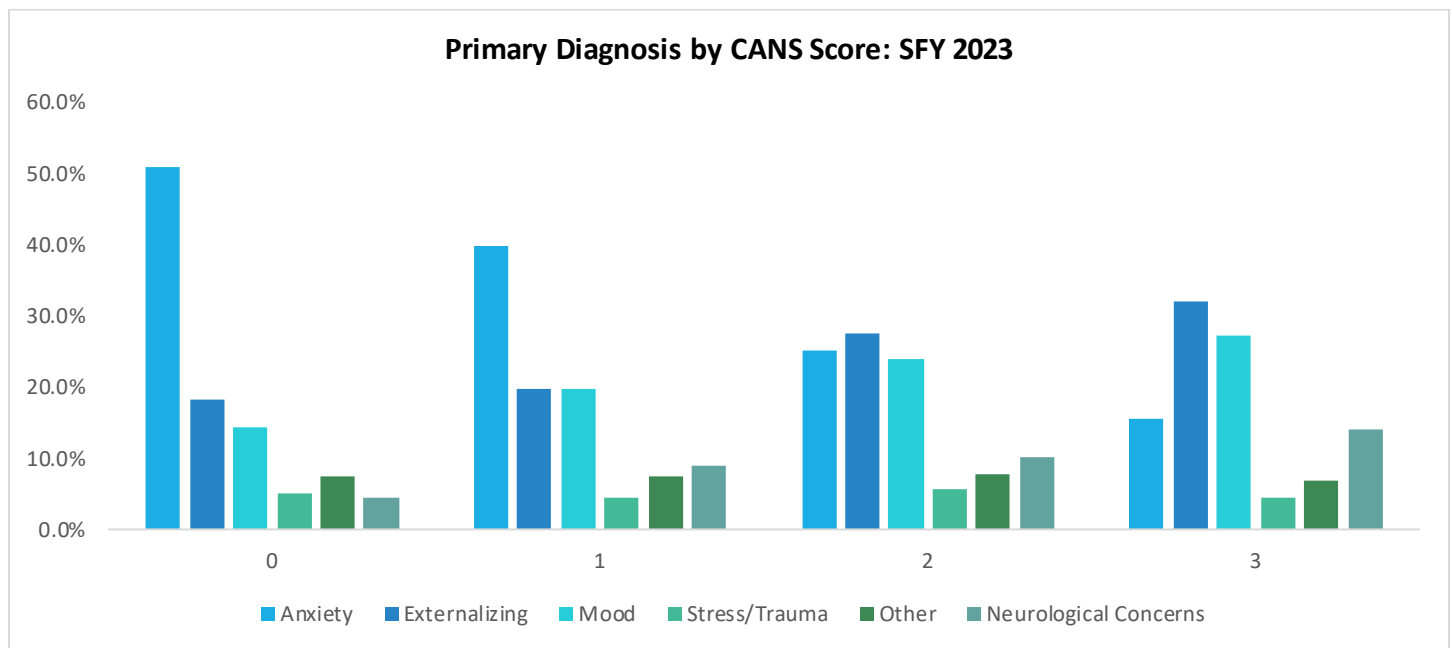
What is this data telling us?

Review of race data indicates children who are more than one race or African American are slightly over-represented in terms of receiving an initial CANS assessment when compared to their respective portion of the overall population of Idaho. Conversely, those who are native American or Asian are slightly under-represented compared to their respective shares of the overall Idaho population. Ethnicity data reveals children who identify as Latino/Hispanic are more likely to receive an initial CANS assessment than those who do not.

3f: Primary Diagnosis by CANS Score: SFY 2023

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	50.8%	39.8%	25.2%	15.6%	2910
Externalizing	18.3%	19.6%	27.5%	31.9%	1659
Mood	14.3%	19.8%	23.8%	27.3%	1435
Stress or Trauma	4.9%	4.4%	5.5%	4.3%	357
Other	7.3%	7.4%	7.6%	6.7%	559
Neurological Concerns	4.5%	9.0%	10.2%	14.0%	637
Total	3,308	4,399	951	1,582	10,240
	100.0%	100.0%	100.0%	100.0%	

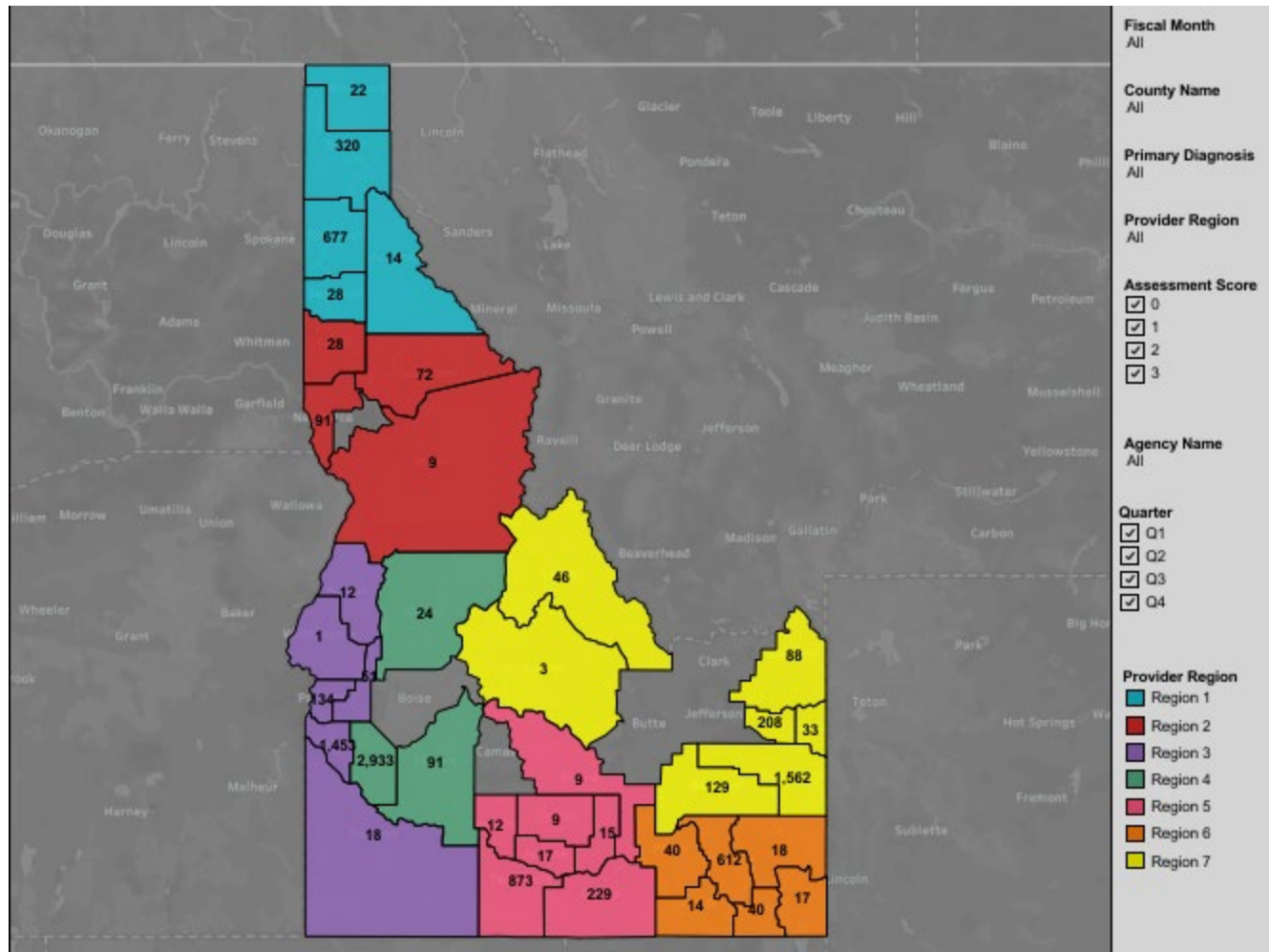


What is this data telling us?

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. These patterns suggest providers need to customize services based on youth CANS score *and* primary diagnosis and 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 SFY 2023 by Idaho counties. As of the end of Q4 data showed 6 counties with no initial CANS completed: Boise, Butte, Clark, Camas, Jefferson, and Lewis. In addition, there were also 2 counties with 3 or fewer CANS completed by the end of the fiscal year.



What is this data telling us?

The number of counties in which there were no initial CANS assessments (6) and the number of counties in which there were 3 or fewer (2) improved slightly since the beginning of the fiscal year. 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.

5. Medicaid Outpatient Services Utilization

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

The following table combines unduplicated counts of children and youth whom received services under Medicaid (regular Medicaid, Foster Care Medicaid, etc.) and those with Medicaid through the YES Medicaid Program between SFY 2019 and SFY 2023, Q4.

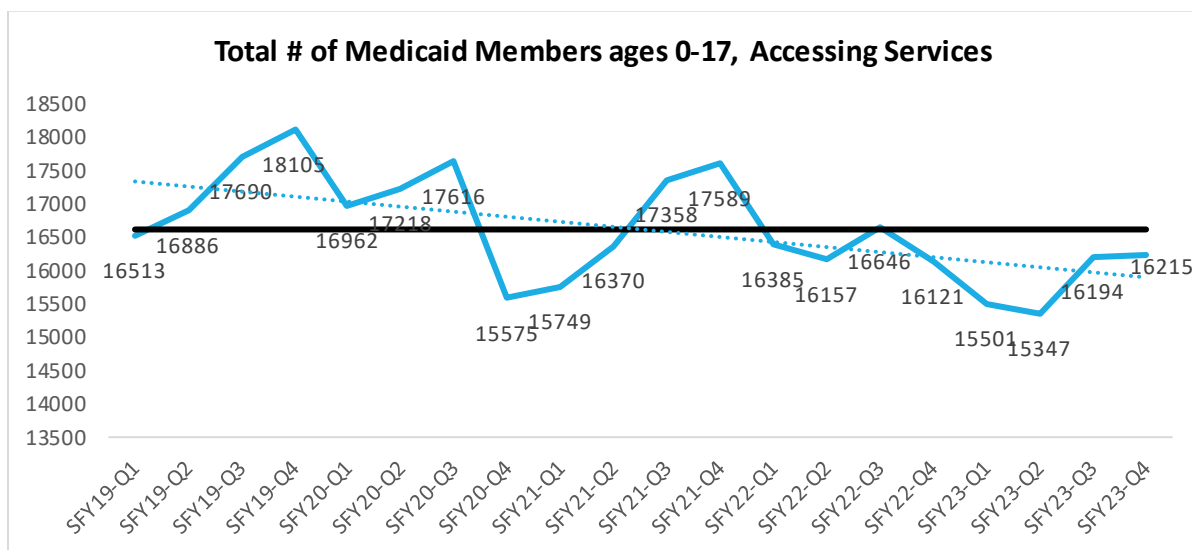
5a: Total number of Medicaid members served SFY 2020 - SFY2023

	SFY20-Q1 (Jul to Sep)	SFY20-Q2 (Oct to Dec)	SFY20-Q3 (Jan to Mar)	SFY20-Q4 (Apr to Jun)	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	SFY22-Q1 (Jul to Sep)	SFY22-Q2 (Oct to Dec)	SFY22-Q3 (Jan to Mar)	SFY22-Q4 (Apr to Jun)	SFY23-Q1 (Jul to Sept)	SFY23-Q2 (Oct to Dec)	SFY23-Q3 (Jan to Mar)	SFY23-Q4 (Apr to Jun)
Medicaid	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	14,143
YES Medicaid	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	2,072
Total	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	16,215

What is this data telling us?

The overall number of children and youth served decreased in Quarters 1 and 2 of SFY 2023 and then rebounded in Quarters 3 and 4. Since quarter 1 of SFY 2021 the number of children and youth with YES Medicaid has been and remains fairly stable, hovering around 2,000 to 2,100.

5b: Quarterly trend of Medicaid members accessing services



What is this data telling us?

The total number of Medicaid members (both Medicaid and YES Medicaid) receiving YES services has varied over the past 5 quarters - from the high of 18,105 in Quarter 4 of SFY 2019 to the low of 15,437 in Quarter 2 of SFY 2022. The trend over 5 years has been decreasing – as represented by the blue dotted line, but there has been an increase in the last 2 quarters of SFY 2023. The black line represents the average (or median) number of children and youth receiving services which is 16,609

5c: Annual YES Outpatient Services Provided by the Optum Idaho/Medicaid Provider Network, Unduplicated Number Served - State Fiscal Years 2020-2023⁴

	Statewide Annual Unduplicated # Served				
	SFY 2020	SFY 2021	SFY 2022	SFY 2023	Year-to-Year Change
Assessments					
CANS Billed to Medicaid	13,775	13,484	13,008	12,626	
Psych and Neuropsych Testing	2,686	2,362	2,526	2,201	
Behavior Assessment	44	90	160	229	
Outpatient Treatment Services					
Psychotherapy	19,847	19,015	18,938	17,878	
Case Management	2,809	2,924	2,668	2,390	
Med Management	4,706	4,984	4,650	4,677	
Skills Building (CBRS)	1,975	2,577	2,742	2,607	
Targeted Care Coordination (TCC)	1,121	1,475	1,343	1,406	
Substance Use Services	740	802	797	830	
Child and Family Interdisciplinary Team	312	484	408	446	
Skills Training and Development	31	198	259	267	
Behavior Modification and Consultation	33	83	155	264	
Crisis					
Crisis Intervention	435	369	345	343	
Crisis Psychotherapy	143	406	472	528	
Crisis Response	187	178	110	115	
Crisis Services	717	889	880	918	
Intensive Outpatient Treatment Services					
TASSP	19	49	52	51	
Partial Hospitalization (PHP)	51	220	303	314	
Day Treatment	41	66	74	55	
IHCBS	2	12	60	87	
Support Services					
Respite	868	763	715	656	
Youth Support Services	329	496	574	475	
Family Support	768	513	431	359	
Family Psychoeducation	197	250	212	148	

What is this data telling us?

A mixed picture emerges when annual unduplicated numbers served by service type are compared across the four most recent fiscal years. For example, on the one hand, there have been substantial declines in the number of youths receiving CANS (Assessments) Billed to Medicaid, Outpatient Psychotherapy, and Case Management. On the other hand, there have been sizeable gains in the number of youths receiving Skill Building (CBRS), Skills Training and Development, and Crisis Psychotherapy.

⁴ A QMIA Quarterly Report Supplement providing Annual Unduplicated Number Served for State Fiscal Years 2020 through 2023 by Region for each individual service included in the table above is available on the YES Website.

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

The Medicaid claims data in the following table shows the outpatient services provided to Medicaid members ages 0-17 by type of service and region in which the service was delivered. The number served is SFY 2023, Q4 is unduplicated within the specific category of services (i.e., the number children and youth who received that specific service).

