

# Unmet Need for Mental Health Services among Idaho Youth, 2024

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## Executive Summary

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### ***Objective***

This report provides estimates of unmet need for mental health services among Idaho youth with serious emotional disturbance (SED). Using two methodologies, the authors generated estimates that answer three questions: (1) What percent of Idaho youth with SED experience unmet need for mental health services? (2) What percent of Idaho youth with SED who came into contact with the YES system in 2023 experienced unmet need for mental health services? (3) What percent of Idaho youth with SED who came into contact with the YES system *for the first time* in 2023 experienced unmet need for mental health services after their initial contact?

### ***Method***

The first question was answered using well-established synthetic estimation procedures which incorporated aggregate 2018-2022 Idaho county population data from the American Community Survey of the US Census Bureau and data on SED prevalence and unmet need from the US National Health Interview Survey ( $N=29,265$ ). The second and third questions were answered using survey responses and linked administrative data from a population-representative sample of 648 Idaho families whose children had demonstrated need for mental health services and who came into contact with the YES system from July to December 2023. These analyses were weighted to account for sampling probability and survey non-response.

### ***Results***

**Question #1:** Results of the synthetic estimation procedure indicated 5.9% ( $N=28,550$ ) of Idaho youth, ages 0-18 years, likely experience SED. Across Idaho's 44 counties, estimated SED prevalence ranged from 5.1% to 7.1%. Among all Idaho youth with SED, an estimated 53.8% ( $N=15,356$ ) likely experience unmet need for mental health services. These estimates were almost unchanged from the prior year's report due to minimal changes in the aggregate US Census Bureau estimates of Idaho's population.

**Question #2:** Results from analyses of linked family survey and administrative data indicated 6.5% (95% CI=4.8%-8.7%) of Idaho youth who came into contact with the YES system in 2023 likely experienced unmet need for mental health services in the 6 months following that contact. Compared to last year, this represents a statistically significant decrease of 3.7 percentage points in unmet need among this population (10.2% [2022] vs. 6.5% [2023]). Rates of unmet need for youth who came into contact with the YES system were highest in Regions 1 (7.8%) and 5 (8.3%).

**Question #3:** Among youth with SED who came into contact with the YES system *for the first time* in 2023, 5.7% (95% CI=3.4%-9.3%) experienced unmet need for mental health services in the six months following their initial contact.

### ***Conclusions***

Among Idaho youth who came into contact with the YES system, there was a decrease in unmet need for mental health services from 2022 to 2023; however, some youth who come into contact with the system continue to experience unmet need.

### ***Recommendations***

The State of Idaho should take steps to improve the accessibility of mental health services for youth with SED as well as rates of engagement once families contact the YES system.

***Date of Report:*** July 10, 2024

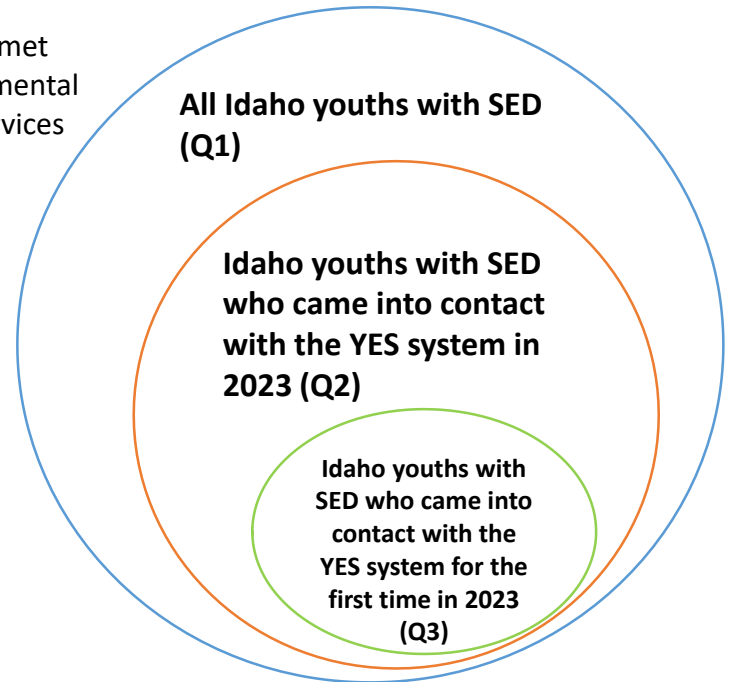
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This report provides estimates of unmet need for mental health services among Idaho youth who experience serious emotional disturbance (SED). The report presents results from analyses completed in 2024. Estimates of unmet need presented in this report were generated using the most recent data available from the US Census Bureau and from the annual Idaho Youth Empowerment Services (YES) family survey. The most recent county-level aggregate population estimates from the US Census Bureau cover the years 2018-2022. The most recent YES family survey (completed in 2024) sampled families of youth who came into contact with the YES system in 2023.

