



Quality Management
Improvement & Accountability
(QMIA)

YOUTH EMPOWERMENT SERVICES

QMIA Quarterly Report

Q3, SFY 2024

July, 2024



YES, QMIA Quarterly Report SFY 2024, Q3

YES QMIA-Q SFY 2024, Q3 includes data from January, February, and March 2024
and trends from previous quarters and years

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YES, QMIA Quarterly Report Q3, 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, whether the services meet their needs, and whether the services improve their lives.

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 are from Medicaid or DBH. These two child-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. There is also 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 raises questions or interest in additional data collection, please contact YES@dhw.idaho.gov with your questions, concerns, or suggestions.

QMIA-Q report dates for SFY 2024

YES QMIA-Q SFY 2024 Timelines ¹	<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

¹ The new Idaho Behavioral Health Plan (IBHP) consolidated behavioral health services for Idahoans under a single plan and went 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 Q3 of SFY 2024
(January, February, March 2024),
and trends over the past five years, comparing previous quarters and SFYs.**

Executive Summary – SFY 2024, Q3

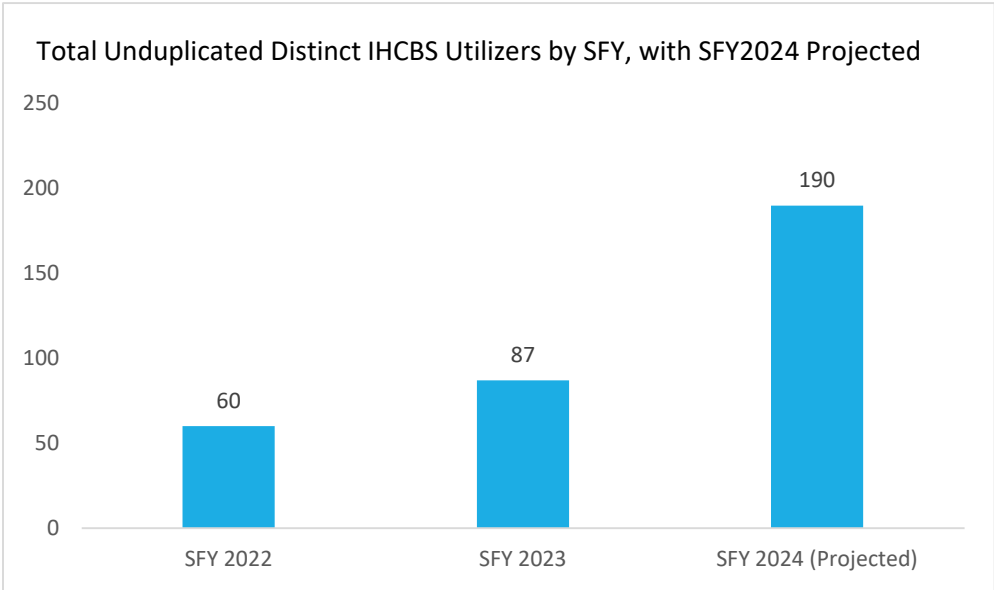
The QMIA-Q report for State Fiscal Year (SFY) 2024, Quarter 3 (Q3) provides information about the delivery of YES services for January, February, and March 2024 and trends over the past five years of YES implementation. Modifications to the report format initiated in SFY 2023, Quarter 1, intended to make the data provided easier to understand and to facilitate comparisons between regions, have been maintained.

E1 YES Accomplishments

Increased Access to Intensive Home and Community-Based Services

As illustrated in the table and figure below, efforts by DBH and the Medicaid/Optum Network to increase the availability and use of Intensive Home and Community-Based Services (IHCBS) have been partially successful. The Optum/Medicaid Network data included in the table and figure represents unduplicated annual totals. The SFY 2024 total of 143 includes only the year’s first three quarters. If IHCBS service use continues at its current pace in the final quarter of SFY 2024, the projected annual unduplicated total will be 190. This total is more than double the SFY 2023 total.

Intensive Home and Community Based Services	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Total
SFY 2022 Unduplicated Distinct Utilizers	0	0	5	17	0	28	10	60
SFY 2023 Unduplicated Distinct Utilizers	0	2	8	21	2	39	16	87
SFY 2024 Unduplicated Distinct Utilizers Year-to-Date (Q1-Q3)	3	3	27	46	1	55	8	143



Expansion of Youth Crisis Services

Crisis services for Idaho youth expanded in 2023 and early 2024 with four Youth Crisis Centers (YCCs) opening. The YCCs provide support 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 YCCs. 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.

YBHCC (opening date)	Location	SFY24-Q1 Unduplicated (Duplicated) # served	SFY24-Q2 Unduplicated (Duplicated) # served	SFY24-Q3 Unduplicated (Duplicated) # served	Average Length of Stay
Rise up Teen and Child Crisis Center of East Idaho (June 15, 2023)	Idaho Falls	28 (46)	33 (55)	34 (61)	16 hours
Proactive Youth and Family Support Center (Aug. 1, 2023)	Twin Falls	23 (25)	33 (40)	41 (60)	15 hours
Pathways Youth Community Support Center (Oct. 16, 2023)	Boise	Not open during reporting period	37 (46)	62 (71)	13 hours
Western Idaho Youth Support Center (Jan. 29, 2024)	Nampa	Not open during reporting period	Not open during reporting period	23 (38)	13 hours

E2 YES Challenges and Opportunities

System of Care Service Availability Regional Highlights

The table below demonstrates that improvement is still needed in access to care across the state and highlights regional variability in service availability within the YES system. Regional penetration rates for Medicaid members accessing YES outpatient services are generally highest in Regions 4 and 7. For example, penetration rates for eight outpatient services in Region 7 are higher than the statewide average, indicating that the YES system 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 service rates are still lower than desired in all regions, with regions 1 and 5 showing the lowest rates. YES partners have undertaken work to improve access to care.

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

SFY 2024, Q3	Penetration Rate by Region								
	1	2	3	4	5	6	7	OOS	Average
Assessments									
CANS Billed to Medicaid	2.6%	2.5%	3.3%	5.4%	2.3%	2.9%	4.8%	0.5%	3.7%
Outpatient Treatment Services									
Psychotherapy	4.9%	5.8%	5.4%	7.8%	4.0%	5.7%	8.2%	1.1%	6.1%
Case Management	0.2%	0.8%	0.3%	0.8%	0.4%	0.5%	1.6%	0.4%	0.7%
Med Management	0.3%	1.7%	1.5%	2.1%	0.8%	2.0%	1.5%	0.1%	1.4%
Skills Building (CBRS)	0.2%	1.3%	0.6%	1.9%	0.4%	0.9%	1.9%	0.4%	1.1%
Targeted Care Coordination (TCC)	0.1%	0.8%	0.5%	1.4%	0.3%	0.8%	1.3%	0.1%	0.8%
Support services									
Respite	0.0%	0.9%	0.1%	0.2%	0.1%	0.6%	0.4%	0.1%	0.2%
Youth Support Services	0.0%	0.2%	0.1%	0.3%	0.2%	0.1%	0.2%	0.1%	0.2%
Family Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	0.1%

Interrelated Challenges

Interrelated challenges faced by the YES system, 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 absence 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

Final Report of the YES Quality Review (SFY 2022)

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 Youth Empowerment Services Quality Review (FY2023-2024)

https://yes.idaho.gov/wp-content/uploads/2024/04/2023_QR-Report_01-Agency-Survey.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

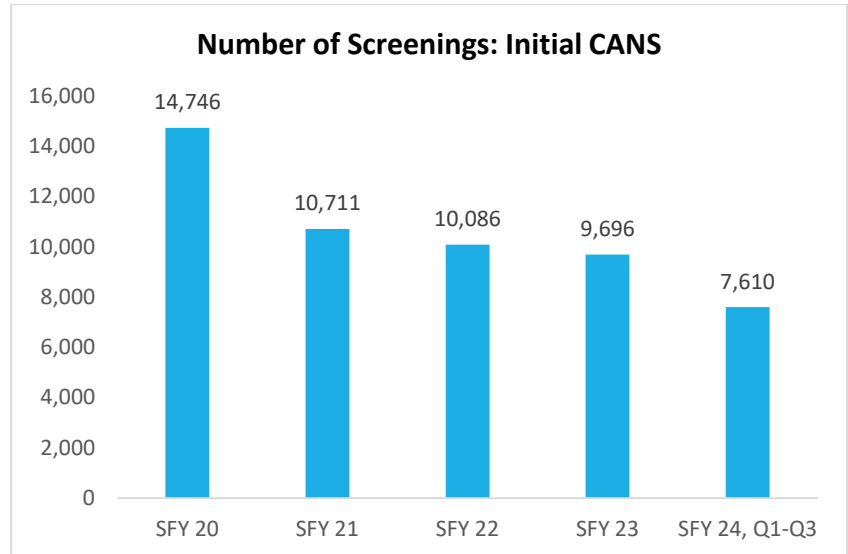
<https://yes.idaho.gov/wp-content/uploads/2023/11/YES-QMIA-Quarterly-Report-Supplement-for-SFY2020-2023-October-2023.pdf>

QMIA-Q3 SFY 2024 Report

1. Screening for Mental Health Needs

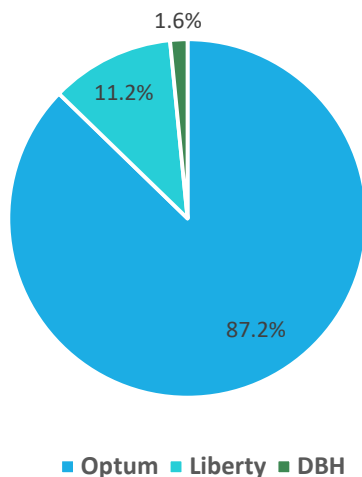
1a: Total Number of Children and Youth Screened for Mental Health Needs by Mental Health Providers

The number of initial CANS completed through SFY 2024-Q3 was 7,610. 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

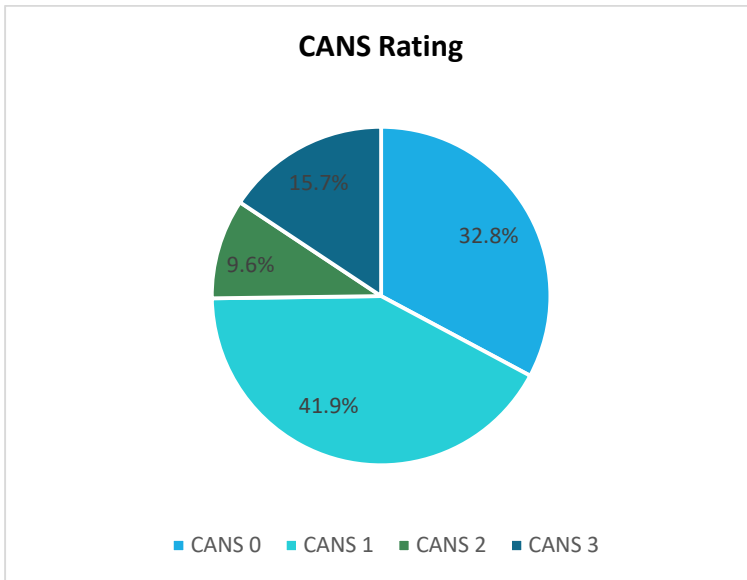
Percentage of CANS Assessments by Provider



DBH, Liberty, or a Medicaid provider may conduct the screening for mental health services through the CANS assessment. For SFY 2024, Q1-Q3, 87% of CANS Assessments were completed by Medicaid providers, 11% by Liberty, and 2% by DBH. This is generally consistent with previous quarters.

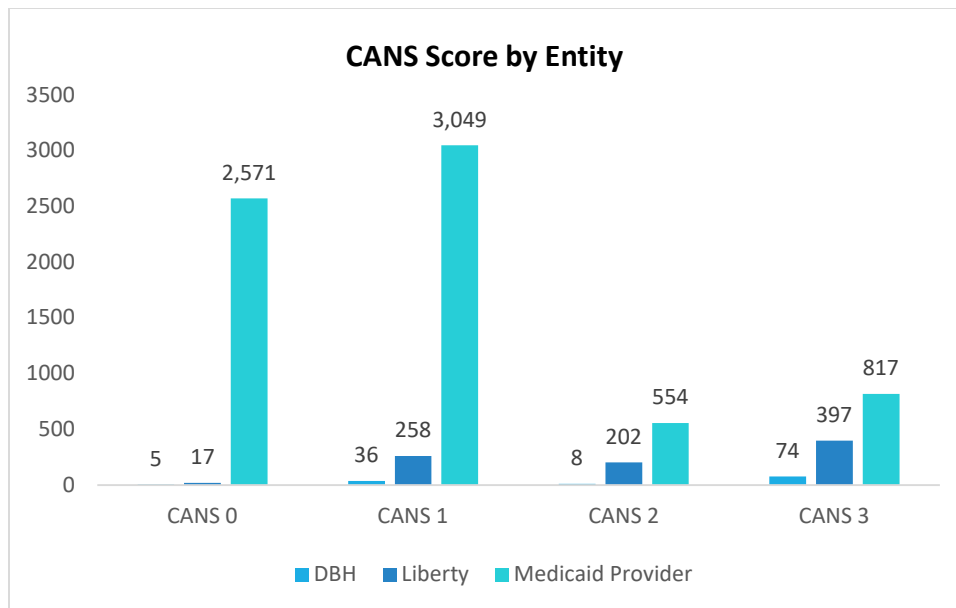
2. YES eligible children and youth based on initial CANS

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 the 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

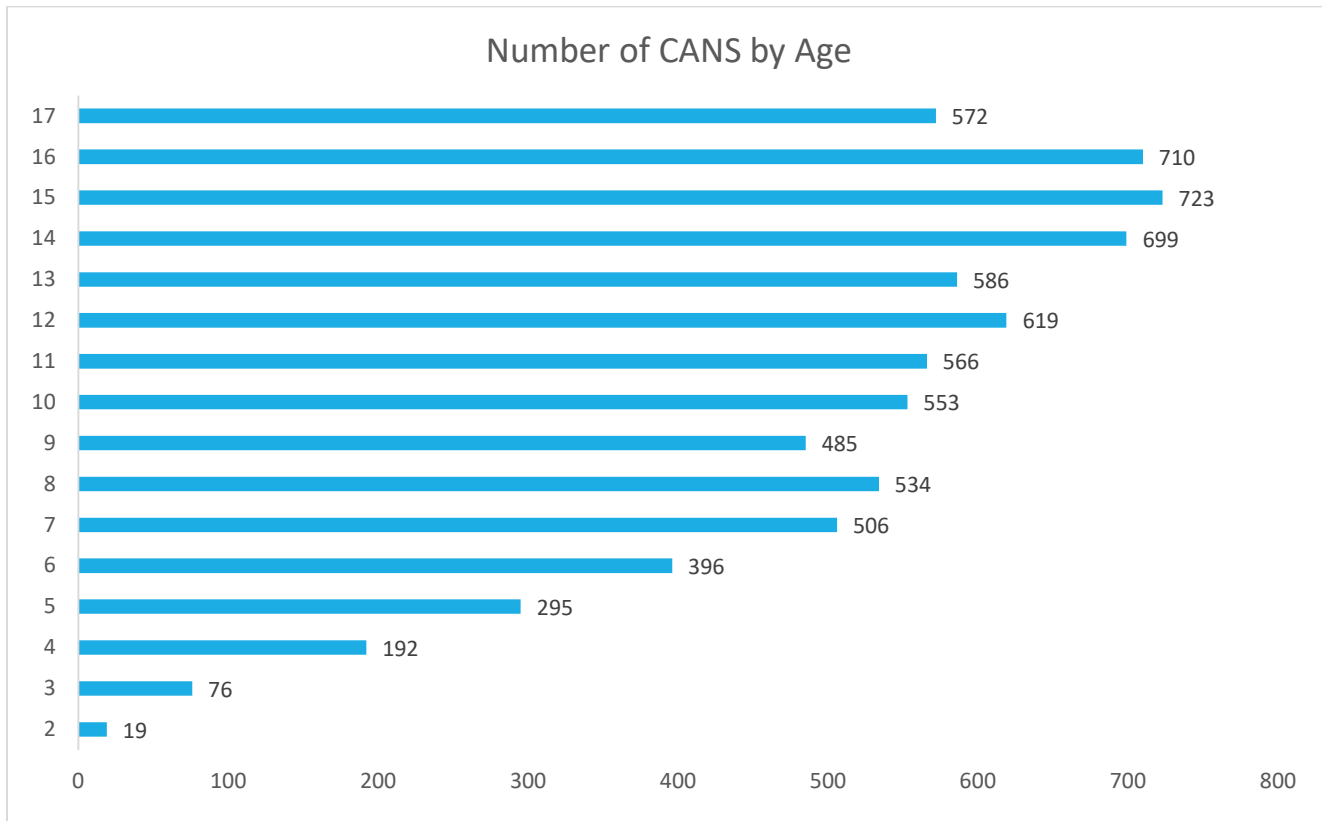


What is this data telling us?