5d1: Number of Medicaid Members Accessing YES Outpatient Services by Region

SFY 2023, Q4	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	486	132	1,255	1,749	573	374	1,695	3	6,264
Psych and Neuropsych Testing	7	1	88	109	44	66	209	3	527
Behavior Assessment	38	0	19	49	0	0	0	0	106
Outpatient Treatment Services									
Psychotherapy	1,049	415	2,155	2,763	995	819	2,718	39	10,896
Case Management	26	48	98	230	100	56	501	0	1,055
Med Management	101	109	701	799	241	281	441	5	2,673
Skills Building (CBRS)	52	72	229	421	79	119	658	0	1,627
Targeted Care Coordination (TCC)	4	35	127	199	80	106	409	0	957
Substance Use Services	17	0	41	43	74	29	126	1	330
Child and Family Interdisciplinary Team (CFIT)	2	4	15	40	21	7	34	0	123
Skills Training and Development (STAD)	0	0	2	5	94	0	75	0	176
Behavior Modification and Consultation	38	0	19	49	0	0	0	0	106
Crisis									
Crisis Intervention	3	5	2	9	5	12	52	0	88
Crisis Psychotherapy	26	2	15	26	15	10	54	1	149
Crisis Response	5	2	5	6	4	2	9	0	33
Crisis Services	33	9	22	38	24	22	110	1	259
Intensive Outpatient Treatment Services									
TASSP ⁵	0	0	1	17	0	1	14	0	32
Partial Hospitalization (PHP)	0	0	39	61	1	0	2	0	100
Day Treatment	0	0	0	0	0	2	7	0	9
IHCBS ⁶	0	2	3	12	0	14	7	0	38
Support services									
Respite	0	55	69	73	17	49	164	0	427
Youth Support Services	1	16	45	76	29	13	76	0	256
Family Support	0	1	26	19	7	10	168	1	231
Family Psychoeducation	2	1	1	6	9	1	0	0	20

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.**

5d2: 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	2.0%	1.6%	2.9%	4.3%	2.0%	2.4%	4.4%	0.1%	3.1%
Psych and Neuropsych Testing	0.0%	0.0%	0.2%	0.3%	0.2%	0.4%	0%	0.1%	0.3%
Behavior Assessment	0.2%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Outpatient Treatment Services									
Psychotherapy	4.3%	4.9%	5.0%	6.8%	3.5%	5.2%	7.0%	1.8%	5.4%
Case Management	0.1%	0.6%	0.2%	0.6%	0.4%	0.4%	1.3%	0.0%	0.5%
Med Management	0.4%	1.3%	1.6%	2.0%	0.9%	1.8%	1.1%	0.2%	1.3%
Skills Building (CBRS)	0.2%	0.8%	0.5%	1.0%	0.3%	0.8%	1.7%	0.0%	0.8%
Targeted Care Coordination (TCC)	0.0%	0.4%	0.3%	0.5%	0.3%	0.7%	1.1%	0.0%	0.5%
Substance Use Services	0.1%	0.0%	0.1%	0.1%	0.3%	0.2%	0.3%	0.1%	0.2%
Child and Family Interdisciplinary Team (CFIT)	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%
Skills Training and Development (STAD)	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%	0.0%	0.1%
Behavior Modification and Consultation	0.2%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Crisis									
Crisis Intervention	0.0%	0.1%	0.0%	0.0%	0.0%	0%	0.1%	0.0%	0.0%
Crisis Psychotherapy	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%
Crisis Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Services	0.1%	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%	0.0%	0.0%	0.0%
Partial Hospitalization (PHP)	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Day Treatment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Support services									
Respite	0.0%	0.6%	0.2%	0.2%	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%	0.0%	0.0%	0.0%	0.0%	0.0%

What is this data telling us?

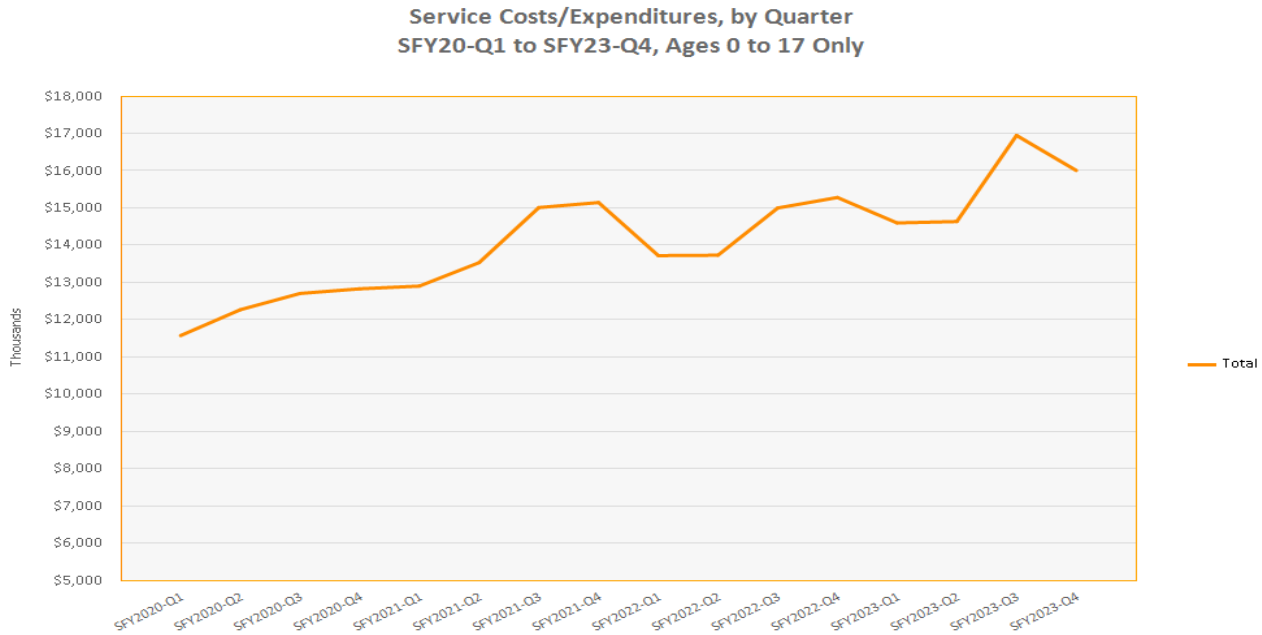
Outpatient services such as CANS Assessments, Psych and Neuropsych Testing, Psychotherapy, Medication Management, Skills Building, Targeted Care Coordination, Substance Use, Crisis, Child and Family Interdisciplinary Teams are available statewide. Outpatient services such as Behavior Assessments, Skills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

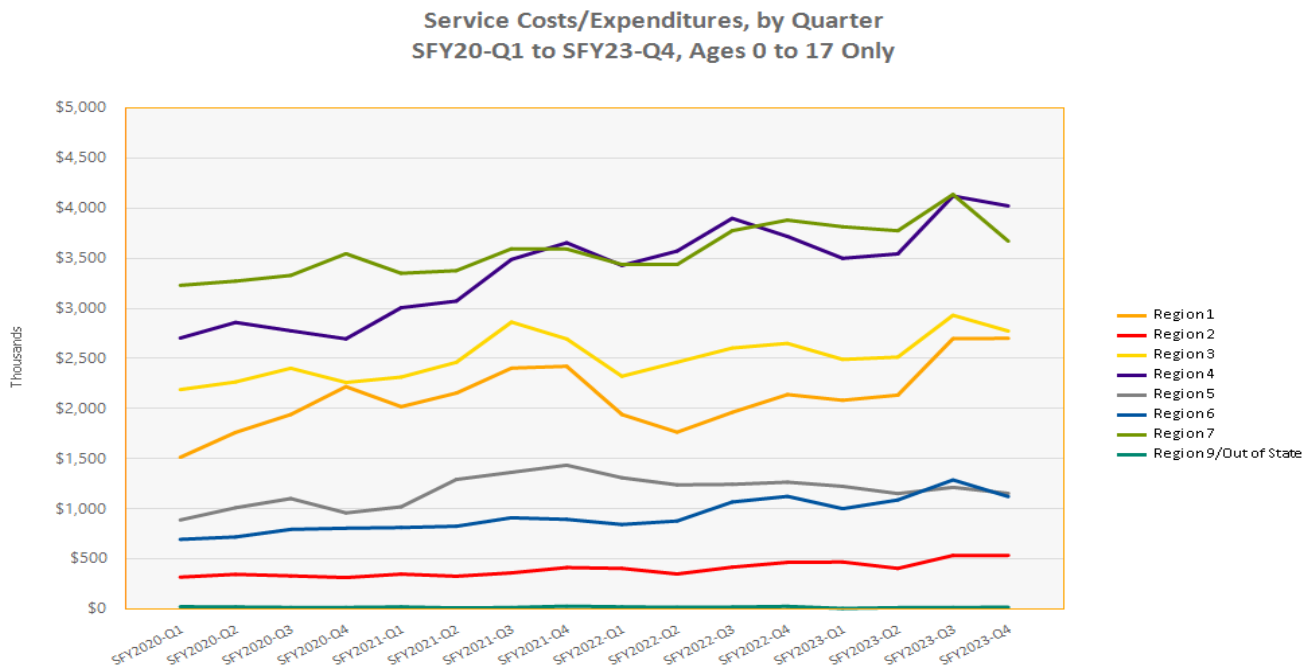
5e: YES Medicaid Expenditures

The following charts provide overall Medicaid outpatient expenditures by quarter (5d1) and by quarter *and* region (5d2) as of the report run date (7/28/2023) and represent the total dollars paid for services rendered to youth between the ages of 0 to 17.

5e1: Medicaid Outpatient Expenditures by Quarter



5e2 Medicaid Outpatient Expenditures by Quarter by Region



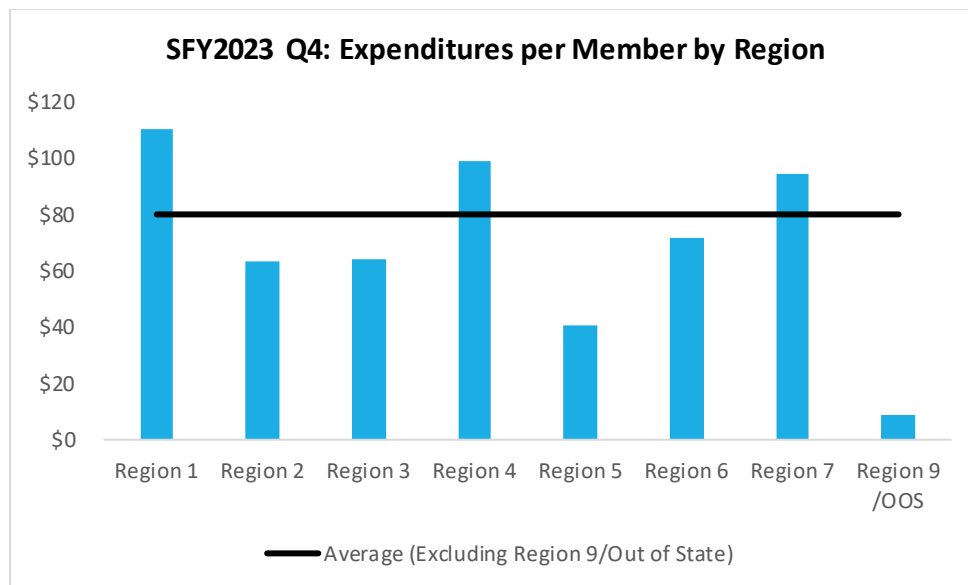
5e3: Regional Comparison of SFY23-Q4 Outpatient Expenditures

	Total Members SFY 23-Q4 (Jan-Mar)	Expenditures SFY 23-Q4 (Jan-Mar)	\$ per Distinct Member	% Members	% Expenditures
Region 1	24,587	2,701,541.90	\$110	12.2%	16.9%
Region 2	8,496	537,533.07	\$63	4.2%	3.4%
Region 3	43,376	2,774,470.19	\$64	21.4%	17.3%
Region 4	40,730	4,021,643.42	\$99	20.1%	25.1%
Region 5	28,255	1,155,787.42	\$41	14.0%	7.2%
Region 6	15,781	1,123,689.47	\$71	7.8%	7.0%
Region 7	38,826	3,671,297.60	\$95	19.2%	22.9%
Region 9/OOS	2,222	19,929.01	\$9	1.1%	0.1%
Total/Average	202,273	16,005,892.08	⁷ \$79.90		

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 \$41 per person in Region 5 and as much as \$110 per person in Region 1. 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).

5e4: Average Expenditure per User by Region



⁷ Average expenditure per distinct user excludes Region 9/Out of State (OOS).

5f: Medicaid Outpatient Service Utilization: Regional Snapshots SFY2023

The following region-by-region tables display distinct number of youth served through the Medicaid Network between the ages of 0 and 17 for Quarter 4 of state fiscal year 2023 (April, May, and June 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 of youth 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 11 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 which 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, 12.9% were provided Case Management while just 1.5% of the youth receiving services in Region 1 were provided Case Management. The respective Case Management penetration rates, 1.5% for Regions 7 and 0.1% 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)

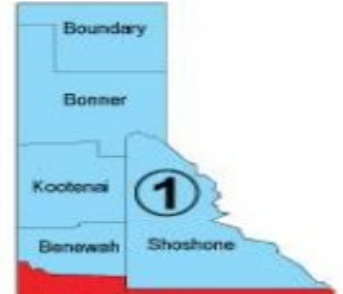
SFY 2023, Q4 Big Picture Overview

Total Medicaid Eligible Youth Members: 24,587 (12.2% of total Medicaid eligible youth statewide)

Expenditures: \$2,701,542 (16.9% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$110

Medicaid Eligible Youth Members Receiving Any Service(s): 1,712



SFY 2023, Q4	Region 1			Statewide	
	Distinct Utilizers	Service Use Rate	Penetration Rate	Service Use Rate	Penetration Rate
Assessments					
CANS - (Billed to Medicaid)	486	28.4%	2.0%	38.6%	3.1%
Psych and Neuropsych Testing	7	0.4%	0.0%	3.3%	0.3%
Behavior Assessment	38	2.2%	0.2%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	1049	61.3%	4.3%	67.2%	5.4%
Case Management	26	1.5%	0.1%	6.5%	0.5%
Med Management	101	5.9%	0.4%	16.5%	1.3%
Skills Building (CBRS)	52	3.0%	0.2%	10.0%	0.8%
Targeted Care Coordination (TCC)	4	0.2%	0.1%	5.9%	0.5%
Substance Use Services	17	1.0%	0.0%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	2	0.1%	0.0%	0.8%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.1%	0.1%
Behavior Modification and Consultation	81	4.7%	0.3%	1.1%	0.1%
Crisis					
Crisis Intervention	3	0.2%	0.0%	0.5%	0.0%
Crisis Psychotherapy	26	1.5%	0.1%	0.9%	0.1%
Crisis Response	5	0.3%	0.0%	0.2%	0.0%
Crisis Services	33	1.9%	0.1%	1.6%	0.1%
Intensive Outpatient Treatment Services					
Therapeutic After School (TASSP)	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	0	0.0%	0.0%	0.6%	0.0%
Day Treatment	0	0.0%	0.0%	0.1%	0.0%
Intensive Home and Community Based Services	0	0.0%	0.0%	0.3%	0.0%
Support services					
Respite	0	0.0%	0.0%	2.6%	0.2%
Youth Support Services	1	0.1%	0.0%	1.6%	0.1%
Family Support	0	0.0%	0.0%	1.4%	0.1%
Family Psychoeducation	2	0.1%	0.0%	0.1%	0.0%

What is this data telling us?

In SFY 2023 Q4 Region 1 was over-resourced receiving more expenditures (16.9% of total state expenditures) than its statewide share of the Medicaid Eligible population (12.2%). However, penetration rates in Region 1 during Q4 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, Q4 Big Picture Overview

Total Medicaid Eligible Youth Members: 8,496 (4.2% of total Medicaid eligible youth members statewide)

Expenditures: \$537,833 (3.4% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$63

Medicaid Eligible Youth Members Receiving Any Service(s): 605



SFY 2023, Q4	Region 2			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	132	21.8%	1.6%	38.6%	3.1%
Psych and Neuropsych Testing	1	0.2%	0.0%	3.3%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	415	68.6	5.0%	67.2%	5.4%
Case Management	48	7.9%	0.6%	6.5%	0.5%
Med Management	109	18.0%	1.3%	16.5%	1.3%
Skills Building (CBRS)	72	11.9%	0.8%	10.0%	0.8%
Targeted Care Coordination (TCC)	35	5.8%	0.4%	5.9%	0.5%
Substance Use Services	0	0.0%	0.0%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	4	0.7%	0.0%	0.8%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.1%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.1%	0.1%
Crisis					
Crisis Intervention	5	0.8%	0.1%	0.5%	0.0%
Crisis Psychotherapy	2	0.3%	0.0%	0.9%	0.1%
Crisis Response	2	0.3%	0.0%	0.2%	0.0%
Crisis Services	9	1.5%	0.1%	1.6%	0.1%
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	0	0.0%	0.0%	0.6%	0.0%
Day Treatment	0	0.0%	0.0%	0.1%	0.0%
Intensive Home and Community Based Services	2	0.3%	0.0%	0.3%	0.0%
Support services					
Respite	55	9.1%	0.6%	2.6%	0.2%
Youth Support Services	16	2.6%	0.2%	1.6%	0.1%
Family Support	1	0.2%	0.0%	1.4%	0.1%
Family Psychoeducation	1	0.1%	0.0%	0.1%	0.0%

What is this data telling us?

Region 2 receives less expenditures (3.4% 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 Q4 of SFY 2023. In past QMIA-Q reports, Case Management penetration rate in Region 2 had consistently lagged the statewide average, but that pattern is not evident in Q4.