Definitions of SED are provided in Box 1. Under the Jeff D. Settlement

**Figure 1** Target populations for Research Questions 1, 2, and 3

Assess unmet need for mental health services among...



**Box 1. Definitions of Serious Emotional Disturbance**

**U.S. Substance Abuse and Mental Health Services Administration**

Pursuant to section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321 “children with serious emotional disturbance” are persons:

- a. From birth up to age eighteen (18),
- b. who currently or at any time during the past year,
- c. have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM),
- d. that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

**Idaho Statute**

"Serious emotional disturbance" means a diagnostic and statistical manual of mental disorders (DSM) diagnosable mental health, emotional or behavioral disorder, or a neuropsychiatric condition which:

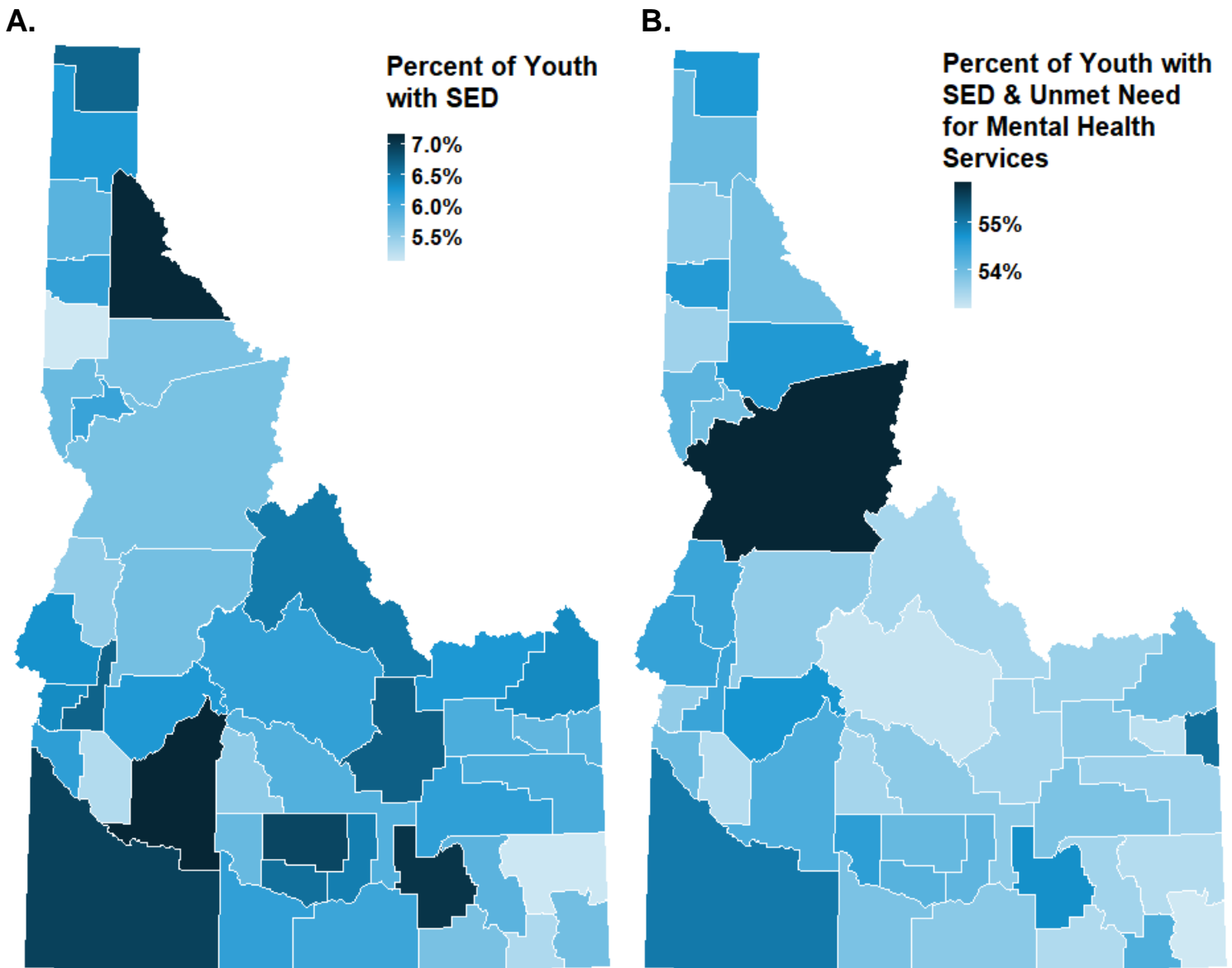
- a. results in a serious disability,
- b. requires sustained treatment interventions, and
- c. causes the child’s functioning to be impaired in thought, perception, affect or behavior.

