



Quality Management  
Improvement & Accountability  
(QMIA)

# YOUTH EMPOWERMENT SERVICES

## QMIA Quarterly Report

Q1, SFY 2024

January, 2024



# YES, QMIA Quarterly Report SFY 2024, Q1

YES QMIA-Q SFY 2024, Q1 includes data from July, August, and September 2023  
and trends from previous quarters and years

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# YES, QMIA Quarterly Report Q1, SFY 2024

## 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 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 and Juvenile Corrections Act 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](mailto:YES@dhw.idaho.gov) with your questions, concerns, or suggestions.

## QMIA-Q report dates for SFY 2024

YES QMIA-Q SFY 2024 Timelines <sup>1</sup>	<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 2024	October

<sup>1</sup> The new Idaho Behavioral Health Plan (IBHP), which will consolidate behavioral health services for Idahoans under a single plan, is scheduled to go live on July 1, 2024. Starting in SFY 2025, the QMIA-Q report will be modified to capture YES System of Care changes resulting from the new IBHP.



**YES, QMIA Quarterly Report, includes data from Q1 of SFY 2024  
(July, August, September 2023),  
and trends over past 5 years comparing previous quarters and SFYs.**

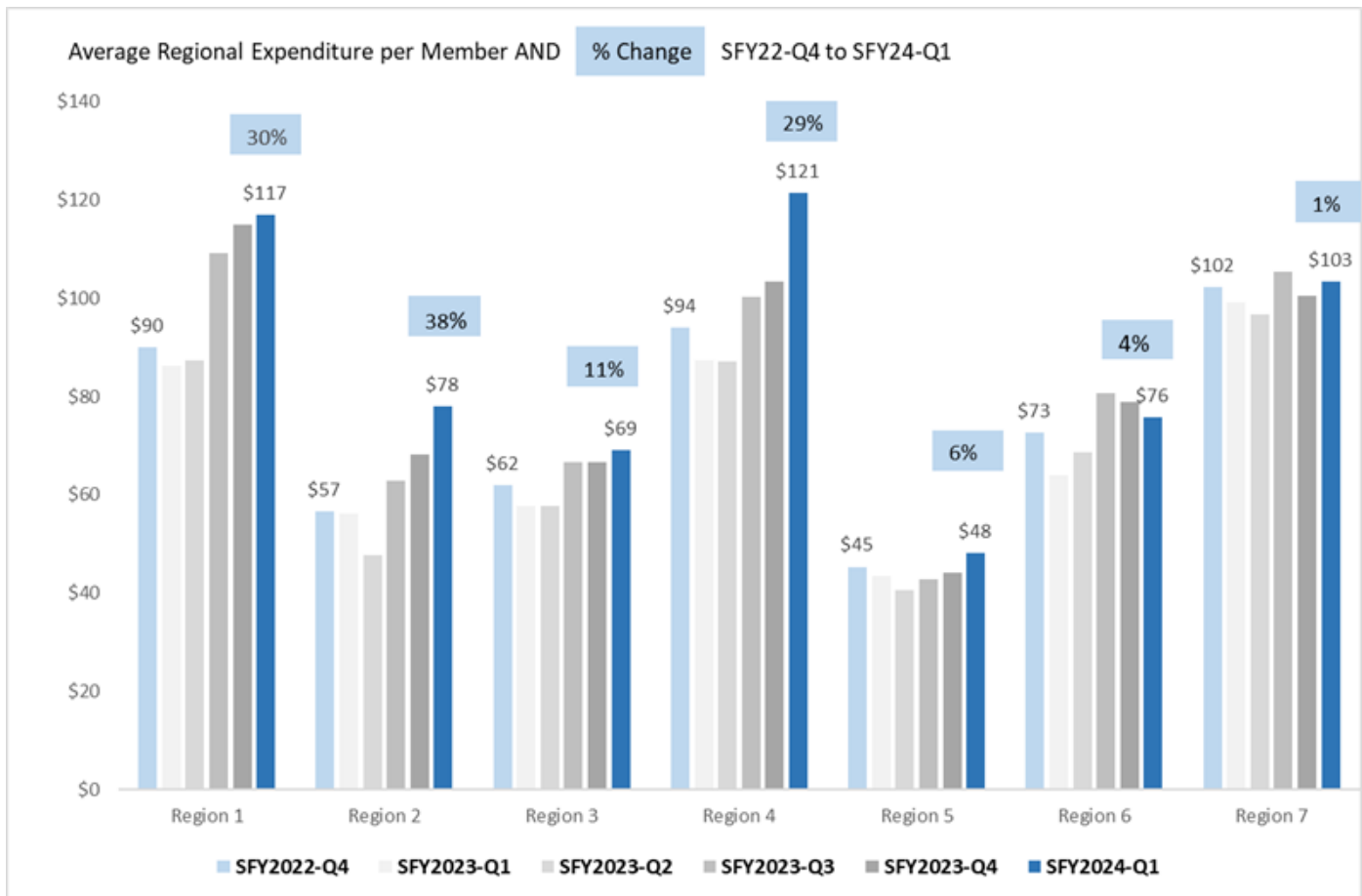
**Executive Summary – SFY 2024, Q1**

The QMIA-Q report for State Fiscal Year (SFY) 2024, Quarter 1 (Q1) provides information about the delivery of YES services for July, August, and September 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.

**E1 YES Accomplishments**

Medicaid/Optum Network Average Expenditure Per Member Has Increased in All Regions

Average expenditure per eligible member increased for all regions between SFY22-Q4 and SFY24-Q1. However, the rate of increase varied substantially across regions, with major increases in Regions 1, 2, and 4 and lesser increases in other regions between the two time periods. DBH is working with IBHP personnel to understand the changes in expenditures. Explanatory information will be provided in future QMIA Quarterly reports.



## Expansion of Youth Crisis Services

Crisis services for Idaho youth expanded in 2023 with three Youth Behavioral Community Crisis Centers (YBHCCs) opening. The YBHCCs provide supports and services during the early stage of a mental health crisis before more intensive, costly, and restrictive interventions are required. The YBHCCs specialize in providing a calm environment for youth aged 12-17 to de-escalate, giving parents and guardians time to re-group during crisis situations. The centers are open 24/7, referrals are not needed, and Law Enforcement may bring youth to the YBHCCs. However, a parent or guardian must provide treatment consent. Services are 100% voluntary and free of charge, and youth can stabilize for up to 23 hours and 59 minutes.

YBHCCs serve the communities of Idaho Falls, Twin Falls, and Boise. Another YBHCC is scheduled to open in Nampa in January 2024.

YBHCC (opening date)	Location	Unduplicated # (Duplicated #) of youth served – SFY2024-Q1	Average Length of Stay	Insurance	# Referrals from Law Enforcement
Rise up Teen and Child Crisis Center of East Idaho (June 15, 2023)	Idaho Falls	15 (46)	16.16 hours	Medicaid (20) Private (8)	Unknown
Proactive Youth and Family Support Center (August 1, 2023)	Twin Falls	23 (25)	12.75 hours	Medicaid (16) Private (2) Uninsured (4) Unknown (3)	9
Pathways Youth Community Support Center (October 16, 2023)	Boise	Facility was not open during reporting period			

## **E2 YES Challenges and Opportunities**

### System of Care Service Availability Regional Highlights

The chart on the following page demonstrates that improvement is still needed in access to care across the state and highlights regional variability in service availability within the YES System of Care. Regional penetration rates for Medicaid members accessing YES outpatient services are generally highest in Regions 4 and 7. For example, penetration rates for seven outpatient services in Region 7 are higher than the statewide average, indicating that the YES system of care has been more highly developed in the Eastern portion of Idaho. Region 4 also has several Outpatient Services with higher-than-average penetration rates. However, the rates of service are still lower than desired in all regions, with regions 1 and 5 showing the lowest rates. Work to improve access to care has been undertaken by YES partners.

*Selected Penetration Rate for Medicaid Members Accessing YES Outpatient Services by Region*

SFY 2024, Q1	Penetration Rate by Region								
	1	2	3	4	5	6	7	OOS	Average
<b>Assessments</b>									
CANS Billed to Medicaid	1.9%	1.9%	3.1%	4.6%	2.2%	2.6%	4.3%	0.2%	3.2%
<b>Outpatient Treatment Services</b>									
Psychotherapy	4.2%	5.2%	5.0%	7.1%	3.6%	5.1%	7.2%	0.9%	5.5%
Case Management	0.2%	0.8%	0.3%	0.7%	0.4%	0.4%	1.4%	0.1%	0.6%
Med Management	0.3%	1.4%	1.5%	1.9%	0.9%	1.7%	1.1%	0.2%	1.3%
Skills Building (CBRS)	0.2%	1.1%	0.6%	1.3%	0.3%	0.8%	1.8%	0.2%	0.9%
Targeted Care Coordination (TCC)	0.0%	0.4%	0.4%	0.8%	0.3%	0.8%	1.2%	0.1%	0.6%
<b>Support services</b>									
Respite	0.0%	0.9%	0.2%	0.2%	0.0%	0.4%	0.4%	0.0%	0.2%
Youth Support Services	0.0%	0.2%	0.1%	0.3%	0.2%	0.1%	0.2%	0.0%	0.2%
Family Support	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.4%	0.0%	0.1%

Interrelated Challenges

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.

**YES reports:**

The following are links to the YES reports noted within the QMIA-Q and/or produced as part of YES Quality monitoring and review:

Biannual Estimate of Need for Intensive Care Coordination using Wraparound in Idaho, SFY 2024 (December 2023 report)

[https://yes.idaho.gov/wp-content/uploads/2024/01/Estimated\\_Need\\_ICC\\_Wraparound\\_SFY\\_2024\\_Dec\\_2023.pdf](https://yes.idaho.gov/wp-content/uploads/2024/01/Estimated_Need_ICC_Wraparound_SFY_2024_Dec_2023.pdf)

Final Report of the YES Quality Review (SFY 2022)

[https://yes.idaho.gov/wp-content/uploads/2023/01/QR-Report\\_Final-Report\\_2022v2.pdf](https://yes.idaho.gov/wp-content/uploads/2023/01/QR-Report_Final-Report_2022v2.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>

Unmet Need for Mental Health Services among Idaho Youth, 2023

<https://yes.idaho.gov/wp-content/uploads/2023/11/Unmet-Need-for-Mental-Health-Services-Among-Idaho-Youth-2023.pdf>

YES Medicaid Outpatient Utilization, State Fiscal Years, 2020-2023

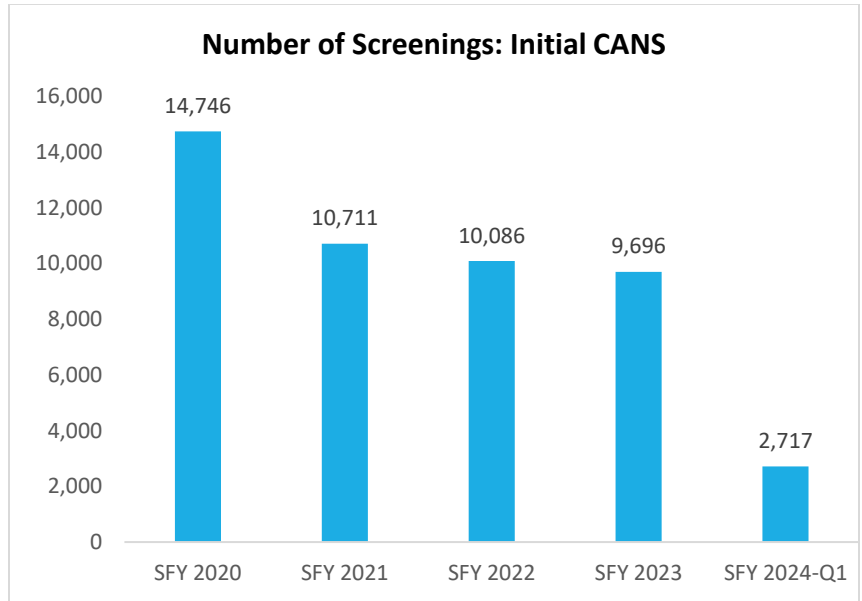
<https://yes.idaho.gov/wp-content/uploads/2023/11/YES-QMIA-Quarterly-Report-Supplement-for-SFY2020-2023-October-2023.pdf>

## QMIA-Q1 SFY 2024 Report

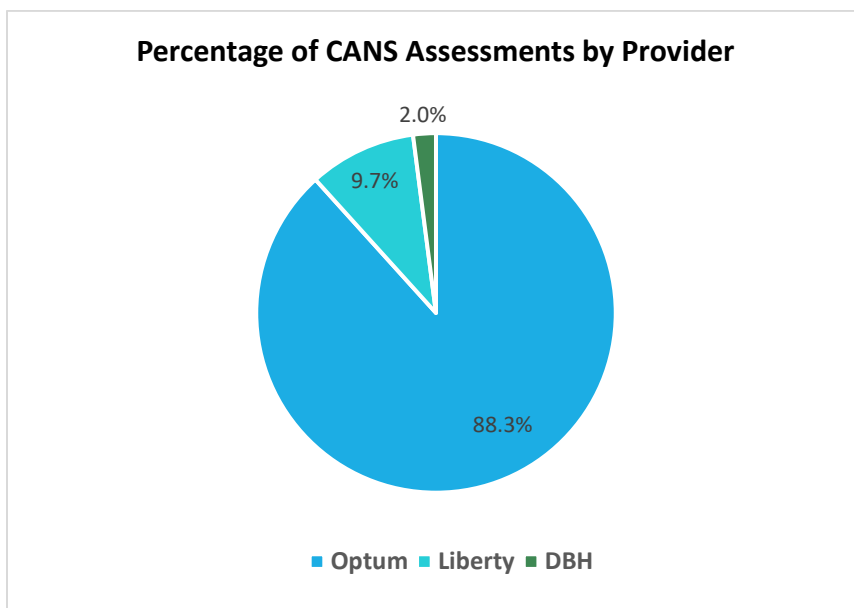
### 1. Screening for Mental Health Needs

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

The number of initial CANS completed in SFY 2024-Q1 was 2,717. The number of children and youth expected to access services through an initial CANS each quarter or each year has not yet been established. Therefore, the data only tells us that the number of children and youth receiving an initial CANS assessment has declined 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.



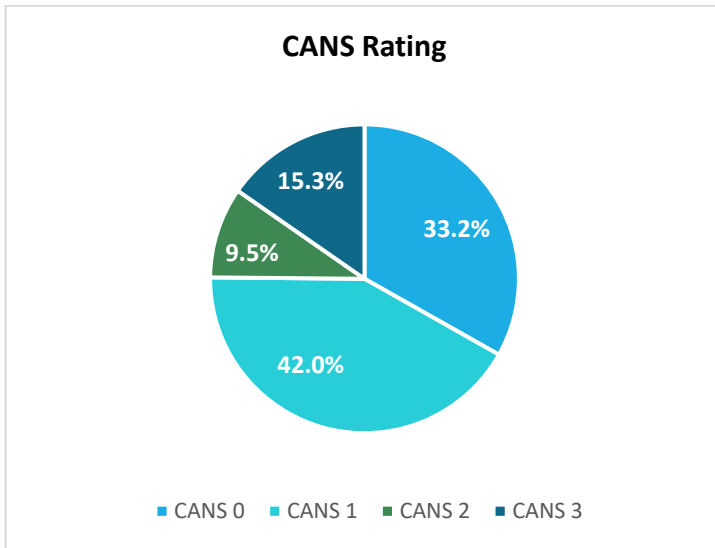
1b: Percentage of CANS Completed By DBH, Liberty, and Medicaid Providers



DBH, Liberty, or a Medicaid provider may conduct the screening for mental health services through the CANS assessment. For SFY 2024-Q1, 88% of CANS Assessments were completed by Medicaid providers, nearly 10% by Liberty, and 2% by DBH. This is generally consistent with previous quarters.

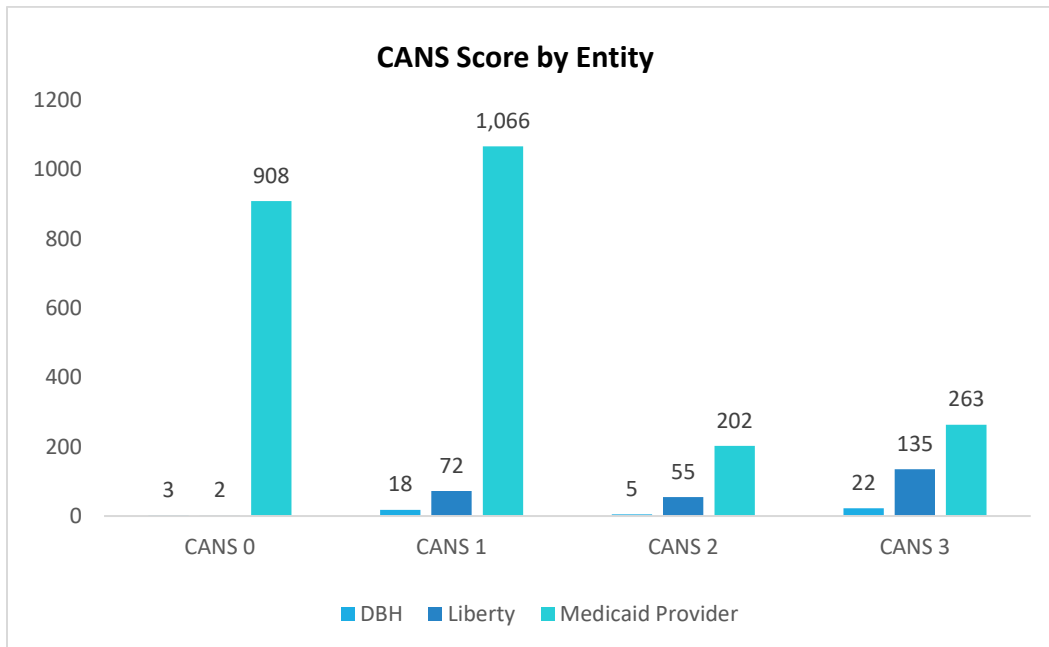
## 2. YES eligible children and youth based on initial CANS

### 2a: CANS Rating: Result of Initial CANS Statewide



An algorithm based on the CANS was developed by stakeholders in collaboration with the Praed Foundation for Idaho to support the identification of YES members. The algorithm results in an overall rating of 0, 1, 2, or 3. Based on that algorithm, all children with 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 percentage in each CANS rating has remained consistent over time.