Region 3

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

SFY 2023, Q4 Big Picture Overview

Total Medicaid Eligible Youth Members: 43,376 (21.4% of total Medicaid youth eligible members statewide)

Expenditures: \$2,774,470 (17.3% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$64

Medicaid Eligible Members Youth Receiving Any Service(s): 3,234



SFY 2023, Q4	Region 3			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1255	38.8%	2.9%	38.6%	3.1%
Psych and Neuropsych Testing	88	2.7%	0.2%	3.3%	0.3%
Behavior Assessment	19	0.6%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	2155	66.6	5.0%	67.2%	5.4%
Case Management	98	3.0%	0.2%	6.5%	0.5%
Med Management	701	21.7%	1.6%	16.5%	1.3%
Skills Building (CBRS)	229	7.1%	0.5%	10.0%	0.8%
Targeted Care Coordination (TCC)	127	3.9%	0.3%	5.9%	0.5%
Substance Use Services	41	1.3%	0.1%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	15	0.5%	0.0%	0.8%	0.1%
Skills Training and Development (STAD)	2	0.1%	0.0%	1.1%	0.1%
Behavior Modification and Consultation	33	1.0%	0.1%	1.1%	0.1%
Crisis					
Crisis Intervention	2	0.1%	0.0%	0.5%	0.0%
Crisis Psychotherapy	15	0.5%	0.0%	0.9%	0.1%
Crisis Response	5	0.2%	0.0%	0.2%	0.0%
Crisis Services	22	0.7%	0.1%	1.6%	0.1%
Intensive Outpatient Treatment Services					
TASSP	1	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	39	1.2%	0.1%	0.6%	0.0%
Day Treatment	0	0.0%	0.0%	0.1%	0.0%
Intensive Home and Community Based Services	3	0.1%	0.0%	0.3%	0.0%
Support services					
Respite	69	2.1%	0.2%	2.6%	0.2%
Youth Support Services	45	1.4%	0.1%	1.6%	0.1%
Family Support	26	0.8%	0.1%	1.4%	0.1%
Family Psychoeducation	1	0.0%	0.0%	0.1%	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 (21.4%) 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, Q4 Big Picture Overview

Total Medicaid Eligible Youth Members: 40,730 (20.1% of total Medicaid youth eligible members statewide)

Expenditures: \$4,021,643 (25.1% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$99

Medicaid Eligible Youth Members Receiving Any Service(s): 3,898



SFY 2023, Q4	Region 4			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1749	44.9%	4.3%	38.6%	3.1%
Psych and Neuropsych Testing	109	2.8%	0.3%	3.3%	0.3%
Behavior Assessment	49	1.3%	0.1%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	2763	70.9%	6.8%	67.2%	5.4%
Case Management	230	5.9%	0.6%	6.5%	0.5%
Med Management	799	20.5%	2.0%	16.5%	1.3%
Skills Building (CBRS)	421	10.8%	0.9%	10.0%	0.8%
Targeted Care Coordination (TCC)	199	5.1%	0.3%	5.9%	0.5%
Substance Use Services	43	1.1%	0.1%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	40	1.0%	0.1%	0.8%	0.1%
Skills Training and Development (STAD)	5	0.1%	0.0%	1.1%	0.1%
Behavior Modification and Consultation	69	1.8%	0.2%	1.1%	0.1%
Crisis					
Crisis Intervention	9	0.2%	0.0%	0.5%	0.0%
Crisis Psychotherapy	26	0.7%	0.1%	0.9%	0.1%
Crisis Response	6	0.2%	0.0%	0.2%	0.0%
Crisis Services	38	1.0%	0.1%	1.6%	0.1%
Intensive Outpatient Treatment Services					
TASSP	17	0.4%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	61	1.6%	0.1%	0.6%	0.0%
Day Treatment	0	0.0%	0.0%	0.1%	0.0%
Intensive Home and Community Based Services	12	0.3%	0.0%	0.3%	0.0%
Support services					
Respite	73	1.9%	0.2%	2.6%	0.2%
Youth Support Services	76	1.9%	0.2%	1.6%	0.1%
Family Support	19	0.5%	0.0%	1.4%	0.1%
Family Psychoeducation	6	0.2%	0.0%	0.1%	0.0%

What is this data telling us?

Region 4 receives substantially more expenditures (25.1% of total state expenditures) than its statewide share of the Medicaid Eligible population (20.1%). Region 4 has the second highest average dollars spent per eligible member (\$99). 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, Q4 Big Picture Overview

Total Medicaid Eligible Youth Members: 28,255 (14.0% of total Medicaid youth eligible members statewide)

Expenditures: \$1,155,787 (7.2% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$41

Medicaid Eligible Youth Members Receiving Any Service(s): 1,554



SFY 2023, Q4	Region 5			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	573	36.9%	2.0%	38.6%	3.1%
Psych and Neuropsych Testing	44	2.8%	0.2%	3.3%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	995	64.0%	3.5%	67.2%	5.4%
Case Management	100	6.4%	0.4%	6.5%	0.5%
Med Management	241	15.5%	0.9%	16.5%	1.3%
Skills Building (CBRS)	79	5.1%	0.3%	10.0%	0.8%
Targeted Care Coordination (TCC)	80	5.1%	0.3%	5.9%	0.5%
Substance Use Services	74	4.8%	0.3%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	21	1.4%	0.1%	0.8%	0.1%
Skills Training and Development (STAD)	94	6.0%	0.3%	1.1%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.1%	0.1%
Crisis					
Crisis Intervention	5	0.3%	0.0%	0.5%	0.0%
Crisis Psychotherapy	15	1.0%	0.1%	0.9%	0.1%
Crisis Response	4	0.3%	0.0%	0.2%	0.0%
Crisis Services	24	1.5%	0.1%	1.6%	0.1%
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.6%	0.0%
Day Treatment	0	0.0%	0.0%	0.1%	0.0%
Intensive Home and Community Based Services	0	0.0%	0.0%	0.3%	0.0%
Support services					
Respite	17	1.1%	0.1%	2.6%	0.2%
Youth Support Services	29	1.9%	0.1%	1.6%	0.1%
Family Support	7	0.5%	0.0%	1.4%	0.1%
Family Psychoeducation	9	0.6%	0.1%	0.1%	0.0%

What is this data telling us?

Average dollars spent per eligible member in Region 5 (\$41) are less than half of Region's 1 systemwide high of \$110 spent per eligible member. Not surprisingly, Region 5 receives substantially less expenditures (7.2% of total state expenditures) than its statewide share of the Medicaid Eligible population (14.0%). 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, Q4 Big Picture Overview

Total Medicaid Eligible Youth Members: 15,718 (7.8% of total Medicaid eligible youth members statewide)

Expenditures: \$1,123,689 (7.0% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Member: \$71

Medicaid Eligible Members Receiving Any Service(s): 1,287



SFY 2023, Q4	Region 6			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	374	29.1%	2.4%	38.6%	3.1%
Psych and Neuropsych Testing	66	5.1%	0.4%	3.3%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	819	63.6%	5.2%	67.2%	5.4%
Case Management	56	4.4%	0.4%	6.5%	0.5%
Med Management	281	21.8%	1.8%	16.5%	1.3%
Skills Building (CBRS)	119	9.2%	0.8%	10.0%	0.8%
Targeted Care Coordination (TCC)	106	8.2%	0.7%	5.9%	0.5%
Substance Use Services	29	2.3%	0.2%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	7	0.5%	0.0%	0.8%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.1%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.1%	0.1%
Crisis					
Crisis Intervention	12	0.9%	0.1%	0.5%	0.0%
Crisis Psychotherapy	10	0.8%	0.1%	0.9%	0.1%
Crisis Response	2	0.2%	0.0%	0.2%	0.0%
Crisis Services	22	1.7%	0.1%	1.6%	0.1%
Intensive Outpatient Treatment Services					
TASSP	1	0.1%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	0	0.0%	0.0%	0.6%	0.0%
Day Treatment	2	0.2%	0.0%	0.1%	0.0%
Intensive Home and Community Based Services	17	1.3%	0.2%	0.3%	0.0%
Support services					
Respite	49	3.8%	0.3%	2.6%	0.2%
Youth Support Services	13	1.0%	0.1%	1.6%	0.1%
Family Support	10	0.8%	0.1%	1.4%	0.1%
Family Psychoeducation	1	0.1%	0.0%	0.1%	0.0%

What is this data telling us?

In SFY 2023 Q4 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.

Region 7

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

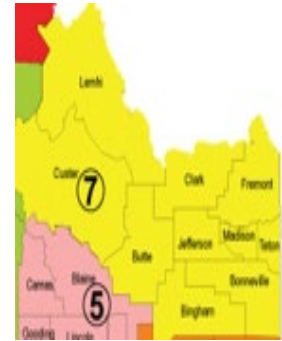
SFY 2023, Q4 Big Picture Overview

Total Medicaid Eligible Youth Members: 38,826 (19.2% of total youth Medicaid eligible members statewide)

Expenditures: \$3,671,298 (22.9% of total youth expenditures statewide)

Expenditures per Medicaid Eligible Youth Member: \$95

Medicaid Eligible Youth Members Receiving Any Service(s): 3,877



SFY 2023, Q4	Region 7			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1695	43.7%	4.4%	38.6%	3.1%
Psych and Neuropsych Testing	209	5.4	0.5%	3.3%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
Outpatient Treatment Services					
Psychotherapy	2718	70.1%	7.0%	67.2%	5.4%
Case Management	501	12.9%	1.3%	6.5%	0.5%
Med Management	441	11.4%	1.1%	16.5%	1.3%
Skills Building (CBRS)	658	17.0%	1.7%	10.0%	0.8%
Targeted Care Coordination (TCC)	409	10.5%	0.9%	5.9%	0.5%
Substance Use Services	126	3.2%	0.3%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	34	0.9%	0.1%	0.8%	0.1%
Skills Training and Development (STAD)	75	1.9%	0.2%	1.1%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.1%	0.1%
Crisis					
Crisis Intervention	52	1.3%	0.1%	0.5%	0.0%
Crisis Psychotherapy	54	1.4%	0.1%	0.9%	0.1%
Crisis Response	9	0.2%	0.0%	0.2%	0.0%
Crisis Services	110	2.8%	0.3%	1.6%	0.1%
Intensive Outpatient Treatment Services					
TASSP	14	0.4%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	2	0.1%	0.0%	0.6%	0.0%
Day Treatment	7	0.2%	0.0%	0.1%	0.0%
Intensive Home and Community Based Services	9	0.2%	0.0%	0.3%	0.0%
Support services					
Respite	164	4.2%	0.4%	2.6%	0.2%
Youth Support Services	76	2.0%	0.2%	1.6%	0.2%
Family Support	168	4.3%	0.4%	1.4%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.1%	0.0%

What is this data telling us?

Region 7 receives substantially more expenditures (22.9% of total state expenditures) than its statewide share of the Medicaid Eligible population (19.2%). 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 1.3% in Q4 SFY 2023.

6: DBH YES Outpatient Service Utilization

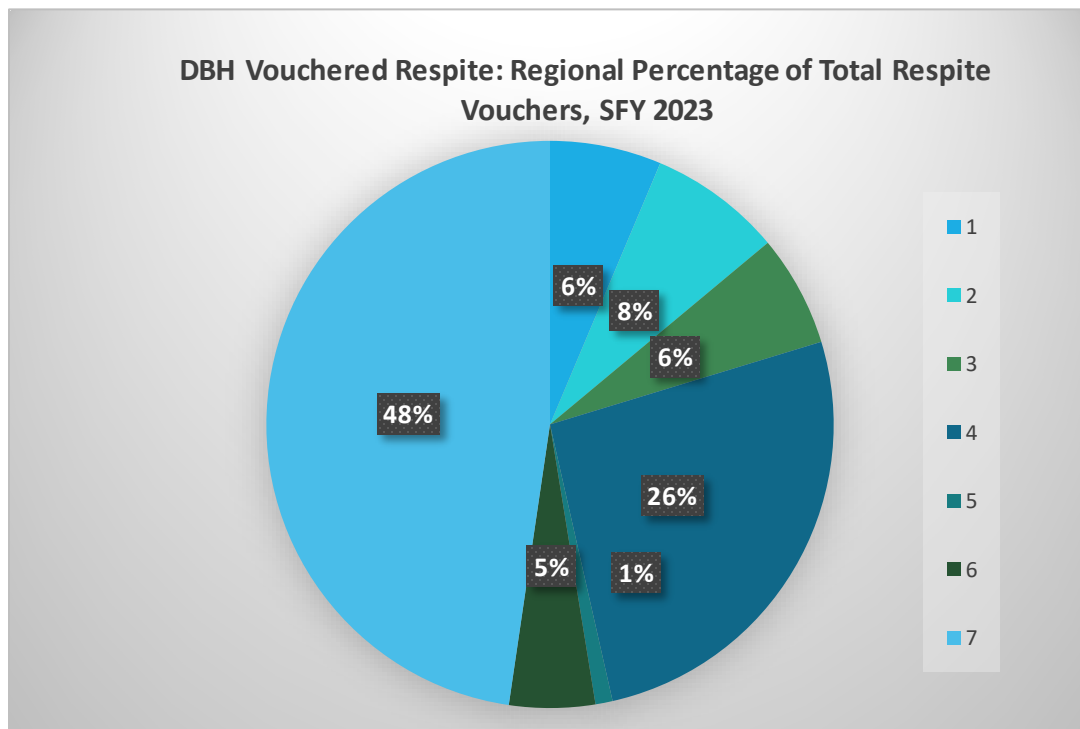
DBH Vouchered Respite

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

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
April	0	7	4	7	2	1	34	55
May	1	2	2	8	1	0	13	27
June	1	2	1	10	0	5	9	28
SFY 2023 Total	26	31	26	107	4	20	195	409

6b: Vouchered Respite Percentages by Region



Idaho DBH Wraparound Intensive Services (WInS)

It is estimated that approximately 1520 children and youth in Idaho may need Wraparound services. In SFY 2023 just 107 (unduplicated) youth received Wraparound which means just 6.8% of youth in Idaho who may have needed Wraparound services received those services.

6c: WInS SFY 2020-2023

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	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	27	12	15	14	11	20	8	10	8	107

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 2020-2023

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	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	7	2	5	2	53

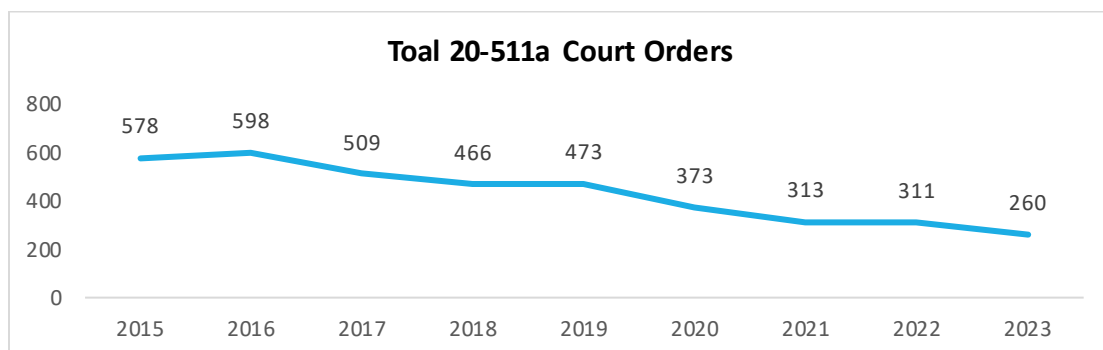
DBH 20-511A

There were just 260 20-511a Court Orders in SFY 2023 (an average of 22 per month) which is 16% less than in SFYs 2022 and 2021 and less than 50% of the Court Orders in SFY 2015-2018.