Of the initial CANS completed through SFY 2024-Q3, approximately 67% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 ratings), and 33% 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

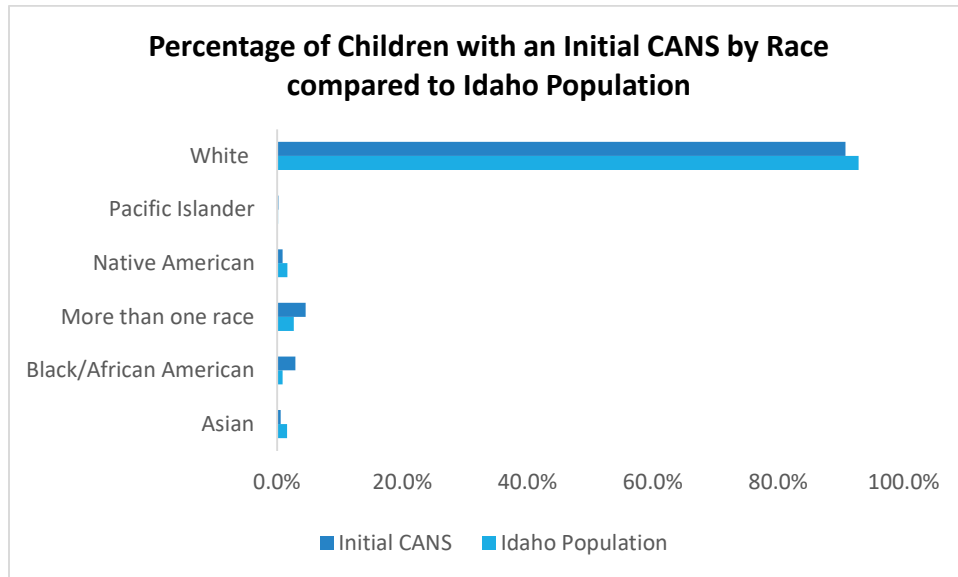


What is this data telling us?

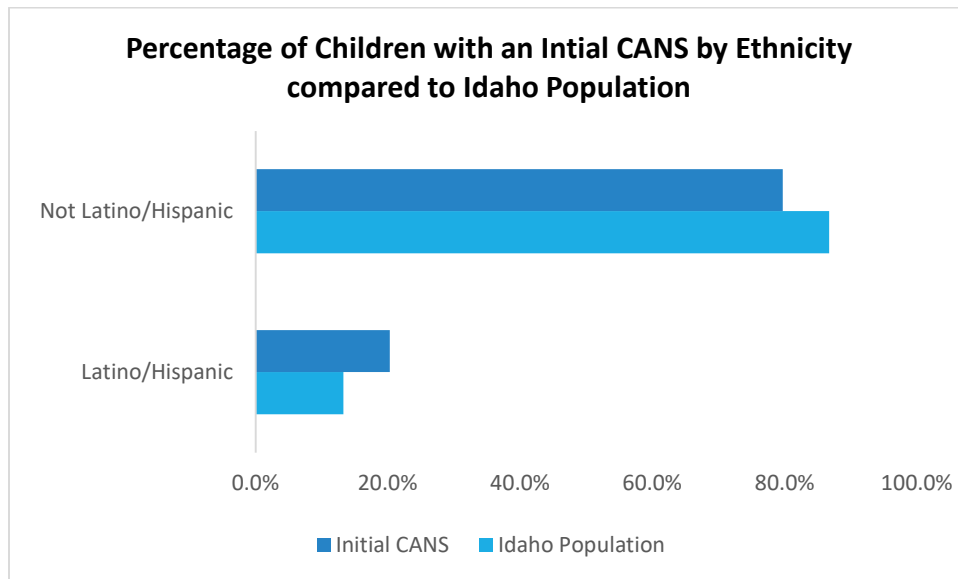
During the first three quarters of SFY 2024, initial CANS assessments were most likely to be completed with teenagers between the ages of 14 and 16. However, they were also completed at high levels with children between the ages of 7 and 13 as well as with 17-year-olds, especially when compared to the 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



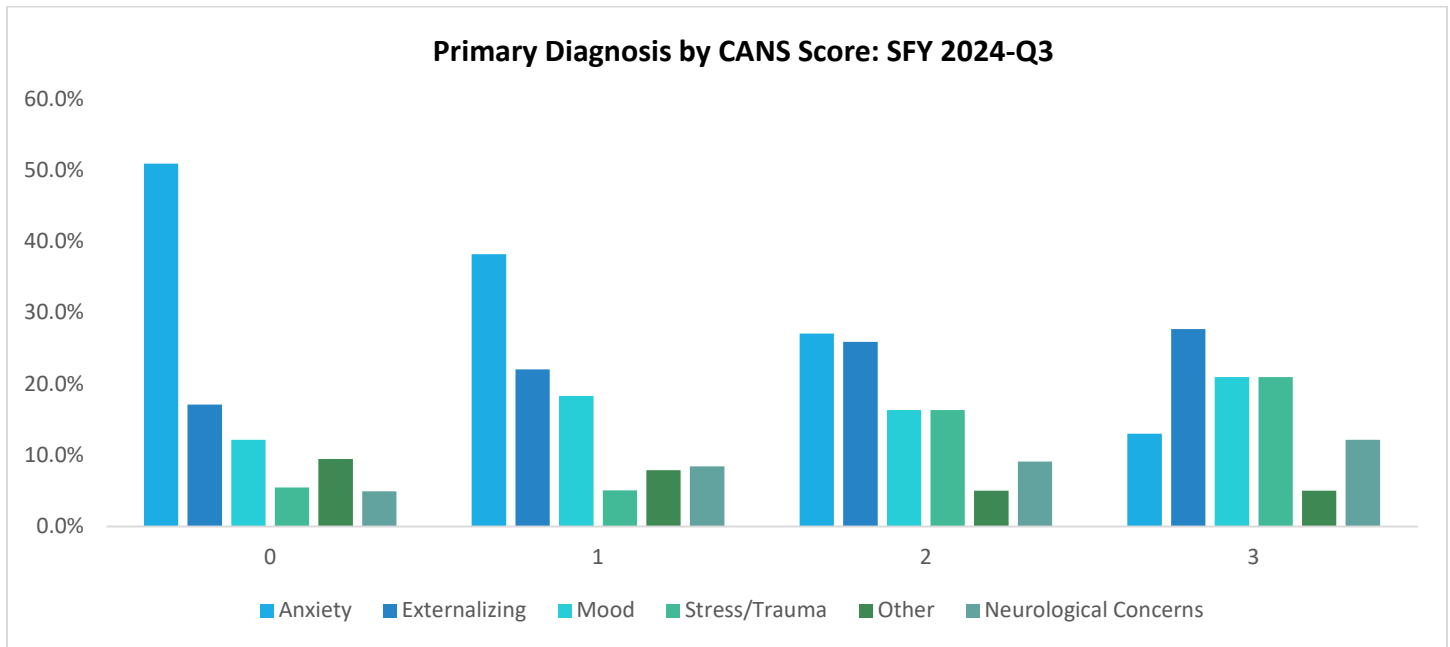
What is this data telling us?

A review of race data indicates that 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 Idaho population. 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 2024

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	50.9%	38.2%	27.1%	13.0%	3039
Externalizing	17.1%	22.1%	25.9%	27.7%	1836
Mood	12.2%	18.3%	16.3%	20.9%	1396
Stress or Trauma	5.5%	5.0%	16.3%	20.9%	776
Other	9.5%	7.9%	5.0%	5.0%	632
Neurological Concerns	4.9%	8.4%	9.1%	12.2%	678
Total	2603	3351	857	1552	8363
	100.0%	100.0%	100.0%	100.0%	

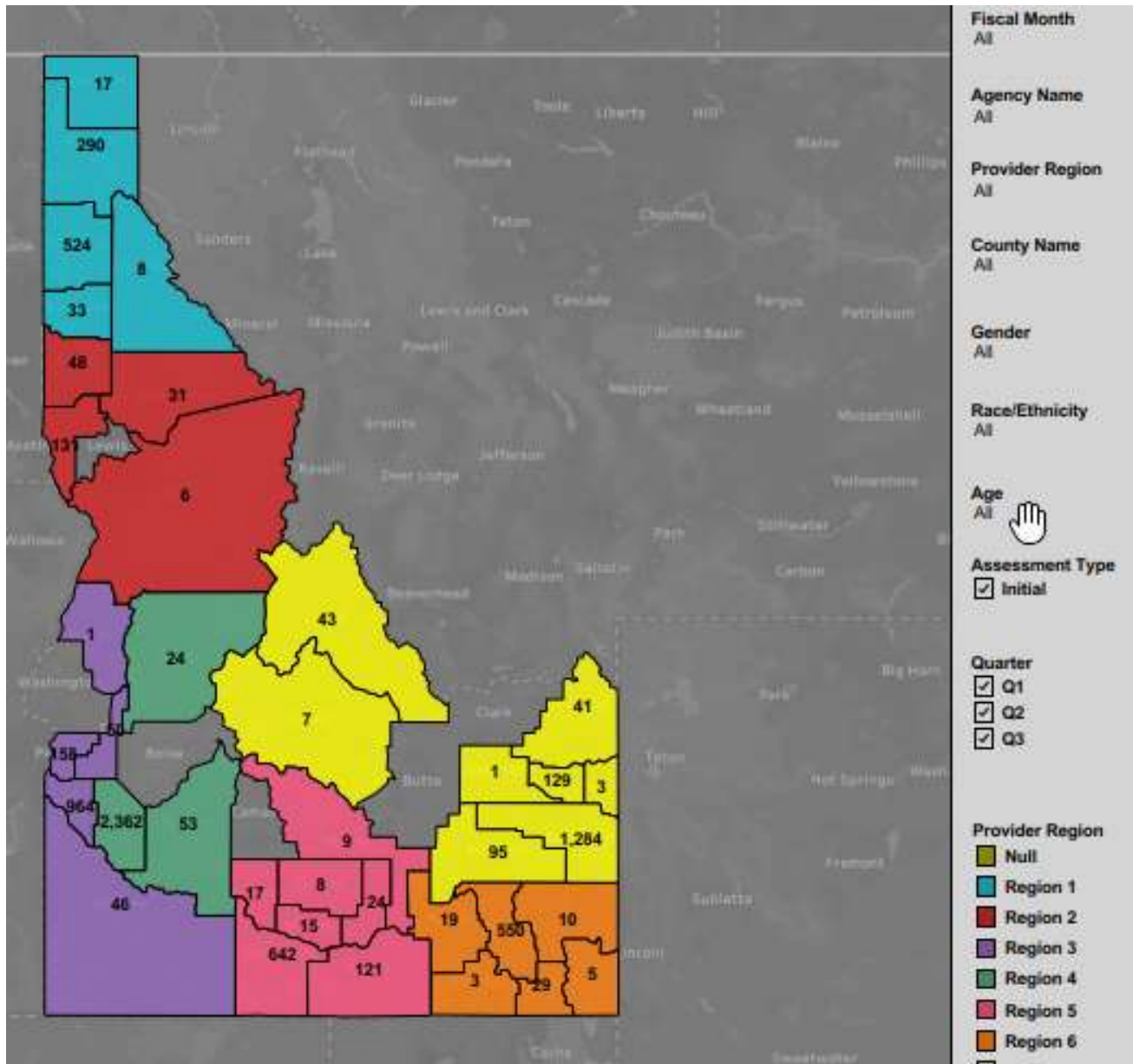


What is this data telling us?

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.

4: CANS Assessment Location- Geographic Mapping

The map below shows the number of initial CANS provided during the first three quarters of SFY 2024 by Idaho County. At the end of quarter 3, there were six counties with no initial CANS completed: Boise, Butte, Clark, Camas, Lewis, and Washington. In addition, there were also several counties with three or fewer CANS completed by the end of the third quarter.



What is this data telling us?

Like previous quarters and fiscal years, the counties with 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

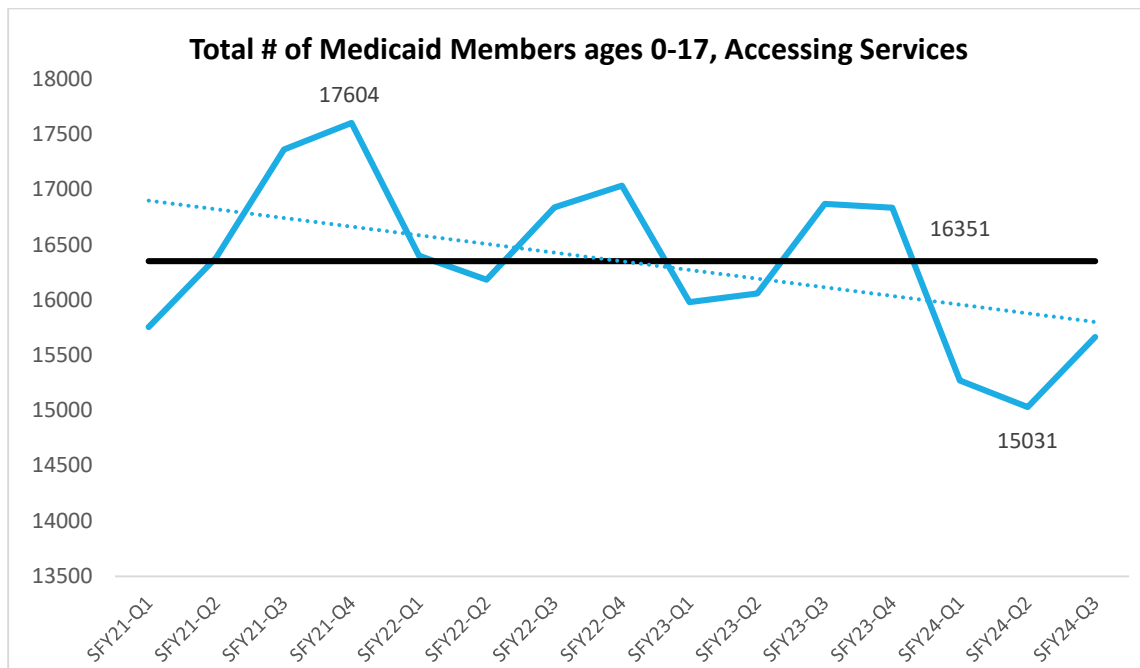
Total number of children and youth (ages 0-17 only) served with Medicaid Outpatient Services

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, Q3.