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

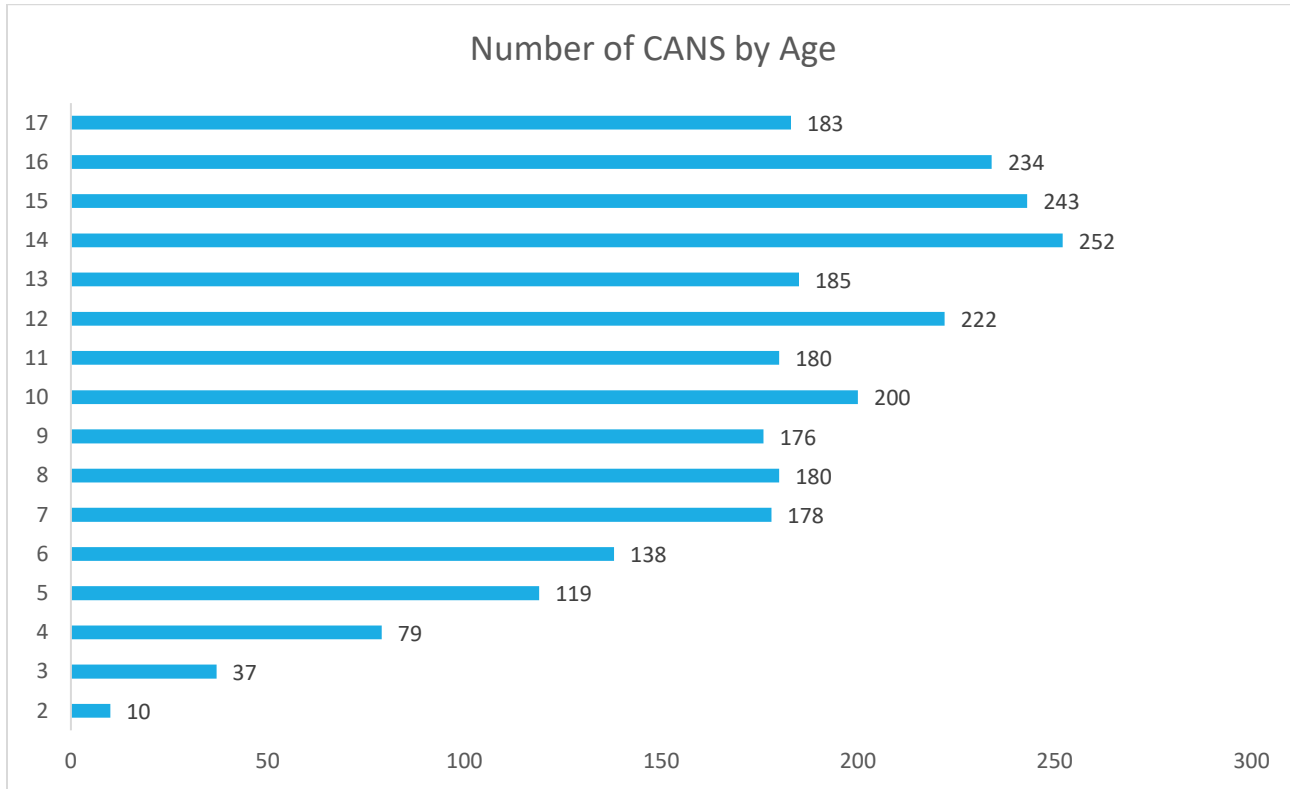


#### What is this data telling us?

Of the initial CANS completed during SFY 2024-Q1, approximately 66% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 ratings), and 34% did not meet the criteria (CANS rating of 0). The percentages of those found eligible vs. those found not eligible across time continue to be consistent across several quarters. The data also show that children and youth with lower levels 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*

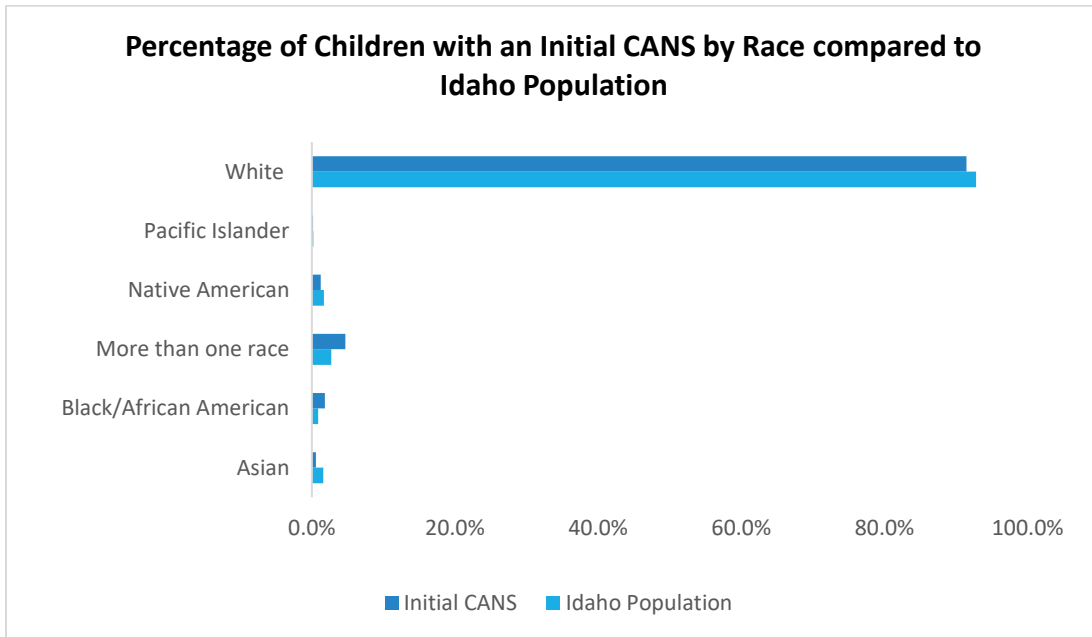


#### **What is this data telling us?**

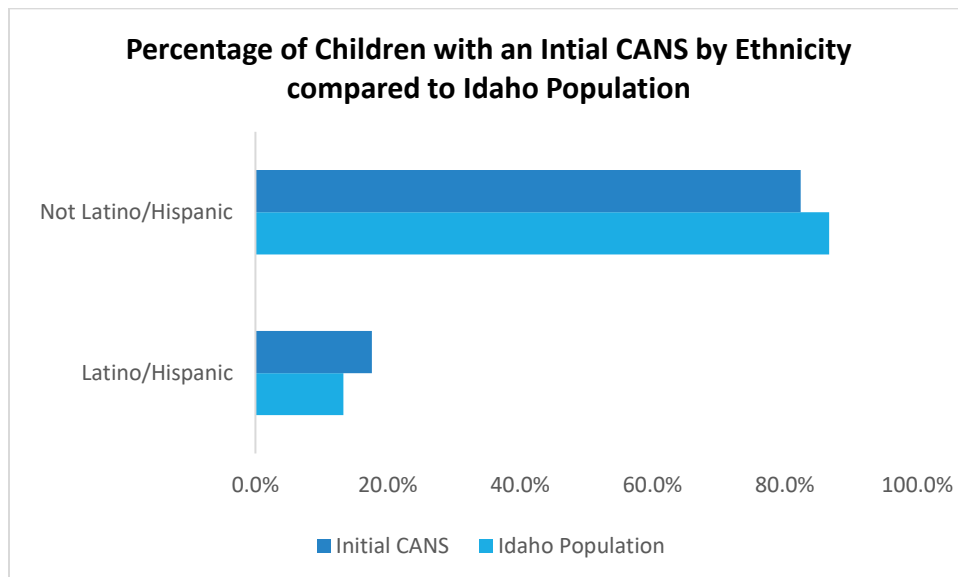
In SFY 2024-Q1, initial CANS assessments were most likely to be completed with teenagers between the ages of 14 and 16. However, they were also completed at high levels with children between the ages of 7 and 13 as well as with 17-year-old's, especially when compared to the number of initial CANS completed with children six years old and younger.

## 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



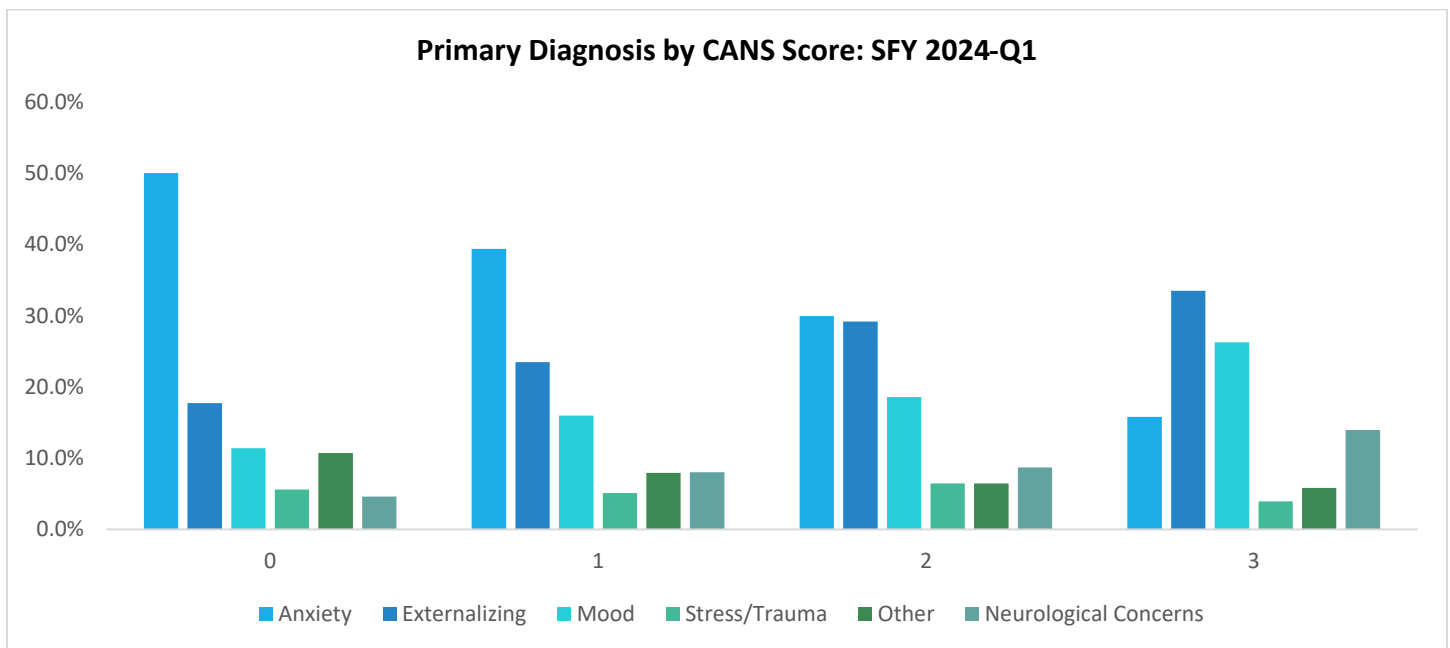
#### What is this data telling us?

A 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 that 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 tabular 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	50.0%	39.4%	29.9%	15.8%	1060
Externalizing	17.7%	23.5%	29.2%	33.5%	655
Mood	11.4%	16.0%	18.6%	26.3%	451
Stress or Trauma	5.6%	5.1%	6.4%	4.0%	144
Other	10.7%	7.9%	6.4%	5.8%	232
Neurological Concerns	4.6%	8.0%	8.7%	14.0%	218
<b>Total</b>	914	1158	264	430	2760
	100.0%	100.0%	100.0%	100.0%	

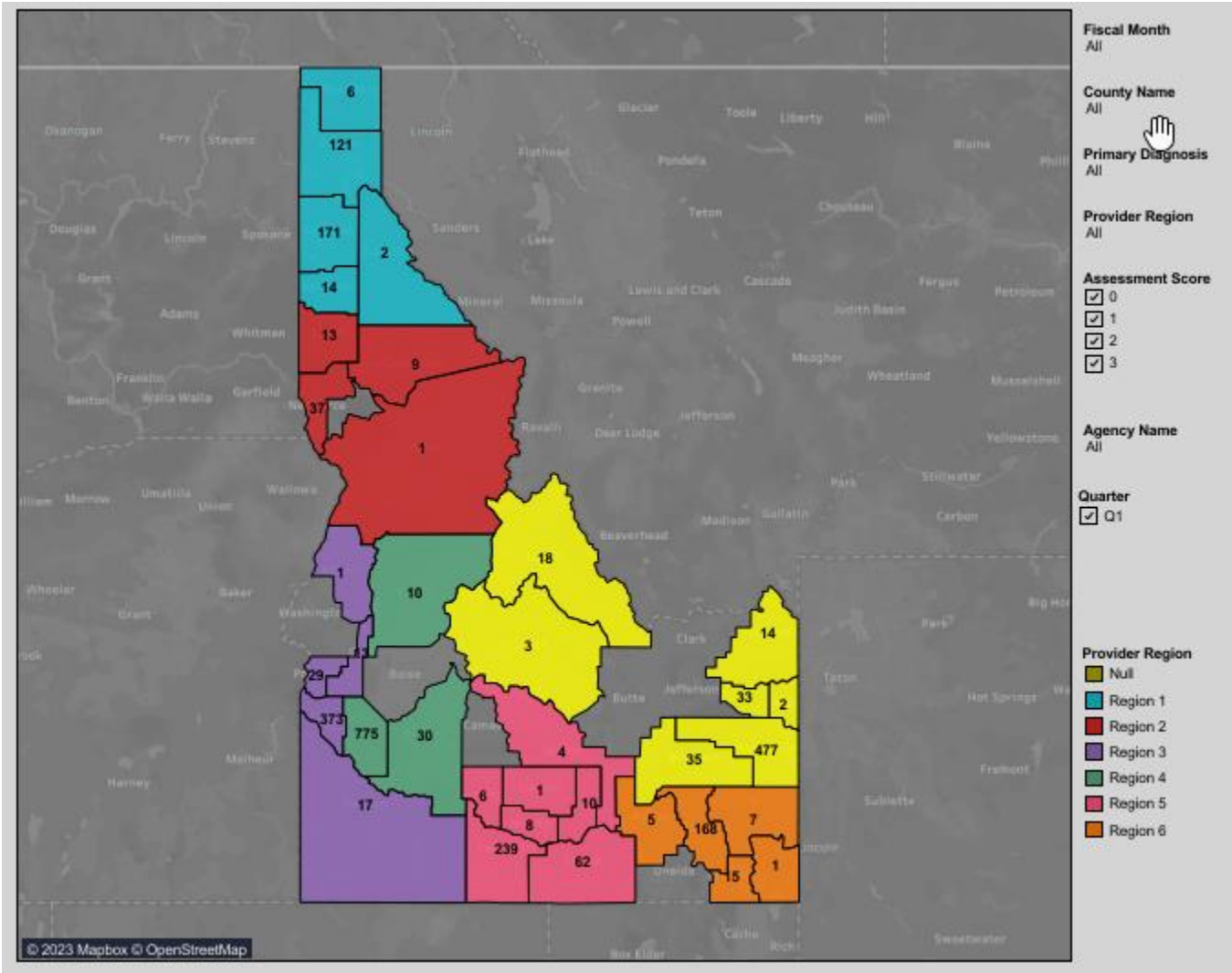


#### What is this data telling us?

Primary diagnosis varies substantially by CANS score. For example, anxiety is 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. At the same time, 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 that providers need to customize services based on youth CANS score *and* primary diagnosis. 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 2024-Q1 by Idaho counties. At the end of the quarter, there were eight counties with no initial CANS completed: Boise, Butte, Clark, Camas, Jefferson, Nez Perce, Oneida, and Washington. In addition, there were also several counties with three or fewer CANS completed by the end of the quarter.



#### What is this data telling us?

Like previous quarters and fiscal years, the counties where there were no or few initial CANS were either rural or remote. The geographic distribution of the initial CANS assessments indicates that there is likely to be an 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 who received services under Medicaid (regular Medicaid, Foster Care Medicaid, etc.) and those with Medicaid through the YES Medicaid Program between SFY 2021 and SFY 2024, Q1.

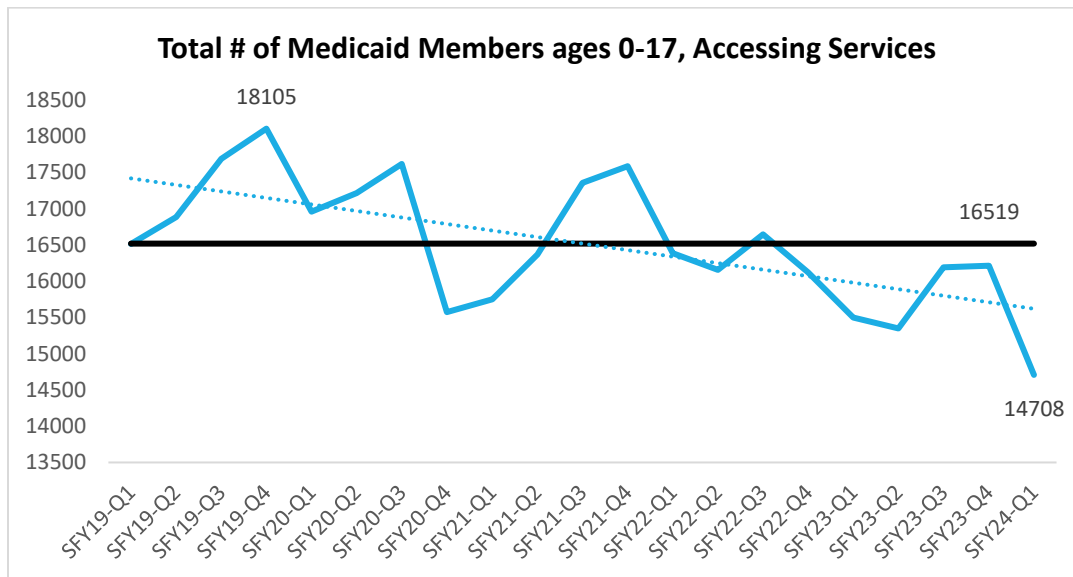
5a: Total number of Medicaid members served SFY 2021 - SFY2024-Q1

	SFY21-Q1 (Jul to Sep)	SFY21-Q2 (Oct to Dec)	SFY21-Q3 (Jan to Mar)	SFY21-Q4 (Apr to Jun)	SFY22-Q1 (Jul to Sep)	SFY22-Q2 (Oct to Dec)	SFY22-Q3 (Jan to Mar)	SFY22-Q4 (Apr to Jun)	SFY23-Q1 (July to Sept)	SFY23-Q2 (Oct to Dec)	SFY23-Q3 (Jan to Mar)	SFY23-Q4 (Apr to Jun)	SFY24-Q1 (Jul to Sep)
Medicaid	13,709	14,289	15,279	15,438	14,292	14,166	14,509	14,029	13,394	13,298	14,136	14,143	12,666
YES Medicaid	2,040	2,081	2,079	2,151	2,093	1,991	2,137	2,092	2,107	2,049	2,058	2,072	2,042
Total	15,749	16,370	17,358	17,589	16,385	16,157	16,646	16,121	15,501	15,347	16,194	16,215	14,708

#### What is this data telling us?

The overall number of children and youth served decreased in Quarters 1 and 2 of SFY 2023, rebounded in Quarters 3 and 4, and declined again in SFY 2024, Quarter 1. Since quarter 1 of SFY 2021, the number of children and youth with YES Medicaid has been and remains 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 five quarters - from a high of 18,105 in Quarter 4 of SFY 2019 to a low of 14,708 in the current quarter (SFY 2024-Q1). The trend over five years has been decreasing – as represented by the blue dotted line, but there was an increase during the last two-quarters of SFY 2023. The black line represents the average number of children and youth receiving services, which is 16,519.