A disorder shall be considered to "result in a serious disability" if it causes substantial impairment of functioning in family, school or community that is measured by and documented through the use of a standardized instrument approved by the department and conducted or supervised by a qualified clinician.

Agreement, the State of Idaho is directed to implement a comprehensive array of community-based mental health services that appropriately address the needs of children with SED. To fulfill this charge, the Idaho Department of Health and Welfare (IDHW) developed a system-of-care for children called Youth Empowerment Services (YES). Beginning in 2023, IDHW contracted with Boise State University to better understand the potential need for mental health services within the YES system as well as the extent to which youth with SED in Idaho experience unmet need for mental health services. Given the different ways unmet need for mental health services can be defined, this report addresses three primary questions, as guided by the Department (see Figure 1):

- (1) What percent of **Idaho youth with SED** experience unmet need for mental health services?
- (2) What percent of Idaho youth with SED **who came into contact with the YES system in 2023**

**Figure 2** PERCENT (%) OF IDAHO YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE (SED) AND WITH SED & UNMET NEED FOR MENTAL HEALTH SERVICES



*Note:* Estimates based on synthetic estimation procedures incorporating (1) aggregate 2018-2022 Idaho county population data on youth population by insurance status from the American Community Survey of the US Census Bureau (Table ID: B27010), and (2) prevalence estimates developed by Simpson et al. (2009) from the US National Health Interview Survey.

experienced unmet need for mental health services?

- (3) What percent of Idaho youth with SED who came into contact with the YES system **for the first time** in 2023 experienced unmet need for mental health services after that initial contact?

These three questions require estimates of unmet need for mental

health services among three different populations, which are shown in Figure 1. Question 1 addresses all youth with SED in Idaho. Many of these youth will not come into contact with the YES system for a variety of reasons. Questions 2 and 3 address unmet need in subpopulations of youth with SED: Question 2 addresses youth *who came into contact with the*

*YES system* in 2023; and, Question 3 addresses youth who came into contact with the YES system *for the first time* in 2023. Each of these populations may experience different barriers to accessing mental health care and thus it is worthwhile to examine unmet need separately for each group.

## Method

Two methodologies were used to generate the estimates provided in this report. These are described in detail in Williams & Beauchemin (2023). Here, we briefly summarize the methods.

### Question 1

Question 1 required the estimation of unmet need for mental health services among all youth with SED in Idaho. This question was addressed using well-established synthetic estimation methods (Holzer et al., 1981; Konrad et al., 2009; Levy & French, 1977) which combined county-level data on Idaho’s youth population, derived from the American Community Survey (ACS) of the US Census Bureau, with population-representative data on SED prevalence and unmet need, derived from the US National Health Interview Survey (NHIS) which is

conducted by the US Centers for Disease Control and Prevention (Simpson et al., 2009).

For this report, we used county-level ACS 5-year estimates which aggregated data from 2018 to 2022 as they were the most recent data available that provide estimates for all Idaho counties. Data from ACS Table B27010 included estimates of the total number of youth ages 0 to 18 years in each Idaho county as well as the distribution of youth by type of insurance coverage. Numerous studies have shown that youth insurance status is among the most robust predictors of both SED and unmet need for mental health services (Burns et al., 1997; Kataoka et al., 2002; Rol et al., 2013; Simon et al., 2015; Simpson et al., 2009), likely due to its association with poverty status and available coverage for mental health services. This is true among youth living in rural and urban areas (Pasli & Tumin, 2002).

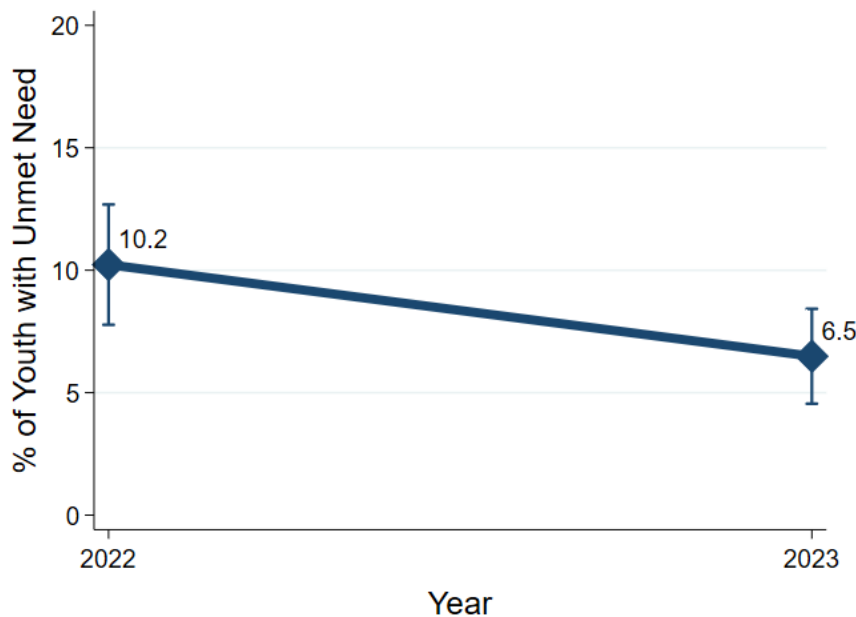
From the NHIS, we relied on the most recently published data that included the information needed for estimation. Simpson et al. (2009) analyzed the 2001-2004 NHIS which included a nationally-representative sample of  $N=29,265$  US youths, ages 4 to 17 years old. The data provides information on prevalence of youth SED, based on a validated caregiver-reported measure of youth mental health symptoms called the Strengths and Difficulties Questionnaire (Goodman, 2001; Ringeisen et al., 2015), youth insurance status, and whether the youth had received any mental health services within the last 12 months.