5a: Total number of Medicaid members served SFY 2021 - SFY2024-Q3

	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)	SFY24 -Q2 (Oct to Dec)	SFY24 -Q3 (Jan to Mar)
Medicaid	13,713	14,292	15,280	15,449	14,305	14,189	15,155	15,269	14,218	14,322	15,045	14,929	13,207	12,801	13,566
YES Medicaid	2,040	2,083	2,080	2,152	2,094	1,993	1,665	1,739	1,729	1,701	1,760	1,823	1,943	1,888	2,098
Total	15,755	16,382	17,361	17,604	16,399	16,183	16,836	17,034	15,981	16,060	16,868	16,834	15,272	15,031	15,664

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 considerably over the past fourteen quarters - from a high of 17,604 in Quarter 4 of SFY 2021 to a low of 15,031 in SFY 2024-Q2. The trend over three-plus years has been decreasing – as represented by the blue dotted line. The black line represents the average number of children and youth receiving services, which is 16,351.

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, Q3 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, Q3	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
Assessments									
CANS Billed to Medicaid	516	176	1,217	1,823	532	378	1,553	7	6,199
Psych and Neuropsych Testing	40	10	85	93	41	91	213	0	573
Behavior Assessment	47	0	26	54	0	0	0	0	127
Outpatient Treatment Services									
Psychotherapy	979	406	1,969	2,642	932	746	2,637	15	10,264
Case Management	32	53	107	273	101	64	510	6	1,140
Med Management	57	116	548	711	194	257	472	1	2,354
Skills Building (CBRS)	39	91	230	660	88	121	614	5	1,833
Targeted Care Coordination (TCC)	14	55	175	465	60	101	414	1	1,282
Substance Use Services	30	2	23	30	62	25	109	0	278
Child and Family Interdisciplinary Team (CFIT)	13	6	26	47	21	13	35	0	161
Skills Training and Development (STAD)	0	0	0	0	78	0	82	1	161
Behavior Modification and Consultation	76	0	46	78	0	0	0	0	200
Crisis									
Crisis Intervention	1	1	4	2	11	9	44	0	72
Crisis Psychotherapy	22	5	24	40	13	6	55	0	165
Crisis Response	1	3	13	13	0	0	2	0	32
Crisis Services	23	8	38	52	22	14	99	0	256
Intensive Outpatient Treatment Services									
TASSP ²	0	4	0	20	0	0	2	0	26
Partial Hospitalization (PHP)	1	0	22	52	1	1	6	1	84
Day Treatment	0	0	0	0	0	0	0	0	0
IHCBS ³	3	2	22	31	1	35	4	0	98
Support services									
Respite	3	61	31	59	14	75	138	1	382
Youth Support Services	6	17	34	110	42	12	59	0	278
Family Support	0	2	16	8	4	7	128	0	160
Family Psychoeducation	7	0	2	0	9	0	0	0	18

² TASSP- Therapeutic After School Support Program

³ 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). The **penetration rate tells us what percentage of the eligible population received a given service.**

Sf2: Penetration Rate for Medicaid Members Accessing YES Outpatient Services by Region

SFY 2024, Q3	Penetration Rate by Region								
	1	2	3	4	5	6	7	OOS	Total
Assessments									
CANS Billed to Medicaid	2.6%	2.5%	3.3%	5.4%	2.3%	2.9%	4.8%	0.5%	3.7%
Psych and Neuropsych Testing	0.2%	0.1%	0.2%	0.3%	0.2%	0.7%	0.7%	0.0%	0.3%
Behavior Assessment	0.2%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
Outpatient Treatment Services									
Psychotherapy	4.9%	5.8%	5.4%	7.8%	4.0%	5.7%	8.2%	1.1%	6.1%
Case Management	0.2%	0.8%	0.3%	0.8%	0.4%	0.5%	1.6%	0.4%	0.7%
Med Management	0.3%	1.7%	1.5%	2.1%	0.8%	2.0%	1.5%	0.1%	1.4%
Skills Building (CBRS)	0.2%	1.3%	0.6%	1.9%	0.4%	0.9%	1.9%	0.4%	1.1%
Targeted Care Coordination (TCC)	0.1%	0.8%	0.5%	1.4%	0.3%	0.8%	1.3%	0.1%	0.8%
Substance Use Services	0.1%	0.0%	0.1%	0.1%	0.3%	0.2%	0.3%	0.0%	0.2%
Child and Family Interdisciplinary Team (CFIT)	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%
Skills Training and Development (STAD)	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%	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%
Crisis									
Crisis Intervention	0.0%	0.0%	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%	0.0%	0.2%	0.0%	0.1%
Crisis Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Services	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.3%	0.0%	0.2%
Intensive Outpatient Treatment Services									
TASSP	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Partial Hospitalization (PHP)	0.0%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.1%	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%	0.1%	0.1%	0.0%	0.3%	0.0%	0.0%	0.1%
Support Services									
Respite	0.0%	0.9%	0.1%	0.2%	0.1%	0.6%	0.4%	0.1%	0.2%
Youth Support Services	0.0%	0.2%	0.1%	0.3%	0.2%	0.1%	0.2%	0.1%	0.2%
Family Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	0.1%
Family Psychoeducation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

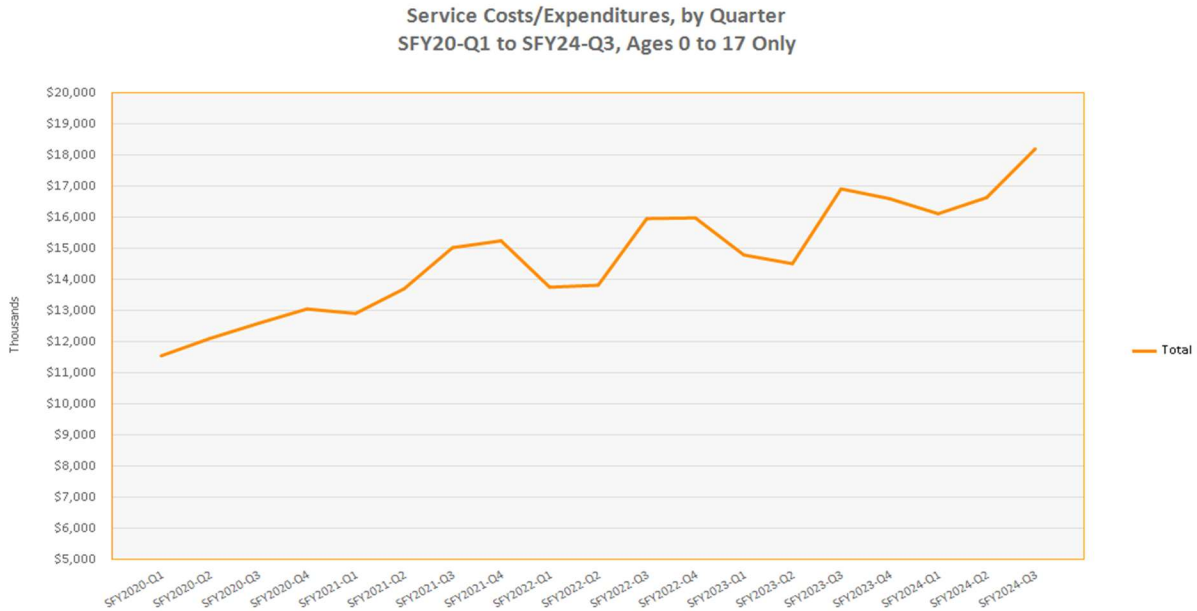
What is this data telling us?

Outpatient services, such as CANS Assessments, Psychotherapy, and Medication Management are available statewide. However, several services are unavailable in specific regions (e.g., Regions 1 and 5 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.

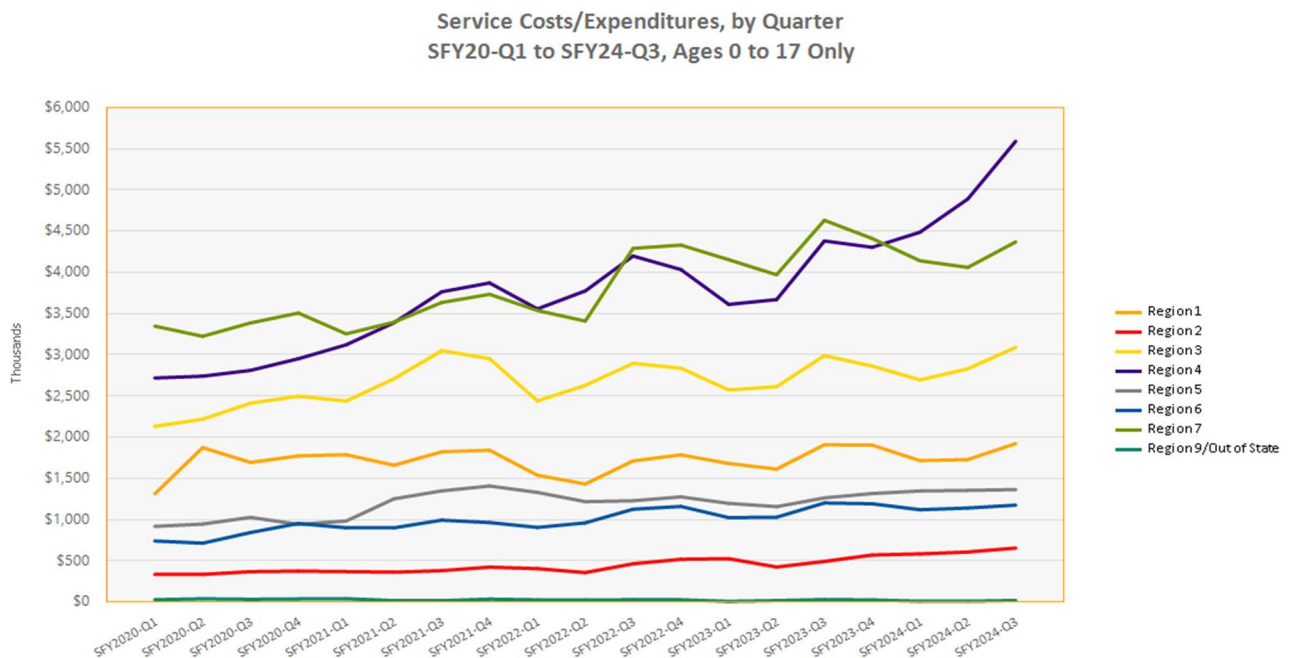
5d: YES Medicaid Expenditures

The following charts provide overall Medicaid outpatient expenditures by quarter (5d1) and by quarter *and* region (5d2) as of the report run date (4/30/2024) 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



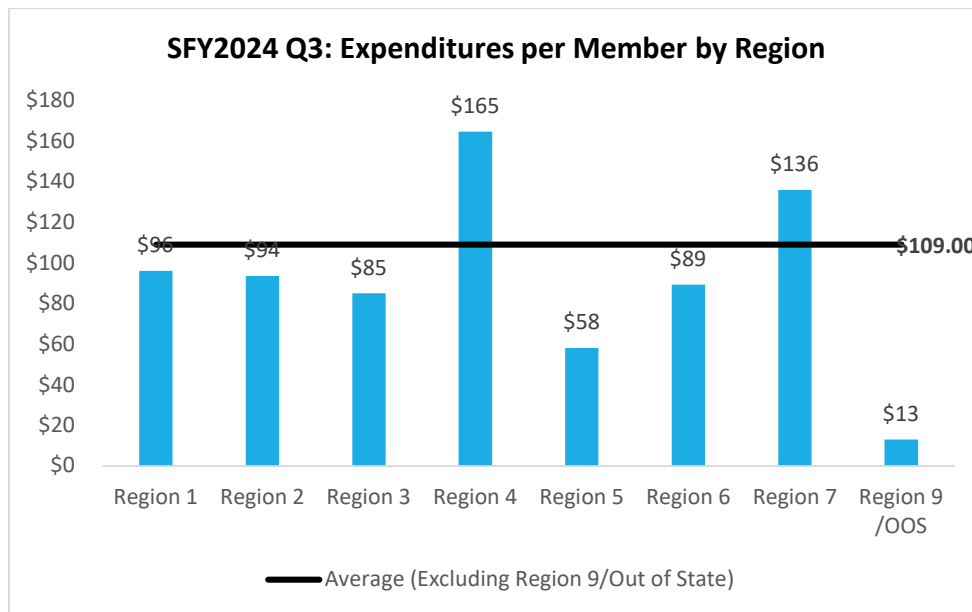
5d3: Regional Comparison of SFY24-Q3 Outpatient Expenditures

	Total Eligible Members SFY 24-Q3 (Jan-Mar)	Expenditures SFY 24-Q3 (Jan-Mar)	\$ per Distinct Eligible Member	% Eligible Members	% Expenditures
Region 1	20,031	1,922,614.88	\$96	12.0%	10.6%
Region 2	6,999	654,711.97	\$94	4.2%	3.6%
Region 3	36,354	3,088,928.53	\$85	21.7%	17.0%
Region 4	33,952	5,589,543.66	\$165	20.3%	30.7%
Region 5	23,465	1,364,048.23	\$58	14.0%	7.5%
Region 6	13,178	1,175,608.57	\$89	7.9%	6.5%
Region 7	32,155	4,368,585.39	\$136	19.2%	24.0%
Region 9/OOS	1,418	18,602.08	\$13	0.8%	0.1%
Total/Average	167,552	18,182,643.31	⁴\$109		

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 \$58 per eligible member in Region 5 and as much as \$165 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 four regions. Regions 3 and 5 are under-resourced (red font). In contrast, Regions 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



⁴ 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 3 of SFY 2024 (October, November, and December 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) were added to the QMIA-Q in 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). The **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 median² rate has been 6.25%.

Currently, the penetration rate is trending down. The high of 7.2% was in Q3 of 2020, and there have been 11 quarters of lower rates since that time. The decrease is most likely due to workforce shortages across the state.

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

Service Use Rates are presented in the new Regional Profiles section. They aid 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, 13.8% were provided with case management, while just 2.0% of the youth receiving services in Region 1 were provided with case management. The respective Case Management penetration rates, 1.6% for Region 7 and 0.2% for Region 1, reveal the same pattern, but service use rates highlight the differences between regions more profoundly.

Region 1

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

SFY 2024, Q3 Big Picture Overview

Total Medicaid-eligible Youth Members: 20,031 (12.0% of total Medicaid-eligible youth statewide)

Expenditures: \$ 1,922,615 (10.6% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$96

Medicaid-eligible Youth Members Receiving Any Service(s): 1,584



SFY 2024, Q3	Region 1			Statewide	
	Distinct Utilizers	Service Use Rate	Penetration Rate	Service Use Rate	Penetration Rate
Assessments					
CANS - (Billed to Medicaid)	516	32.6%	2.6%	39.6%	3.7%
Psych and Neuropsych Testing	40	2.5%	0.2%	3.7%	0.3%
Behavior Assessment	47	3.0%	0.2%	0.8%	0.1%
Outpatient Treatment Services					
Psychotherapy	979	61.8%	4.9%	65.5%	6.1%
Case Management	32	2.0%	0.2%	7.3%	0.7%
Med Management	57	3.6%	0.3%	15.0%	1.4%
Skills Building (CBRS)	39	2.5%	0.2%	11.7%	1.1%
Targeted Care Coordination (TCC)	14	0.9%	0.1%	8.2%	0.8%
Substance Use Services	30	1.9%	0.1%	1.8%	0.2%
Child and Family Interdisciplinary Team (CFIT)	13	0.8%	0.1%	1.0%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.0%	0.1%
Behavior Modification and Consultation	76	4.8%	0.4%	1.3%	0.1%
Crisis					
Crisis Intervention	1	0.1%	0.0%	0.5%	0.0%
Crisis Psychotherapy	22	1.4%	0.1%	1.1%	0.1%
Crisis Response	1	0.1%	0.0%	0.2%	0.0%
Crisis Services	23	1.5%	0.1%	1.6%	0.2%
Intensive Outpatient Treatment Services					
Therapeutic After School (TASSP)	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.5%	0.1%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	3	0.2%	0.0%	0.6%	0.1%
Support services					
Respite	3	0.2%	0.0%	2.4%	0.2%
Youth Support Services	6	0.4%	0.0%	1.8%	0.2%
Family Support	0	0.0%	0.0%	1.0%	0.1%
Family Psychoeducation	7	0.4%	0.0%	0.1%	0.0%

What is this data telling us?