5c: 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 in SFY 2024, Q1 is unduplicated within the specific category of services (i.e., the number of children and youth who received that specific service).

5c1: Number of Medicaid Members Accessing YES Outpatient Services by Region

SFY 2024, Q1	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
<b>Assessments</b>									
CANS Billed to Medicaid	398	142	1,181	1,633	543	361	1,457	3	<b>5,717</b>
Psych and Neuropsych Testing	10	9	85	81	39	81	217	1	<b>523</b>
Behavior Assessment	47	0	21	43	0	0	0	0	<b>110</b>
<b>Outpatient Treatment Services</b>									
Psychotherapy	901	391	1,910	2,517	884	712	2,442	17	<b>9,732</b>
Case Management	39	57	129	249	103	59	480	1	<b>1,117</b>
Med Management	71	102	555	690	213	244	379	3	<b>2,253</b>
Skills Building (CBRS)	46	82	241	475	85	112	613	3	<b>1,652</b>
Targeted Care Coordination (TCC)	10	28	141	274	81	115	397	1	<b>1,043</b>
Substance Use Services	11	0	34	32	62	33	125	0	<b>297</b>
Child and Family Interdisciplinary Team (CFIT)	6	7	15	46	13	12	39	0	<b>138</b>
Skills Training and Development (STAD)	0	0	2	5	99	2	81	0	<b>187</b>
Behavior Modification and Consultation	81	0	38	73	0	0	0	0	<b>191</b>
<b>Crisis</b>									
Crisis Intervention	2	0	9	4	8	9	32	0	<b>64</b>
Crisis Psychotherapy	19	6	23	20	17	8	38	1	<b>132</b>
Crisis Response	5	4	5	8	1	3	9	0	<b>35</b>
Crisis Services	26	10	37	30	26	18	77	1	<b>225</b>
<b>Intensive Outpatient Treatment Services</b>									
TASSP <sup>2</sup>	0	1	0	18	0	0	14	0	<b>33</b>
Partial Hospitalization (PHP)	1	0	29	42	1	0	1	1	<b>74</b>
Day Treatment	0	0	0	0	0	0	3	0	<b>3</b>
IHCBS <sup>3</sup>	0	1	4	12	0	25	4	0	<b>46</b>
<b>Support services</b>									
Respite	0	71	61	73	12	60	151	0	<b>427</b>
Youth Support Services	4	18	47	101	56	16	71	0	<b>312</b>
Family Support	0	1	23	19	3	6	142	0	<b>194</b>
Family Psychoeducation	2	0	7	10	14	0	0	0	<b>33</b>

<sup>2</sup> TASSP- Therapeutic After School Support Program

<sup>3</sup> IHCBS - Intensive Home and Community Based Services

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

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

SFY 2024, Q1	Penetration Rate by Region								
	1	2	3	4	5	6	7	OOS	Total
<b>Assessments</b>									
CANS Billed to Medicaid	1.9%	1.9%	3.1%	4.6%	2.2%	2.6%	4.3%	0.2%	3.2%
Psych and Neuropsych Testing	0.0%	0.1%	0.2%	0.2%	0.2%	0.6%	0.6%	0.1%	0.3%
Behavior Assessment	0.2%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
<b>Outpatient Treatment Services</b>									
Psychotherapy	4.2%	5.2%	5.0%	7.1%	3.6%	5.1%	7.2%	0.9%	5.5%
Case Management	0.2%	0.8%	0.3%	0.7%	0.4%	0.4%	1.4%	0.1%	0.6%
Med Management	0.3%	1.4%	1.5%	1.9%	0.9%	1.7%	1.1%	0.2%	1.3%
Skills Building (CBRS)	0.2%	1.1%	0.6%	1.3%	0.3%	0.8%	1.8%	0.2%	0.9%
Targeted Care Coordination (TCC)	0.0%	0.4%	0.4%	0.8%	0.3%	0.8%	1.2%	0.1%	0.6%
Substance Use Services	0.1%	0.0%	0.1%	0.1%	0.3%	0.2%	0.4%	0.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	0.0%	0.1%	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%	0.4%	0.0%	0.2%	0.0%	0.1%
Behavior Modification and Consultation	0.4%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
<b>Crisis</b>									
Crisis Intervention	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%
Crisis Psychotherapy	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Crisis Response	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Services	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%
<b>Intensive Outpatient Treatment Services</b>									
TASSP	0.0%	0.0%	0.0%	0.1%	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%	0.1%	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%	0.2%	0.0%	0.0%	0.0%
<b>Support Services</b>									
Respite	0.0%	0.9%	0.2%	0.2%	0.0%	0.4%	0.4%	0.0%	0.2%
Youth Support Services	0.0%	0.2%	0.1%	0.3%	0.2%	0.1%	0.2%	0.0%	0.2%
Family Support	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.4%	0.0%	0.1%
Family Psychoeducation	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%

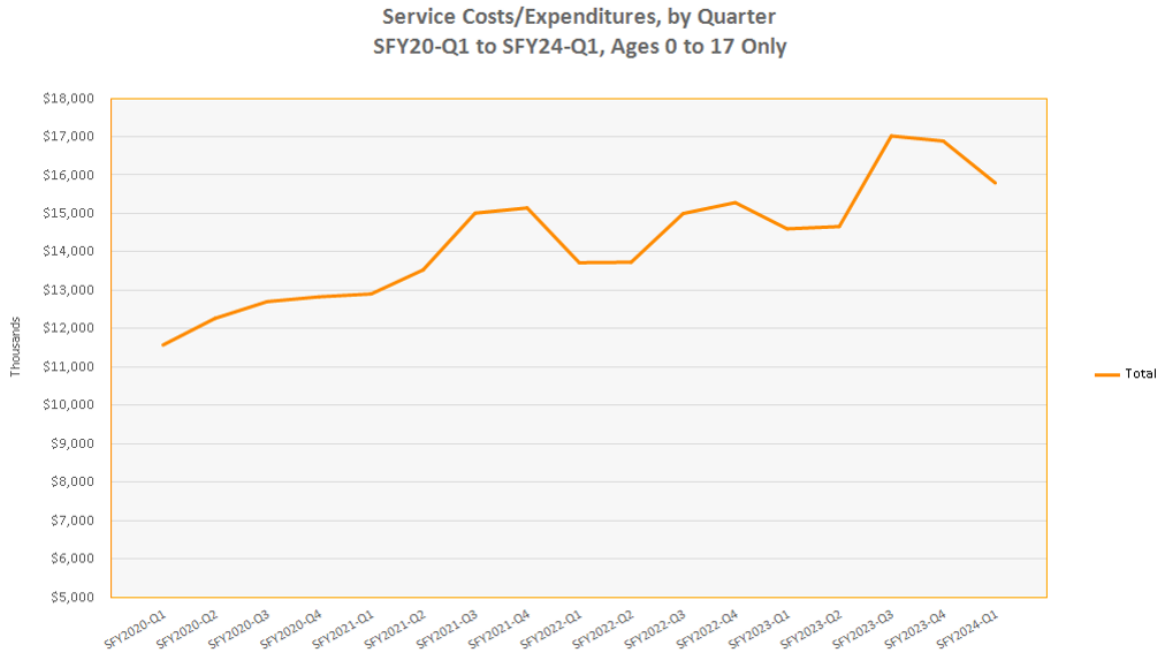
**What is this data telling us?**

Outpatient services, such as CANS Assessments, Psychotherapy, Case Management, Medication Management, and Skills Building (CBRS), are available statewide. However, several services are unavailable in specific regions (e.g., Region 1 had zero utilization of Intensive Outpatient Treatment Service and Support Services). Further, intensive outpatient services such as partial hospitalization, day treatment, and intensive home and community-based services are not available statewide and overall are very limited even in regions in which they are offered.

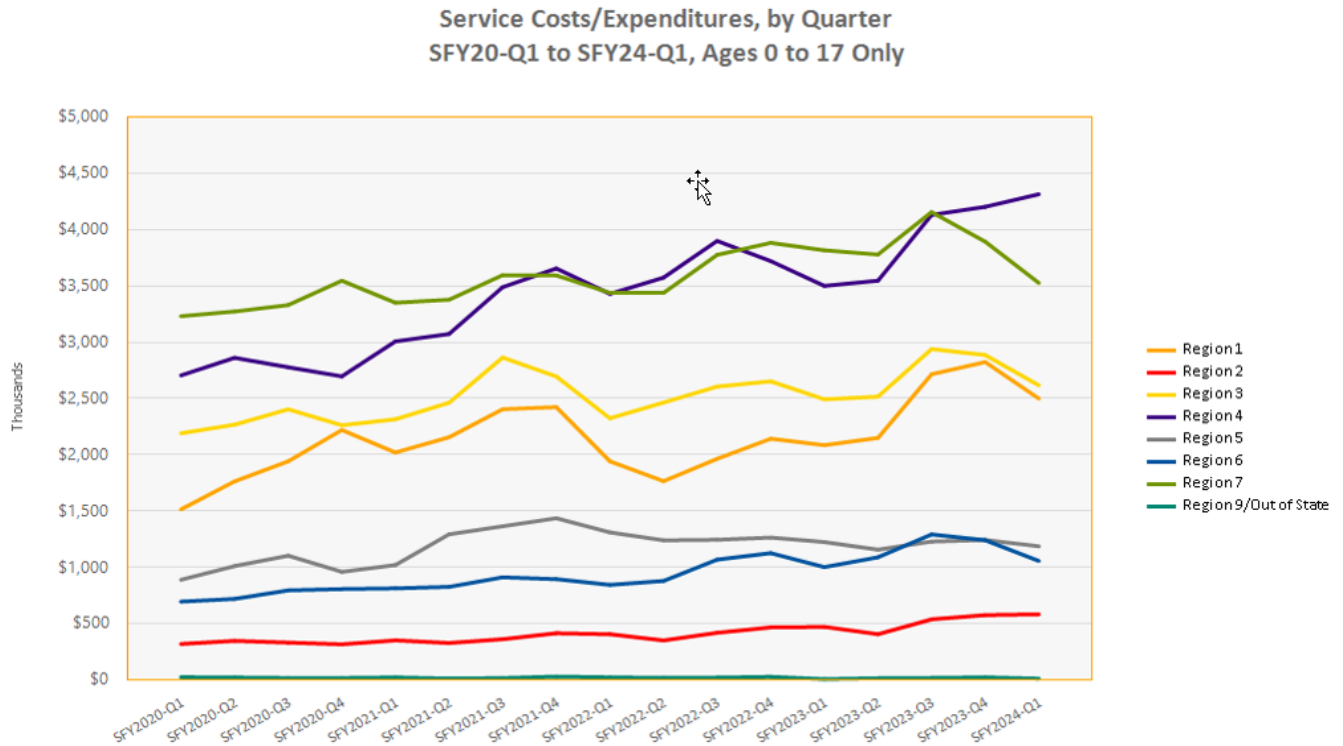
**5d: YES Medicaid Expenditures**

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

5d1: Medicaid Outpatient Expenditures by Quarter



5d2 Medicaid Outpatient Expenditures by Quarter by Region



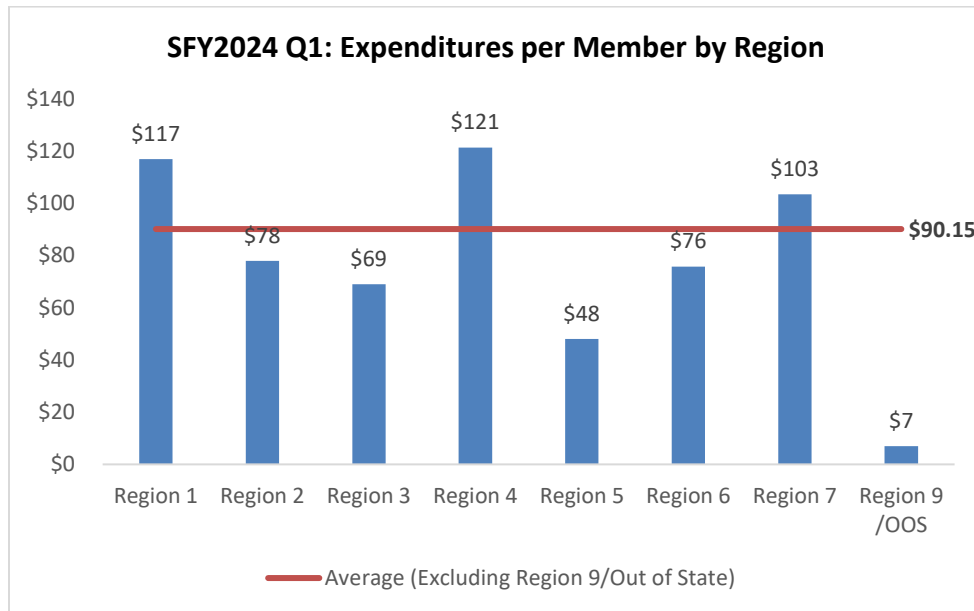
5d3: Regional Comparison of SFY24-Q1 Outpatient Expenditures

	Total Eligible Members SFY 24-Q1 (July-Sep)	Expenditures SFY 24-Q1 (Jul-Sept)	\$ per Distinct Eligible Member	% Eligible Members	% Expenditures
Region 1	21,372	\$2,498,789	\$117	12.1%	15.8%
Region 2	7,500	\$584,361	\$78	4.2%	3.7%
Region 3	37,923	\$2,616,370	\$69	21.4%	16.6%
Region 4	35,543	\$4,312,717	\$121	20.1%	27.3%
Region 5	24,703	\$1,187,865	\$48	14.0%	7.5%
Region 6	13,968	\$1,057,371	\$76	7.9%	6.7%
Region 7	34,077	\$3,525,519	\$103	19.3%	22.3%
Region 9/OOS	1,863	\$13,022	\$7	1.1%	0.1%
<b>Total/Average</b>	<b>176,949</b>	<b>\$15,796,014</b>	<b><sup>4</sup>\$90.15</b>		

**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 \$48 per eligible member in Region 5 and as much as \$121 per eligible member in Region 4. 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). In contrast, regions 1, 4, and 7 receive higher percentages of system-wide expenditures than their distinct user populations suggest they should (blue font).

5d4: Average Expenditure per User by Region



<sup>4</sup> Average expenditure per distinct user excludes Region 9/Out of State (OOS).

## **5e: Medicaid Outpatient Service Utilization: Regional Snapshots SFY2023**

The following region-by-region tables display distinct numbers of youth served through the Medicaid Network between the ages of 0 and 17 for Quarter 4 of SFY 2023 (April, May, and June 2023). Services 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. Therefore, the data reported may not be updated in each quarter. The change ranges from 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 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 desired penetration rate for psychotherapy is at least 8% (based on the expected prevalence of Serious Emotional Disturbance (SED)). Over the past 16 quarters, the median<sup>2</sup> 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 in understanding 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 with case management, while just 1.5% of the youth receiving services in Region 1 were provided with case management. The respective Case Management penetration rates, 1.5% for Region 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)

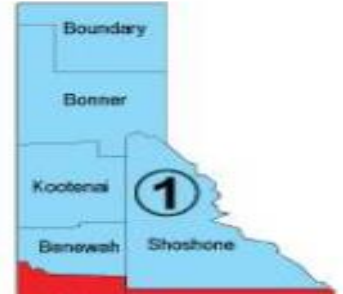
SFY 2024, Q1 Big Picture Overview

Total Medicaid-eligible Youth Members: 21,372 (12.1% of total Medicaid-eligible youth statewide)

Expenditures: \$2,498,789 (15.8% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$117

Medicaid-eligible Youth Members Receiving Any Service(s): 1,475



SFY 2024, Q1	Region 1			Statewide	
	Distinct Utilizers	Service Use Rate	Penetration Rate	Service Use Rate	Penetration Rate
<b>Assessments</b>					
CANS - (Billed to Medicaid)	398	27.0%	1.9%	38.9%	3.2%
Psych and Neuropsych Testing	10	0.7%	0.0%	3.3%	0.3%
Behavior Assessment	47	3.2%	0.2%	0.7%	0.1%
<b>Outpatient Treatment Services</b>					
Psychotherapy	901	61.1%	4.2%	66.2%	5.5%
Case Management	39	2.6%	0.2%	7.6%	0.6%
Med Management	71	4.8%	0.3%	15.3%	1.3%
Skills Building (CBRS)	46	3.1%	0.2%	11.2%	0.9%
Targeted Care Coordination (TCC)	10	0.7%	0.0%	7.1%	0.6%
Substance Use Services	11	0.7%	0.1%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	6	0.4%	0.0%	0.9%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.3%	0.1%
Behavior Modification and Consultation	47	3.2%	0.2%	0.7%	0.1%
<b>Crisis</b>					
Crisis Intervention	2	0.1%	0.0%	0.4%	0.0%
Crisis Psychotherapy	19	1.3%	0.1%	0.9%	0.1%
Crisis Response	5	0.3%	0.0%	0.2%	0.0%
Crisis Services	26	1.8%	0.1%	1.5%	0.1%
<b>Intensive Outpatient Treatment Services</b>					
Therapeutic After School (TASSP)	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.5%	0.0%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	0	0.0%	0.0%	0.1%	0.0%
<b>Support services</b>					
Respite	0	0.0%	0.0%	2.9%	0.2%
Youth Support Services	4	0.3%	0.0%	2.1%	0.2%
Family Support	0	0.0%	0.0%	1.3%	0.1%
Family Psychoeducation	2	0.1%	0.0%	0.2%	0.0%

**What is this data telling us?**

In SFY 2024 Q1, Region 1 was over-resourced, receiving more expenditures (15.8% of total state expenditures) than its statewide share of the Medicaid-eligible population (12.1%). However, penetration rates in Region 1 during Q1 of 2024 lagged behind the statewide rates across almost every service, including psychotherapy, indicating the region lacks a full array of mental health services for youth and the workforce to implement the services.