Data from the Census and the NHIS survey were combined using synthetic estimation techniques which result in county-level prevalence estimates of SED as well as estimates of unmet need for mental health services among youth with SED.

### Question 2

Question 2 required the estimation of unmet need for mental health services among Idaho youth with SED who came into contact with the YES system in 2023. This question was addressed using data from the 2024 YES family survey. The YES family survey is an annual, population-representative survey of Idaho families whose children participated in mental health services. It is conducted by IDHW in partnership with Boise State University. The 2024 YES family survey was fielded from February to April, 2024. Full details are available elsewhere (Williams et al., 2024), but briefly, surveys were mailed to a stratified random sample of 6,001 parents/ caregivers of Idaho youth who came into contact with the YES system from July to December 2023. In total, 1,060 Idaho caregivers responded (response rate = 21%). Survey responses were linked to

**Figure 3** PERCENT (%) OF IDAHO YOUTH WITH SED WHO EXPERIENCED UNMET NEED FOR MENTAL HEALTH SERVICES AFTER COMING INTO CONTACT WITH THE YES SYSEM (2022 – 2023)



Note:  $N = 1,269$ . Analyses are weighted to reflect population values. Unmet need is defined as not receiving mental health services within 6 months of a CANS assessment indicating need (i.e.,  $CANS \geq 1$ ).

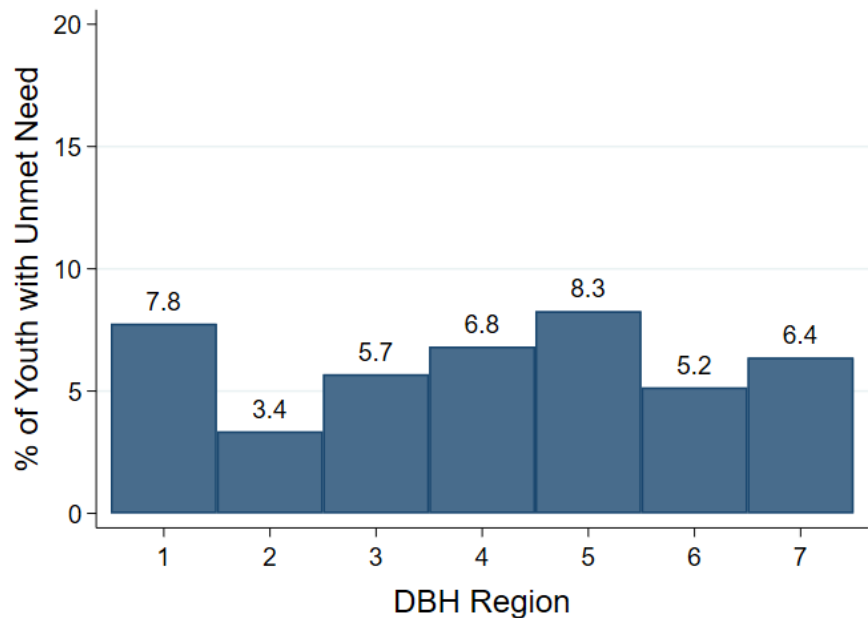
administrative data on youth sociodemographic characteristics and de-identified. De-identified data was shared with Boise State University for analysis. The analyses completed for this report included a sample of 648 families whose children came into contact with the YES system from July to December 2023 and who had an indicated need for mental health services based on their most recent Child and Adolescent Needs and Strengths (CANS; Anderson et al., 2003; Lyons, 2009; Lyons et al., 2003) assessment (i.e., CANS > 0). Scores on the CANS are interpreted as: 0 = No evidence of need, 1 = Possible need or significant history, 2 = need interferes with functioning, 3 = need is dangerous or disabling (Praed Foundation, 2017). The CANS assessments were completed from July to December 2023, in accordance with the sampling period.