Penetration rates in Region 1 during Q3 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, Q3 Big Picture Overview

Total Medicaid-eligible Youth Members: 6,999 (4.2% of total Medicaid-eligible youth members statewide)

Expenditures: \$654,712 (3.6% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$94

Medicaid-eligible Youth Members Receiving Any Service(s): 601



SFY 2024, Q3	Region 2			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	176	29.3%	2.5%	39.6%	3.7%
Psych and Neuropsych Testing	10	1.7%	0.1%	3.7%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.8%	0.1%
Outpatient Treatment Services					
Psychotherapy	406	67.6%	5.8%	65.5%	6.1%
Case Management	53	8.8%	0.8%	7.3%	0.7%
Med Management	116	19.3%	1.5%	15.0%	1.4%
Skills Building (CBRS)	91	15.1%	1.3%	11.7%	1.1%
Targeted Care Coordination (TCC)	55	9.2%	0.8%	8.2%	0.8%
Substance Use Services	2	0.3%	0.0%	1.8%	0.2%
Child and Family Interdisciplinary Team (CFIT)	6	1.0%	0.1%	1.0%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.0%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.3%	0.1%
Crisis					
Crisis Intervention	1	0.2%	0.1%	0.5%	0.0%
Crisis Psychotherapy	5	0.8%	0.1%	1.1%	0.1%
Crisis Response	3	0.5%	0.0%	0.2%	0.0%
Crisis Services	8	1.3%	0.1%	1.6%	0.2%
Intensive Outpatient Treatment Services					
TASSP	4	0.7%	0.1%	0.2%	0.0%
Partial Hospitalization (PHP)	0	0.0%	0.0%	0.5%	0.1%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	2	0.3%	0.0%	0.6%	0.1%
Support services					
Respite	61	10.1%	0.9%	2.4%	0.2%
Youth Support Services	17	2.8%	0.2%	1.8%	0.2%
Family Support	2	0.3%	0.0%	1.0%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.1%	0.0%

What is this data telling us?

Region 2 receives slightly less expenditures (3.6% of total state expenditures) than its statewide share of the Medicaid-eligible population (4.2%). A Region 2 strength in SFY 2024-Q3 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, Q3 Big Picture Overview



Total Medicaid-eligible Youth Members: 36,354 (21.7% of total Medicaid youth eligible members statewide)

Expenditures: \$3,088,929 (17.0% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$85

Medicaid-eligible Members Youth Receiving Any Service(s): 2,989

SFY 2024, Q3	Region 3			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1217	40.7%	3.3%	39.6%	3.7%
Psych and Neuropsych Testing	85	2.8%	0.2%	3.7%	0.3%
Behavior Assessment	26	0.9%	0.1%	0.8%	0.1%
Outpatient Treatment Services					
Psychotherapy	1969	65.9%	5.4%	65.5%	6.1%
Case Management	107	3.6%	0.3%	7.3%	0.7%
Med Management	548	18.3%	1.5%	15.0%	1.4%
Skills Building (CBRS)	230	7.7%	0.6%	11.7%	1.1%
Targeted Care Coordination (TCC)	175	5.9%	0.5%	8.2%	0.8%
Substance Use Services	23	0.8%	0.1%	1.8%	0.2%
Child and Family Interdisciplinary Team (CFIT)	26	0.9%	0.1%	1.0%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.0%	0.1%
Behavior Modification and Consultation	46	1.5%	0.1%	1.3%	0.1%
Crisis					
Crisis Intervention	4	0.1%	0.0%	0.5%	0.0%
Crisis Psychotherapy	24	0.8%	0.1%	1.1%	0.1%
Crisis Response	13	0.4%	0.0%	0.2%	0.0%
Crisis Services	38	1.3%	0.1%	1.6%	0.2%
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	22	0.7%	0.1%	0.5%	0.1%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	22	0.7%	0.1%	0.6%	0.1%
Support services					
Respite	31	1.0%	0.1%	2.4%	0.2%
Youth Support Services	34	1.1%	0.1%	1.8%	0.2%
Family Support	16	0.5%	0.0%	1.0%	0.1%
Family Psychoeducation	2	0.1%	0.0%	0.1%	0.0%

What is this data telling us?

Region 3 receives substantially less expenditures (17.0% of total state expenditures) than its statewide share of the Medicaid-eligible population (21.7%) and is also a region with low average dollars spent per eligible member (\$85). Although psychotherapy and medication management rates in Region 3 are close to the statewide averages, case management and CBRS penetration rates are 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, Q3 Big Picture Overview

Total Medicaid-eligible Youth Members: 33,952 (20.3% of total Medicaid youth eligible members statewide)

Expenditures: \$5,589,544 (30.7% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$165

Medicaid-eligible Youth Members Receiving Any Service(s): 4,060

SFY 2024, Q3	Region 4			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1823	44.9%	5.4%	39.6%	3.7%
Psych and Neuropsych Testing	93	2.3%	0.3%	3.7%	0.3%
Behavior Assessment	54	1.3%	0.2%	0.8%	0.1%
Outpatient Treatment Services					
Psychotherapy	2642	65.1%	7.8%	65.5%	6.1%
Case Management	273	6.7%	0.8%	7.3%	0.7%
Med Management	711	17.5%	2.1%	15.0%	1.4%
Skills Building (CBRS)	660	16.3%	1.9%	11.7%	1.1%
Targeted Care Coordination (TCC)	465	11.5%	1.4%	8.2%	0.8%
Substance Use Services	30	0.7%	0.1%	1.8%	0.2%
Child and Family Interdisciplinary Team (CFIT)	47	1.2%	0.1%	1.0%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.0%	0.1%
Behavior Modification and Consultation	78	1.9%	0.2%	1.3%	0.1%
Crisis					
Crisis Intervention	2	0.0%	0.0%	0.5%	0.0%
Crisis Psychotherapy	40	1.0%	0.1%	1.1%	0.1%
Crisis Response	13	0.3%	0.0%	0.2%	0.0%
Crisis Services	52	1.3%	0.2%	1.6%	0.2%
Intensive Outpatient Treatment Services					
TASSP	20	0.5%	0.1%	0.2%	0.0%
Partial Hospitalization (PHP)	52	1.3%	0.2%	0.5%	0.1%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	31	0.8%	0.1%	0.6%	0.1%
Support services					
Respite	59	1.5%	0.2%	2.4%	0.2%
Youth Support Services	110	2.7%	0.3%	1.8%	0.2%
Family Support	8	0.2%	0.0%	1.0%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.1%	0.0%

What is this data telling us?

Region 4 receives substantially more expenditures (30.7% of total state expenditures) than its statewide share of the Medicaid-eligible population (20.3%). Region 4 has the highest average dollars spent per eligible member (\$165) in SFY2024-Q3. 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, Q3 Big Picture Overview

Total Medicaid-eligible Youth Members: 23,465 (14.0% of total Medicaid- eligible youth members statewide)

Expenditures: \$1,364,048 (7.5% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$58

Medicaid-eligible Youth Members Receiving Any Service(s): 1,449



SFY 2024, Q3	Region 5			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	532	36.7%	2.3%	39.6%	3.7%
Psych and Neuropsych Testing	41	2.8%	0.2%	3.7%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.8%	0.1%
Outpatient Treatment Services					
Psychotherapy	932	64.3%	4.0%	65.5%	6.1%
Case Management	101	7.0%	0.4%	7.3%	0.7%
Med Management	194	13.4%	0.8%	15.0%	1.4%
Skills Building (CBRS)	88	6.1%	0.4%	11.7%	1.1%
Targeted Care Coordination (TCC)	60	4.1%	0.3%	8.2%	0.8%
Substance Use Services	62	4.3%	0.3%	1.8%	0.2%
Child and Family Interdisciplinary Team (CFIT)	21	1.4%	0.1%	1.0%	0.1%
Skills Training and Development (STAD)	78	5.4%	0.3%	1.0%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.3%	0.1%
Crisis					
Crisis Intervention	11	0.8%	0.0%	0.5%	0.0%
Crisis Psychotherapy	13	0.9%	0.1%	1.1%	0.1%
Crisis Response	0	0.0%	0.0%	0.2%	0.0%
Crisis Services	22	1.5%	0.1%	1.6%	0.2%
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.5%	0.1%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	1	0.1%	0.0%	0.6%	0.1%
Support services					
Respite	14	1.0%	0.1%	2.4%	0.2%
Youth Support Services	42	2.9%	0.2%	1.8%	0.2%
Family Support	4	0.3%	0.0%	1.0%	0.1%
Family Psychoeducation	9	0.6%	0.0%	0.1%	0.0%

What is this data telling us?

The average dollars spent per eligible member in Region 5 (\$58) are about 1/3 of Region 4's systemwide high of \$165 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.

Region 6

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

SFY 2024, Q3 Big Picture Overview

Total Medicaid-eligible Youth Members: 13,178 (7.9% of total Medicaid-eligible youth members statewide)

Expenditures: \$1,175,609 (6.5% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Member: \$89

Medicaid-eligible Members Receiving Any Service(s): 1,256



SFY 2024, Q3	Region 6			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	378	30.1%	2.9%	39.6%	3.7%
Psych and Neuropsych Testing	91	7.2%	0.7%	3.7%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.8%	0.1%
Outpatient Treatment Services					
Psychotherapy	746	59.4%	5.7%	65.5%	6.1%
Case Management	64	5.1%	0.5%	7.3%	0.7%
Med Management	257	20.5%	2.0%	15.0%	1.4%
Skills Building (CBRS)	100	9.6%	0.9%	11.7%	1.1%
Targeted Care Coordination (TCC)	101	8.0%	0.8%	8.2%	0.8%
Substance Use Services	25	2.0%	0.2%	1.8%	0.2%
Child and Family Interdisciplinary Team (CFIT)	13	1.0%	0.1%	1.0%	0.1%
Skills Training and Development (STAD)	0	0.0%	0.0%	1.0%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.3%	0.1%
Crisis					
Crisis Intervention	9	0.7%	0.1%	0.5%	0.0%
Crisis Psychotherapy	6	0.5%	0.0%	1.1%	0.1%
Crisis Response	0	0.0%	0.0%	0.2%	0.0%
Crisis Services	14	1.1%	0.1%	1.6%	0.2%
Intensive Outpatient Treatment Services					
TASSP	0	0.0%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	1	0.1%	0.0%	0.5%	0.1%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	35	2.8%	0.3%	0.6%	0.1%
Support services					
Respite	75	6.0%	0.6%	2.4%	0.2%
Youth Support Services	12	1.0%	0.1%	1.8%	0.2%
Family Support	7	0.6%	0.1%	1.0%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.1%	0.0%

What is this data telling us?

In SFY 2024 Q3, there was a discrepancy between expenditures (6.5% of total state expenditures) and the Medicaid-eligible population (7.9%) 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, Q3 Big Picture Overview

Total Medicaid-eligible Youth Members: 32,155 (19.2% of total youth Medicaid-eligible members statewide)

Expenditures: \$4,368,585 (24.0% of total youth expenditures statewide)

Expenditures per Medicaid-eligible Youth Member: \$136

Medicaid-eligible Youth Members Receiving Any Service(s): 3,698



SFY 2024, Q3	Region 7			Statewide	
	Distinct Utilizers	% service used	Penetration Rate	% service used	Penetration Rate
Assessments					
CANS- (Billed to Medicaid)	1553	42.0%	4.8%	39.6%	3.7%
Psych and Neuropsych Testing	213	5.8%	0.7%	3.7%	0.3%
Behavior Assessment	0	0.0%	0.0%	0.8%	0.1%
Outpatient Treatment Services					
Psychotherapy	2637	71.3%	8.2%	65.5%	6.1%
Case Management	510	13.8%	1.6%	7.3%	0.7%
Med Management	472	12.8%	1.5%	15.0%	1.4%
Skills Building (CBRS)	614	16.6%	1.9%	11.7%	1.1%
Targeted Care Coordination (TCC)	414	11.2%	1.3%	8.2%	0.8%
Substance Use Services	109	2.9%	0.3%	1.8%	0.2%
Child and Family Interdisciplinary Team (CFIT)	35	0.9%	0.1%	1.0%	0.1%
Skills Training and Development (STAD)	82	2.2%	0.3%	1.0%	0.1%
Behavior Modification and Consultation	0	0.0%	0.0%	1.3%	0.1%
Crisis					
Crisis Intervention	44	1.2%	0.1%	0.5%	0.0%
Crisis Psychotherapy	55	1.5%	0.2%	1.1%	0.1%
Crisis Response	2	0.1%	0.0%	0.2%	0.0%
Crisis Services	99	2.7%	0.3%	1.6%	0.2%
Intensive Outpatient Treatment Services					
TASSP	2	0.1%	0.0%	0.2%	0.0%
Partial Hospitalization (PHP)	6	0.2%	0.0%	0.5%	0.1%
Day Treatment	0	0.0%	0.0%	0.0%	0.0%
Intensive Home and Community Based Services	4	0.1%	0.0%	0.6%	0.1%
Support services					
Respite	138	3.7%	0.4%	2.4%	0.2%
Youth Support Services	59	1.6%	0.2%	1.8%	0.2%
Family Support	128	3.5%	0.4%	1.0%	0.1%
Family Psychoeducation	0	0.0%	0.0%	0.1%	0.0%

What is this data telling us?

Region 7 receives more expenditures (24.0% of total state expenditures) than its statewide share of the Medicaid-eligible population (19.2%). 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

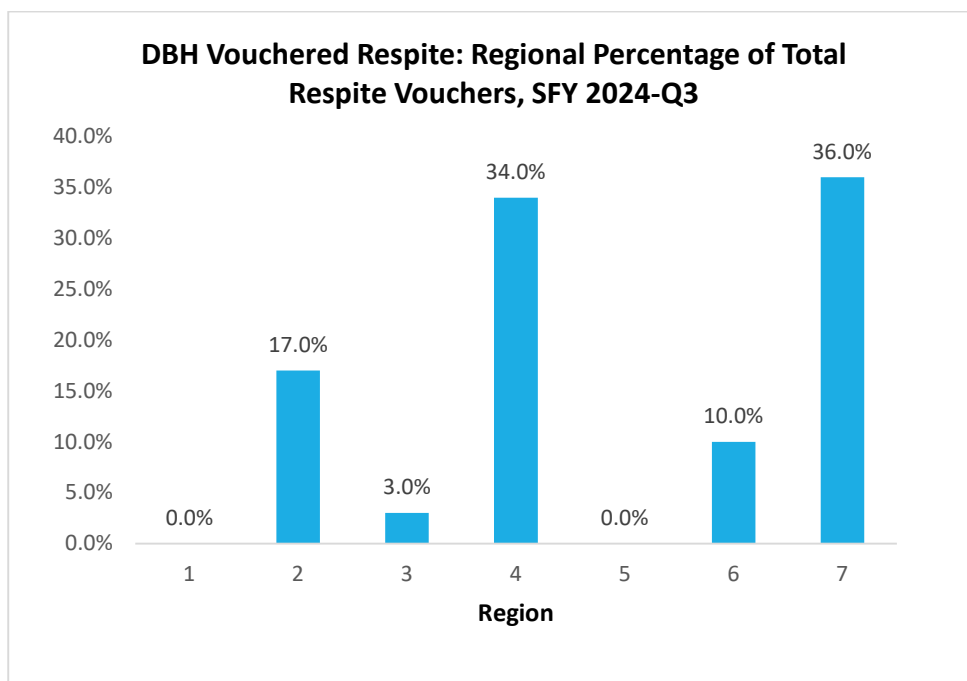
DBH Vouchered Respite

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

Regions	1	2	3	4	5	6	7	Total
Jul	3	3	1	8	0	5	16	36
Aug	4	1	5	5	2	3	27	47
Sep	2	5	2	15	0	2	18	44
SFY 2024-Q1 Total	9	9	8	28	2	10	61	127
Oct	2	1	1	7	0	1	20	32
Nov	0	3	4	7	0	1	18	33
Dec	0	0	0	5	0	0	20	25
SFY 2024-Q2 Total	2	4	5	19	0	2	58	90
Jan	0	6	0	14	0	5	17	42
Feb	0	4	1	11	0	5	17	38
Mar	0	7	2	9	0	0	2	20
SFY 2024-Q3 Total	0	17	3	34	0	10	36	100

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. During the first three quarters of SFY 2024, just 53 (unduplicated) youth received Wraparound, indicating a substantial unmet need for Wraparound services.