**Region 2**

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

SFY 2024, Q1 Big Picture Overview

Total Medicaid-eligible Youth Members: 7,500 (4.2% of total Medicaid-eligible youth members statewide)

Expenditures: \$584,361 (3.7% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$78

Medicaid-eligible Youth Members Receiving Any Service(s): 570



SFY 2024, Q1	Region 2			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
<b>Assessments</b>					
CANS- (Billed to Medicaid)	142	24.9%	1.9%	38.9%	3.2%
Psych and Neuropsych Testing	9	1.6%	0.1%	3.6%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
<b>Outpatient Treatment Services</b>					
Psychotherapy	391	68.6%	5.2%	66.2%	5.5%
Case Management	57	10.0%	0.8%	7.6%	0.6%
Med Management	102	17.9%	1.4%	15.3%	1.3%
Skills Building (CBRS)	82	14.4%	1.1%	11.2%	0.9%
Targeted Care Coordination (TCC)	28	4.9%	0.4%	7.1%	0.6%
Substance Use Services	0	0.0%	0.0%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	7	1.2%	0.1%	0.9%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.3%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	0.7%	0.1%
<b>Crisis</b>					
Crisis Intervention	0	0.0%	0.0%	0.4%	0.0%
Crisis Psychotherapy	6	1.1%	0.1%	0.9%	0.1%
Crisis Response	4	0.7%	0.1%	0.2%	0.0%
Crisis Services	10	1.8%	0.1%	1.5%	0.1%
<b>Intensive Outpatient Treatment Services</b>					
TASSP	1	0.2%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	0	0.0%	0.0%	0.5%	0.0%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	0	0.0%	0.0%	0.1%	0.0%
<b>Support services</b>					
Respite	71	12.5%	0.9%	2.9%	0.2%
Youth Support Services	18	2.1%	0.2%	2.1%	0.2%
Family Support	1	0.2%	0.0%	1.3%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.2%	0.0%

**What is this data telling us?**

Region 2 receives slightly less expenditures (3.7% 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 pattern continued during Q1 of SFY 2024. A Region 2 strength in SFY 2024-Q1 was the high respite penetration rate relative to the statewide respite penetration rate.

### Region 3

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

SFY 2024, Q1 Big Picture Overview

Total Medicaid-eligible Youth Members: 37,923 (21.4% of total Medicaid youth eligible members statewide)

Expenditures: \$2,616,370 (16.6% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$69

Medicaid-eligible Members Youth Receiving Any Service(s): 2,855



SFY 2024, Q1	Region 3			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service	Penetration Rate
<b>Assessments</b>					
CANS- (Billed to Medicaid)	1181	41.4%	3.1%	38.9%	3.2%
Psych and Neuropsych Testing	85	3.0%	0.2%	3.6%	0.3%
Behavior Assessment	21	0.7%	0.1%	0.7%	0.1%
<b>Outpatient Treatment Services</b>					
Psychotherapy	1910	66.9%	5.0%	66.2%	5.5%
Case Management	129	4.5%	0.3%	7.6%	0.6%
Med Management	555	19.4%	1.5%	15.3%	1.3%
Skills Building (CBRS)	241	8.4%	0.6%	11.2%	0.9%
Targeted Care Coordination (TCC)	141	4.9%	0.4%	7.1%	0.6%
Substance Use Services	34	1.2%	0.1%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	15	0.5%	0.0%	0.9%	0.1%
Skills Training and Development (STAD)	2	0.1%	0.0%	1.3%	0.1%
Behavior Modification and Consultation	21	0.7%	0.1%	0.7%	0.1%
<b>Crisis</b>					
Crisis Intervention	9	0.3%	0.0%	0.4%	0.0%
Crisis Psychotherapy	23	0.8%	0.1%	0.9%	0.1%
Crisis Response	5	0.2%	0.0%	0.2%	0.0%
Crisis Services	37	1.3%	0.1%	1.5%	0.1%
<b>Intensive Outpatient Treatment Services</b>					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	29	1.0%	0.1%	0.5%	0.0%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	7	0.2%	0.0%	0.1%	0.0%
<b>Support services</b>					
Respite	61	2.1%	0.2%	2.9%	0.2%
Youth Support Services	47	1.6%	0.1%	2.1%	0.2%
Family Support	23	0.8%	0.1%	1.3%	0.1%
Family Psychoeducation	7	0.2%	0.0%	0.2%	0.0%

#### What is this data telling us?

Region 3 receives substantially less expenditures (16.6% 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 (\$69). Historically, psychotherapy penetration rates in Region 3 have been extremely close to the statewide average. However, case management and CBRS penetration rates in Region 3 are consistently lower than the statewide averages, suggesting that 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 2024, Q1 Big Picture Overview

Total Medicaid-eligible Youth Members: 35,543 (20.1% of total Medicaid youth eligible members statewide)

Expenditures: \$4,312,717 (27.3% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$121

Medicaid-eligible Youth Members Receiving Any Service(s): 3,690

SFY 2024, Q1	Region 4			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
<b>Assessments</b>					
CANS- (Billed to Medicaid)	1633	44.3%	4.6%	38.9%	3.2%
Psych and Neuropsych Testing	81	2.2%	0.2%	3.6%	0.3%
Behavior Assessment	43	1.2%	0.1%	0.7%	0.1%
<b>Outpatient Treatment Services</b>					
Psychotherapy	2517	68.2%	7.1%	66.2%	5.5%
Case Management	249	6.7%	0.7%	7.6%	0.6%
Med Management	690	18.7%	1.9%	15.3%	1.3%
Skills Building (CBRS)	475	12.9%	1.3%	11.2%	0.9%
Targeted Care Coordination (TCC)	274	7.4%	0.8%	7.1%	0.6%
Substance Use Services	32	0.9%	0.1%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	46	1.2%	0.1%	0.9%	0.1%
Skills Training and Development (STAD)	5	0.1%	0.0%	1.3%	0.1%
Behavior Modification and Consultation	43	1.2%	0.1%	0.7%	0.1%
<b>Crisis</b>					
Crisis Intervention	4	0.1%	0.0%	0.4%	0.0%
Crisis Psychotherapy	20	0.5%	0.1%	0.9%	0.1%
Crisis Response	8	0.2%	0.0%	0.2%	0.0%
Crisis Services	30	0.8%	0.1%	1.5%	0.1%
<b>Intensive Outpatient Treatment Services</b>					
TASSP	18	0.5%	0.1%	0.2%	0.0%
Partial Hospitalization (PHP)	42	1.1%	0.1%	0.5%	0.0%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	3	0.1%	0.0%	0.1%	0.0%
<b>Support services</b>					
Respite	73	2.0%	0.2%	2.9%	0.2%
Youth Support Services	101	2.7%	0.3%	2.1%	0.2%
Family Support	19	0.5%	0.1%	1.3%	0.1%
Family Psychoeducation	10	0.3%	0.0%	0.2%	0.0%

**What is this data telling us?**

Region 4 receives substantially more expenditures (27.3% of total state expenditures) than its statewide share of the Medicaid-eligible population (20.1%). Region 4 has the highest average dollars spent per eligible member (\$121) in SFY2024-Q1. Penetration rate trends for psychotherapy, medication 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 2024, Q1 Big Picture Overview

Total Medicaid-eligible Youth Members: 24,703 (14.0% of total Medicaid-eligible youth members statewide)

Expenditures: \$1,187,865 (7.5% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$48

Medicaid-eligible Youth Members Receiving Any Service(s): 1,395



SFY 2024, Q1	Region 5			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
<b>Assessments</b>					
CANS- (Billed to Medicaid)	543	38.9%	2.2%	38.9%	3.2%
Psych and Neuropsych Testing	39	2.8%	0.2%	3.6%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
<b>Outpatient Treatment Services</b>					
Psychotherapy	884	63.4%	3.6%	66.2%	5.5%
Case Management	103	7.4%	0.4%	7.6%	0.6%
Med Management	213	15.3%	0.9%	15.3%	1.3%
Skills Building (CBRS)	85	6.1%	0.3%	11.2%	0.9%
Targeted Care Coordination (TCC)	81	5.8%	0.3%	7.1%	0.6%
Substance Use Services	62	4.4%	0.3%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	13	0.9%	0.1%	0.9%	0.1%
Skills Training and Development (STAD)	99	7.1%	0.4%	1.3%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	0.7%	0.1%
<b>Crisis</b>					
Crisis Intervention	8	0.6%	0.0%	0.4%	0.0%
Crisis Psychotherapy	17	1.2%	0.1%	0.9%	0.1%
Crisis Response	1	0.1%	0.0%	0.2%	0.0%
Crisis Services	26	1.9%	0.1%	1.5%	0.1%
<b>Intensive Outpatient Treatment Services</b>					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.5%	0.0%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	0	0.0%	0.0%	0.1%	0.0%
<b>Support services</b>					
Respite	12	0.9%	0.0%	2.9%	0.2%
Youth Support Services	56	4.0%	0.2%	2.1%	0.2%
Family Support	3	0.2%	0.0%	1.3%	0.1%
Family Psychoeducation	14	1.0%	0.1%	0.2%	0.0%

### What is this data telling us?

The average dollars spent per eligible member in Region 5 (\$48) are less than half of Region 1's systemwide high of \$121 spent per eligible member. Not surprisingly, Region 5 receives substantially less expenditures (7.5% 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. However, Region 5 penetration rates for substance use services and skills training and development compare favorably to the statewide averages for those services.

**Region 6**

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

SFY 2024, Q1 Big Picture Overview

Total Medicaid-eligible Youth Members: 13,968 (7.9% of total Medicaid-eligible youth members statewide)

Expenditures: \$1,057,371 (6.7% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Member: \$76

Medicaid-eligible Members Receiving Any Service(s): 1,165



SFY 2024, Q1	Region 6			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
<b>Assessments</b>					
CANS- (Billed to Medicaid)	361	31.0%	2.6%	38.9%	3.2%
Psych and Neuropsych Testing	81	7.0%	0.6%	3.6%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
<b>Outpatient Treatment Services</b>					
Psychotherapy	712	61.1%	5.1%	66.2%	5.5%
Case Management	59	5.1%	0.4%	7.6%	0.6%
Med Management	244	20.9%	1.7%	15.3%	1.3%
Skills Building (CBRS)	112	9.6%	0.8%	11.2%	0.9%
Targeted Care Coordination (TCC)	115	9.9%	0.8%	7.1%	0.6%
Substance Use Services	33	2.8%	0.2%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	12	1.0%	0.1%	0.9%	0.1%
Skills Training and Development (STAD)	2	0.2%	0.0%	1.3%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	0.7%	0.1%
<b>Crisis</b>					
Crisis Intervention	9	0.8%	0.1%	0.4%	0.0%
Crisis Psychotherapy	8	0.7%	0.1%	0.9%	0.1%
Crisis Response	3	0.3%	0.0%	0.2%	0.0%
Crisis Services	18	1.5%	0.1%	1.5%	0.1%
<b>Intensive Outpatient Treatment Services</b>					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	0	0.0%	0.0%	0.5%	0.0%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	0	0.0%	0.1%	0.1%	0.0%
<b>Support services</b>					
Respite	60	5.2%	0.4%	2.9%	0.2%
Youth Support Services	16	1.4%	0.1%	2.1%	0.2%
Family Support	6	0.5%	0.0%	1.3%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.2%	0.0%

**What is this data telling us?**

In SFY 2023 Q4, there was a minimal discrepancy between expenditures (7.9% of total state expenditures) and the Medicaid-eligible population (6.7%) in Region 6. Although psychotherapy and case management penetration rates in Region 6 were lower than statewide averages, penetration rates for medication management and respite services compared favorably to statewide average penetration rates.

**Region 7**

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

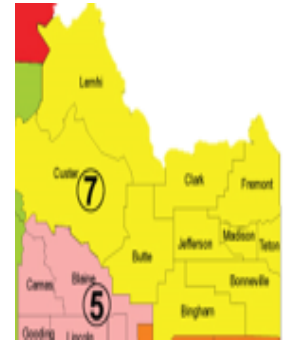
SFY 2024, Q1Big Picture Overview

Total Medicaid-eligible Youth Members: 34,077 (19.3% of total youth Medicaid-eligible members statewide)

Expenditures: \$3,525,519 (22.3% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$103

Medicaid-eligible Youth Members Receiving Any Service(s): 3,531



SFY 2024, Q1	Region 7			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
<b>Assessments</b>					
CANS- (Billed to Medicaid)	1457	41.3%	4.3%	38.9%	3.2%
Psych and Neuropsych Testing	217	6.1%	0.6%	3.6%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.7%	0.1%
<b>Outpatient Treatment Services</b>					
Psychotherapy	2442	79.2%	7.2%	66.2%	5.5%
Case Management	480	13.6%	1.4%	7.6%	0.6%
Med Management	379	10.7%	1.1%	15.3%	1.3%
Skills Building (CBRS)	613	17.4%	1.8%	11.2%	0.9%
Targeted Care Coordination (TCC)	397	11.2%	1.2%	7.1%	0.6%
Substance Use Services	125	3.5%	0.4%	2.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	39	1.1%	0.1%	0.9%	0.1%
Skills Training and Development (STAD)	81	2.3%	0.2%	1.3%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	0.7%	0.1%
<b>Crisis</b>					
Crisis Intervention	32	0.9%	0.1%	0.4%	0.0%
Crisis Psychotherapy	38	1.1%	0.1%	0.9%	0.1%
Crisis Response	9	0.3%	0.0%	0.2%	0.0%
Crisis Services	77	2.2%	0.2%	1.5%	0.1%
<b>Intensive Outpatient Treatment Services</b>					
TASSP	14	0.4%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	1	0.0%	0.0%	0.5%	0.0%
Day Treatment	3	0.1%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	0	0.0%	0.0%	0.1%	0.0%
<b>Support services</b>					
Respite	151	4.3%	0.4%	2.9%	0.2%
Youth Support Services	71	2.0%	0.2%	2.1%	0.2%
Family Support	142	4.0%	0.4%	1.3%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.2%	0.0%

**What is this data telling us?**

Region 7 receives more expenditures (22.3% of total state expenditures) than its statewide share of the Medicaid-eligible population (19.3%). Like Region 4, penetration rate trends in Region 7 for psychotherapy, case management, and CBRS all follow a similar pattern of consistently exceeding average statewide penetration over time. Region 7 also has higher-than-average penetration rates for respite and family Support.

## 6: DBH YES Outpatient Service Utilization

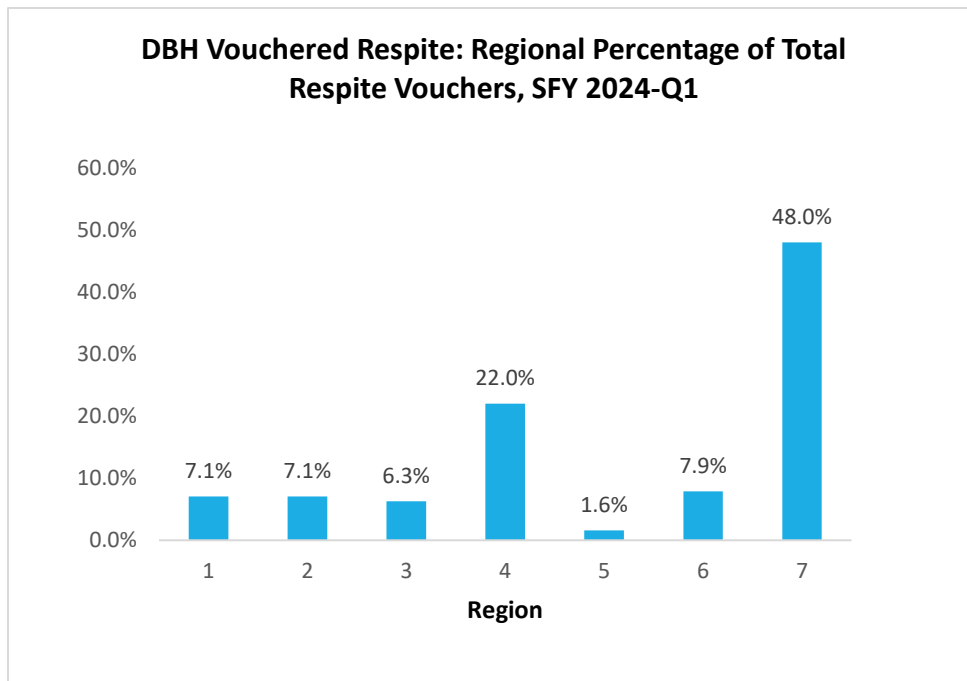
### DBH Vouchered Respite

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 reimbursed by the division’s contractor. A single voucher for up to \$600 for six months per child may be issued. Two vouchers can be issued per child per year.

6a: Vouchered Respite SFY2024-Q1

Regions	1	2	3	4	5	6	7	Total
July	3	3	1	8	0	5	16	36
Aug	4	1	5	5	2	3	27	47
Sept	2	5	2	15	0	2	18	44
SFY 2024-Q1 Total	9	9	8	28	2	10	61	127

6b: Vouchered Respite Percentages by Region



### Idaho DBH Wraparound Intensive Services (WInS)

It is estimated that annually, approximately 1,520 children and youth in Idaho may need Wraparound services, the most rigorous form of intensive care coordination used in the state. In SFY 2024-Q1, just 24 (unduplicated) youth received Wraparound, indicating only 6.3% of youth in Idaho who may have needed Wraparound received the service.