On the YES family survey, caregivers indicated whether or not their youth had participated in mental health services during the prior six months. Unmet need for services was defined as the caregiver indicating their youth had not participated in any mental health services during the last six months despite the youth having a most recent CANS > 0, which indicated some need for services. Full details of the survey methodology are available in the 2024 YES Family Survey Report (Williams et al., 2024).

### Question 3

Question 3 required the estimation of unmet need among Idaho youth with SED who came into contact with the YES system *for the first time* in 2023. This question was also addressed using the 2024 YES family survey data described above; however, the sample was limited to only include youths who had an ‘initial’ CANS in 2023. The de-identified database indicated whether the youth’s most

**Figure 4** PERCENT (%) OF IDAHO YOUTH WITH SED WHO EXPERIENCED UNMET NEED FOR MENTAL HEALTH SERVICES AFTER CONTACT WITH THE YES SYSTEM IN 2023



*Note:* N = 648. Analyses are weighted to reflect population values. Unmet need is defined as not receiving mental health services within 6 months of a CANS assessment indicating need (i.e., CANS ≥ 1).

recent CANS was an initial CANS (i.e., first assessment upon entry to services) or follow-up CANS. The analysis for this question included only youths who had an initial CANS from July to December 2023.

In order to generate population-representative estimates for Idaho, analyses of the YES family survey data for Questions 2 and 3 were weighted to account for the survey’s sampling design and participant nonresponse.

## Results

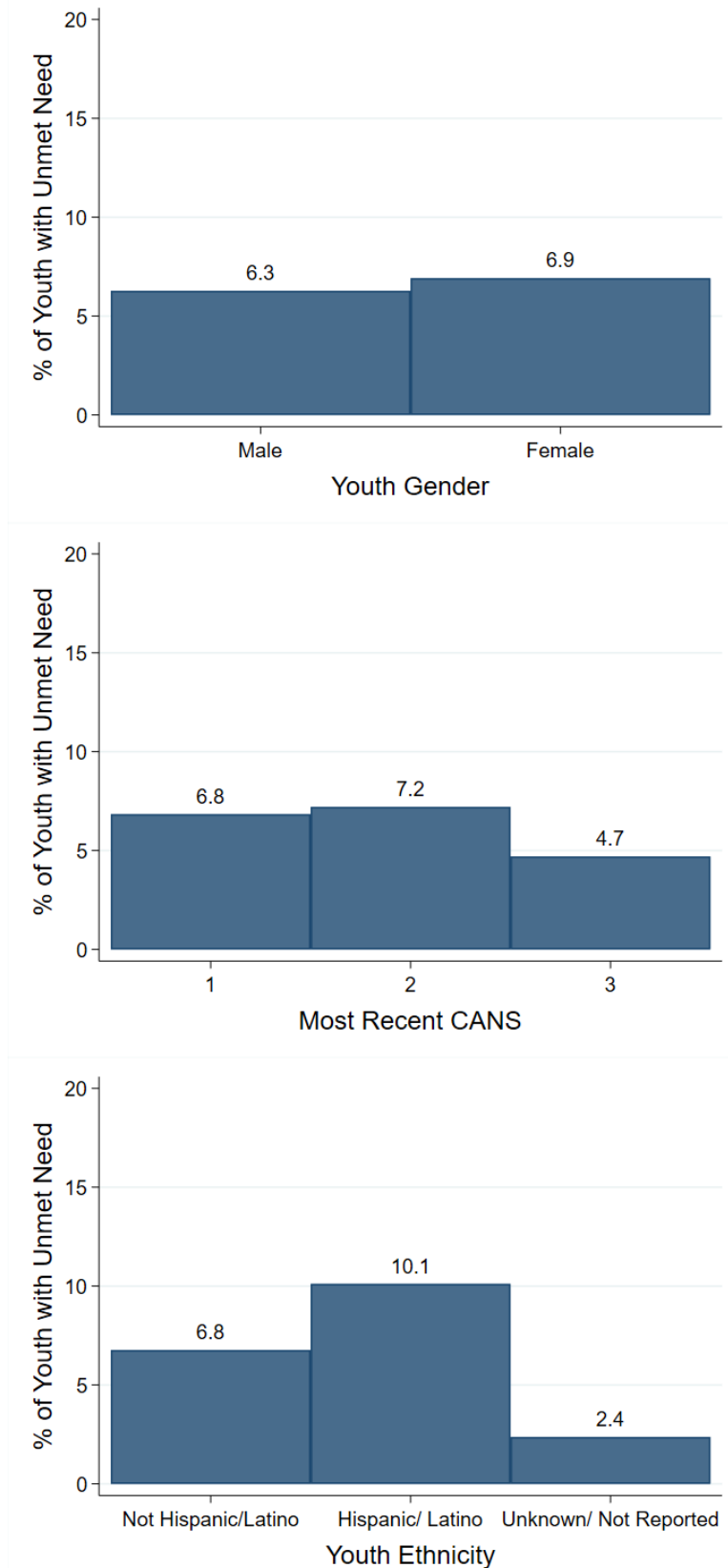
### Question 1: Unmet Need for Mental Health Services among All Idaho Youth with SED