6c: WInS SFY 2020-2024-Q3

	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	6	12	8	12	3	7	10	7	9				53

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 2020-2024-Q2

	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	1	6	3	1	3	1	1				20

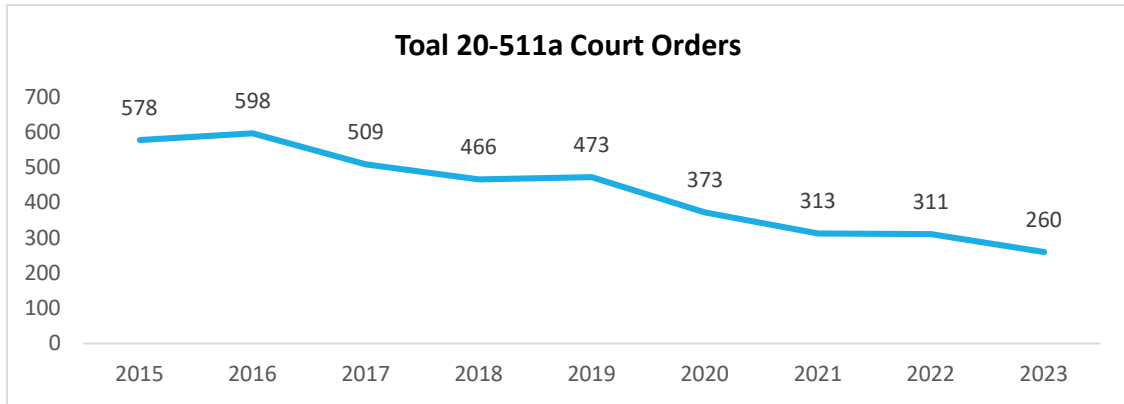
DBH 20-511A

Reflective of the general decline in the number of 20-511a Court Orders that began in SFY 2017, during the first three quarter of SFY 2024, there were 187 20-5011a Court Orders (an average of 21 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 2015 – 2024-Q2

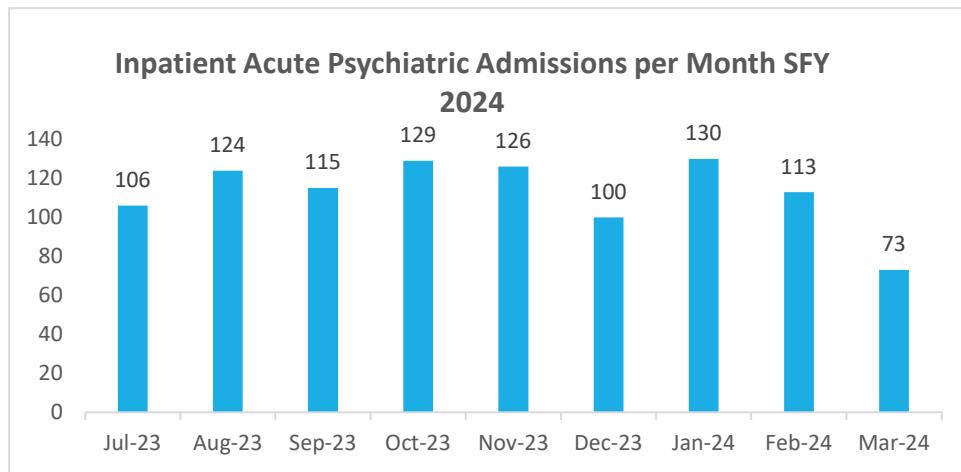
Region	1	2	3	4	5	6	7	Annual Total	Annual % Change	Annual Monthly Average
SFY 2015								578		48
SFY 2016								598	3.5%	50
SFY 2017								509	-14.9%	42
SFY 2018								466	-8.4%	39
SFY 2019								473	1.5%	39
SFY 2020								373	-21.1%	31
SFY 2021	39	6	36	77	56	19	80	313	-16.1%	26
SFY 2022	35	3	41	62	67	17	86	311	-0.6%	26
SFY 2023	41	4	33	46	48	13	75	260	-16.4%	22
SFY 2024, Q1-Q3	24	6	16	42	43	6	50	187		21

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

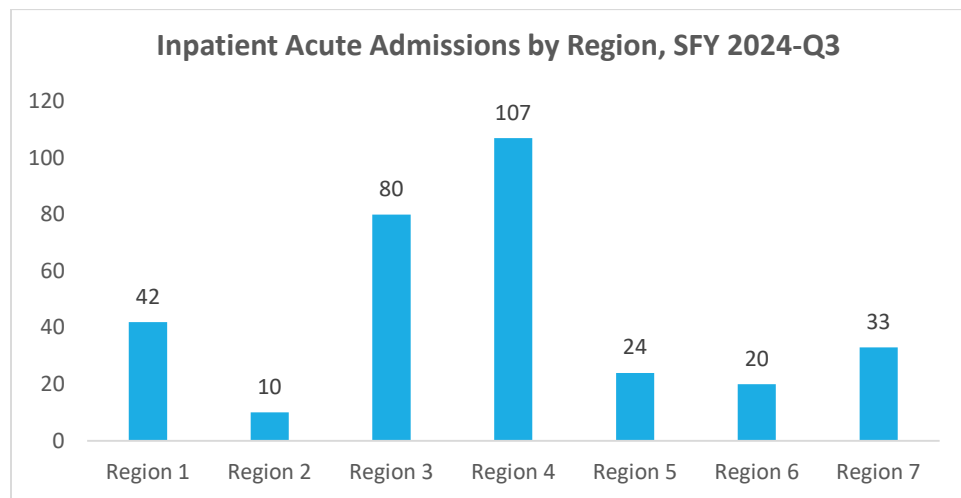


7. Utilization of Inpatient Services

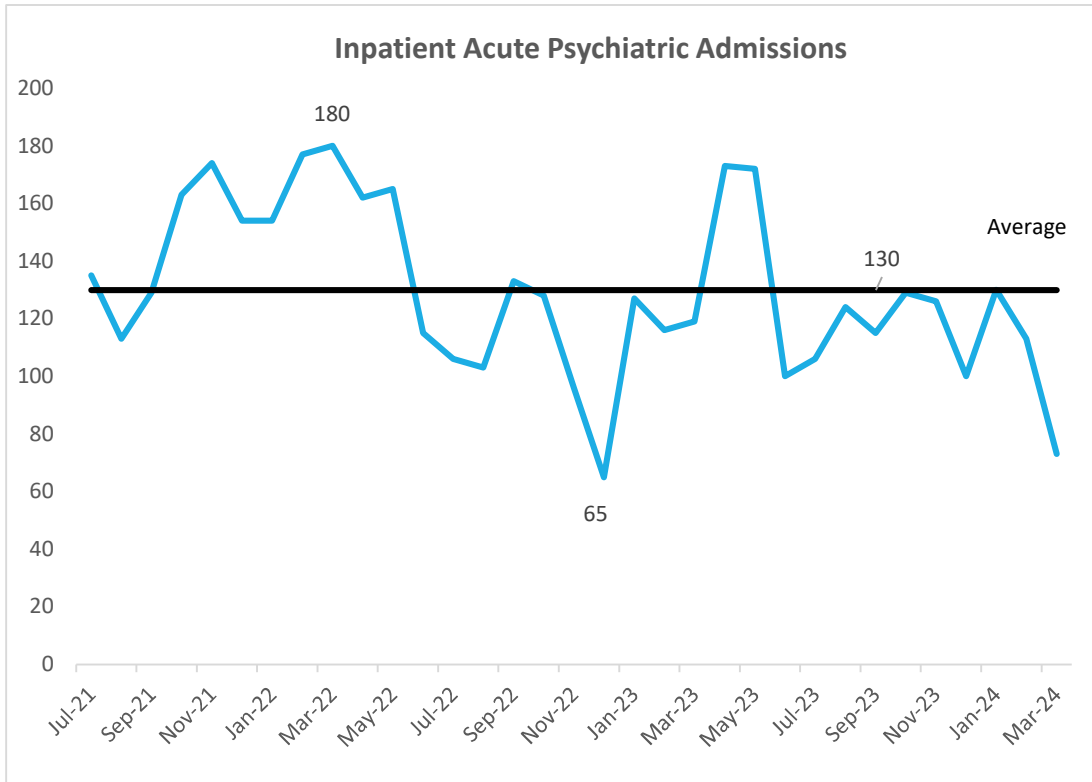
7a: Medicaid Acute Psychiatric Admissions by Month



7b: Medicaid Acute Psychiatric Admissions by Region

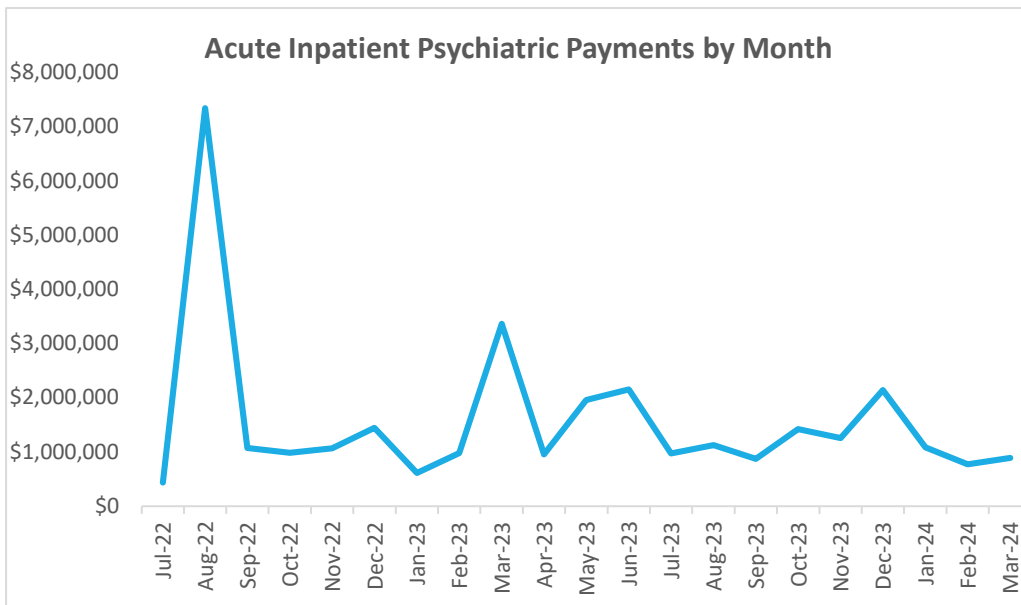


7c: Historical Trend of Medicaid Acute Admissions



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 – State Hospital South (SHS) Adolescent Unit through April 2021 and State Hospital West (SHW) starting in May 2021

7e: SHS/SHW Active Admissions by Month SFY 2020 – 2024-Q3

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Average Monthly Admissions	Total SFY Unduplicated
SFY 20 (SHS)	17	20	18	18	22	21	21	23	25	24	25	21	21.3	101
SFY 21 (SHS&SHW)	28	24	30	N/A	19	20	16	19	17	17	15	11	19.6	72
SFY 22 (SHW)	13	14	15	12	15	14	15	13	14	13	11	13	13.5	60
SFY 23 (SHW)	10	11	5	8	7	11	9	6	10	7	8	9	8.4	44
SFY 24 (SHW)	9	9	11	8	10	13	11	10	9				10	45

Notes: Data for October SFY 2021 is not available as there was a change in how data was being collected. SHW opened in May 2021. All active patients were transferred from SHS to SHW at that time.

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. In its first full fiscal year of operations (SFY 2022), SHW’s average monthly admissions (13.5) approached the facility’s 16-bed capacity. However, SHW admissions during SFY 2023 and the first nine months of SFY 2024 were limited due to facility issues (e.g., nursing station) and staffing resources.

DBH SHS/SHW Readmission Incidents (not unique individuals)

7f: SFY 2017 – 2024-Q3

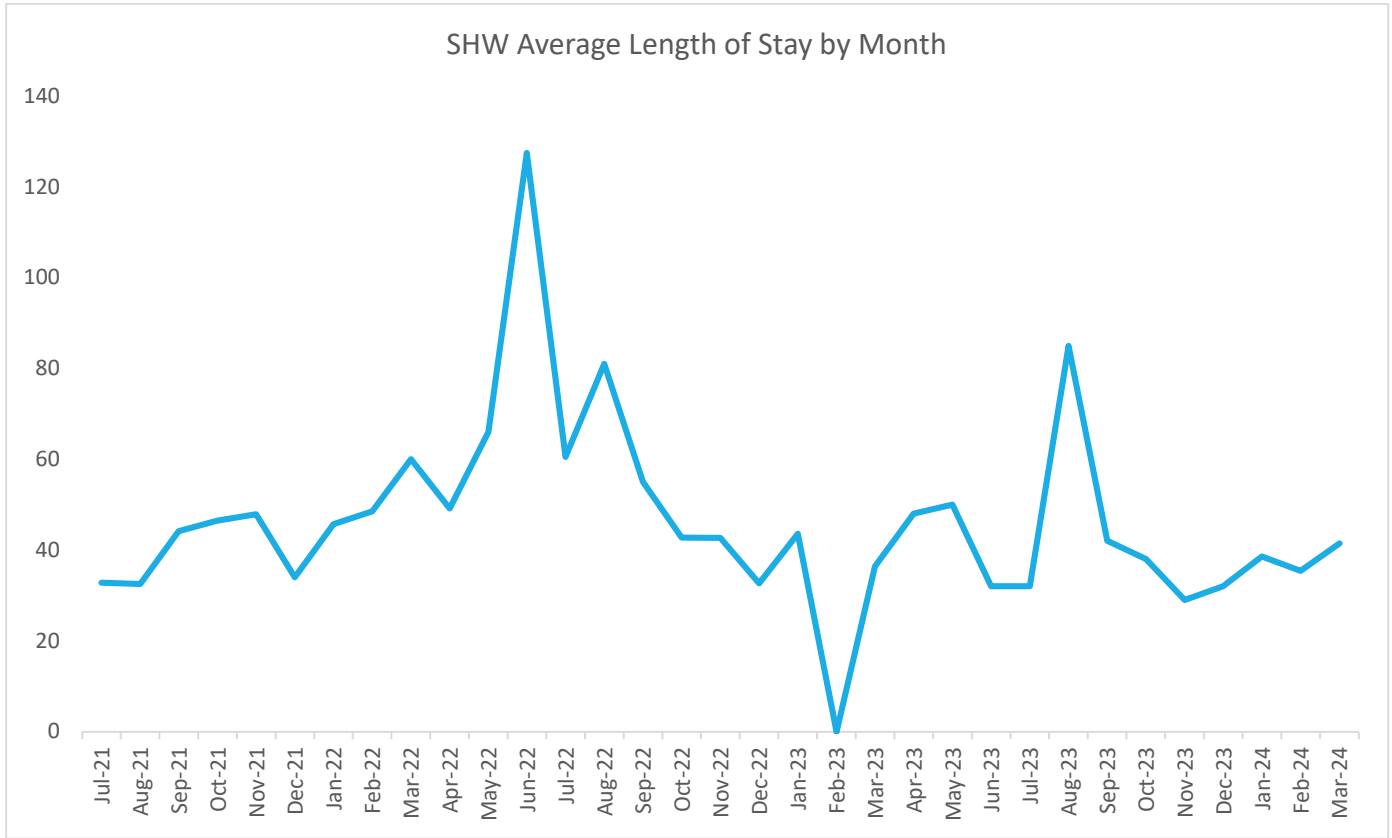
Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022	SFY 2023	SFY 2024
Re-admission 30 days or less	0	0	0	1	0	2	1	0
Re-admission 31 to 90 day	5	6	2	3	0	1	4	0
Re-admission 90 to 180 days	4	1	6	2	0	3	0	1
Re-admission 181 to 365 days	5	6	7	4	0	2	1	2
Re-admission more than 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-Q3