6c: WInS SFY 2020-2024-Q1

	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
SFY 2024	9	11	4										24

### 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 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
SFY 2024	4	0	0										4

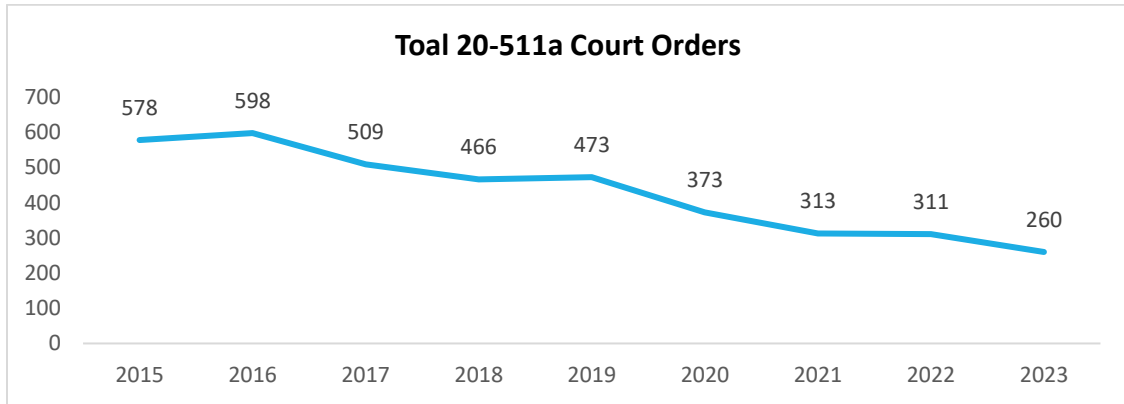
### DBH 20-511A

Reflective of the general decline in the number of 20-511a Court Orders that began in SFY 2017, in Q1 of SFY 2024, there were just fifty-one 20-5011a Court Orders (an average of just 17 per month – down substantially from the 2015 and 2016 monthly averages of 48 and 50, respectively).

6e: Number of 20-511A court orders for SFY 2021 – 2024-Q1

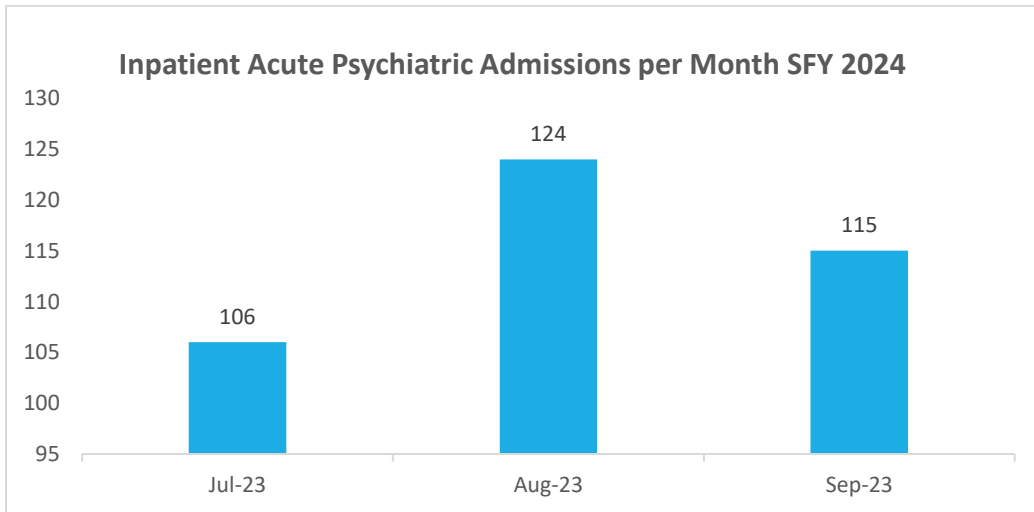
Region	1	2	3	4	5	6	7	Annual Total	Annual % Change	Annual Monthly Average
SFY 2015								578		48
SFY 2016								598	3.5%	50
SFY 2017								509	-14.9%	42
SFY 2018								466	-8.4%	39
SFY 2019								473	1.5%	39
SFY 2020								373	-21.1%	31
SFY 2021	39	6	36	77	56	19	80	313	-16.1%	26
SFY 2022	35	3	41	62	67	17	86	311	-0.6%	26
SFY 2023	41	4	33	46	48	13	75	260	-16.4%	22
SFY 2024-Q1	5	2	6	11	9	0	18	51		17

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

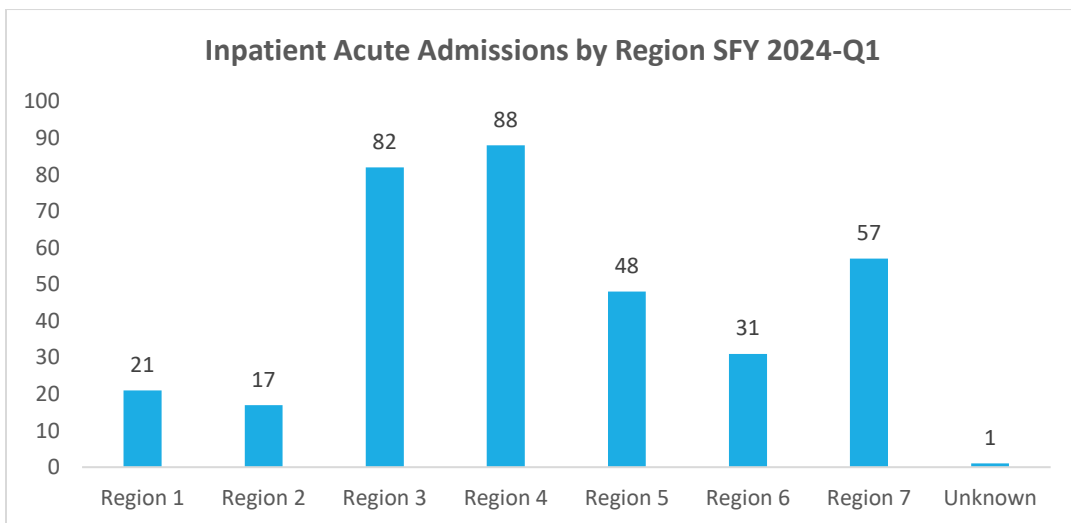


**7. Utilization of Inpatient Services**

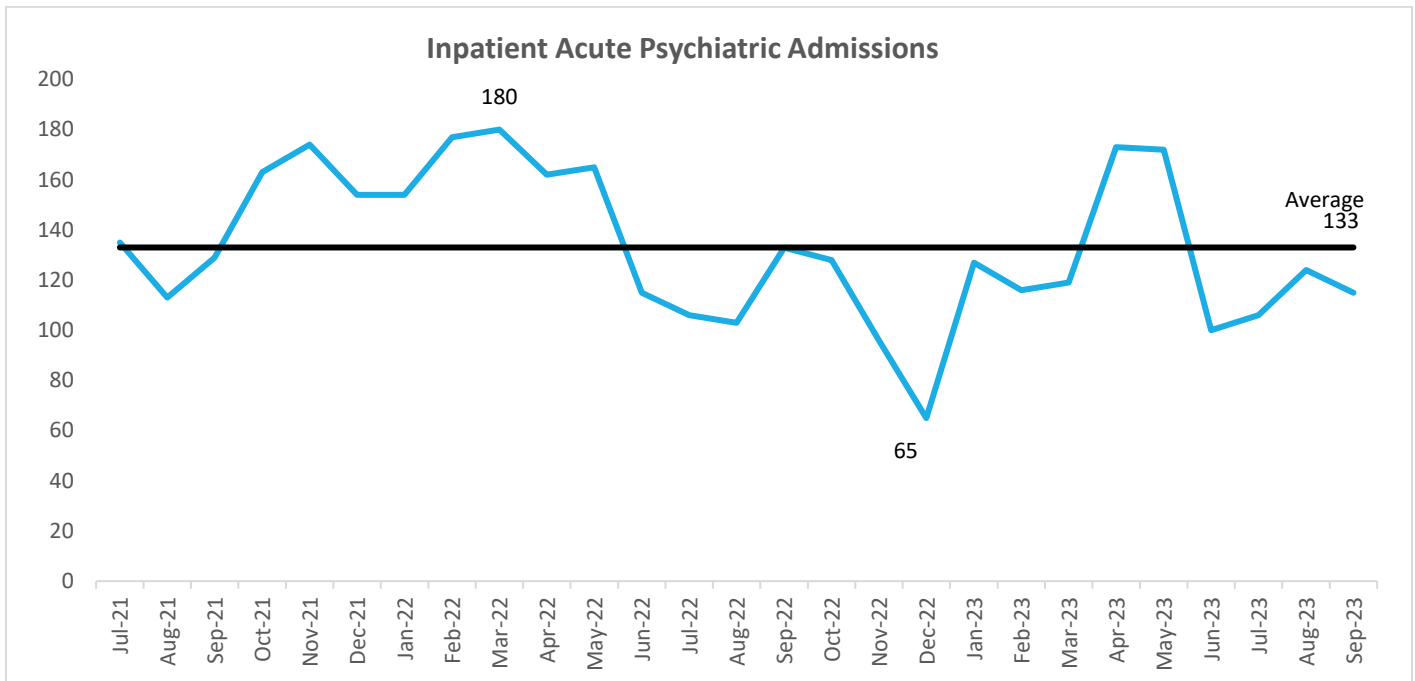
7a: Medicaid Acute Psychiatric Admissions by Month



7b: Medicaid Acute Psychiatric Admissions by Region

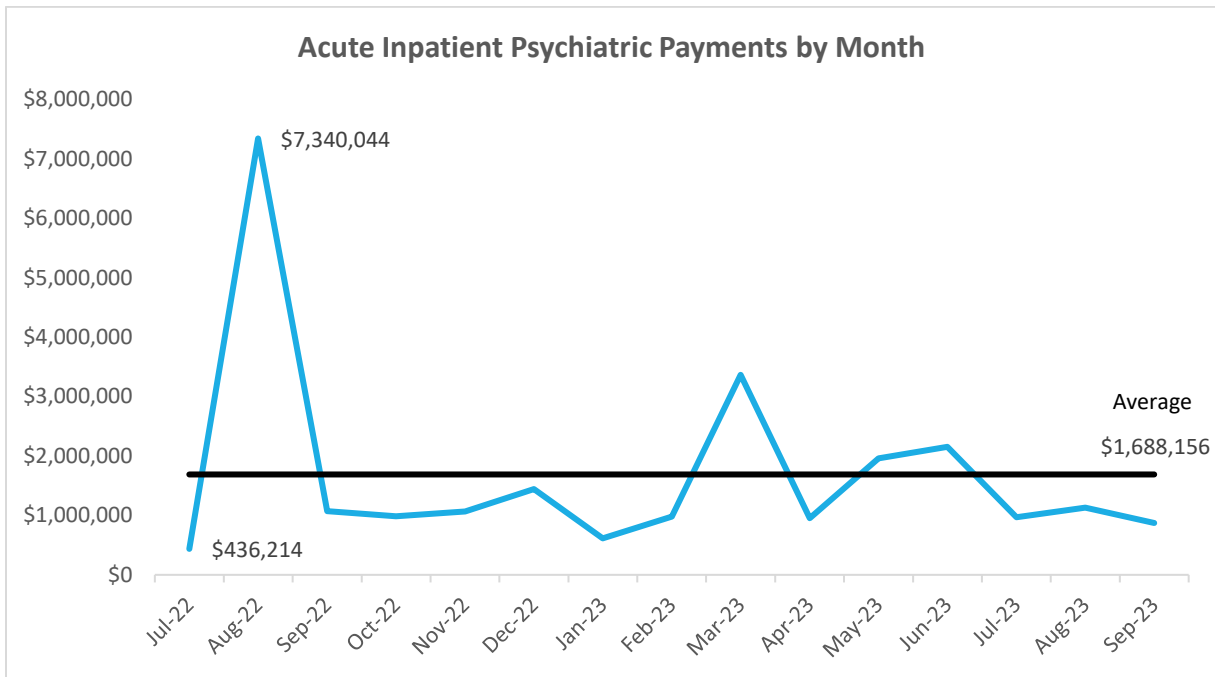


7c: Historical Trend of Medicaid Acute Admissions



Note: This data is based on provider claims data, is for admissions and is not unduplicated – a youth may be 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 transferred to a behavioral health-specific hospital, which is then reported as a separate admission.

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 – 2024-Q1*

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total SFY Unduplicated
SFY 2020	17	20	18	18	22	21	21	23	25	24	25	21	101
SFY 2021	28	24	30	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
SFY 2024	9	9	11										18

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 a 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 – 2024-Q1*

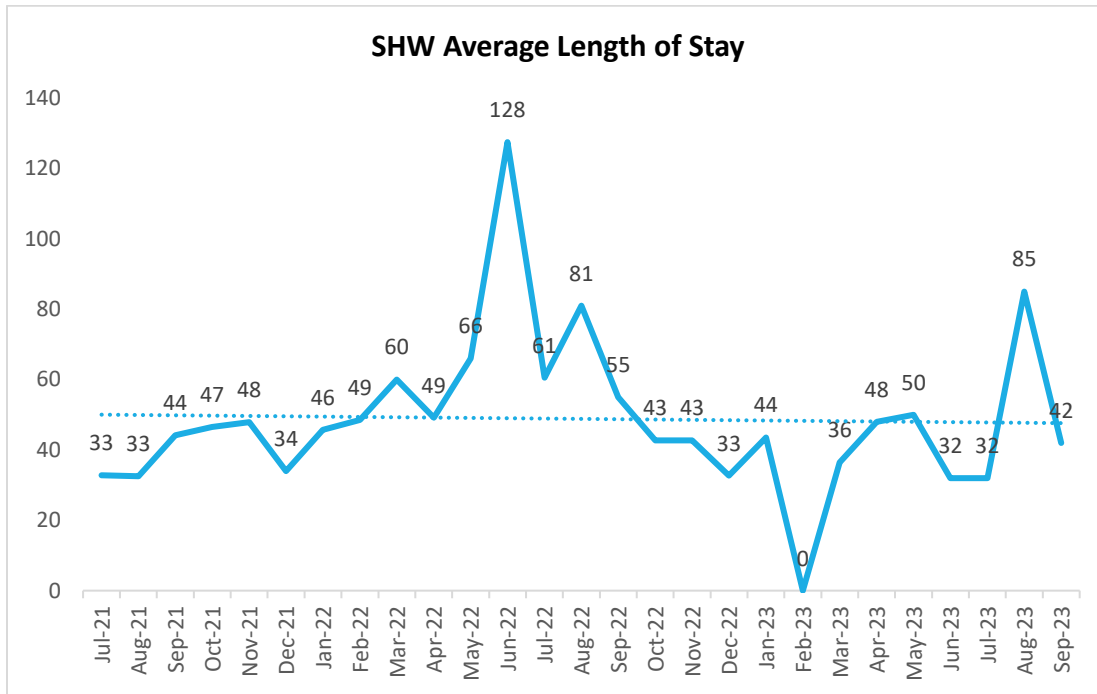
Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022	SFY 2023	SFY 2024
Re-admission 30 days or less	0	0	0	1	0	2	1	0
Re-admission 31 to 90 day	5	6	2	3	0	1	4	0
Re-admission 90 to 180 days	4	1	6	2	0	3	0	1
Re-admission 181 to 365 days	5	6	7	4	0	2	1	1
Re-admission more than 365 days	11	9	9	7	3	0	0	0

DBH has been tracking the trend of re-admission incidents for SHS/SHW. Notably, the number of incidents within 30 days has been extremely low. There was just one re-admission within 30 days during the SFY 2023 and no re-admissions within 30 days thus far in SFY 2024.

\*\*SHS closed its adolescent unit in April/May 2021, and SHW began accepting adolescent admissions in May 2021. The QMIA-Q report began tracking SHW data in Q4 SFY 2021.

**DBH SHW Average Length of Stay**

7g: SHW Average Length of Stay– SFY 2022 – 2024-Q1



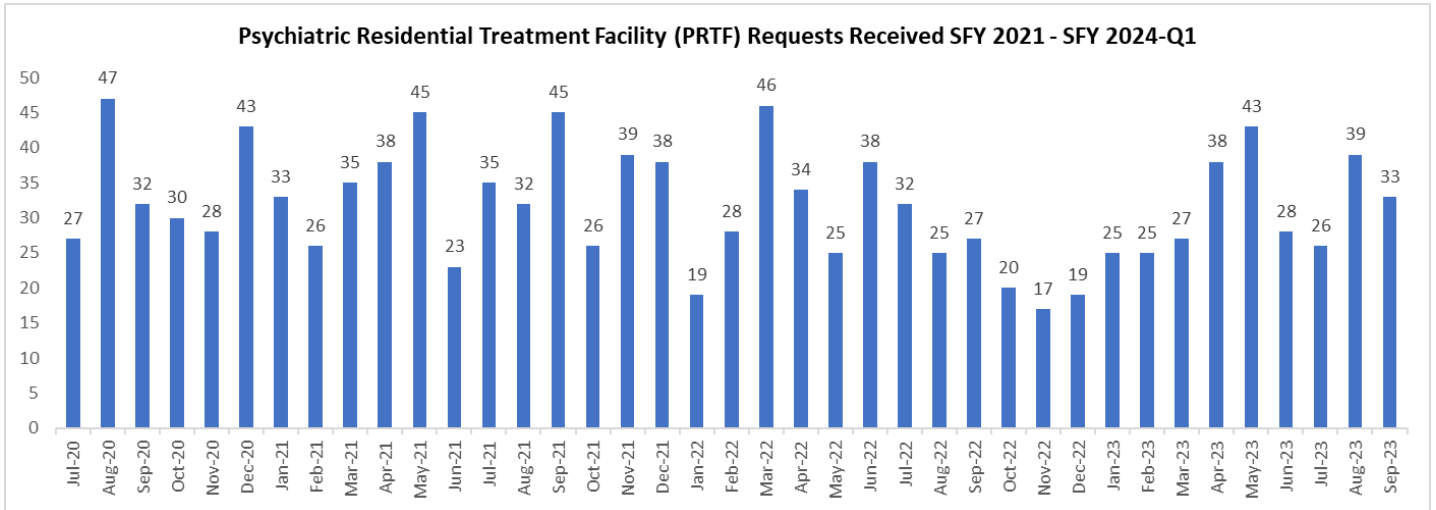
**Notes:**

SHW opened in May 2021. All active patients were transferred from SHS to SHW at that time.