Results of the synthetic estimation procedure indicated 5.9% (N=28,550) of Idaho youth, ages 0 to 18 years, likely experience SED. Figure 2a shows the prevalence of SED by Idaho county; across the 44 counties, rates of

SED ranged from 5.1% to 7.1%. These estimates are consistent with meta-analyses of SED prevalence from population-representative community samples of youth in the US (Williams et al., 2018). These estimates are also highly similar to estimates produced for this report last year, due to only small changes in Idaho’s youth population from last year to this year. The small changes in population are likely influenced by the use of the aggregate 2018-2022 ACS data, which is necessary in order to obtain population estimates for all counties, including rural counties.

Among Idaho youth with SED, an estimated 53.8% (N=15,356) likely experience unmet need for mental health services based on this methodology. This estimate is also very similar to last year’s analysis due to the small changes in overall population as described above. Across Idaho counties, estimated rates of unmet need for mental health services

**Figure 5a RATES OF UNMET NEED FOR MENTAL HEALTH SERVICES AMONG IDAHO YOUTH WITH SED WHO CAME INTO CONTACT WITH THE YES SYSTEM IN 2023, BY CHARACTERISTIC**



Note: N = 648. Analyses are weighted to reflect population values.

among youth with SED ranged from 53.2% to 55.8% (see Figure 2b). In general, counties with higher population densities tended to have lower rates of unmet need for mental health services. Appendix 1 provides a complete list of estimated SED prevalence and unmet need for mental health services among youth with SED in Idaho’s 44 counties.

**Question 2: Unmet Need for Mental Health Services among Idaho Youth with SED who came into Contact with the YES System in 2023**

Of the 1,060 Idaho youths whose caregivers responded to the 2024 YES family survey, 648 youths, representing a sub-population of 6,525 Idaho youth, experienced SED (i.e., had a most recent CANS score  $\geq 1$ ) and were therefore eligible and included in the analyses of unmet need. Of these, 6.5% (95% CI = 4.8% – 8.7%), experienced unmet need for mental health services in the 6 months following their most recent CANS assessment.

From 2022 to 2023, there was a statistically significant decrease in the percentage of youth who experienced unmet need for mental health services in the six months after their most recent CANS assessment (i.e., after coming into contact with the YES system). As is shown in Figure 3, the percent of youth with unmet need decreased by 3.7 percentage points from 2022 (10.2%) to 2023 (6.5%;  $t=2.34, p=.019$ ).

Figure 3 shows rates of unmet need among youth who came into contact with the YES system in 2023 across the seven IDHW Division of Behavioral Health (DBH) regions. Rates ranged from 3.4% (Region 2) to 8.3% (Region 5). The highest rates of unmet need were in Regions 1 (7.8%) and 5 (8.3%).

Figures 5a and 5b show the rates of unmet need among Idaho youth who came into contact with the YES system in 2023, broken out by youth characteristics of gender, most recent CANS, ethnicity, age, and race.