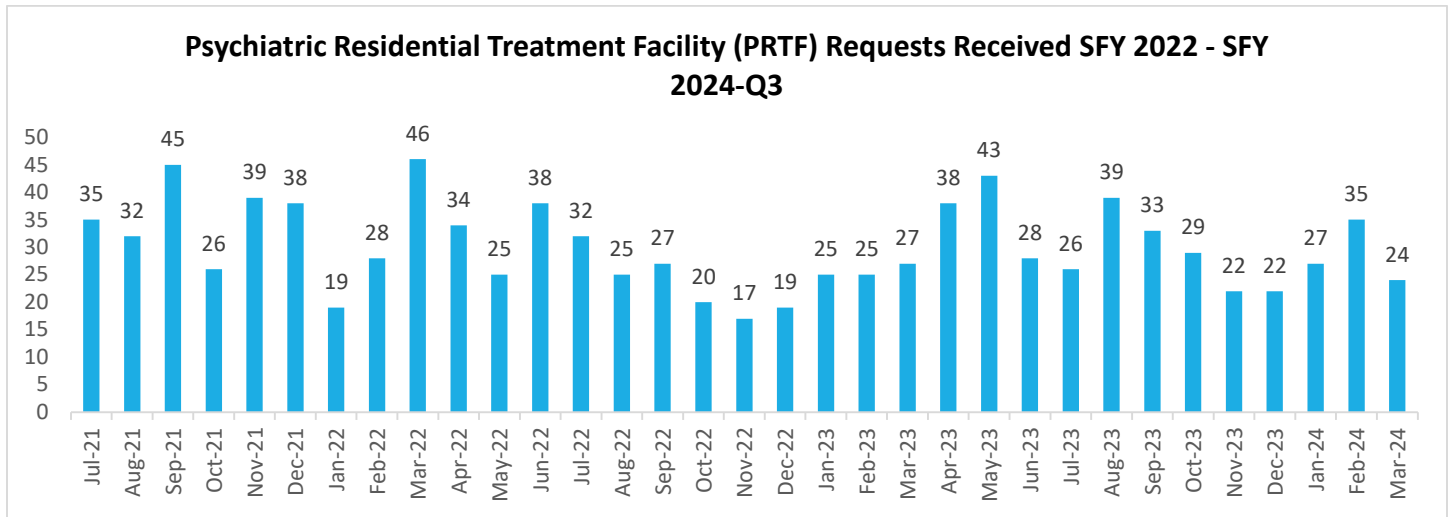


Notes:

The 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

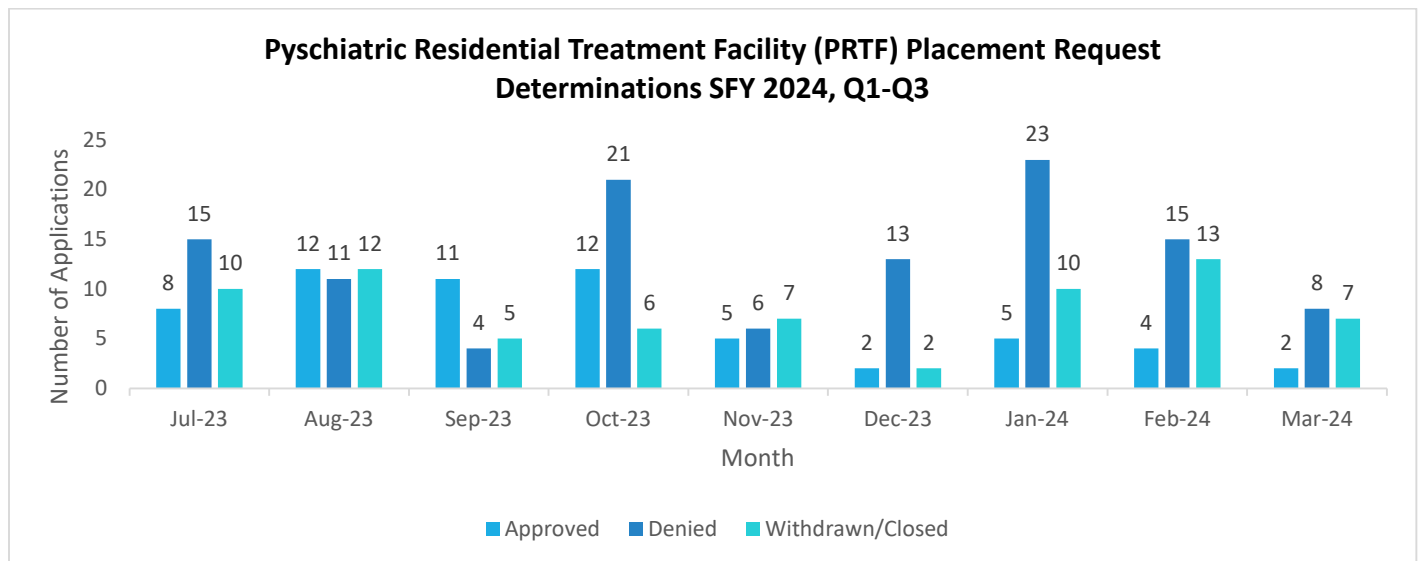
8a: Number of Psychiatric Residential Treatment Facility (PRTF)⁵ Monthly Requests



8b: PRTF Determinations SFY 2024-Q3

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).

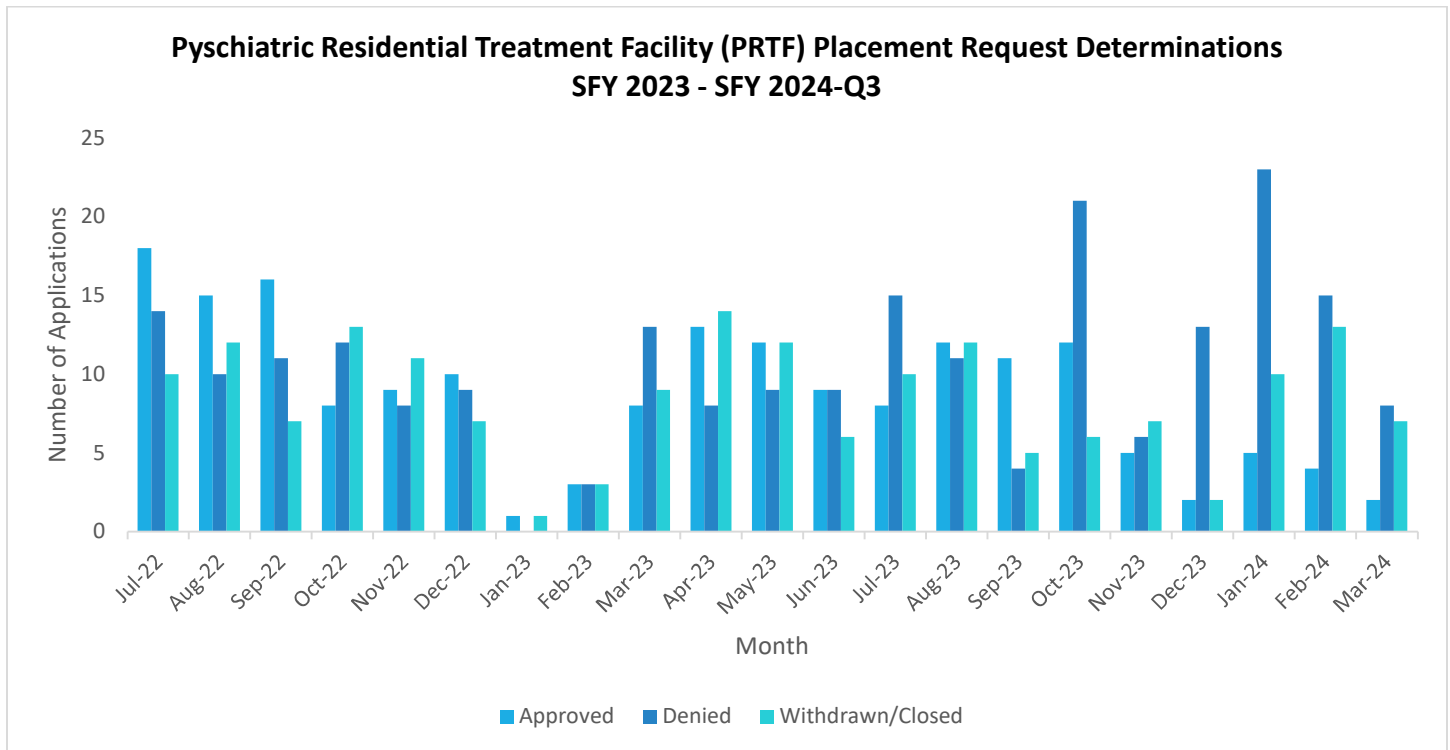


⁵ PRTF services are defined in 42 C.F.R. §483.352. *Definitions* include a range of comprehensive services provided in a separate, stand-alone entity to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.

8c: Historical Trends for PRTF SFY 2019-SFY 2024-Q3

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-Q3	249	61	24.5%	116	45.6%	72	28.9%
Avg			32.7%		40.6%		26.7%

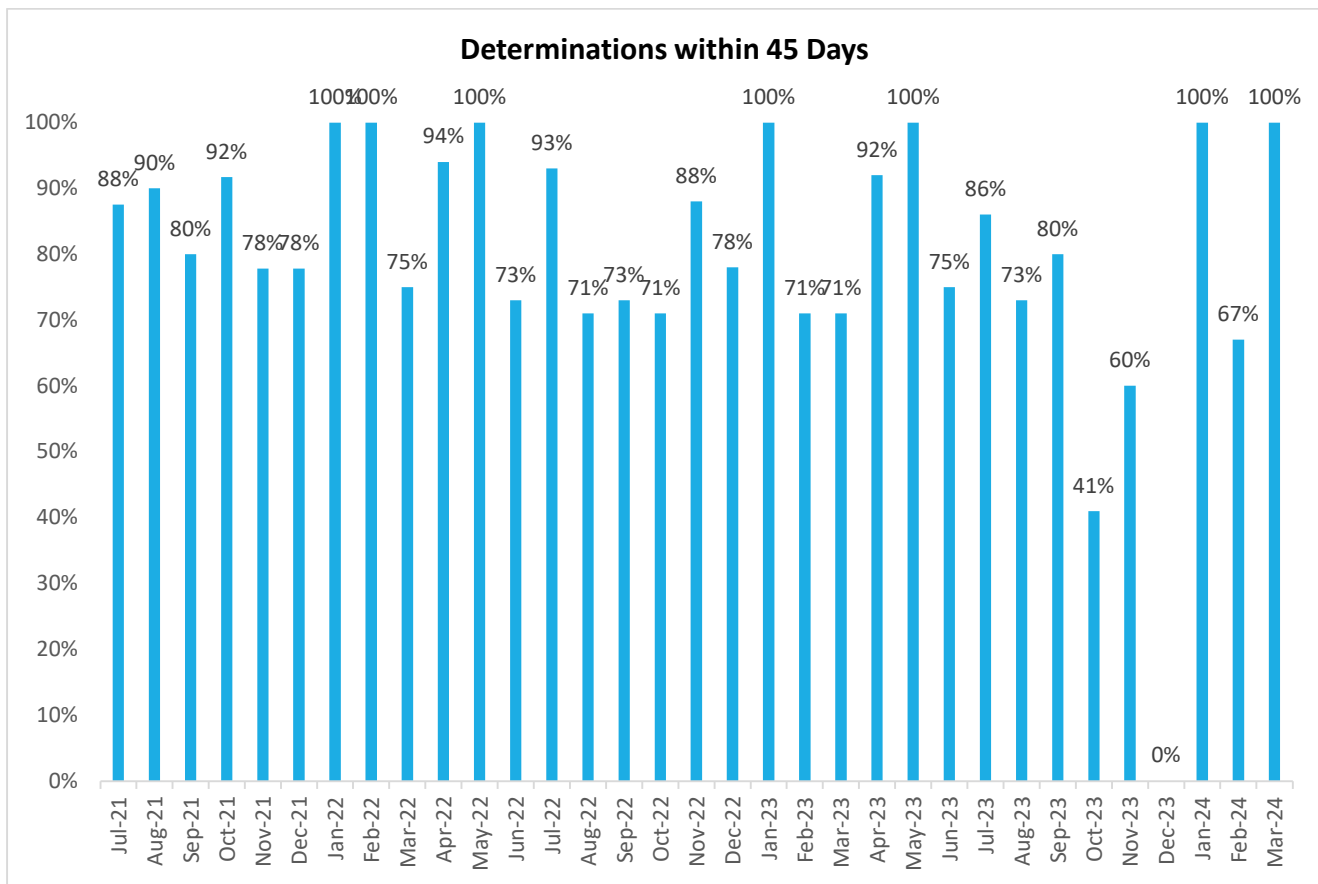
8d: Historical Trends for PRTF SFY 2023 - SFY 2024-Q3



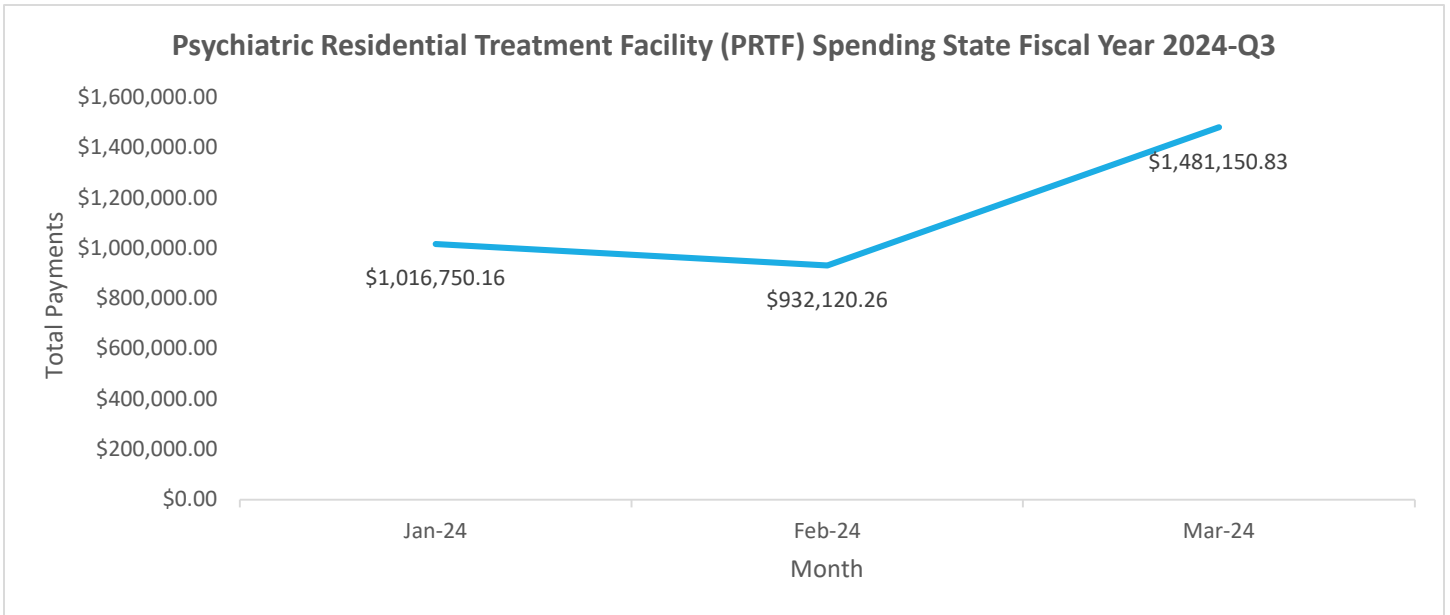
8e: Timeliness of Notice of Decision (NOD) Letters for PRTF Decisions