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

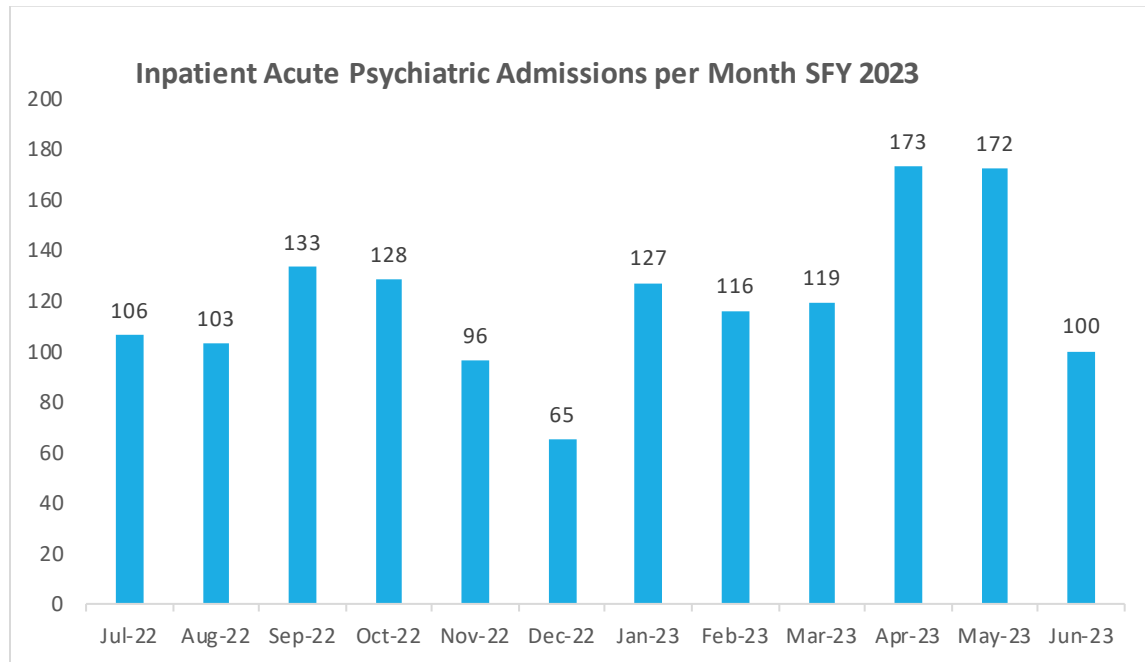
Region	1	2	3	4	5	6	7	Total
SFY 2021	39	6	36	77	56	19	80	313
SFY 2022	35	3	41	62	67	17	86	311
SFY 2023	41	4	33	46	48	13	75	260

6f: Historical Annualized # of Court Ordered 20-511a, SFY 2015 – 2023

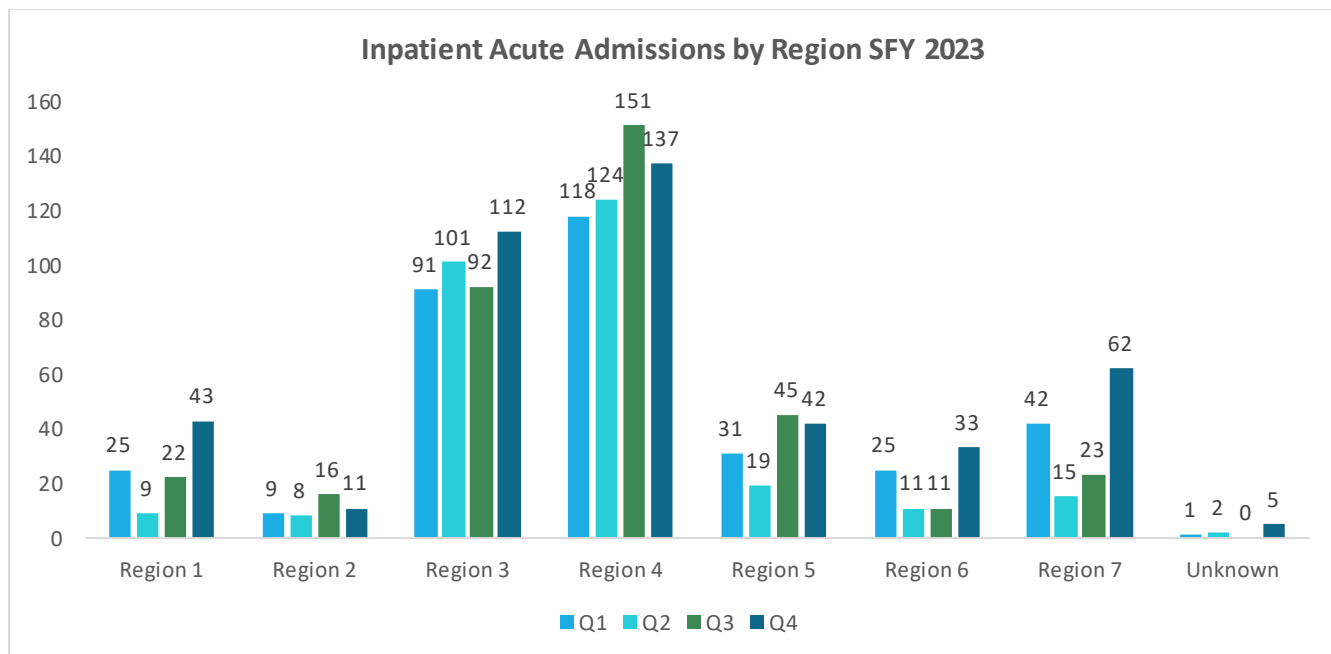


7. Utilization of Inpatient Services

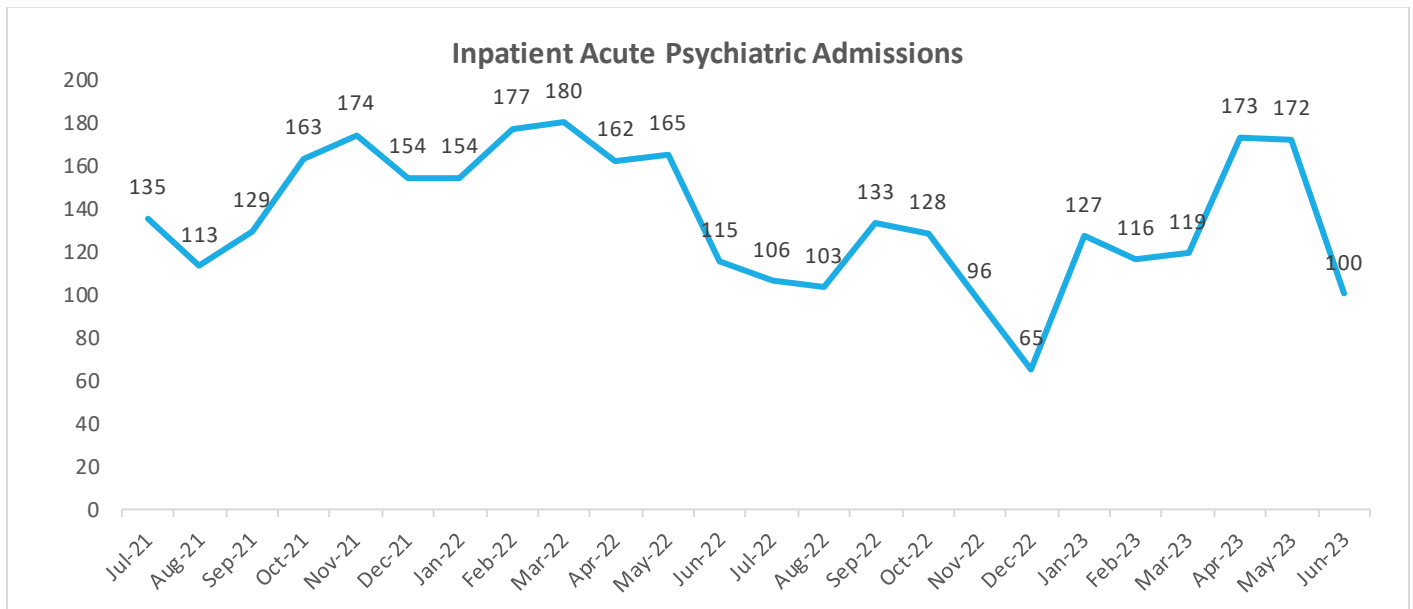
7a: Medicaid Acute Psychiatric Admissions by Month



7b: Medicaid Acute Psychiatric Admissions by Region

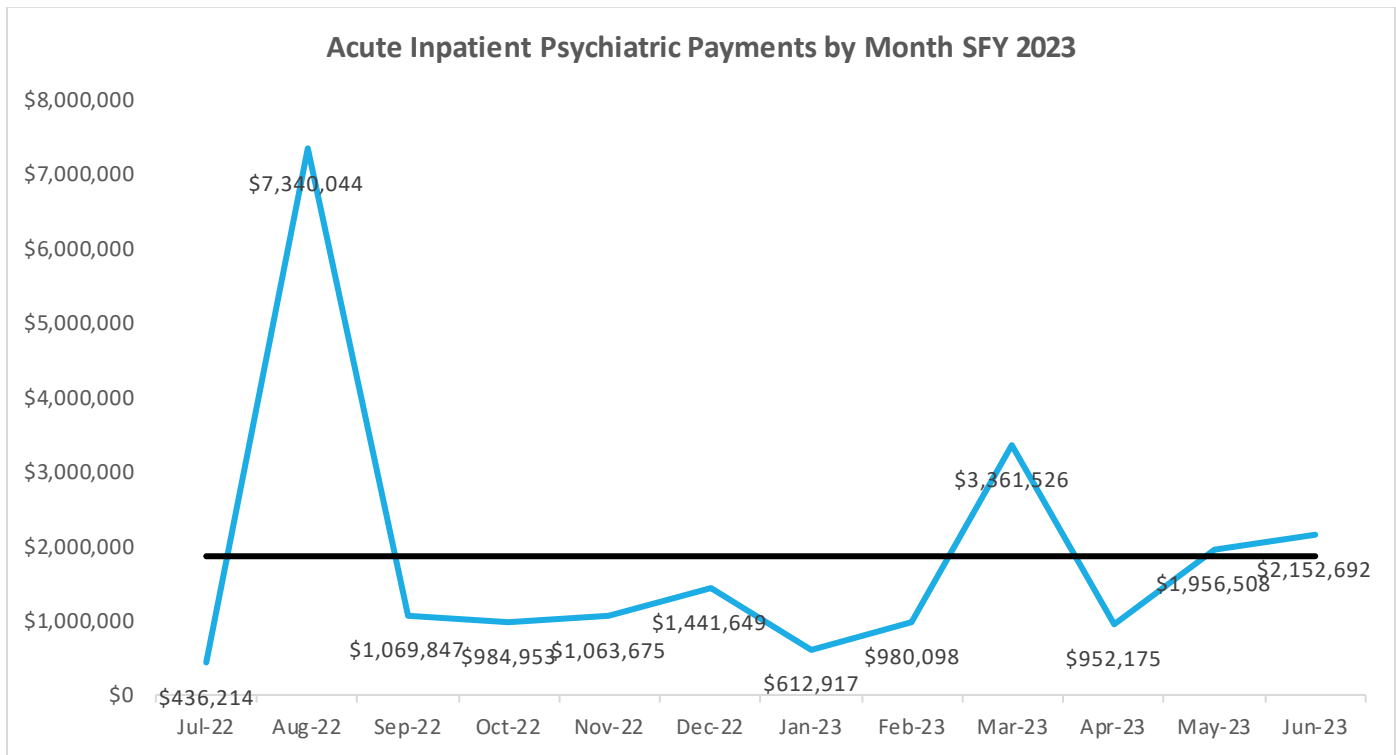


7c: Historical Trend of Medicaid Acute Admissions



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 Acute Inpatient Psychiatric 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 - 2023

	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	10	11	5	8	7	11	9	6	10	7	8	9	44

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, 13.5 in 2022, and 9 in 2023. 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 – 2023

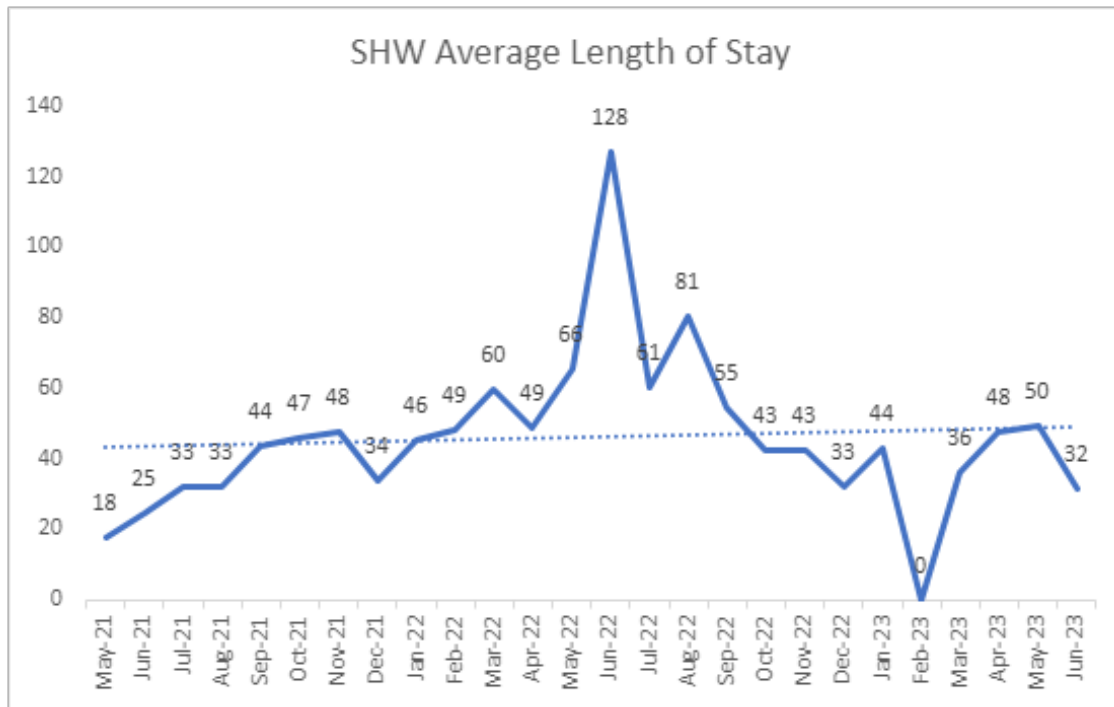
Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022	SFY 2023
Re-admission 30 days or less	0	0	0	1	0	2	1
Re-admission 31 to 90 day	5	6	2	3	0	1	4
Re-admission 90 to 180 days	4	1	6	2	0	3	0
Re-admission 181 to 365 days	5	6	7	4	0	2	1
Re-admission more than 365 days	11	9	9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

**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)



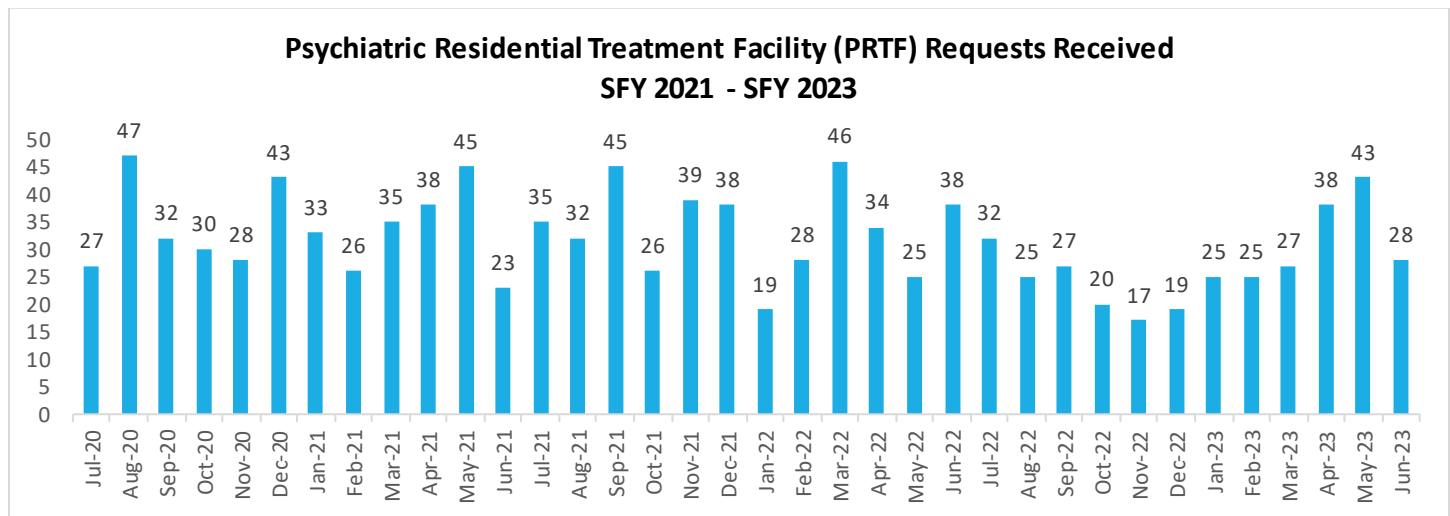
Notes:

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)⁸ Monthly Requests



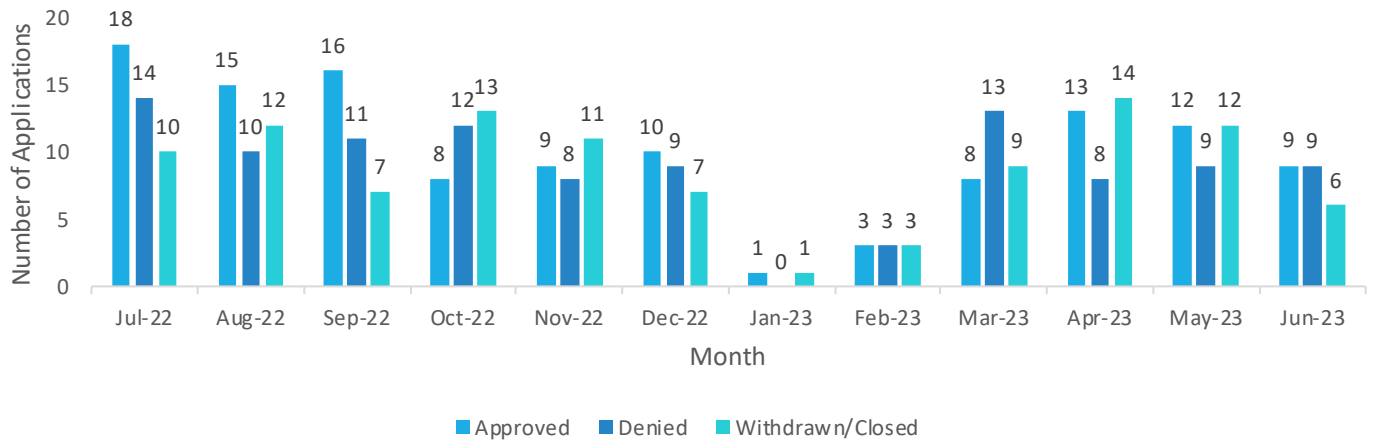
8b: PRTF Determinations SFY 2023

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).

⁸ 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.

Pyschiatric Residential Treatment Facility (PRTF) Placement Request Determinations SFY 2023

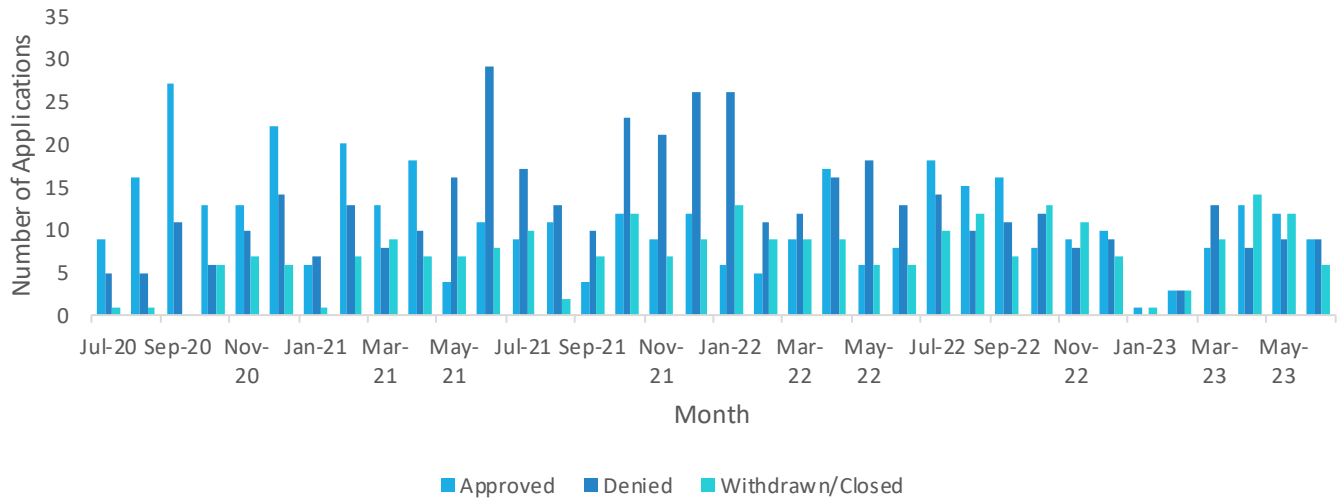


8c: Historical Trends for PRTF SFY 2019- SFY 2023

SFY	# of Placement Determinations	Approved		Denied		Withdrawn/Closed	
		#	%	#	%	#	%
SFY 2019	265	43	16.2%	131	49.4%	91	34.3%
SFY 2020	389	152	39.1%	126	32.4%	111	28.5%
SFY 2021	400	184	46.0%	147	36.8%	69	17.3%
SFY 2022	413	108	26.2%	206	49.9%	99	24.0%
SFY 2023	333	122	36.6%	106	31.8%	105	31.5%
Avg			33.8%		39.7%		26.4%

8d: Historical Trends for PRTF SFY 2021 - SFY 2023

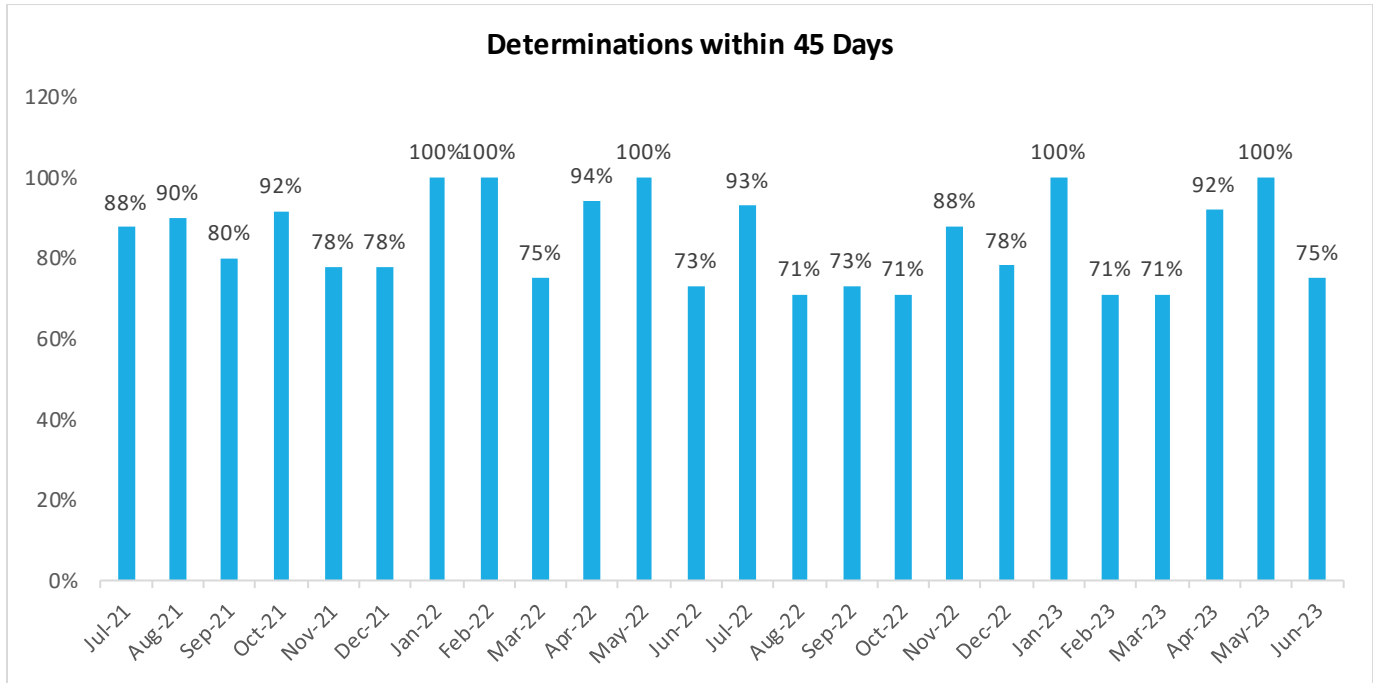
**Psychiatric Residential Treatment Facility (PRTF) Placement Request
Determinations
SFY 2021 - SFY 2023**



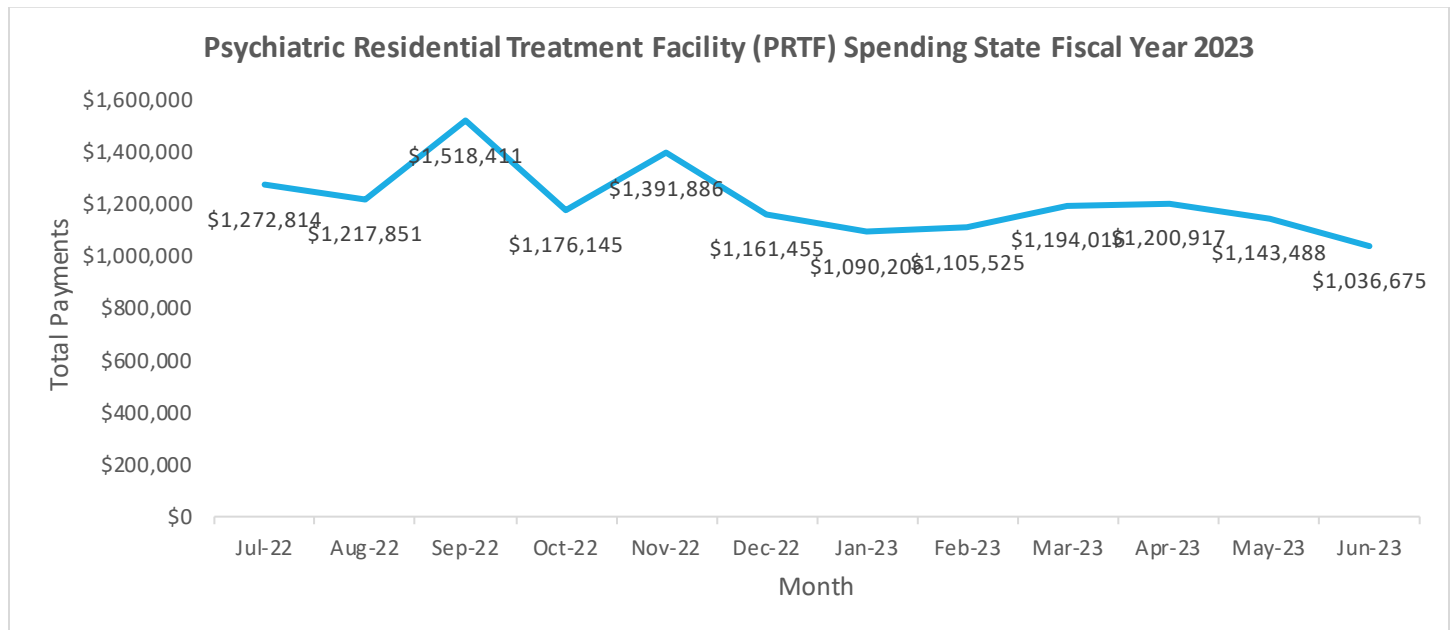
8e: Timeliness of Notice of Decision (NOD) Letters for PRTF Decisions

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%
April	13	12	92%	1	8%
May	12	12	100%	0	0%
June	8	6	75%	2	25%

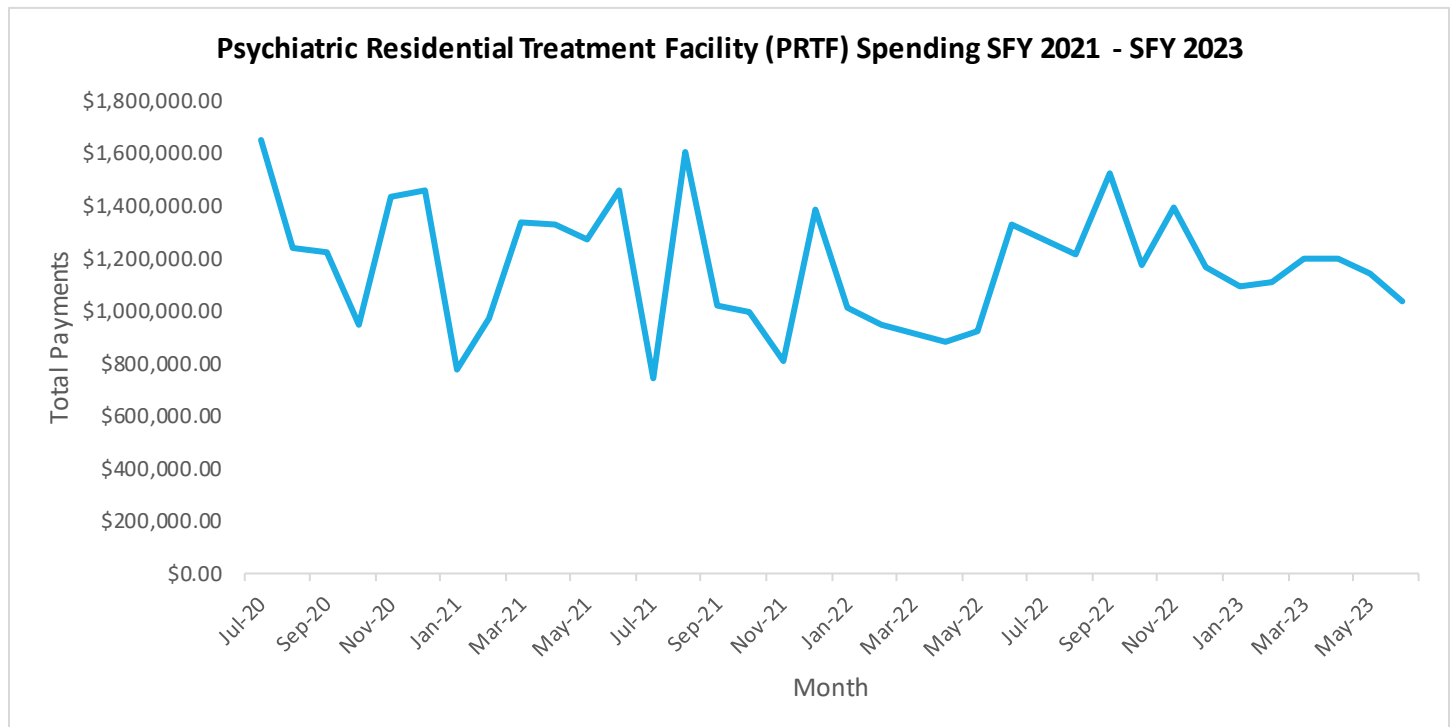
8f: Percent of determinations completed within ≤ 45 days, SFY 2022 – SFY 2023



8g: PRTF SFY 2023 Expenditures



8h: PRTF Trend in Expenditures SFY 2021 - SFY 2023



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 - 2023

	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	23	20	23	25	23	23	24	28	27	28	30	24	48