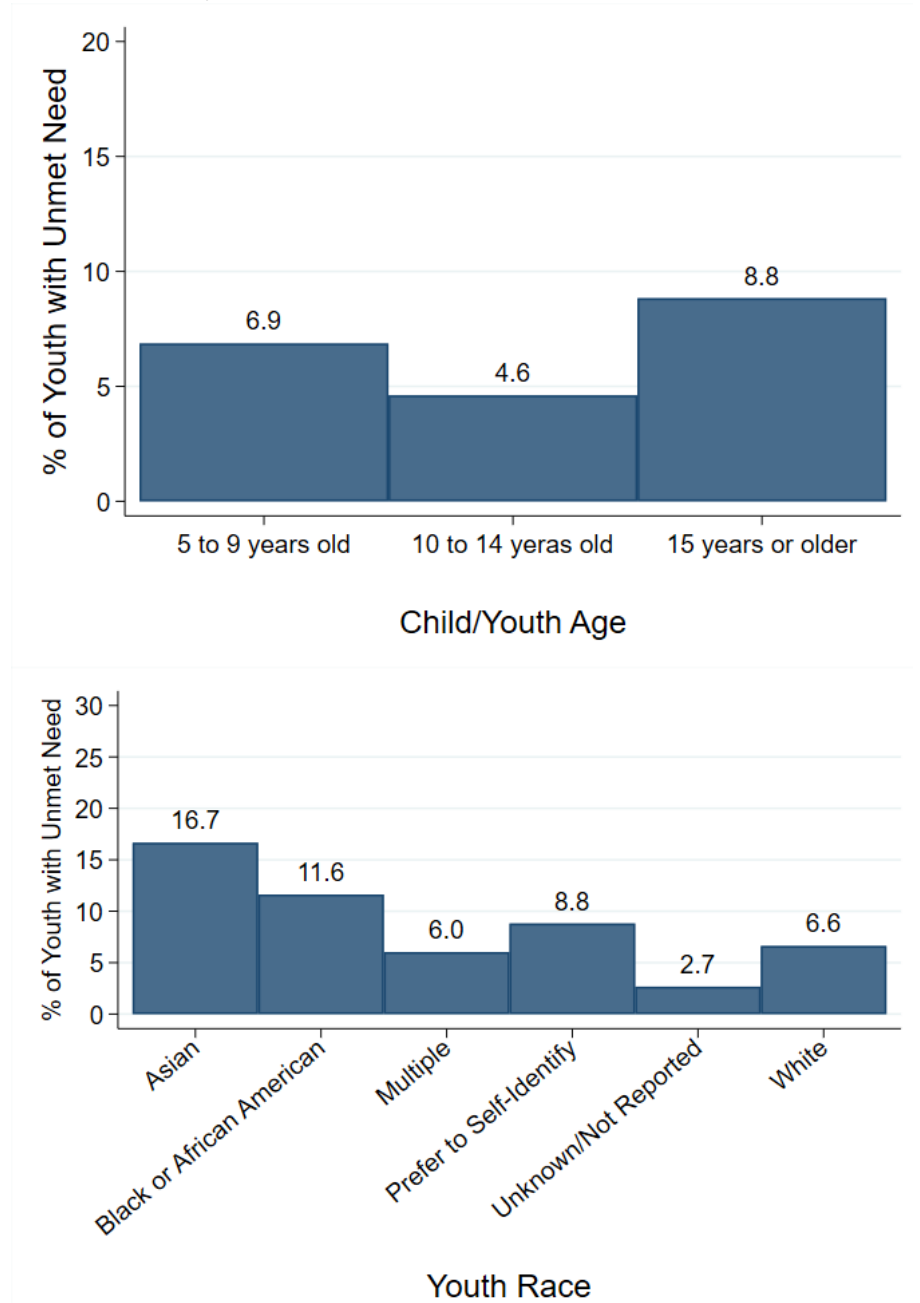
**Question 3: Unmet Need for Mental Health Services among Idaho Youth with SED who came into Contact with the YES System for the First Time in 2023**

Of the 1,060 Idaho youths whose caregivers responded to the 2024 YES family survey, 268 youth, representing a sub-population of 2,742 Idaho youth, had a CANS > 0 (i.e., likely need) and made their initial contact with the YES system in 2023 (i.e., initial CANS). Of these youth, 5.7% (95% CI = 3.4% – 9.3%), experienced unmet need for mental health services in the 6 months following their initial CANS assessment. Due to the very small number of youths included in this subsample, we did not examine variation in rates of unmet need by IDHW region or youth characteristics.

**Discussion**

This report estimated rates of unmet need for mental health services among (1) all Idaho youth with SED, (2) Idaho youth with SED who came into contact with the YES system in 2023, and (3) Idaho youth with SED who came into contact with the YES system for the first time in 2023. With regard to all Idaho youth, it is estimated that 28,550 Idaho youth (5.9%), ages 0-18, experience SED. Furthermore, of these, 15,356 (53.8%) likely experience unmet need for mental health services. Due to minimal changes from last year in aggregate Idaho population estimates from the US Census, these estimates are very similar to last year’s report. The US Census population

**Figure 5b** RATES OF UNMET NEED FOR MENTAL HEALTH SERVICES AMONG IDAHO YOUTH WITH SED WHO CAME INTO CONTACT WITH THE YES SYSTEM IN 2023, BY CHARACTERISTIC



Note: N = 648. Analyses are weighted to reflect population values.

estimates are highly stable because the data is aggregated over five years (2018-2022). This is necessary in order to generate reasonably accurate estimates for Idaho’s many rural and sparsely populated counties. Variation was observed across Idaho counties in rates of SED and rates of unmet need

for mental health services among youths with SED.

With regard to Idaho youth with SED who came into contact with the YES system in 2023, it is estimated that 6.5% experienced unmet need for mental health services. Here, unmet need is defined as not receiving mental health services in the six

months after a CANS assessment indicates the need for services. The 6.5% rate of unmet need from 2023 was a significant decrease of 3.7 percentage points from last year's report (for 2022). This suggests there was a real decrease in unmet need for mental health services among Idaho youth with SED who came into contact with the YES system from 2022 to 2023.