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

## 8. Residential

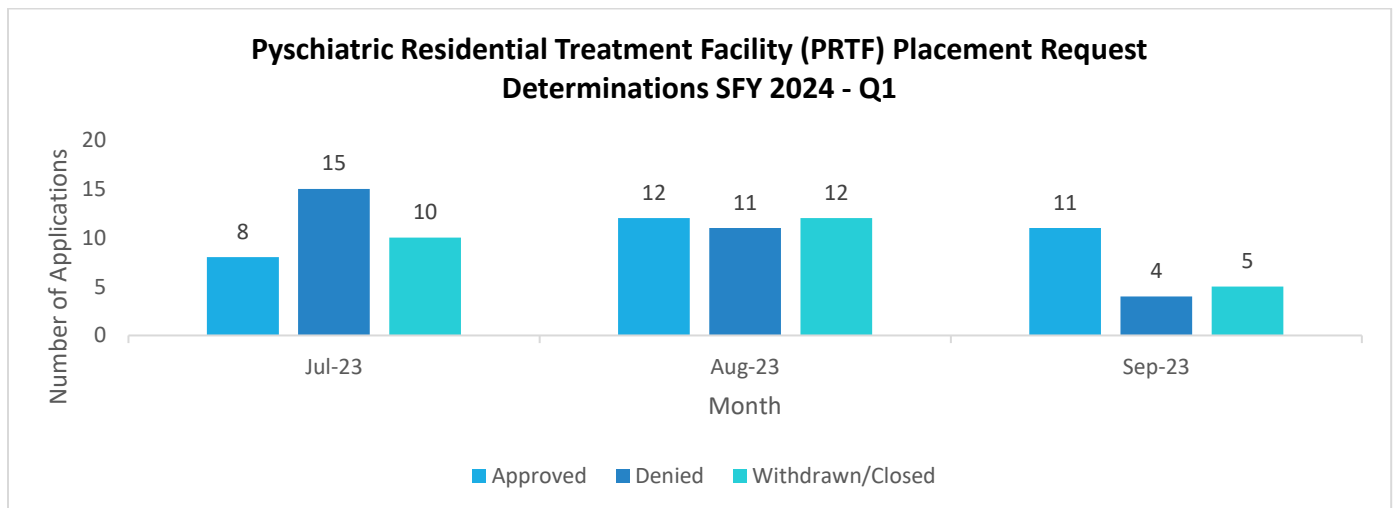
8a: Number of Psychiatric Residential Treatment Facility (PRTF)<sup>5</sup> Monthly Requests



8b: PRTF Determinations SFY 2024-Q1

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

- Approved (A) – Approved for placement in a 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), decides not to continue with a 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).

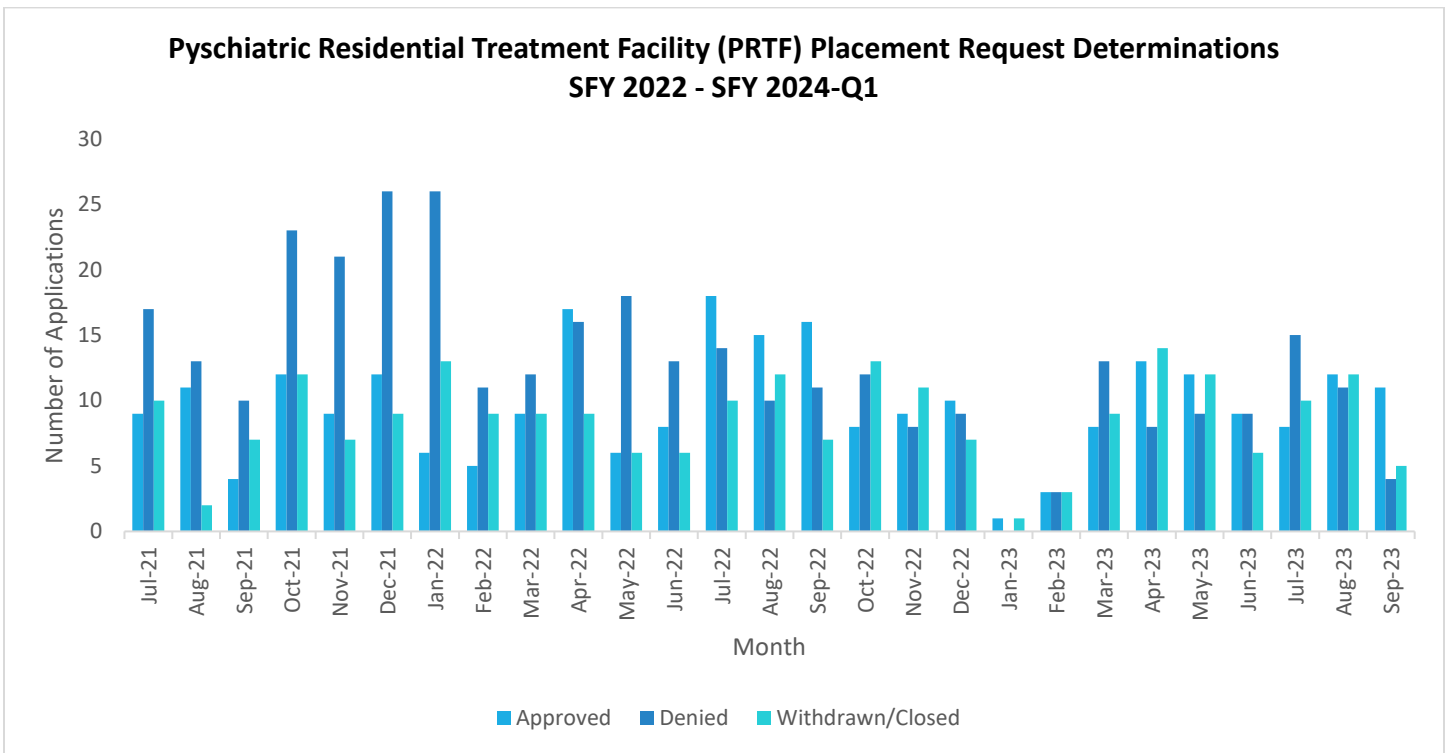


<sup>5</sup> PRTF services are defined in 42 C.F.R. §483.352. *Definitions* include a range of comprehensive services provided in a separate, stand-alone entity to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.

8c: Historical Trends for PRTF SFY 2019- SFY 2024-Q1

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%
SFY 2024-Q1	88	31	35.2%	30	34.0%	27	30.9%
Avg			33.8%		39.7%		26.4%

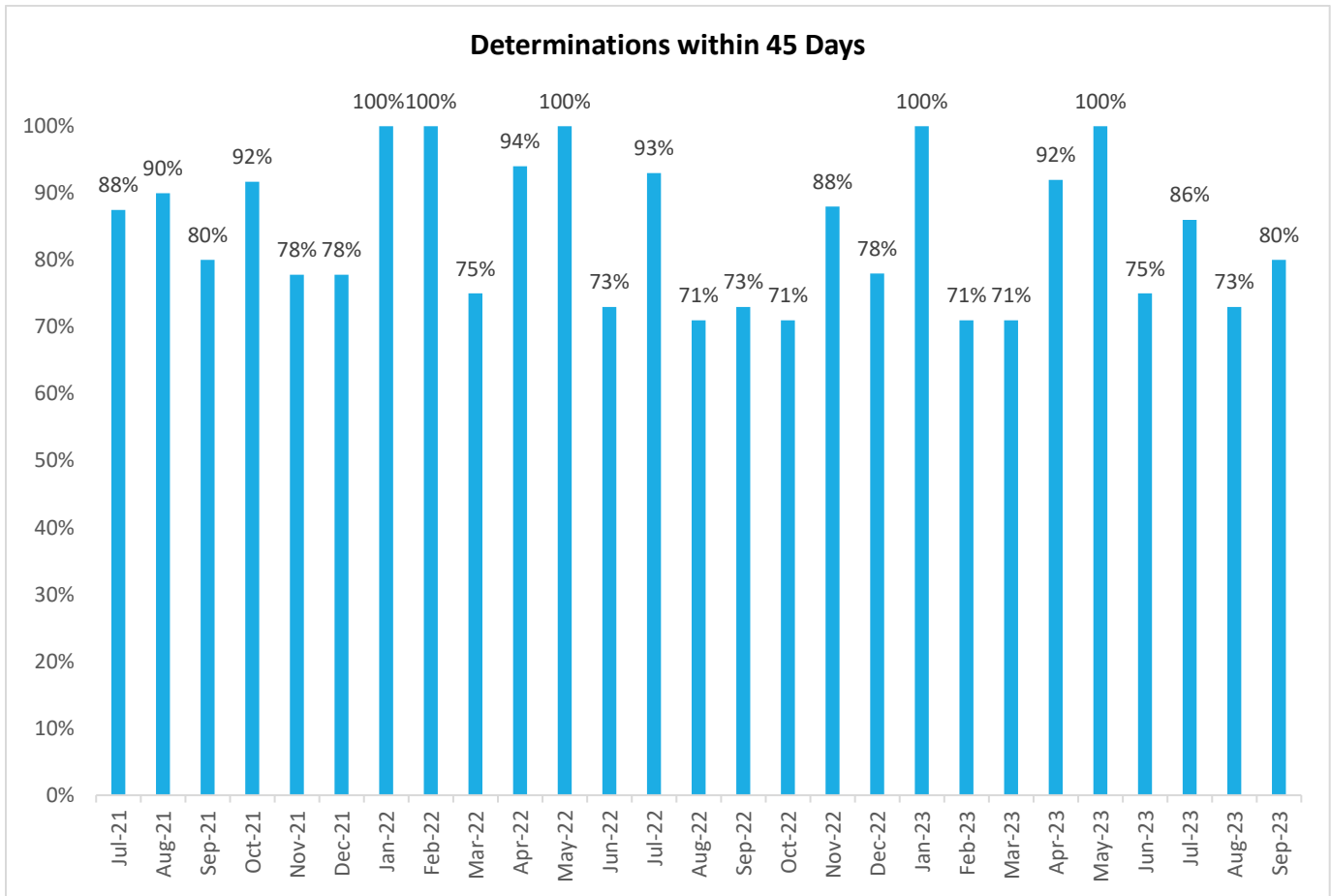
8d: Historical Trends for PRTF SFY 2022 - SFY 2024-Q1



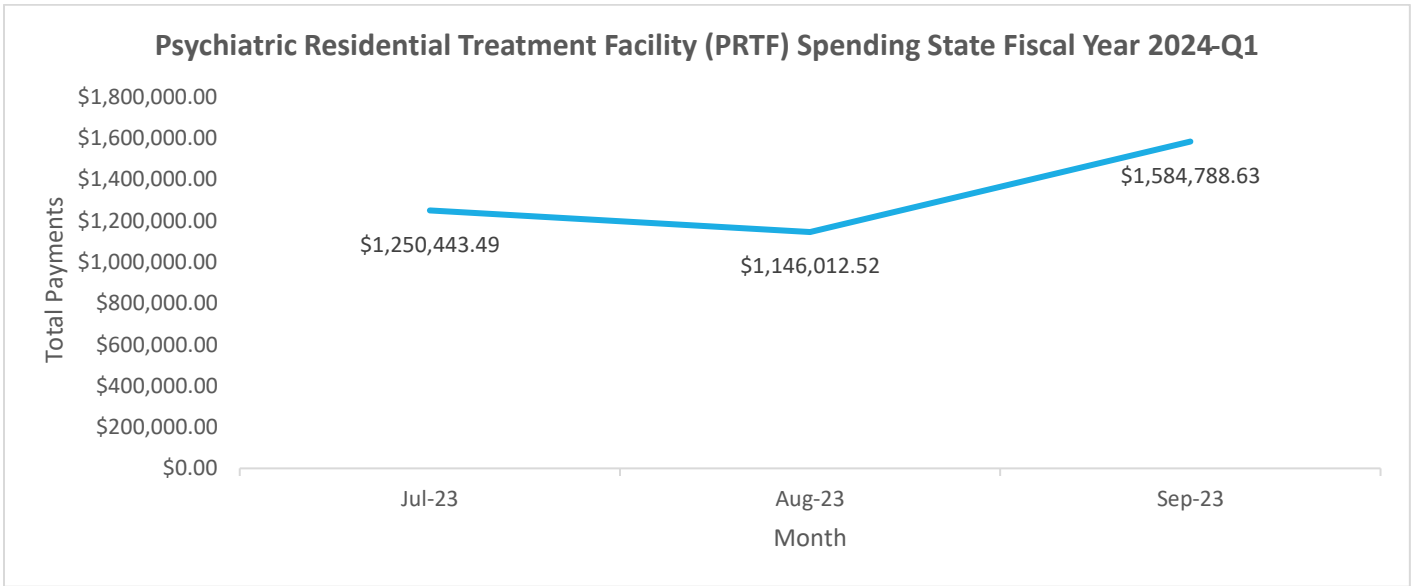
8e: Timeliness of Notice of Decision (NOD) Letters for PRTF Decisions

2024	# NOD	# ≤ 45 days	% ≤ 45 days	# > 45 day	# > 45 days
July	7	6	86%	1	14%
August	11	8	73%	3	27%
September	10	8	80%	2	20%

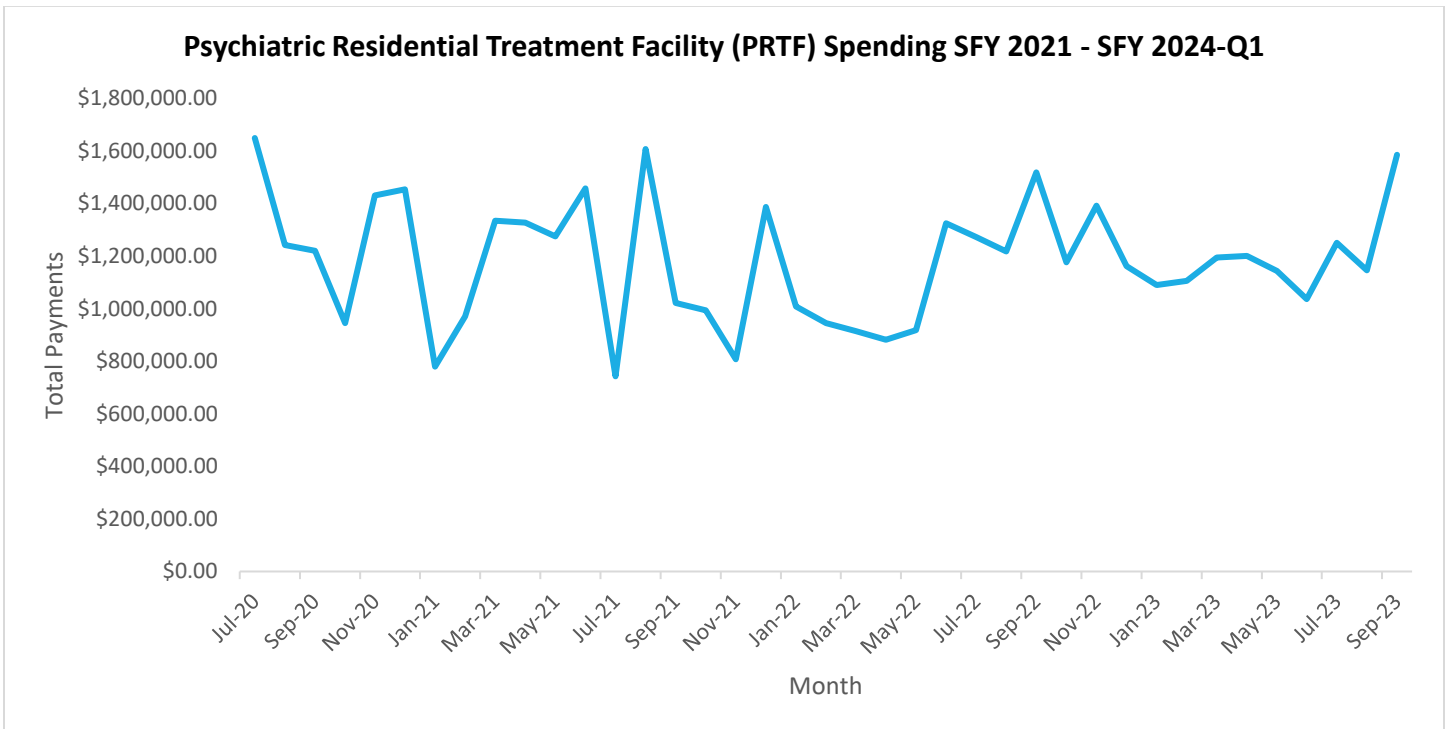
8f: Percent of determinations completed within ≤ 45 days, SFY 2022 – SFY 2024-Q1



8g: PRTF SFY 2024-Q1 Expenditures



8h: PRTF Trend in Expenditures SFY 2021 - SFY 2024-Q1



## 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 placed at out-of-state PRTF or in-state Residential Treatment Centers . Residential numbers do not include acute hospital care.

### **8j: Residential Active by month SFY 2020 – 2024-Q1**

	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
SFY 2024	24	23	23										26

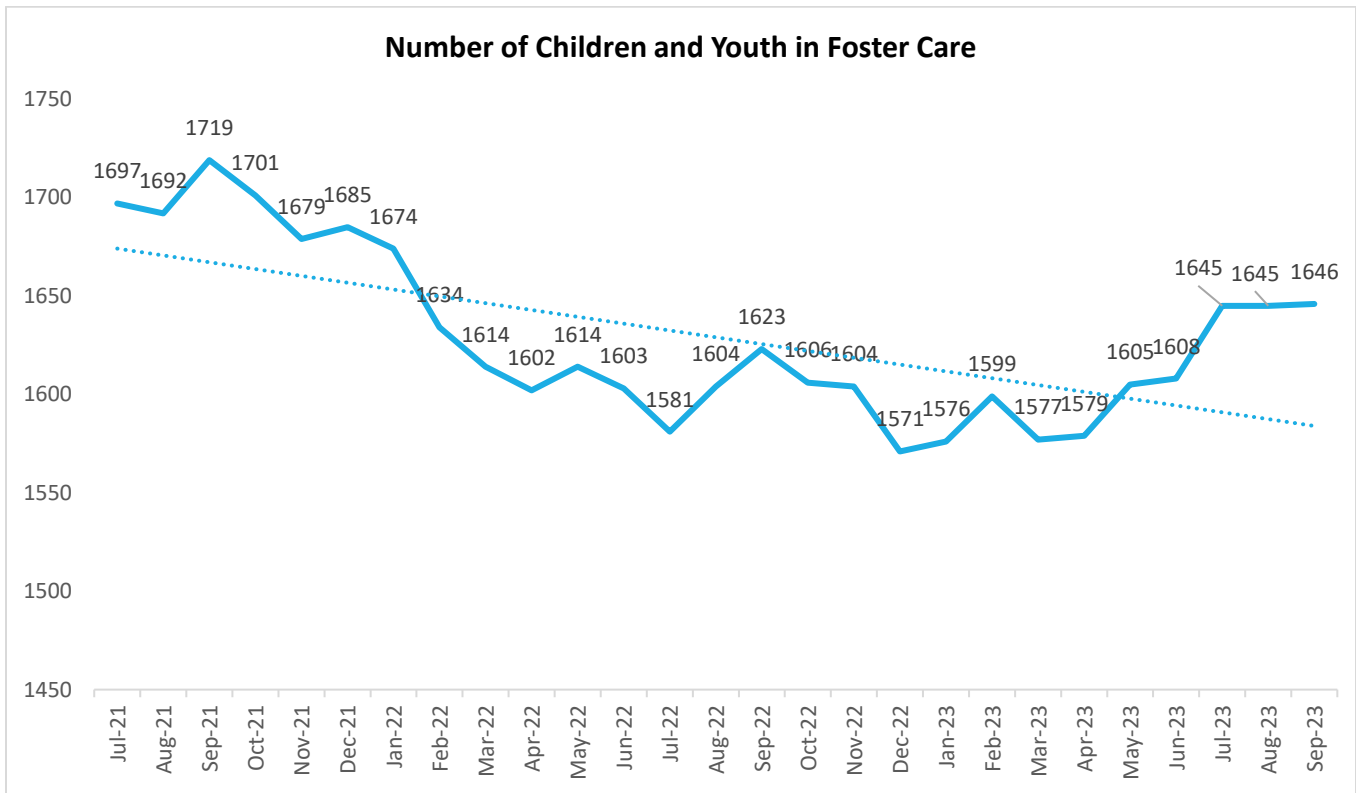
**Note:** Data for October SFY 2021 is not available because of a data collection protocol change.