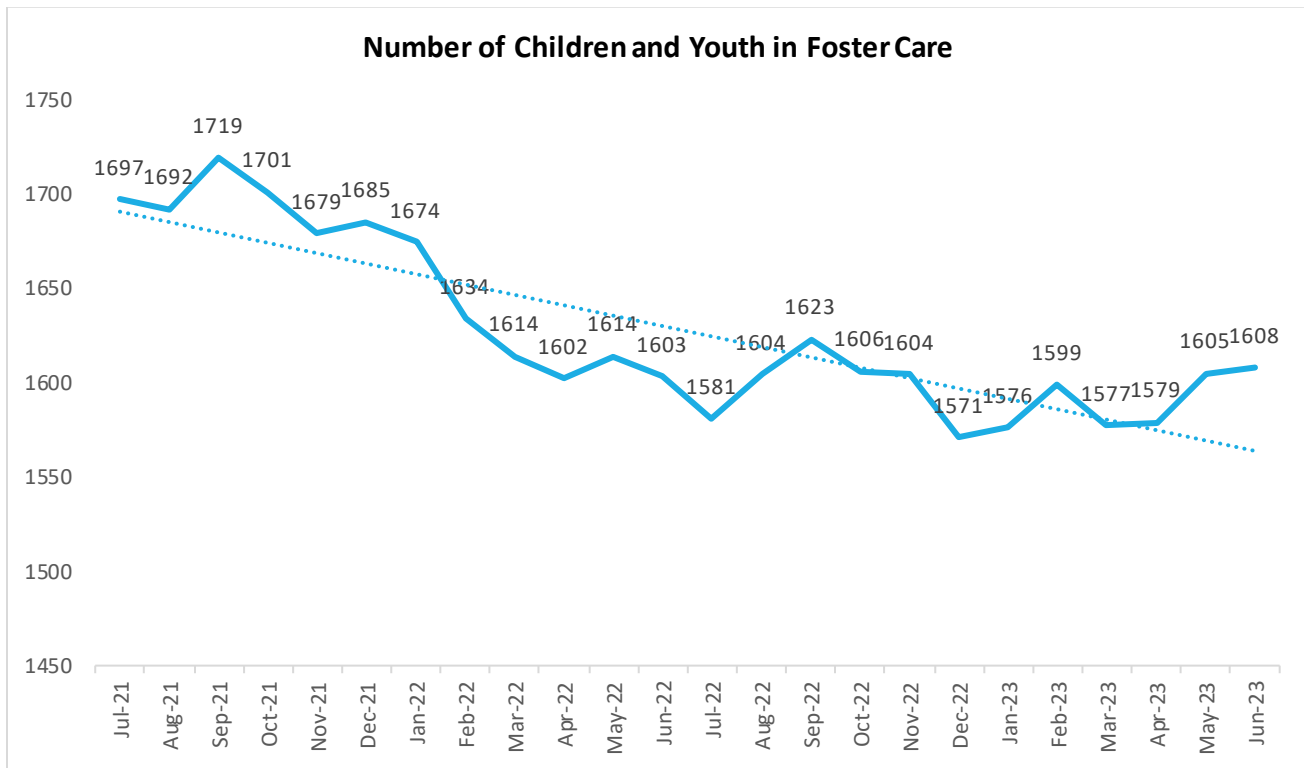
Note: Data for October SFY 2021 is not available because of a data collection protocol change.

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 2022-2023 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

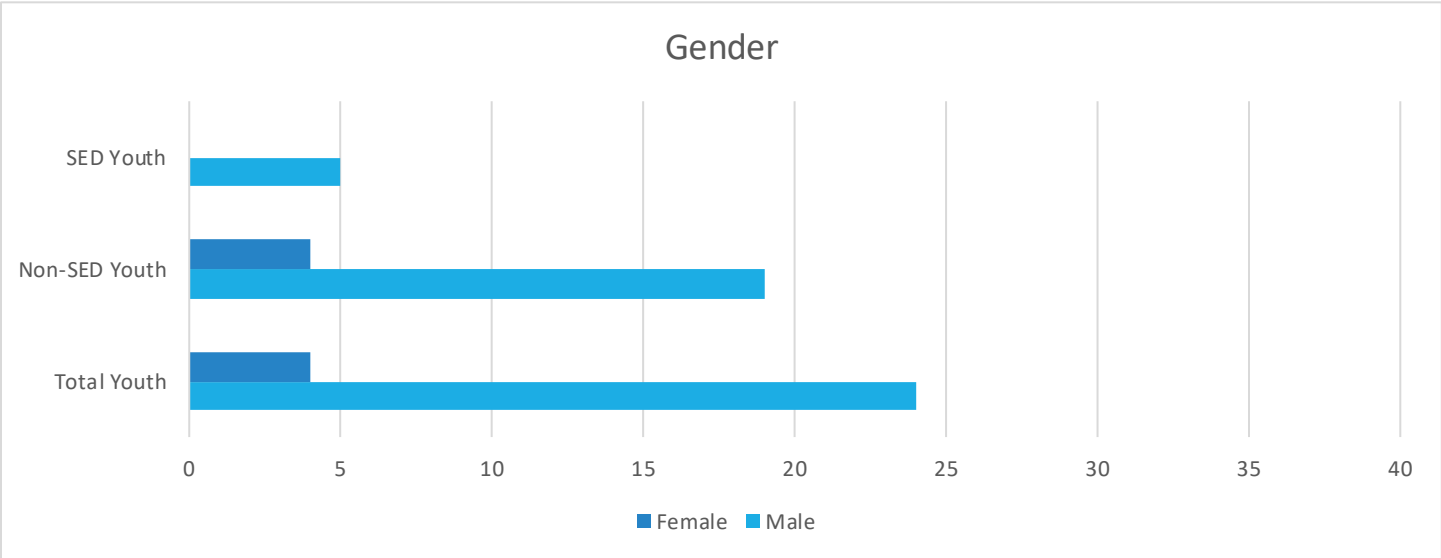
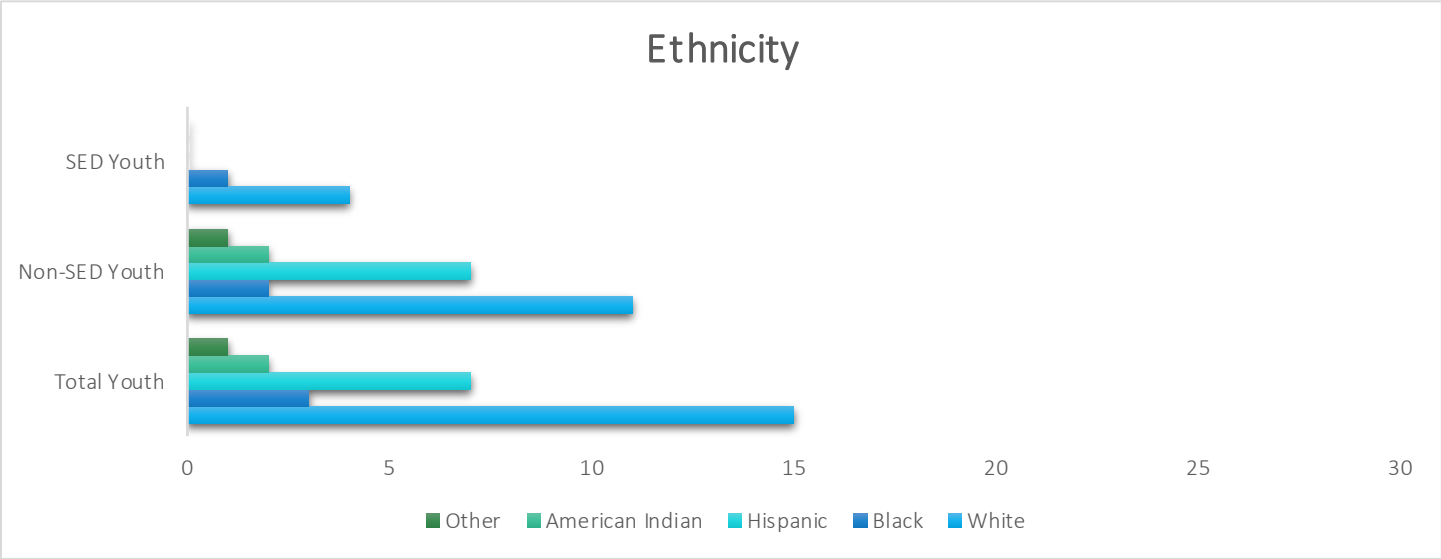
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided from system partners) determine the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

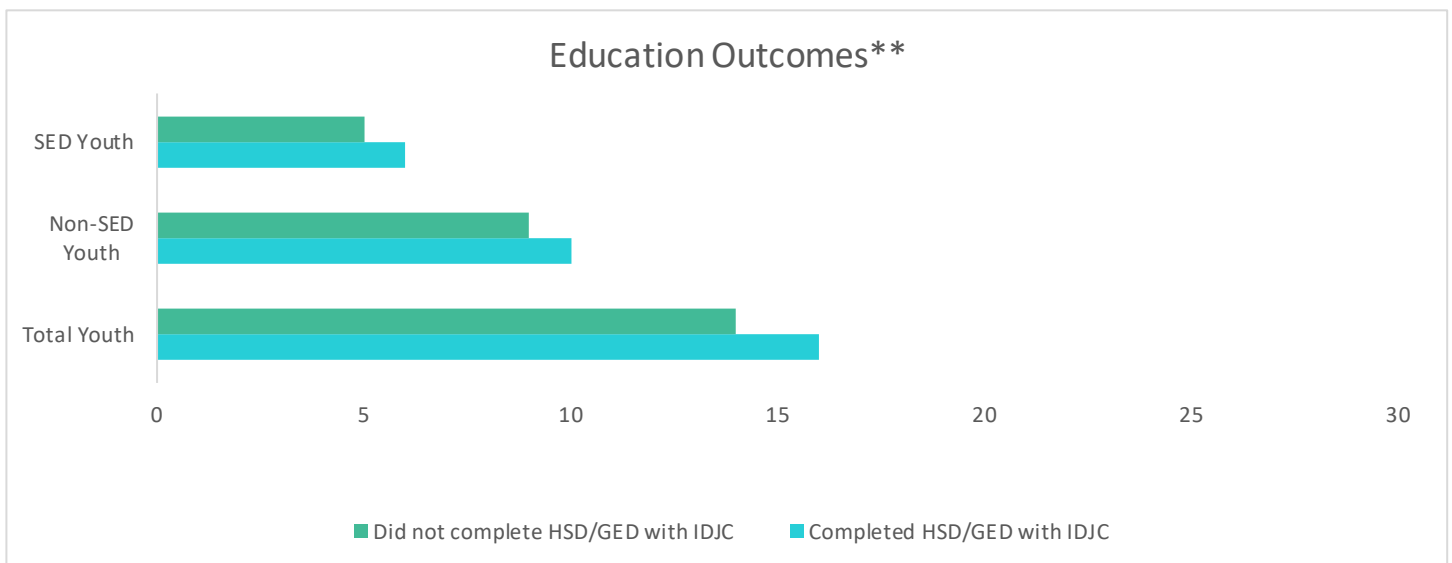
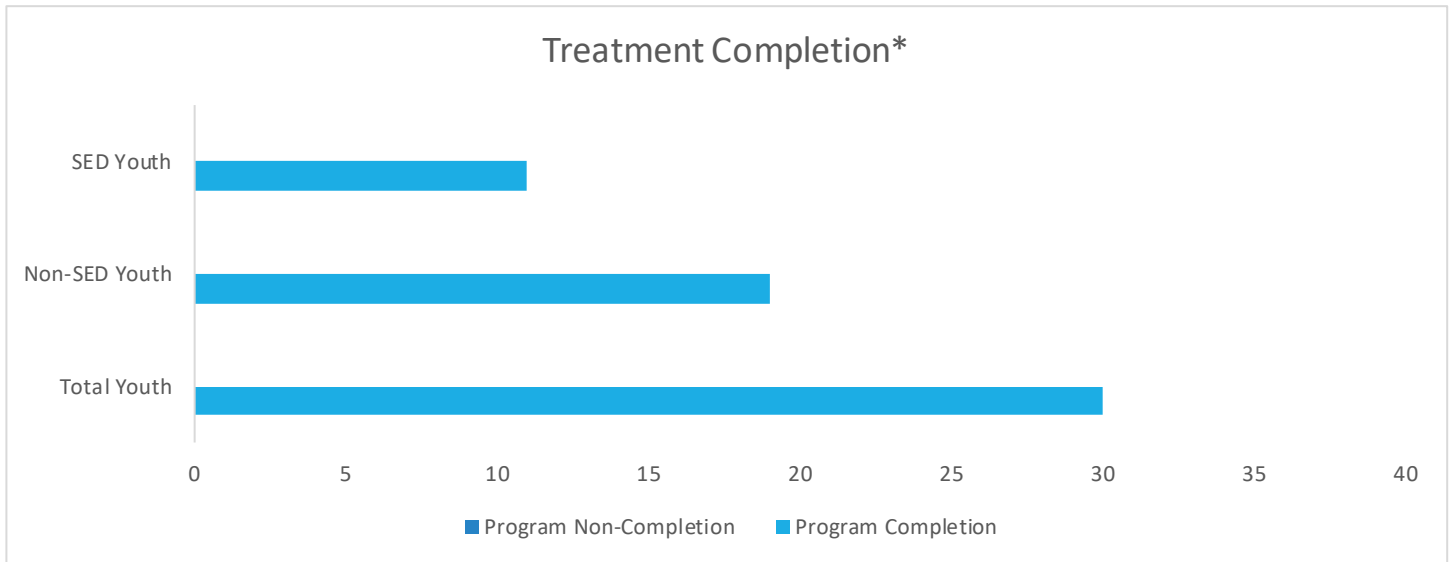
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile’s return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

2023 Fourth Quarter Report

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



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



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

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

State Department of Education (SDE)

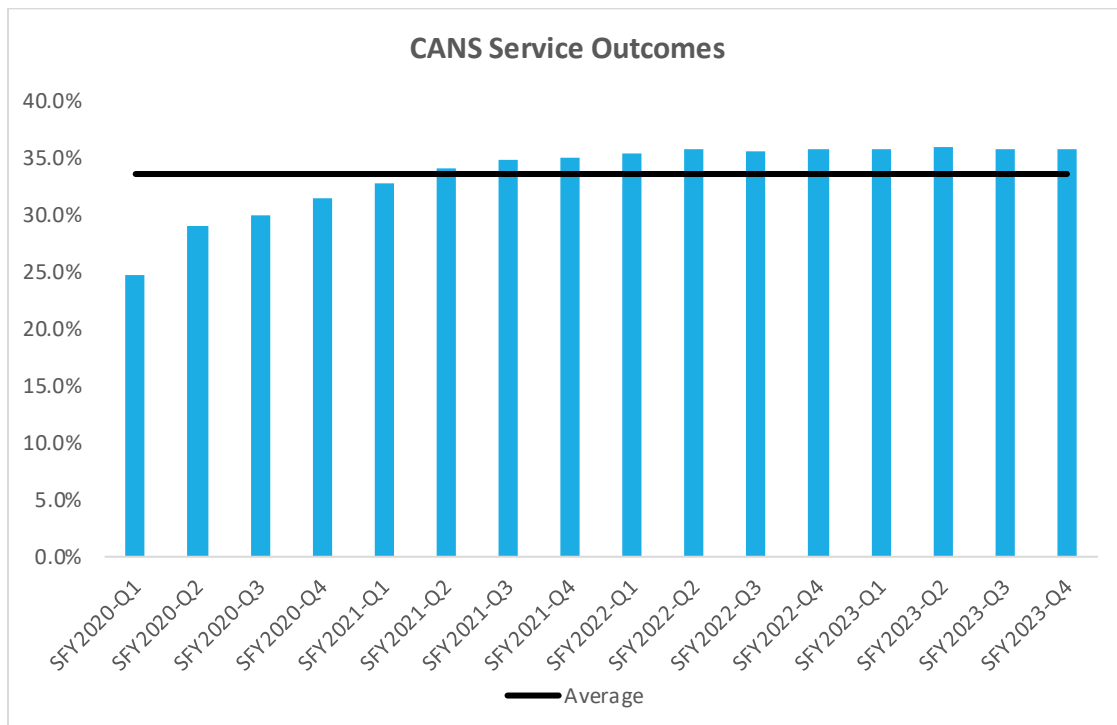
On an annual basis, the Idaho State Department of Education (SDE) provides written and electronic information and training resources to 100 percent of local education agencies (LEA) superintendents/charter administrators. The purpose of these resources is to ensure that LEA teams have the necessary information 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 lead to improved cumulative outcomes. In SFY 2023, Q4 the percentage 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 35.7%.

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.