SFY2024	# 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%
October	17	7	41%	10	59%
November	5	3	60%	2	40%
December	2	-	-	2	100%
January	6	6	100%	-	-
February	3	2	67%	1	33%
March	1	1	100%	-	-

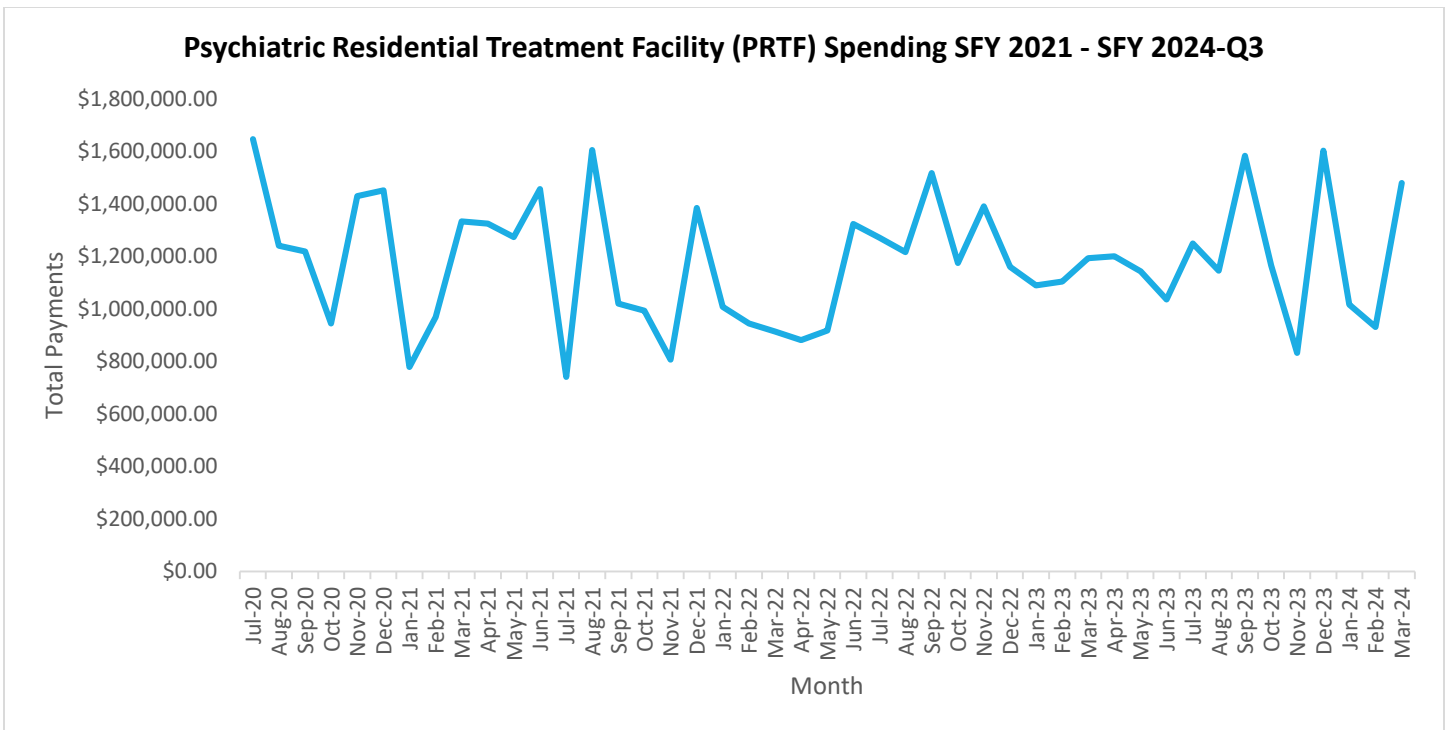
8f: Percent of determinations completed within ≤ 45 days, SFY 2023 – SFY 2024-Q3



8g: PRTF SFY 2024-Q3 Expenditures



8h: PRTF Trend in Expenditures SFY 2021 - SFY 2024-Q3



DBH Residential

DBH Residential placements are placements in residential programs paid for by DBH. The placements may include children/youth who may or may not have Medicaid and may be 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-Q3

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total SFY Unduplicated
SFY 2020	8	3	4	3	2	2	4	4	6	6	6	8	18
SFY 2021	9	9	14	N/A	13	14	15	12	10	9	10	12	24
SFY 2022	12	17	16	16	18	17	17	16	17	23	24	23	37
SFY 2023	23	20	23	25	23	23	24	28	27	28	30	24	48
SFY 2024	24	23	23	22	20	19	24	27	30				44

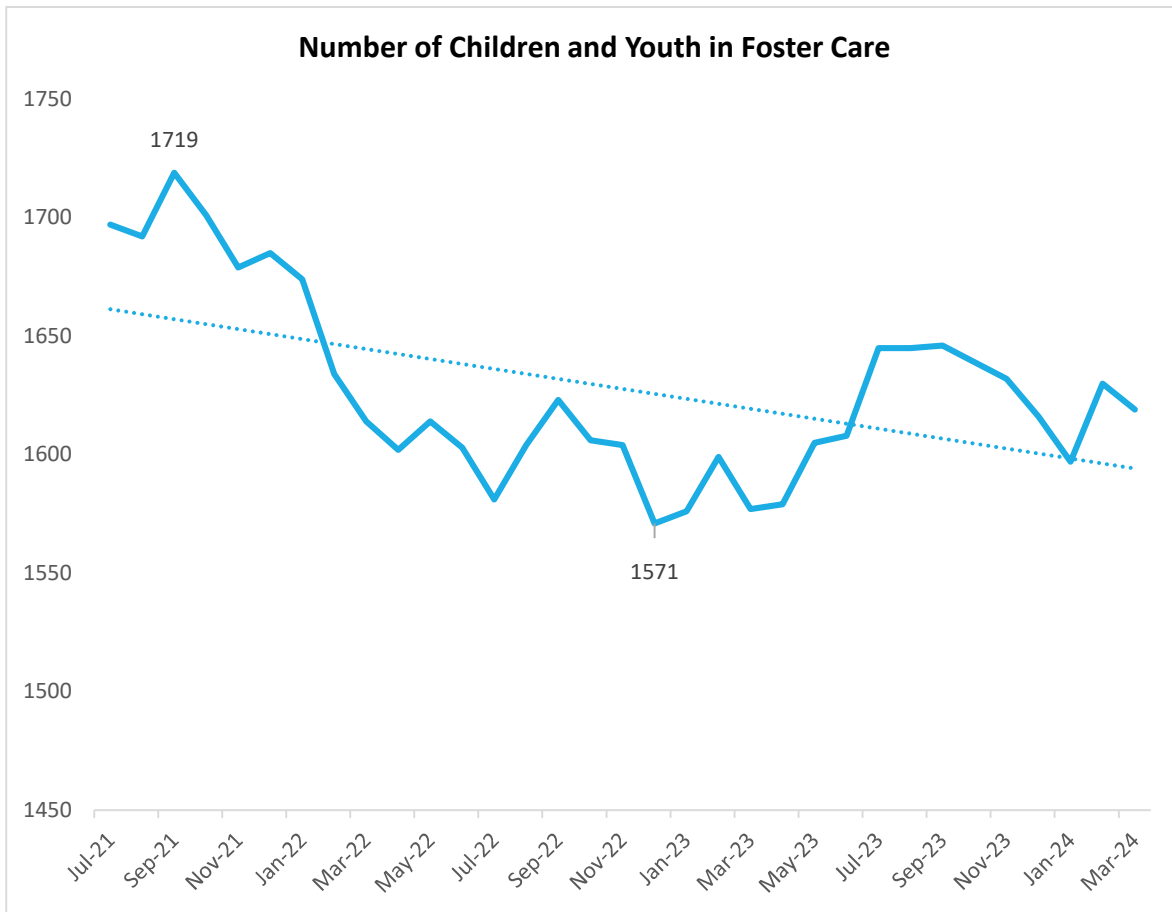
Note: Data for October SFY 2021 is not available because of a data collection protocol change.

DBH residential placements are trending upward, with an increased number of residential placements starting during the last quarter of SFY 2022 and persisting through SFY 2023 and in SFY 2024, Q1-Q3, as compared to SFY 2020 and SFY 2022 Q1-Q3.

9. YES Partners Information

Family and Community Services (FACS)

9a: SFY 2022-2024, Q1-Q3 Number of Children Active in Foster Care by Month



Note: Counts in the above chart have been updated to reflect point-in-time data pulled from the new FACS data system. Variances in counts from prior reports are due to a combination of system and methodology changes for FACS data collection and reporting, and ongoing data entry in the system. Additionally, the chart above reflects 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.

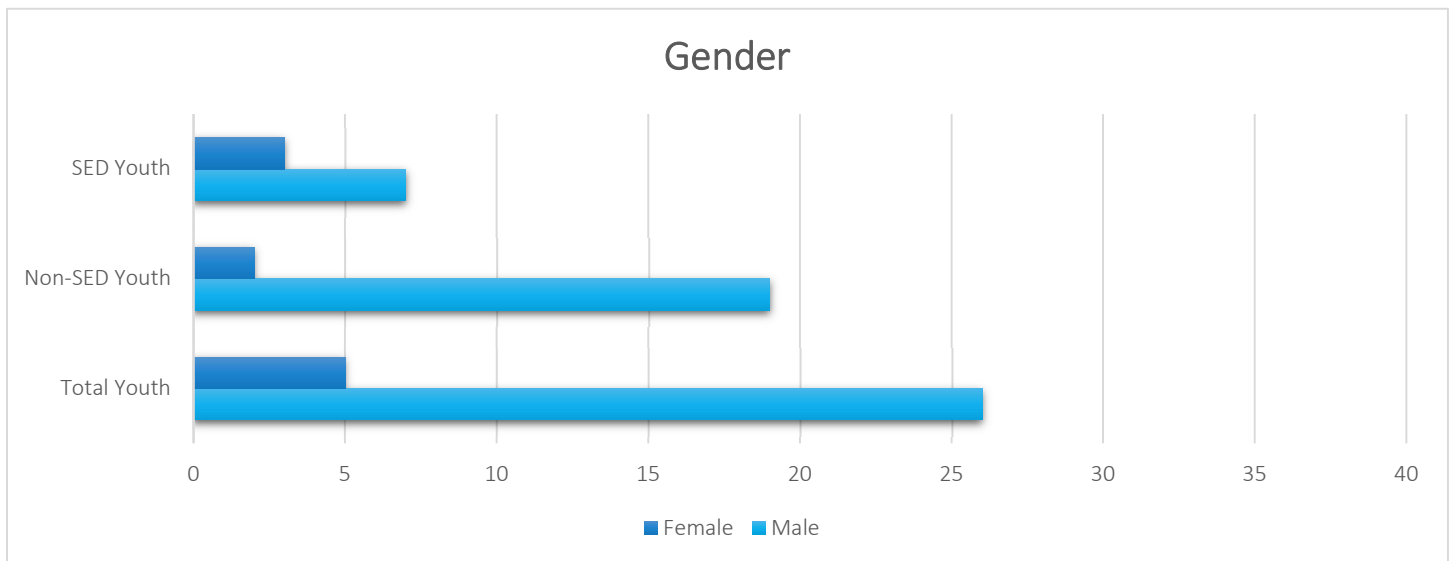
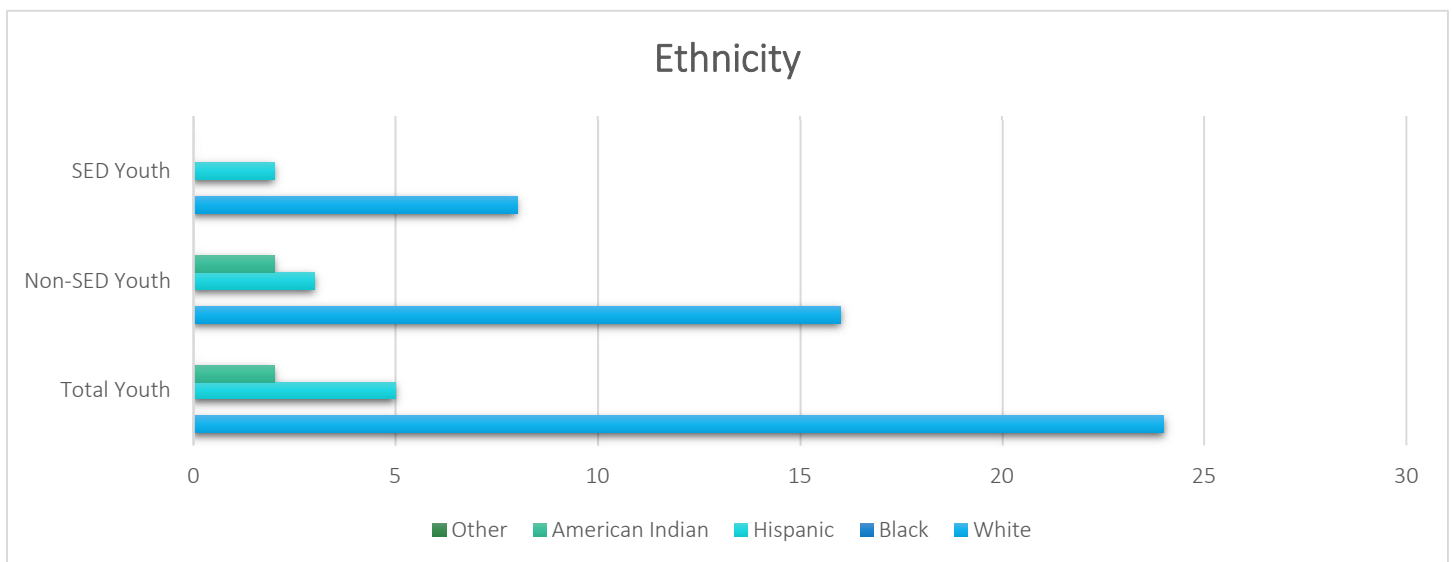
IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex-offending behavior, serious substance use disorders, mental health disorders, and female offenders.

All programs focus on the youth’s strengths, target reducing criminal behavior and thinking, and 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.