DBH residential placements are trending upward, with an increased number of residential placements during the SFY 2023 and in SFY 2024-Q1 as compared to SFYs 2020 through 2022.

## 9. YES Partners Information

### Family and Community Services (FACS)

#### 9a: SFY 2022-2024-Q1 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 the total number of children in foster care, not children in foster care with SED.

### Idaho Department of Juvenile Corrections (IDJC)

#### About IDJC

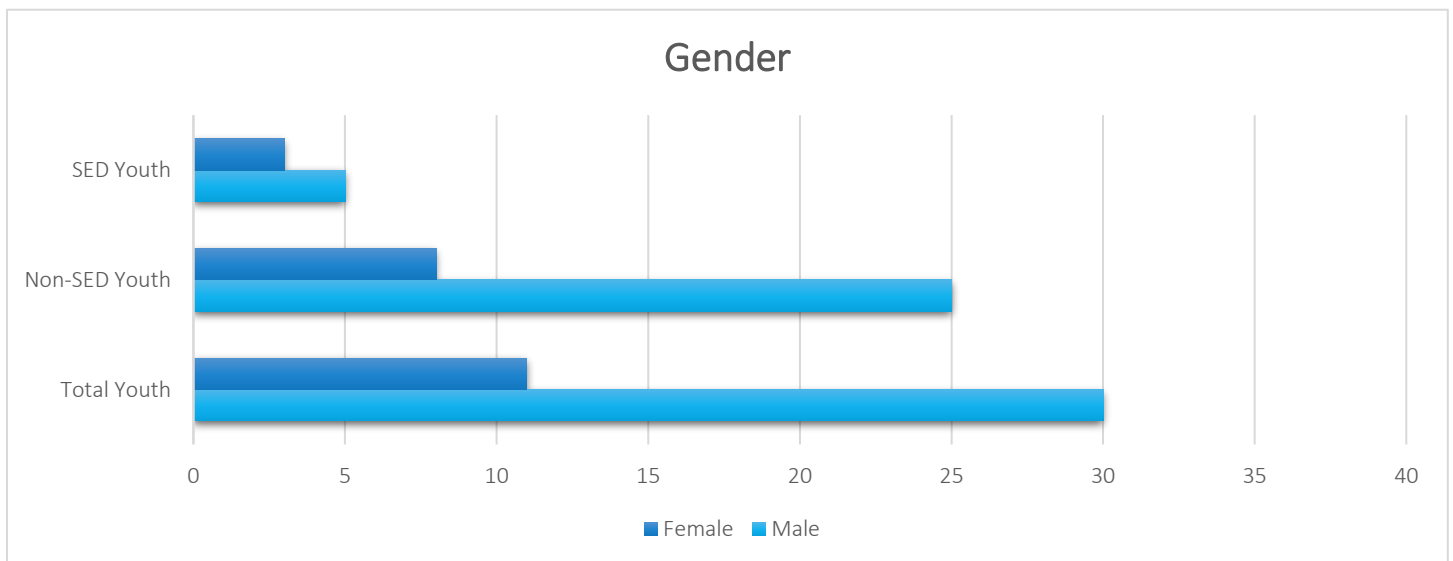
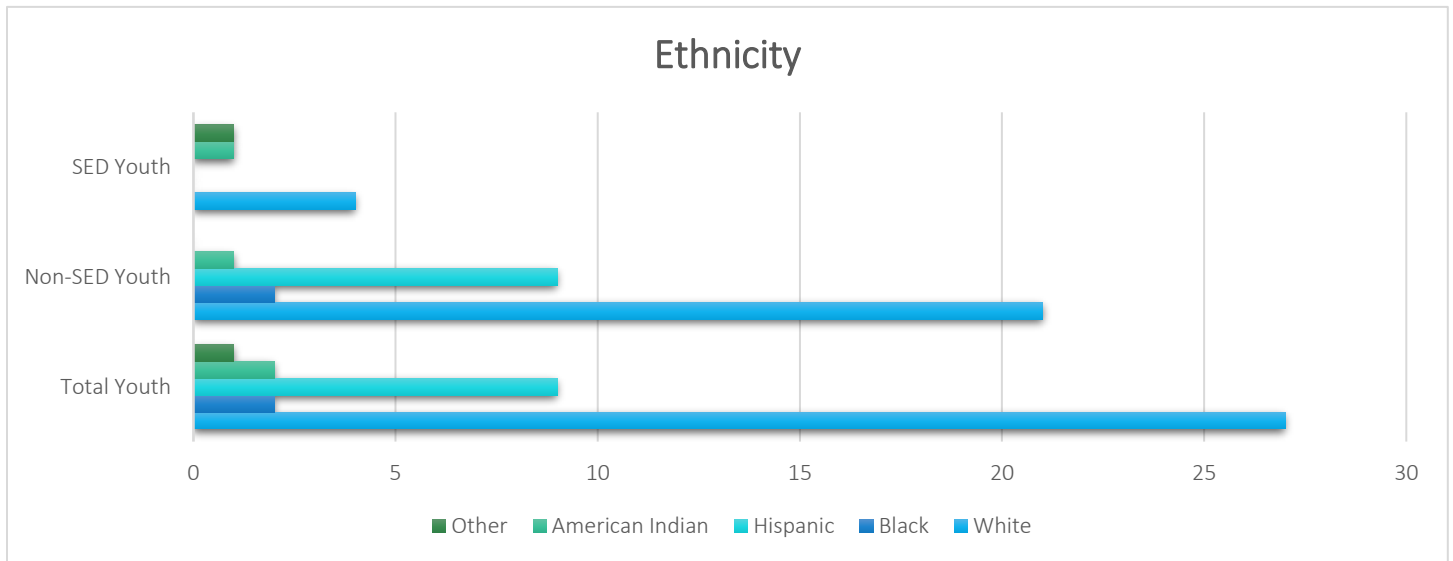
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided by system partners) determine the risks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

IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex-offending behavior, serious substance use disorders, mental health disorders, and female offenders. All programs focus on the youth's strengths and target reducing criminal behavior and thinking, in addition to decreasing the juvenile's risk of reoffending 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.

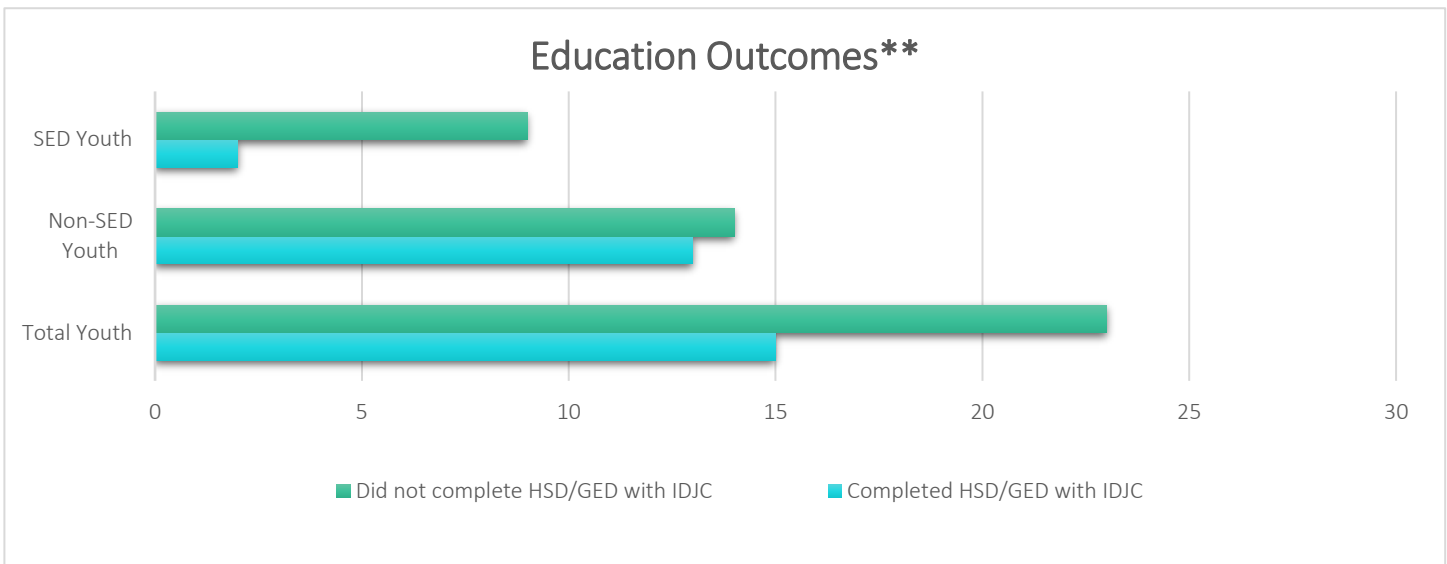
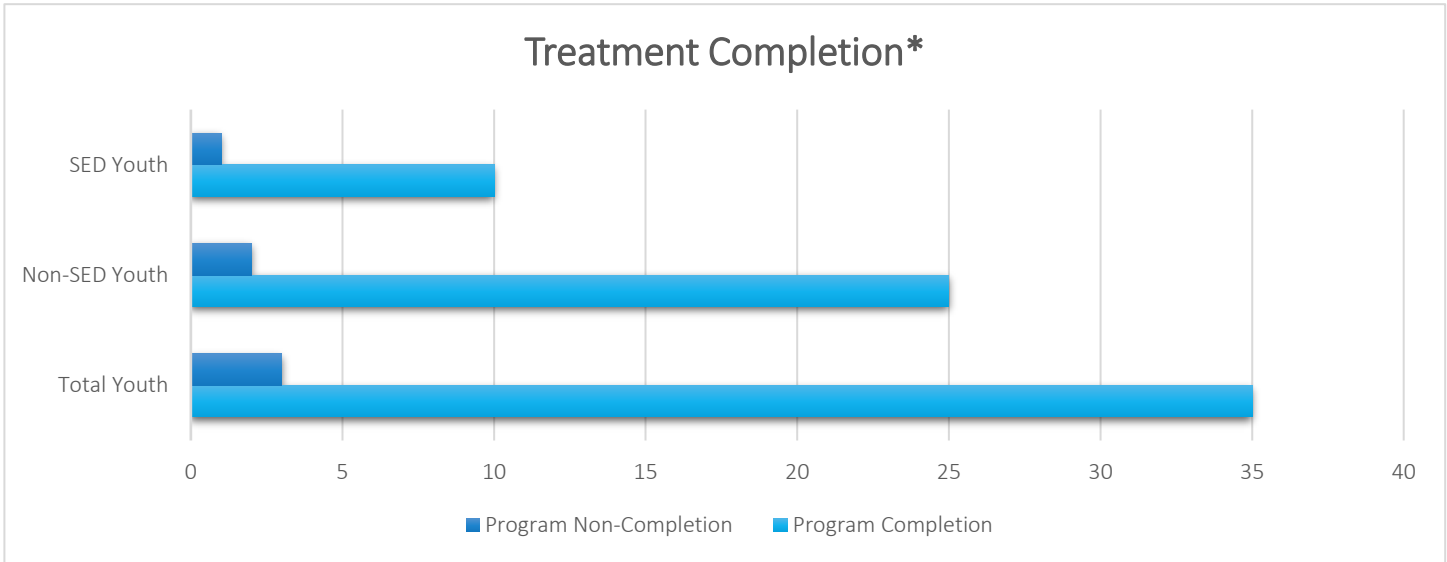
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile’s return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

### 2024 First Quarter Report

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



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



## **State Department of Education (SDE)**

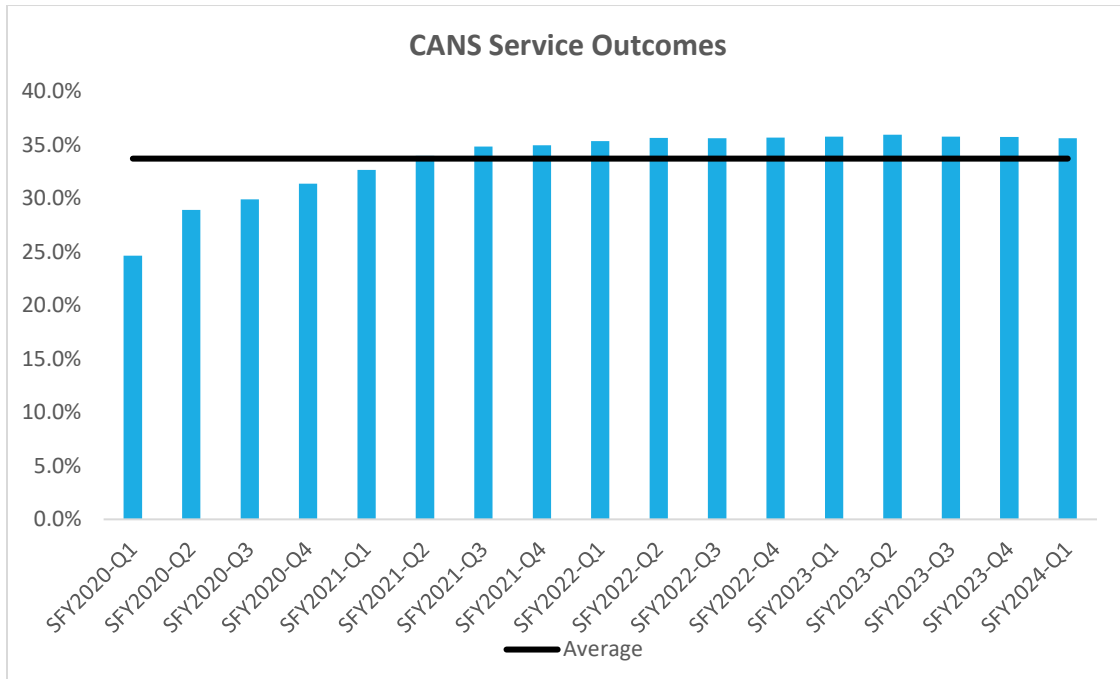
*On an annual basis, the Idaho State Department of Education (SDE) provides written and electronic information and training resources to 100 percent of local education agencies (LEA) superintendents/charter administrators. The purpose of these resources is to ensure that LEA teams have the necessary 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 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 continue to lead to improved cumulative outcomes. In SFY 2024 Q1, 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 35.6%.

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) of the QMIA Council 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. This subcommittee helps 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 discussed in the Q-FAS that 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.

#### *11a: QFAS List of Barriers to Care*

<b>Area</b>	<b>Noted issues</b>
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 who 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

YES complaints are a valuable source of information about the YES system of care, and the Council believes that each complaint received offers an opportunity to monitor and improve Idaho's behavioral health system for youth and families. A total of 25 YES complaints were received in SFY 2024-Q1. If complaint volume continues at this pace, the remainder of the fiscal year SFY 2024 total complaints will be slightly higher than SFY22 and SFY23. In addition to complaints, the DHW team also tracks general YES inquiries. The team has noted that the top concern that they have identified is that families whose child or children need mental health services are not aware of the YES system or how to access services.

#### 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
SFY 2024-Q1	9	0	9	0	0	4	0	3	0	-	25

\*SDE complaints are analyzed and presented by school year rather than SFY. No complaint information was received by SDE in Q4 of SFY 2022 or Q4 of SFY 2023.

Upon finalization, the full SFY 2024 Q1 Rights and Resolutions report will be available on the YES website.

## 12. YES Quality Monitoring Results

In 2023, 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.

The following table lists 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:

Quality targets may change over time but are provided here to provide the QMIA Council with a way to analyze initial results. Based on the targets, there was one item that **need improvement**, eight that are emerging, seven that are evolving, and two that are established. Eleven items have a status of “N/A” for the current reporting period.<sup>6</sup> There are seven 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 2023	Status
			Emerging	Evolving	Established	Results	
<b>Are children who need services being identified?</b>	CANS Assessments- % of 0, 1, 2, and 3 s- maintain current average of 30% =0, 70% = 1, 2 and 3 (YES data)	Quarterly	55%-64%	65%-69%	70%+	<b>67.4%</b>	Evolving
<b>Are children getting access to care?</b>	Expected % of Medicaid members accessing Psychotherapy (YES data)	Annual	55%-64%	65%-69%	70%+	<b>67.2%</b>	Evolving
<b>Are services available timely?</b>	Family can easily access the services child needs (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>65%</b>	Emerging
	Meetings occur at times and locations that are convenient (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>83%</b>	Evolving
<b>For Children and Youth with scores of 2 or 3 on the CANS</b>	Assessments are completed within 30 days of first contact (QR)	Annual	55%-64%	65%-69%	70%+	<i>SFY 2023 QR delayed</i>	N/A
	Treatment planning is completed within 10 days of first treatment contact (QR)	Annual	55%-64%	65%-69%	70%+	<i>SFY 2023 QR delayed</i>	N/A
	Psychiatric supports consultation is provided within 30 days of first treatment contact (QR)	Annual	55%-64%	65%-69%	70%+	<i>SFY 2023 QR delayed</i>	N/A
<b>Are Children getting Access to care in the scope, duration and intensity needed</b>	Provider makes suggestions about what services might benefit child/youth (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>74%</b>	Emerging
	Provider suggests changes when things aren't going well (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>73%</b>	Emerging
	Provider leads discussion of how to make things better when services are not working (Family Survey)	<b>Annual</b>	<b>65% - 74%</b>	<b>75% - 84%</b>	<b>85% +</b>	<b>64%</b>	<b>Needs Improvement</b>
	Provider helped make a safety/crisis plan (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<i>Not asked in 2023</i>	N/A
	I feel confident that child/youth's safety/crisis plan will be useful (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<i>Not asked in 2023</i>	N/A
<b>For children and youth with scores of 2 or 3 on the CANS</b>	Practice standards of scope, intensity and duration are met by initial care effectiveness (QR)	Annual	55%-64%	65%-69%	70%+	<i>SFY 2023 QR delayed</i>	N/A

<sup>6</sup> Items with a status of “N/A” do not have data for SFY Year 2023. The QR items are unavailable in the current reporting period because the SFY 2023 QR was delayed. Family Experience Survey items with a status of N/A involve survey items that were purposely rotated off the 2023 survey due to survey space considerations.