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	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	Repeating the CANS with multiple providers is traumatic Diagnosis often not accurate Therapist not knowledgeable of de-escalation techniques Stigmatization and blaming attitudes towards families Families need more information about services is (e.g., Case Management)
Outpatient services	No service providers in the area where family needs care Services needed were not available, so families are referred to the services that are available Not enough expertise in services for high-needs kids (TBRI, Family Preservation) Some services only available through other systems: DD, Judicial Families having to find services themselves based on just a list of providers - and even the lists at times being too old to be useful
Crisis services	Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24-hour services: Hospitals/Residential	Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination 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 w/o 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 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. At the end of SFY 2023, 93 complaints had 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	35	0	24	3	4	10	6	11	0	-	93

*State Department of Education (SDE) complaints are analyzed and presented by school year rather than State Fiscal Year. No complaint information was received by SDE in Q4 of SFY 2022 or Q4 of SFY 2023.

The comprehensive SFY 2023 Rights and Resolutions report with full SFY 2023 YES complaints details will be available on the YES website upon finalization.

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 3) YES Quality Review. Both the Family Experience Survey and YES Quality Review are available at: <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 Results	Status
			Emerging	Evolving	Established		
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 ⁹	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
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

⁹ 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.

	My child and I are the main decision makers	Annual	65% - 74%	75% - 84%	85% +	83%	Evolving
	Provider respects me as an expert on my child/youth	Annual	65% - 74%	75% - 84%	85% +	85%	Established
	The assessment completed by the provider accurately represents my child/youth	Annual	65% - 74%	75% - 84%	85% +	81%	Evolving
	My youth/child is an active participant in planning services	Annual	65% - 74%	75% - 84%	85% +	71%	Emerging
	My child/youth has the opportunity to share his/her own ideas when decisions are made	Annual	65% - 74%	75% - 84%	85% +	82%	Evolving
	I know who to contact if I have a concern or complaint about my provider	Annual	65% - 74%	75% - 84%	85% +	68%	Emerging
	Services focus on what my child/youth is good at, not just problems	Annual	65% - 74%	75% - 84%	85% +	84%	Evolving
	Provider discusses how to use things we are good at to overcome problems	Annual	65% - 74%	75% - 84%	85% +	76%	Evolving
	Collaborative/Team -Based Care	Annual	65% - 74%	75% - 84%	85% +	74%	Emerging
	Care is outcome-based	Annual	65% - 74%	75% - 84%	85% +	73%	Emerging
Are services provided through Child and Family Teaming	Families were able to participate in child's mental health services as much as they want	Annual	65% - 74%	75% - 84%	85% +	83%	Evolving
	The provider communicates as much as needed with others involved in my child's care	Annual	65% - 74%	75% - 84%	85% +	73%	Emerging
Are YES Complaints and appeals addressed and tracked	Number, type and disposition of all complaints and grievances	Quarterly	Yes	Yes	Yes	Yes	Established

KQPMs that are still being developed

Performance Metric	Measure	Frequency	Quality Targets for			Results
Are services available timely?	Follow-up outpatient services for Medicaid and Non-Medicaid YES Eligible within 7 days of hospitalization (national 48%- Current Idaho range is 6%-89%-See Nate W study)	Quarterly	38%	48%-57%	58%+	NA
Are services available in urban, rural and frontier areas across the state?	Utilization of services by county	Quarterly	65%-74%	75%-84%	85% +	NA
Are services proportionately available to culturally diverse populations?	Utilization of services - by race ethnicity by region -	Quarterly	65%-74%	75%-84%	85% +	NA
Are Children getting Access to care in the scope, duration and intensity needed?	YES eligible children receive a minimum of 8 Psychotherapy sessions (scope, intensity, duration) (potential to add variation by Level of Care rating on the CANS)	Quarterly	65%-74%	75%-84%	85% +	NA
	Children have skill building interventions in 50% of psychotherapy sessions	Annual	65%-74%	75%-84%	85% +	?
	Children have caregivers/supporters involved in 50% of psychotherapy sessions	Annual	65%-74%	75%-84%	85% +	?
Are services being delivered in accordance care plans?	Services listed in Care plans are provided	Annual	65%-74%	75%-84%	85% +	NA

12b: Family Experience Survey

The SFY 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) child and family teams, (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.

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	2023 Result ¹⁰
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%	80%
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%	81%
My youth/child is an active participant in planning services	58%	67%	71%	67%
My child/youth has the opportunity to share his/her own ideas when decisions are made	72%	83%	82%	81%
I know who to contact if I have a concern or complaint about my provider	62%	68%	68%	
New - I can 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%	81%
Provider discusses how to use things we are good at to overcome problems	70%	77%	76%	74%
Individualized Care				
Provider makes suggestions about what services might benefit my child/youth	75%	76%	77%	74%
Provider suggests changes when things aren't going well	69%	74%	75%	73%
Provider leads discussion of how to make things better when services are not working	62%	69%	68%	64%
Access to Community-Based Service array				
My family can easily access the services my child needs	61%	71%	69%	65%
Meetings occur at times and locations that are convenient for me	79%	83%	83%	83%
New - We can access all the mental health services recommended by the provider.	-	-	70%	62%
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%	70%
New -The provider communicates as much as needed with others involved in my child/youth's care-	-	-	73%	70%
Culturally Competent Care				
	92%	93%	93%	93%
Outcome-Based Care				
	73%	75%	73%	69%
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%	

¹⁰ To maximize participation, the Family Survey questionnaire is limited to one page. The survey methodology involves rotating questions from year-to-year. If 2023 data is missing, the questionnaire item was not included in the 2023 survey.

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 30 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 30 days in care. Youth who are under-engaged are more prone to dropout and have poor treatment outcomes. Without addressing the first 30 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.

12d: YES 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 more than 500 participants.

A second set of person-centered crisis and safety planning was offered to providers in the summer of 2023. Across three sessions 202 providers were trained. Each session was 1.5 hours and providers learned: how to talk with youth/families about crisis and safety issues in a strengths-based manner; how to incorporate the crisis cycle in the planning process; how to build a team to support the youth/family in the crisis planning process; how to develop individualized crisis and safety plans with both proactive and reactive strategies; and when to revisit and update crisis and safety plans.

The 2024 family survey will be used as one mechanism to assess the impact of the trainings. Both the percentage of caregivers who indicated a provider had helped them make a crisis and safety plan and the percentage of caregivers who perceived the plan would be effective in an actual crisis will be reviewed.

Hospital Discharge Standard

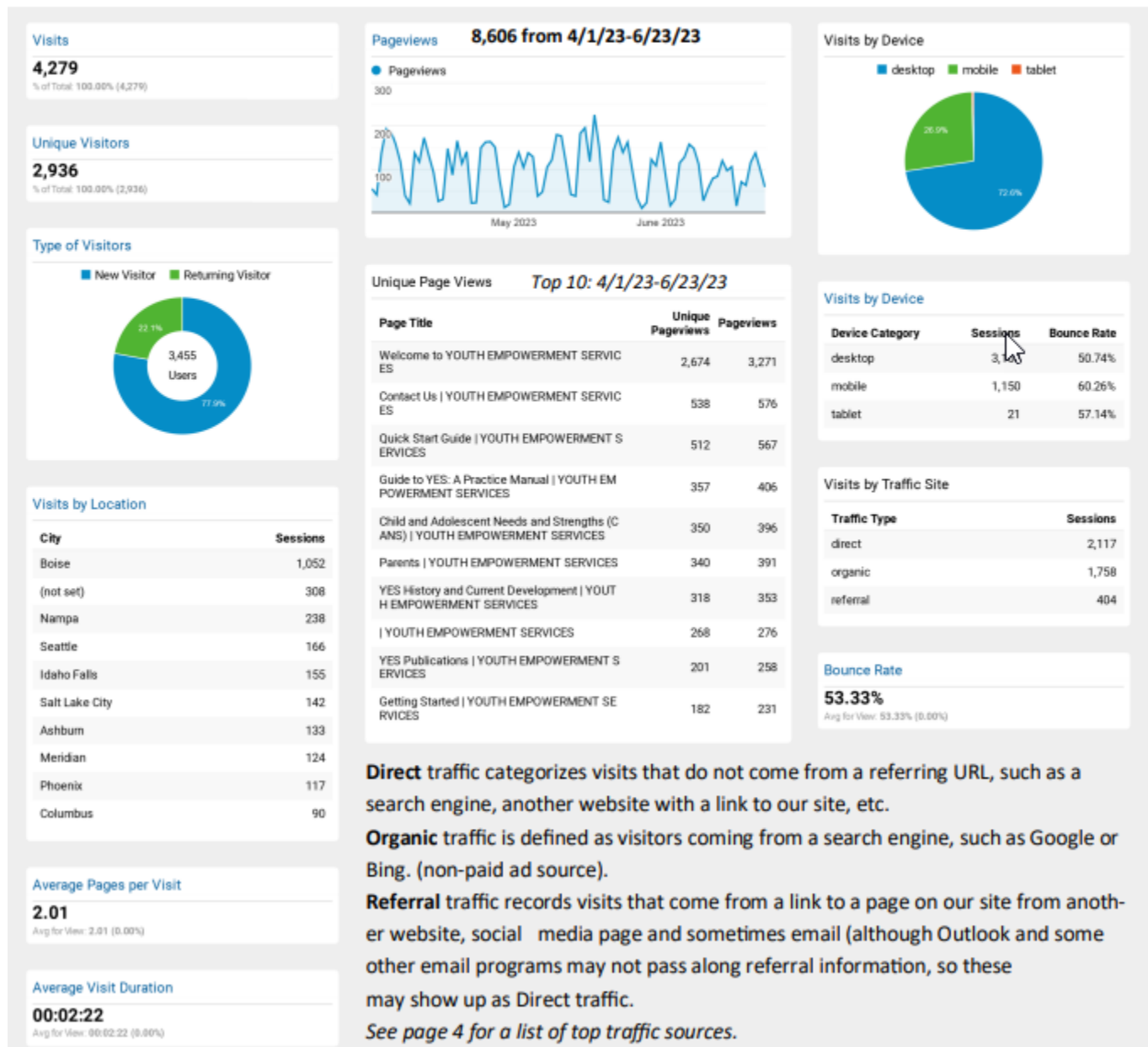
Over the past several years, there have been complaints related to children/youth being discharged home without families having input on the discharge plan. During SFY 2022, a small workgroup (DBH Quality staff and Family Members from the Council) began research into the development of a hospital discharge 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.

13. YES Communications

YES WEBSITE ANALYTICS

Reporting Period: April 1, 2023 – June 23, 2023

VISITORS AND PAGES



YES WEBSITE ANALYTICS

Trends since site launch: June 21, 2021 – June 23, 2023

VISITORS AND PAGES

PAGEVIEWS: 71,994 total since June 21, 2021 launch



Visits

31,008

% of Total: 100.00% (31,008)

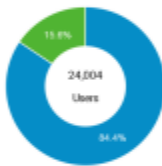
Unique Visitors

20,498

% of Total: 100.00% (20,498)

Type of Visitors

■ New Visitor ■ Returning Visitor



Visits by Location

City	Sessions
Boise	8,233
(not set)	4,321
Nampa	1,814
Seattle	1,049
Meridian	886
Idaho Falls	861
Salt Lake City	765
Coffeyville	754
Pocatello	610
Twin Falls	565

Average Pages per Visit

2.04

Avg for View: 2.04 (0.00%)

Average Visit Duration

00:02:14

Avg for View: 00:02:14 (0.00%)

Unique Page Views

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

Page Title	Unique Pageviews	Pageviews
Welcome to YOUTH EMPOWERMENT SERVICES	18,257	23,112
YOUTH EMPOWERMENT SERVICES	5,167	5,467
Contact Us YOUTH EMPOWERMENT SERVICES	3,912	4,289
Quick Start Guide YOUTH EMPOWERMENT SERVICES	3,370	3,797
YES History and Current Development YOUTH EMPOWERMENT SERVICES	2,422	2,731
Parents YOUTH EMPOWERMENT SERVICES	2,152	2,511
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	2,012	2,270
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	1,637	1,891
Getting Started YOUTH EMPOWERMENT SERVICES	1,523	1,889
YES Overview YOUTH EMPOWERMENT SERVICES	1,240	1,319

Visits by Device

■ desktop ■ mobile ■ tablet



Visits by Device

Device Category	Sessions	Bounce Rate
desktop	23,388	54.35%
mobile	7,410	56.59%
tablet	210	45.24%

Visits by Traffic Site

Traffic Type	Sessions
direct	17,869
organic	10,562
referral	2,577

Bounce Rate

54.82%

Avg for View: 54.82% (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



YES WEBSITE ANALYTICS

Reporting Period: April 1, 2023 – June 23, 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	2,601	1.26
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	292	1.35
YOUTH EMPOWERMENT SERVICES	251	1.10
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	243	1.67
Quick Start Guide YOUTH EMPOWERMENT SERVICES	122	4.33
Contact Us YOUTH EMPOWERMENT SERVICES	112	5.10
YES History and Current Development YOUTH EMPOWERMENT SERVICES	111	2.80
Parents YOUTH EMPOWERMENT SERVICES	78	4.77
Wraparound Intensive Services YOUTH EMPOWERMENT SERVICES	76	1.55
YES Publications YOUTH EMPOWERMENT SERVICES	36	6.29

What pages do visitors leave the YES site from?

Page Title	Exits	% Exit
Welcome to YOUTH EMPOWERMENT SERVICES	1,376	42.07%
Contact Us YOUTH EMPOWERMENT SERVICES	372	64.58%
Quick Start Guide YOUTH EMPOWERMENT SERVICES	346	61.02%
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	297	72.97%
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	267	67.25%
YOUTH EMPOWERMENT SERVICES	245	88.77%
YES History and Current Development YOUTH EMPOWERMENT SERVICES	245	69.41%
Parents YOUTH EMPOWERMENT SERVICES	149	38.11%
YES Publications YOUTH EMPOWERMENT SERVICES	127	49.22%
YES Training YOUTH EMPOWERMENT SERVICES	104	64.20%

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: SFY2023

Based on the results of the initial CANS for SFY 2023, 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	6,964	2,340	584	54	9,696
% along SUICIDE_..	71.82%	24.13%	6.02%	0.58%	100.00%

SUICIDE_WATCH
Assessment Score
Applies to SUICIDE WATCH
Table only
All

DANGER_TO_OTHERS					
	0	1	2	3	Grand Total
Distinct Clients	7,421	1,667	814	77	9,696
% along DANGER_T..	76.54%	17.19%	8.40%	0.79%	100.00%

DANGER_TO_OTHERS
Assessment Score
Applies to DANGER TO OTHERS
Table only
All

SELF_MUTILATION					
	0	1	2	3	Grand Total
Distinct Clients	7,268	1,862	752	37	9,696
% along SELF_MUTILA.	74.96%	19.20%	7.76%	0.38%	100.00%