With regard to Idaho youth who came into contact with the YES system for the first time in 2023, it is estimated that 5.7% experienced unmet need for mental health services. The prior report did not examine unmet need in this sub-population, therefore there is no basis for comparing change in this estimate from year to year.

The estimates presented here provide benchmarks for monitoring progress toward meeting the needs of Idaho youth with SED. ■

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**Appendix 1**

Estimated SED Prevalence and Unmet Need for Mental Health Services by Idaho County  
based on Synthetic Estimation

County	IDHW Region	Total Youth Population Ages 0-18 (N)	N Youth with SED	% Youth with SED	N Youth with SED & Unmet Need	% Youth with SED & Unmet Need	% Total Youth Population with SED & Unmet Need
Benewah County	1	2267	139	6.1%	76	54.6%	3.3%
Bonner County	1	9941	619	6.2%	334	54.0%	3.4%
Boundary County	1	2944	196	6.6%	107	54.7%	3.6%
Kootenai County	1	40811	2,391	5.9%	1,284	53.7%	3.1%
Shoshone County	1	2835	202	7.1%	109	53.9%	3.8%
Clearwater County	2	1342	76	5.6%	41	54.6%	3.1%
Idaho County	2	3419	193	5.6%	108	55.8%	3.1%
Latah County	2	9130	465	5.1%	249	53.6%	2.7%
Lewis County	2	829	50	6.1%	27	53.9%	3.3%
Nez Perce County	2	9595	551	5.7%	298	54.1%	3.1%
Adams County	3	784	43	5.5%	23	54.4%	3.0%
Canyon County	3	68109	4,188	6.1%	2,262	54.0%	3.3%
Gem County	3	4750	317	6.7%	172	54.4%	3.6%
Owyhee County	3	3214	223	6.9%	122	55.0%	3.8%
Payette County	3	6953	441	6.3%	237	53.7%	3.4%
Washington County	3	2482	156	6.3%	85	54.5%	3.4%
Ada County	4	120113	6,346	5.3%	3,388	53.4%	2.8%
Boise County	4	1355	84	6.2%	46	54.7%	3.4%
Elmore County	4	7323	523	7.1%	284	54.3%	3.9%
Valley County	4	2136	121	5.7%	65	53.7%	3.0%
Blaine County	5	5376	317	5.9%	170	53.7%	3.2%
Camas County	5	378	21	5.5%	11	53.5%	3.0%
Cassia County	5	8066	488	6.1%	262	53.8%	3.3%
Gooding County	5	4343	250	5.8%	137	54.5%	3.1%
Jerome County	5	7681	505	6.6%	274	54.2%	3.6%
Lincoln County	5	1441	99	6.9%	54	54.0%	3.7%
Minidoka County	5	6432	415	6.4%	224	54.1%	3.5%
Twin Falls County	5	25533	1,565	6.1%	843	53.9%	3.3%
Bannock County	6	23924	1,399	5.8%	749	53.5%	3.1%
Bear Lake County	6	1818	103	5.7%	55	53.2%	3.0%
Caribou County	6	2025	103	5.1%	55	53.4%	2.7%
Franklin County	6	4715	250	5.3%	136	54.2%	2.9%
Oneida County	6	1321	75	5.6%	40	53.4%	3.0%
Power County	6	2653	187	7.0%	102	54.8%	3.8%
Bingham County	7	15179	932	6.1%	502	53.9%	3.3%
Bonneville County	7	39155	2,330	5.9%	1,249	53.6%	3.2%
Butte County	7	664	44	6.7%	24	53.5%	3.6%
Clark County	7	161	10	6.2%	5	53.6%	3.3%
Custer County	7	658	40	6.1%	21	53.3%	3.3%
Fremont County	7	3303	210	6.4%	113	54.0%	3.4%
Jefferson County	7	10964	651	5.9%	350	53.7%	3.2%
Lemhi County	7	1534	99	6.5%	53	53.5%	3.5%
Madison County	7	16590	963	5.8%	514	53.3%	3.1%
Teton County	7	2906	171	5.9%	94	55.1%	3.2%
<b>State Total, Idaho</b>		<b>487,152</b>	<b>28,550</b>	<b>5.9%</b>	<b>15,356</b>	<b>53.8%</b>	<b>3.2%</b>

Note: Counts and percentages are based on synthetic estimation procedures incorporating (1) aggregate 2018-2022 Idaho county population data from the American Community Survey of the US Census Bureau (Table ID: B27010), and (2) prevalence and risk estimates developed by Simpson et al. (2009) from the from the US National Health Interview Survey. IDHW = Idaho Department of Health and Welfare. SED = serious emotional disturbance. Counties are sorted by youth population size within Idaho Department of Health and Welfare (IDHW) regions.