<b>Are services being delivered in accordance care plans?</b>	Children with SED in IDJC care complete mental health treatment (YES data)	Quarterly	65%-74%	75%-84%,	85% +	<b>90%</b>	Established
<b>Are services provided with fidelity to POCPM?</b>	Provider encourages me to share what I know about my child/youth (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<i>Not asked in 2023</i>	<i>N/A</i>
	The goals we are working on are the ones I believe are most important (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>89%</b>	Established
	My child and I are the main decision makers (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>80%</b>	Evolving
	Provider respects me as an expert on my child/youth (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<i>Not asked in 2023</i>	<i>N/A</i>
	The assessment completed by the provider accurately represents my child/youth (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>81%</b>	Evolving
	My youth/child is an active participant in planning services (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>67%</b>	Emerging
	My child/youth has the opportunity to share his/her own ideas when decisions are made (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>81%</b>	Evolving
	I know who to contact if I have a concern or complaint about my provider (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>65%</b>	Emerging
	Services focus on what my child/youth is good at, not just problems (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>81%</b>	Evolving
	Provider discusses how to use things we are good at to overcome problems (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>74%</b>	Emerging
	Collaborative/Team -Based Care (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>70%</b>	Emerging
	Care is outcome-based (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>69%</b>	Emerging
<b>Are services provided through Child and Family Teaming</b>	Families were able to participate in child's mental health services as much as they want (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<i>Not asked in 2023</i>	<i>N/A</i>
	The provider communicates as much as needed with others involved in my child's care (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	<b>70%</b>	Emerging
<b>Are YES Complaints and appeals addressed and tracked</b>	Number, type and disposition of all complaints and grievances (YES Data)	Quarterly	Yes	Yes	Yes	Yes	Established

## KQPMs that are still being developed

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

### 12b: Family Experience Survey

The 2024 Family Experience Survey is undergoing minor updating. The survey will be fielded from February 2024 to March 2024. It will involve a sample of 6,000 caregivers of youth who participated in YES mental health services during 2023.

### 12c: YES Quality Review (QR)

This year's QR explicitly builds on the findings from the previous year's QR. It does this in two ways. First, by assessing the extent to which the system has made progress in addressing the first recommendation in last year's QR, namely, to focus the system on providing engaging, high-quality care during the first 30 days of treatment. Second, identifying specific, multi-level actions can further enhance clinical practice and improve compliance with the commitments found in paragraph 30 of the Jeff D Settlement Agreement.

#### **Questions this Quality Review will Address:**

1. What supports and barriers exist to standardizing the referral process?
2. How are service plans individualized to provide appropriate care while addressing current service access barriers?
3. How are care coordination services prioritized and accessed in the first 30 days post-assessment?
4. What efforts are the DBH and Medicaid undertaking to grow the network of specialized community-based treatment providers?
5. What change has there been in the provider network's capacity for intensive community-based treatment?
6. Do network providers perceive any change in the state-level barriers and supports that impact the expansion of intensive community-based treatment?

## **13. YES Communications**

### **YES Website**

Yes Website data has been unavailable due to a transition to Google 4 Analytics and the development of a new dashboard. It is anticipated YES Website data will again be available in the SFY 2024 QMIA-Q2 report.

# Appendix A: Glossary- updated September 2022

<b>Child and Adolescent Needs and Strengths (CANS)</b>	A tool used in the assessment process that provides a measure of a child’s or youth’s needs and strengths.
<b>Class Member</b>	Idaho residents with SED who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
<b>Distinct Number of Clients</b>	Child or youth is counted once within the column or row but may not be unduplicated across the regions or entities in the table.
<b>EPSDT</b>	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).
<b>IEP</b>	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.
<b>Intensive Care Coordination (ICC)</b>	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.
<b>Jeff D. Class Action Lawsuit Settlement Agreement</b>	The Settlement Agreement that ultimately will lead to a public children’s mental health system of care that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles.
<b>QMIA</b>	A quality management, improvement, and accountability program.
<b>Serious Emotional Disturbance (SED)</b>	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.
<b>SFY</b>	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
<b>SFYTD</b>	The acronym for State Fiscal Year to Date.
<b>System of Care</b>	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.
<b>TCOM</b>	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.
<b>Unduplicated Number of Clients</b>	Child or youth is counted only once in the column or row
<b>Youth Empowerment Services (YES)</b>	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.
<b>Other YES Definitions</b>	System of Care terms to know: <a href="https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/">https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/</a>  YES Project Terms to know: <a href="https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/">https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/</a>

# Appendix B –Annual Estimation 2023

## Annual Estimated Number of Potential Class Members Dec, 2023

	Type of insurance				
	Employer	Non-Group	Medicaid	Uninsured	Total
Insured rate based on 2020 Estimated Census	50.70%	5%	34.90%	7.10%	
Population	239,500	26,900	181,500	33,100	
Estimated prevalence	6%	6%	8%	11.9%	
Estimated need	14,370	1,615	14,520	3,940	
Expected Utilization Lower Estimate 15%	2,155	245	14,520	3,940	20,860
Expected Utilization Higher Estimate 18%	2,585	290	14,520	3,940	21,335

*\*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, 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, 15% Non-Group, Medicaid, Uninsured) = 2,155+245+14,520 +3,940 = 20,860

YES eligible higher (18% Employer, 18% Non-Group, Medicaid, Uninsured) = 2,585+290+14,520+ 3,940 = 21,335

### Resources for data:

#### Population numbers:

<https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?dataView=1&currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22idaho%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

#### Prevalence rates:

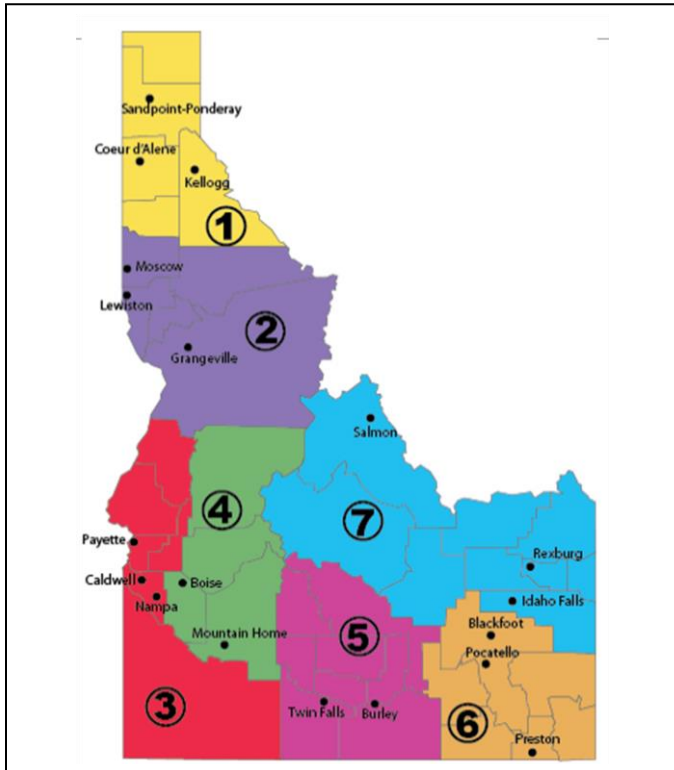
Medicaid: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

Poverty prevalence: [http://www.nccp.org/profiles/ID\\_profile\\_6.html](http://www.nccp.org/profiles/ID_profile_6.html)

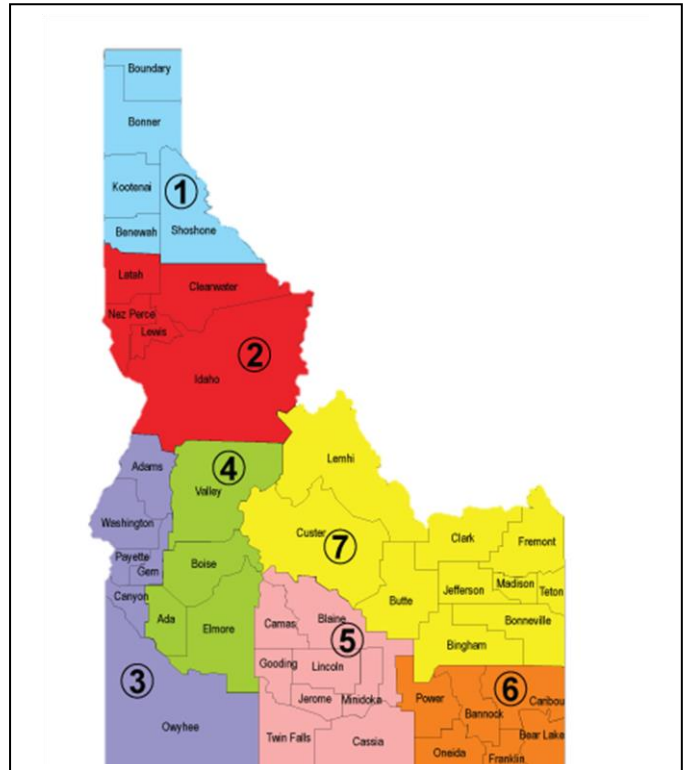
Private insurance: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

# Appendix C- Regional Maps

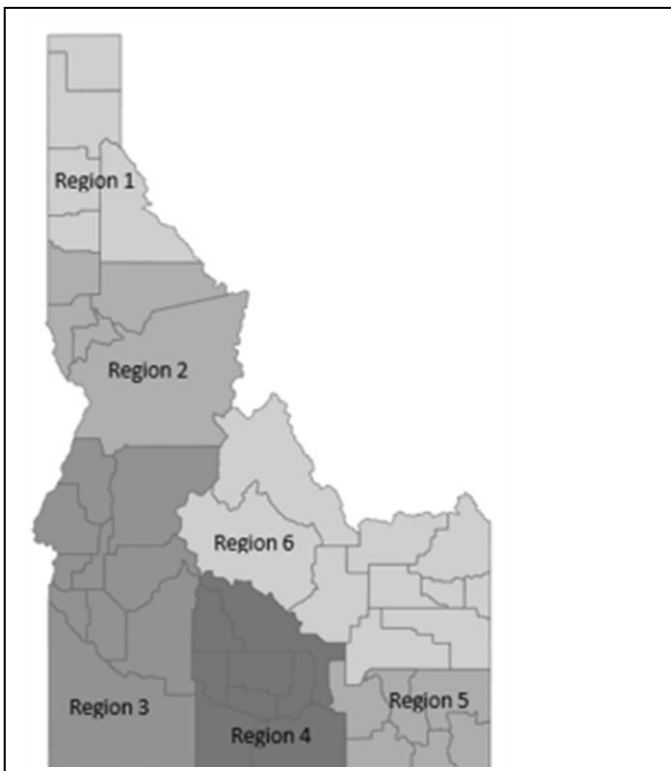
Idaho Department of Health and Welfare: Medicaid,



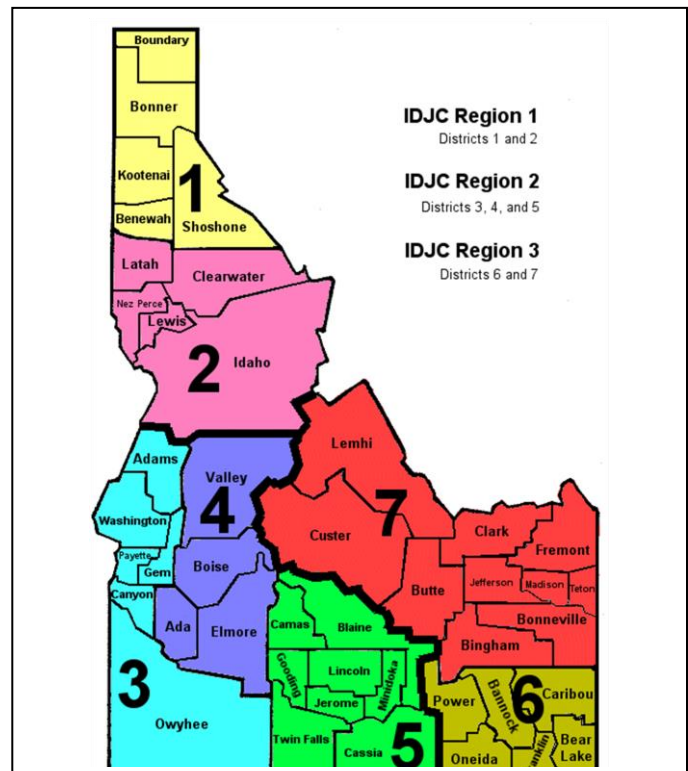
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education

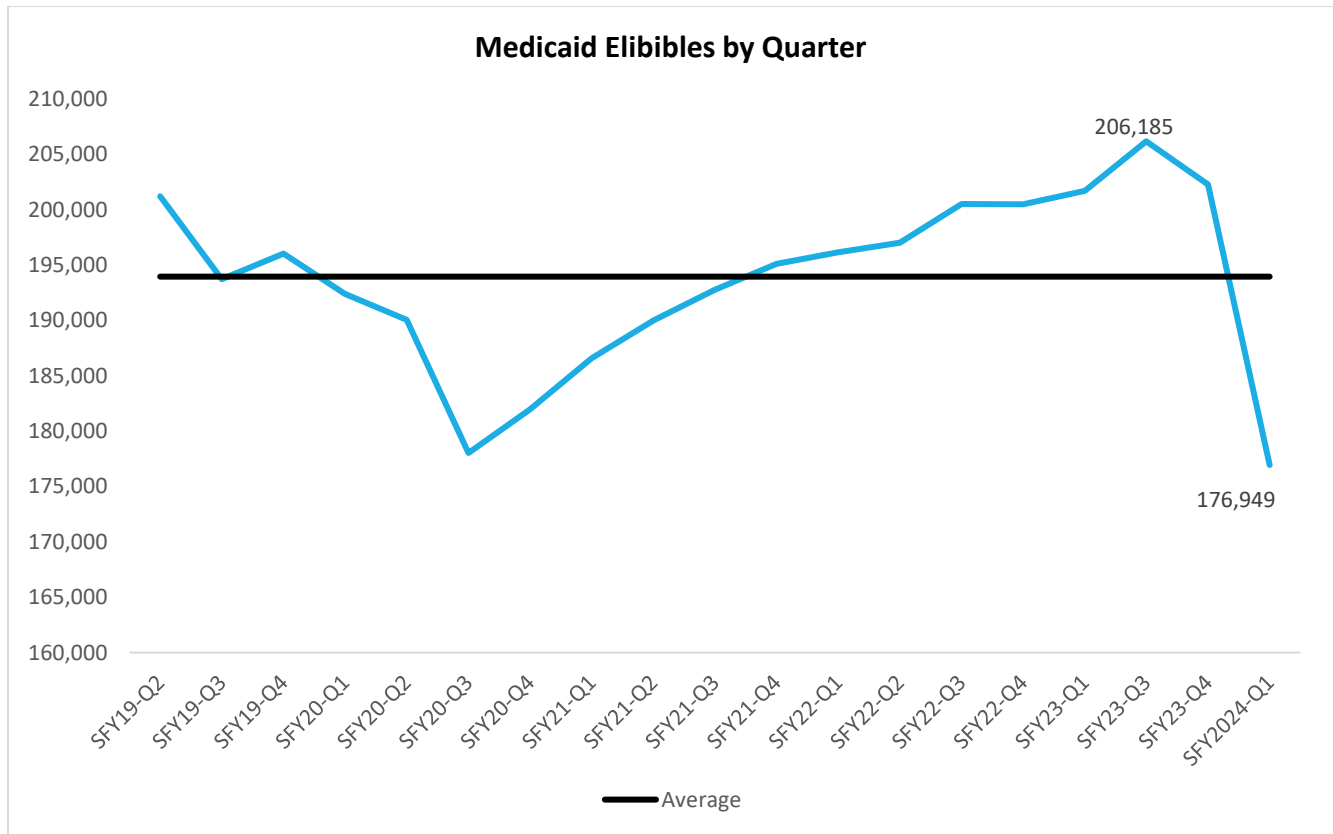


Idaho Department of Juvenile Corrections



# Appendix D –Medicaid Eligible Members and Service Utilization Rate by Quarter (SFY 2019 – SFY 2024-Q1)

Region	SFY19-Q1	SFY19-Q2	SFY19-Q3	SFY19-Q4	SFY20-Q1	SFY20-Q2	SFY20-Q3	SFY20-Q4	SFY21-Q1	SFY21-Q2	SFY21-Q3	SFY21-Q4	SFY22-Q1	SFY22-Q2	SFY22-Q3	SFY22-Q4	SFY23-Q1	SFY23-Q3	SFY23-Q4	SFY2024-Q1
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	21,372
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	7,500
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	37,923
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	35,543
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	24,703
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	13,968
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	34,077
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	1,863
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	176,949



## Utilization Rate - Percentage of Eligible Members Using Services

The table below displays the number of service utilizers compared to the number of eligible members by quarter between SFY 2019 Q1 and SFY 2024 Q1.

While the data reveals variation in total members 0-17 and also in the number of utilized services over the reporting 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 experiences 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%
SFY2024-Q1	14,708	176,949	8.31%	83	0.8%	6.2%

Percent of Eligible Members Using Services, by Quarter  
SFY20-Q1 to SFY24-Q1, Ages 0 to 17 Only