SELF_MUTILATION
Assessment Score
Applies to SELF MUTILATION
Table only
All

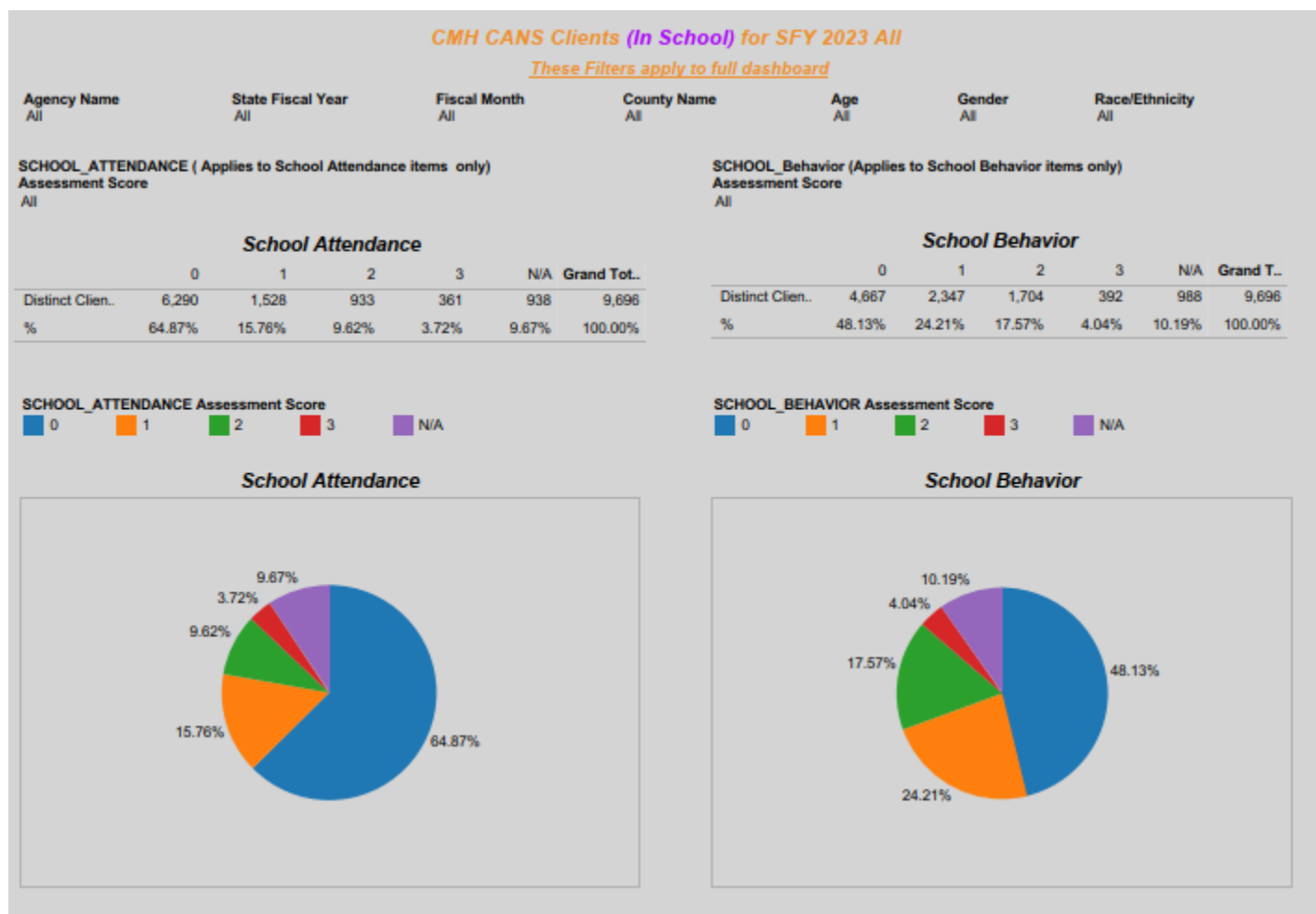
SELF_HARM					
	0	1	2	3	Grand Total
Distinct Clients	7,879	1,411	634	47	9,696
% along SELF_HARM	81.26%	14.55%	6.54%	0.48%	100.00%

SELF_HARM
Assessment Score
Applies to SELF HARM
Table only
All

FLIGHT_RISK					
	0	1	2	3	Grand Total
Distinct Clients	8,169	1,291	389	82	9,696
% along FLIGHT_RISK	84.25%	13.31%	4.01%	0.85%	100.00%

FLIGHT_RISK
Assessment Score
Applies to FLIGHT RISK
Table only
All

In School: SFY 2023



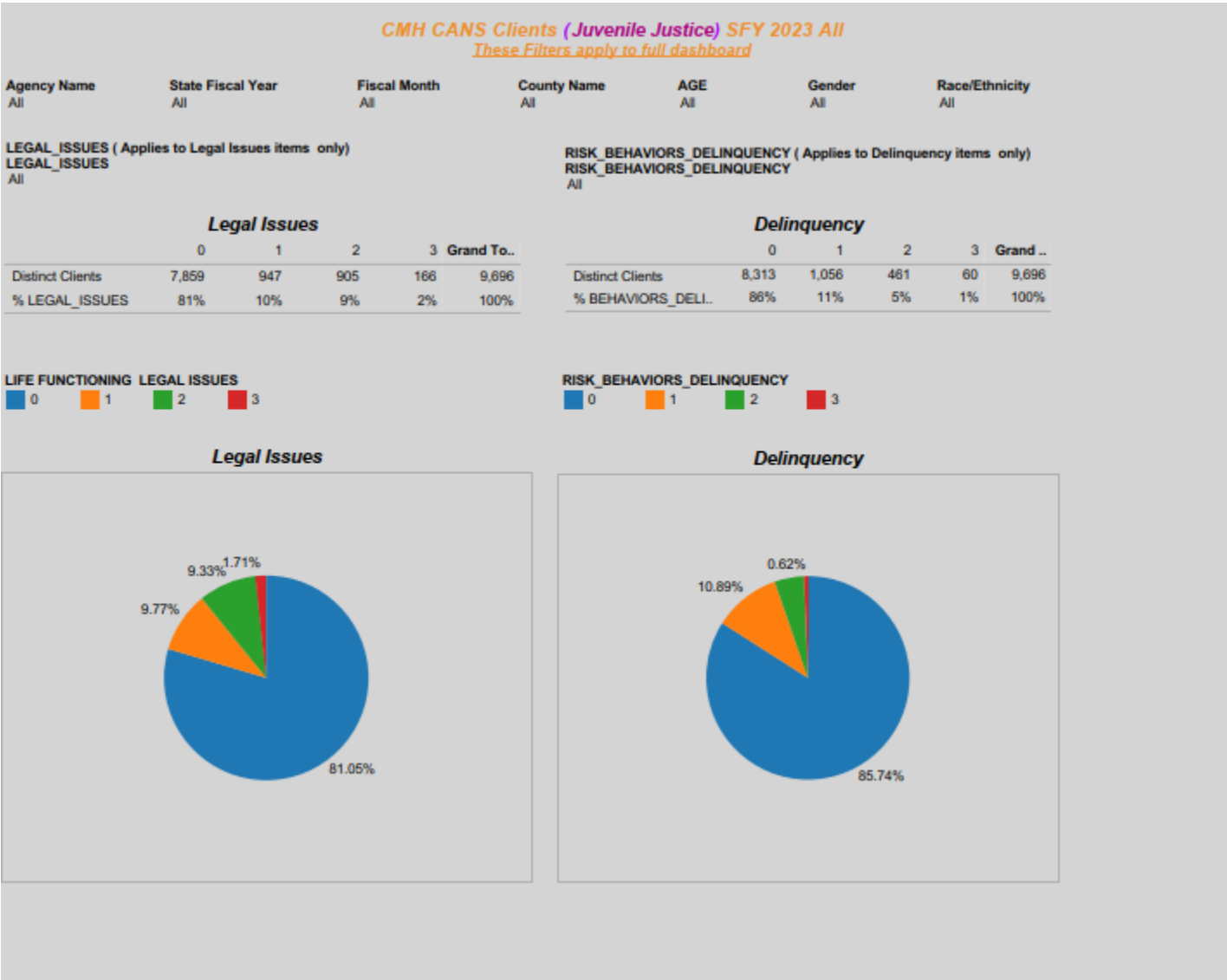
What is School Behavior?

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



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

Appendix B –Annual Estimation 2022

Annual Estimated Number of Potential Class Members Dec, 2022

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

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

Definitions of Insurance:

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

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

Medicaid: Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual 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) = 12,655+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%27states%27:%7B%27idaho%27:%7B%27D%27%27%27&sortModel=%7B%27colId%27:%27Location%27,%27sort%27:%27asc%27%27%27>

Prevalence rates:

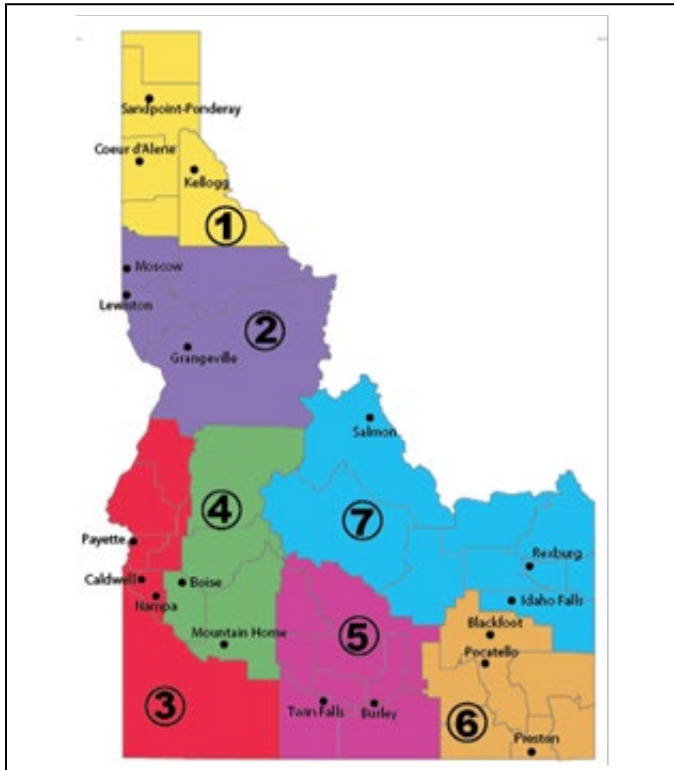
Medicaid: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

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

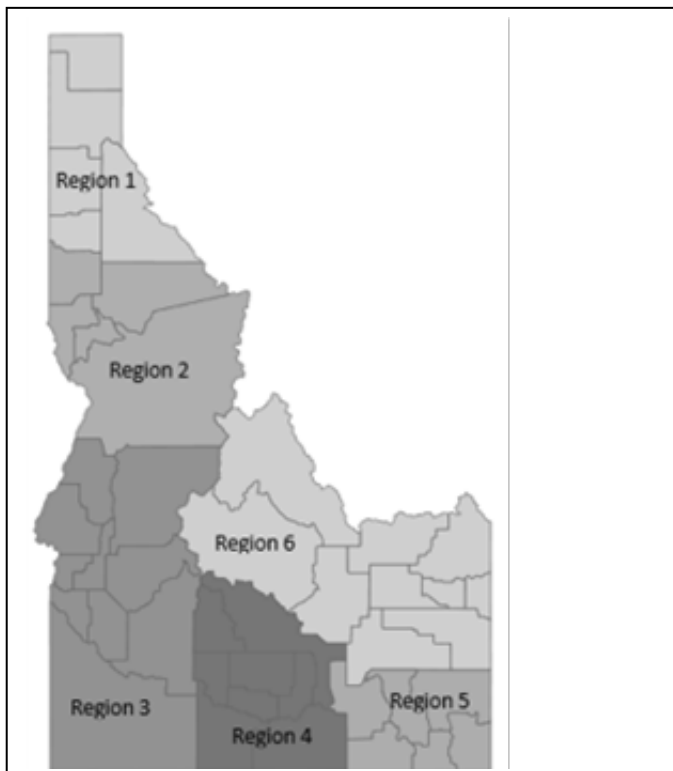
Idaho Department of Health and Welfare: Medicaid,



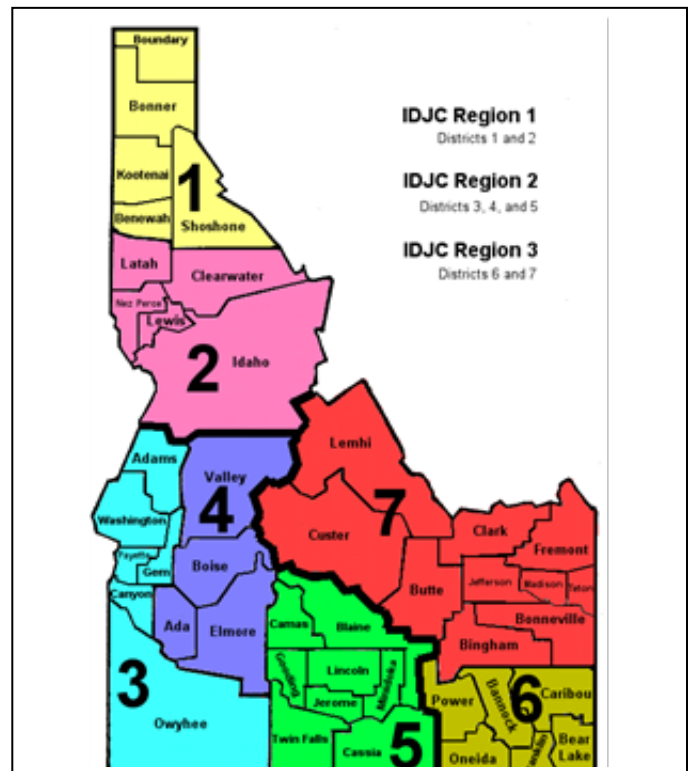
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



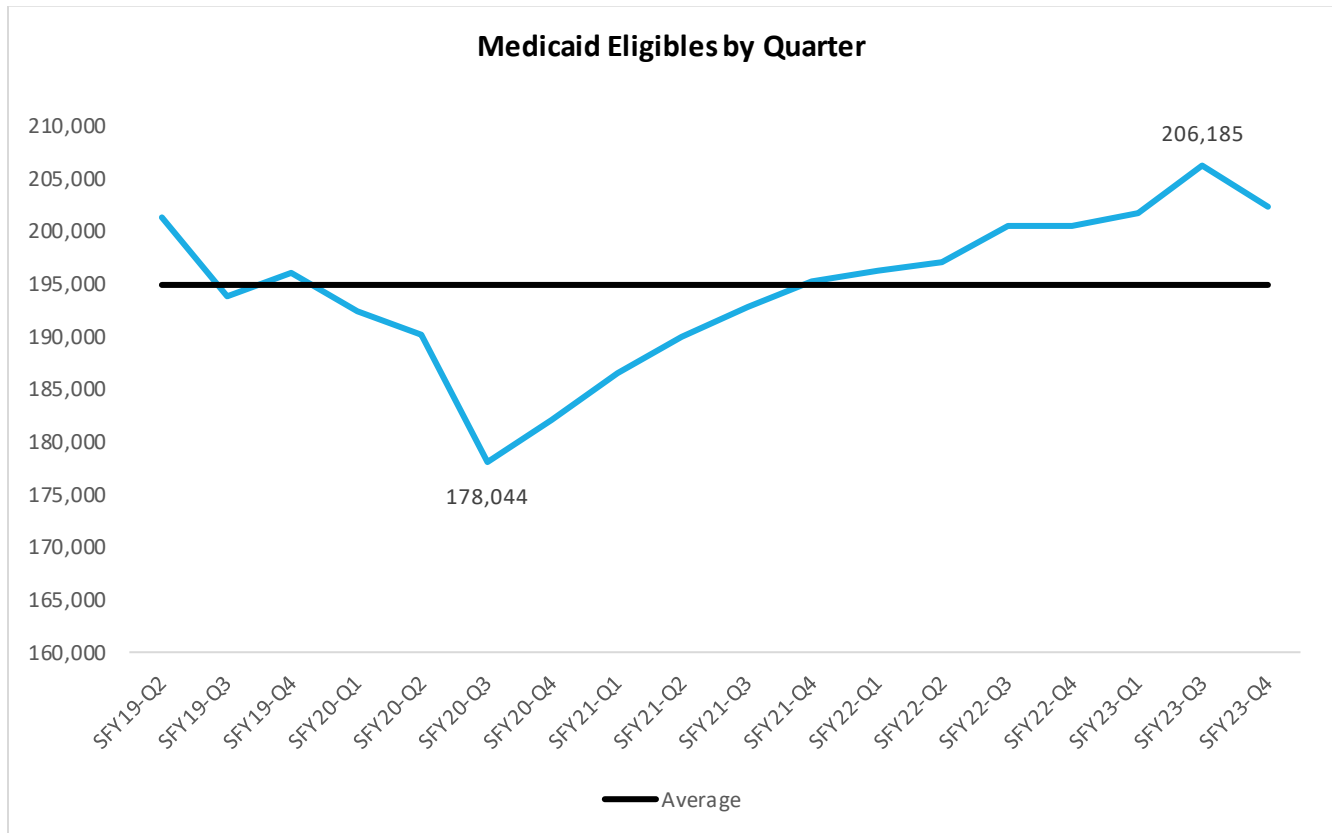
Idaho Department of Juvenile Corrections



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

Medicaid eligible members, ages 0 – 17

.A	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	SFY2023-Q4
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	24,587
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	8,496
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	43,376
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	40,730
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	28,255
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	15,781
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	38,826
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	2,222
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	202,273



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-Q4.

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%
SFY2023-Q4	16,215	202,185	8.02%	80	-0.7%	-4.6%

Percent of Eligible Members Using Services, by Quarter
SFY20-Q1 to SFY23-Q4, Ages 0 to 17 Only