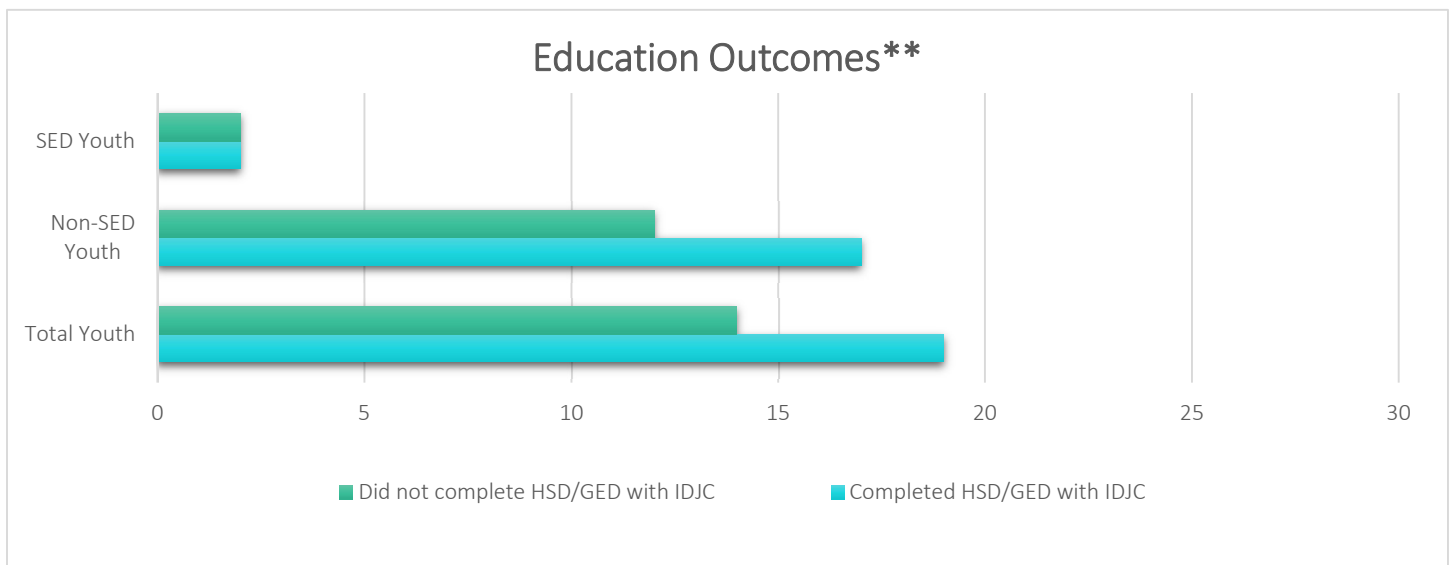
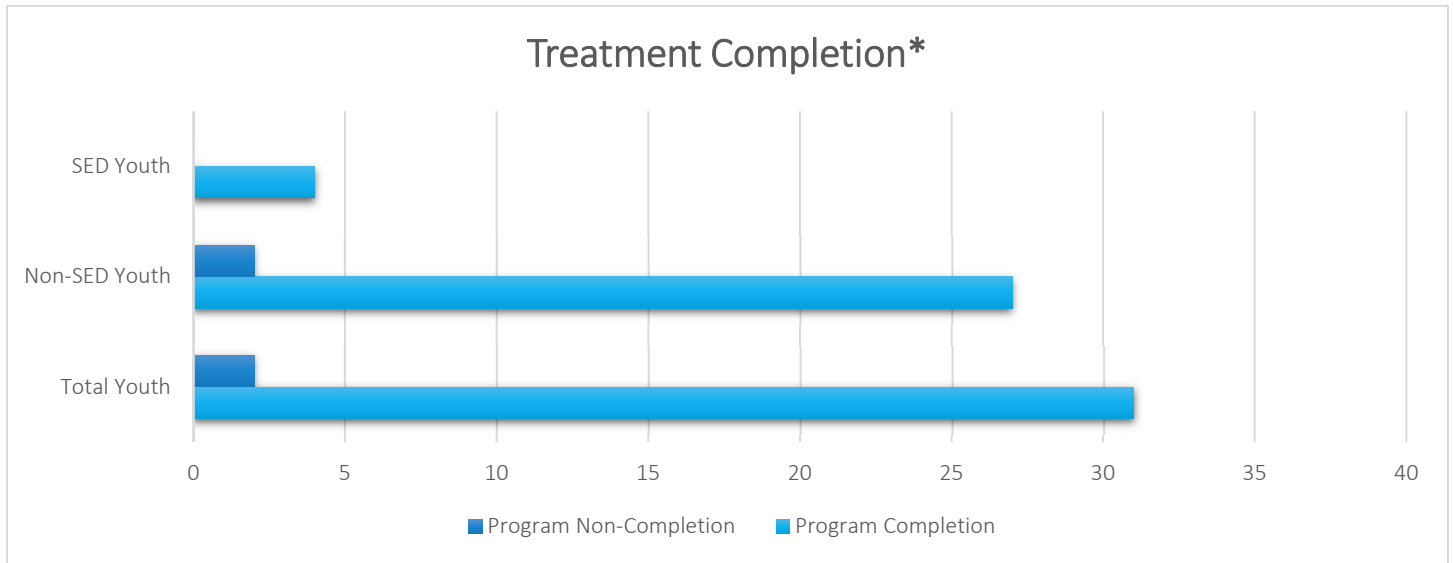
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile’s return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

2024 Third Quarter Report

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



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



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

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

State Department of Education (SDE)

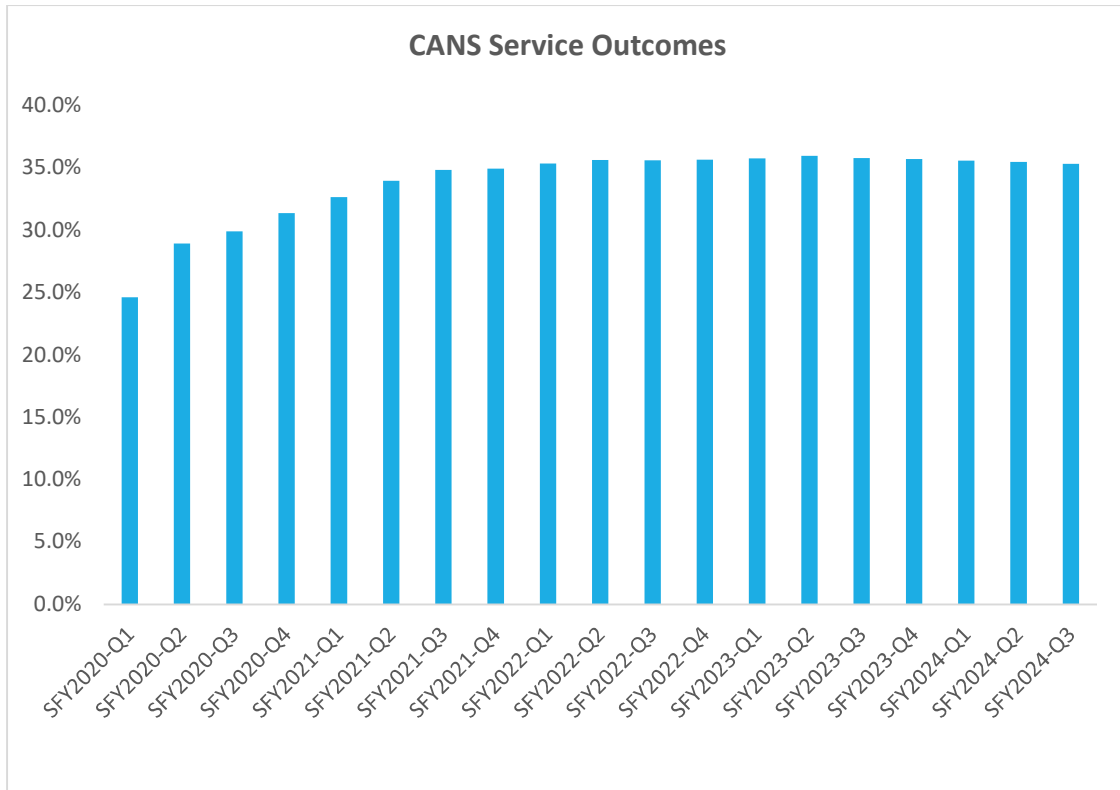
On an annual basis, the Idaho State Department of Education (SDE) provides written and electronic information and training resources to 100 percent of local education agencies (LEA) superintendents/charter administrators. The purpose of these resources is to ensure that LEA teams have the necessary information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

- a. The YES Overview for School Personnel PowerPoint*
- b. The YES Overview Brochure*
- c. The YES 101*
- d. YES Youth Mental Health Checklist for Families*
- e. The Mental Health Checklist for Youth*
- f. The YES and the Individuals with Disabilities Education Act 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 Q3, 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 35.3%.

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 access to appropriate and effective mental health care for children, youth, and families in Idaho.

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

Area	Noted issues
Access to care	Services not available within a reasonable distance Services not coordinated between mental health and developmental 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 80 YES complaints were received in SFY 2024, Q1-Q3. 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-Q3	19	0	15	1	0	37	0	8	0	-	80

*SDE complaints are analyzed and presented by school year rather than SFY. No complaint information was reported between SFY 2022 and SFY 2024-Q3.

An analysis of complaint trends, including the substantial increase in MTM complaints in SFY 2024, will be included in the SFY 20254-Q4/Annual QMIA-Q report.

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: a) Data regarding Key Quality Performance Measures, b) Family Experience Survey c) YES Quality Review.

12a: Key Quality Performance Measures

The following table lists 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 **needed improvement**, eight that were emerging, seven that were evolving, and two that were established. Eleven items have a status of “N/A” for the current reporting period.⁶ 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	
Are children who need services being identified?	CANS Assessments- % of 0, 1, 2, and 3 s- maintain current average of 30% =0, 70% = 1, 2 and 3 (YES data)	Quarterly	55%-64%	65%-69%	70%+	67.4%	Evolving
Are children getting access to care?	Expected % of Medicaid members accessing Psychotherapy (YES data)	Annual	55%-64%	65%-69%	70%+	67.2%	Evolving
Are services available timely?	Family can easily access the services child needs (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	65%	Emerging
	Meetings occur at times and locations that are convenient (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	83%	Evolving
For Children and Youth with scores of 2 or 3 on the CANS	Assessments are completed within 30 days of first contact (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
Are Children getting Access to care in the scope, duration and intensity needed	Provider makes suggestions about what services might benefit child/youth (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	74%	Emerging
	Provider suggests changes when things aren't going well (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	73%	Emerging
	Provider leads discussion of how to make things better when services are not working (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	64%	Needs Improvement
	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

⁶ 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.

For children and youth with scores of 2 or 3 on the CANS	Practice standards of scope, intensity and duration are met by initial care effectiveness (QR)	Annual	55%-64%	65%-69%	70%+	<i>SFY 2023 QR delayed</i>	<i>N/A</i>
Are services being delivered in accordance care plans?	Children with SED in IDJC care complete mental health treatment (YES data)	Quarterly	65%-74%	75%-84%	85% +	90%	Established
Are services provided with fidelity to POCPM?	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% +	89%	Established
	My child and I are the main decision makers (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	80%	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% +	81%	Evolving
	My youth/child is an active participant in planning services (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	67%	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% +	81%	Evolving
	I know who to contact if I have a concern or complaint about my provider (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	65%	Emerging
	Services focus on what my child/youth is good at, not just problems (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	81%	Evolving
	Provider discusses how to use things we are good at to overcome problems (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	74%	Emerging
	Collaborative/Team -Based Care (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	70%	Emerging
	Care is outcome-based (Family Survey)	Annual	65% - 74%	75% - 84%	85% +	69%	Emerging
Are services provided through Child and Family Teaming	Families were able to participate in child's mental health services as much as they want (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% +	70%	Emerging
Are YES Complaints and appeals addressed and tracked	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 included 11 new questions that were developed with family members. Survey data collection began in February 2024 and concluded on April 15, 2024. As in previous years, this year's survey included a sample of 6,000 caregivers of youth who participated in YES mental health services during 2023. An updated report for SFY 2024 will be published in late July or early August, 2024.

12c: YES Quality Review

Idaho uses an annual Quality Review (QR) process to objectively assess and improve clinical practice and program effectiveness systemwide, identify program strengths and needs, develop actionable clinical data/information, and identify targeted areas for system improvement. Each year, that purpose is applied to a central clinical question. **This year's QR process is focused on the need for a closer look at the process for engaging, high-quality care during the first 30 days of treatment.** The two following questions were the focus of the Provider Survey portion of the QR:

- What change has there been in the provider network's capacity for intensive community-based treatment?
- Do network providers perceive any changes in the state-level barriers and supports that impact the expansion of intensive community-based treatment?

Key findings of the Provider QR in terms of capacity for intensive community-based treatment include:

- The percentage of providers offering intensive community services plateaued this year after decreasing in the previous year;
- Despite recent rate increases for providers, there was not a corresponding increase in the desire to expand the breadth or intensity of services offered;
- Providers lack of trust in the Idaho Department of Health and Welfare (IDHW) continues to limit support for expanding the continuum of care.

The full Provider Survey report is available on the YES website (https://yes.idaho.gov/wp-content/uploads/2024/04/2023_QR-Report_01-Agency-Survey.pdf).

13. YES Communications

YES Website

YES Website Analytics – Reporting Period: January 1 – March 31, 2024



Top 10 Landing Pages from 01/01/2024-03/31/2024

Page title	Total users *	New users
Welcome to YOUTH EMPOWERMENT SERVICES	2,085	1,734
Contact Us YOUTH EMPOWERMENT SERVICES	490	79
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	422	323
Quick Start Guide YOUTH EMPOWERMENT SERVICES	387	22
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	368	203
Parents YOUTH EMPOWERMENT SERVICES	283	59
YES History and Current Development YOUTH EMPOWERMENT SERVICES	202	105
YES Training YOUTH EMPOWERMENT SERVICES	199	31
Wraparound Intensive Services YOUTH EMPOWERMENT SERVICES	177	117
YES Overview YOUTH EMPOWERMENT SERVICES	160	17

Device category	Sessions	Bounce rate
desktop	4,347	41.02%
mobile	1,250	42.16%
tablet	30	46.67%

Visits by Location

City	Sessions *
Los Angeles	927
Boise	742
(not set)	369
Wampa	333
Seattle	279
Idaho Falls	224
Meridian	136
Salt Lake City	136
Phoenix	125
Chicago	114

Traffic Type

Session default channel group	Sessions
Direct	2,877
Organic Search	2,196
Referral	542



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

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

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

YES Website Analytics – Reporting Period: January 1 – March 31, 2024

Files downloaded

Number of times files were downloaded while a user was actively viewing the site

File name	Event count...
GettingStartedYES.pdf	409
YES101_online.pdf	243
YESPracticeManualFinal.pdf	178
MHChecklistforYOUTH.pdf	101
MHChecklist.pdf	96
YESOverviewtrifold.pdf	95
MentalHealthCrisisDe nitionandExpectation...	91
YES-Contacts.pdf	63
GettingStartedContacts.pdf	57
YouthCrisisSafetyPlan.pdf	55

Top 10 Google Search Terms

Number of clicks into the site from Google, and number of times users saw a link to the site on Google

Query	Url Clicks +	Impressions
yes program	84	1,085
yes program idaho	80	3,215
yes idaho	60	883
cans assessment idaho	48	99
cans certification	36	189
youth empowerment service...	31	758
youth empowerment service...	28	911
idaho yes program	21	1,069
icans idaho	15	159
cans	13	9,584

Site activity

Number of times a user event occurred*

Event name	Event count*
page_view	12,429
scroll	9,812
user_engagement	7,668
session_start	5,660
file_download	5,214
first_visit	2,923
click	2,251
form_start	193
mailto	30
tel	19

Where do visitors enter the site?

Count of each page where a visitor session started

Page title and screen class	Event count
Welcome to YOUTH EMPOWERMENT SERVICES	2,982
Child and Adolescent Needs and Strengths (CANS) YOUTH...	527
Guide to YES: A Practice Manual YOUTH EMPOWERMENT S...	416
YES History and Current Development YOUTH EMPOWERM...	315
Wraparound Intensive Services YOUTH EMPOWERMENT SE...	207
Contact Us YOUTH EMPOWERMENT SERVICES	192
Parents YOUTH EMPOWERMENT SERVICES	156
Quick Start Guide YOUTH EMPOWERMENT SERVICES	127
YOUTH EMPOWERMENT SERVICES	86
YES Training YOUTH EMPOWERMENT SERVICES	80

Where do visitors enter then immediately leave the site?

Count of each page where a visitor entered then immediately left the site

Page title and screen class	Bounce rate +
YOUTH EMPOWERMENT SERVICES	47.2%
Wraparound Intensive Services YOUTH EMPOWERMENT SER...	37.93%
YES Newsletters YOUTH EMPOWERMENT SERVICES	37.74%
Child and Adolescent Needs and Strengths (CANS) YOUTH E...	34.75%
YES History and Current Development YOUTH EMPOWERME...	33.63%
Welcome to YOUTH EMPOWERMENT SERVICES	31.34%
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SE...	30.02%
YES Quality Management Improvement and Accountability (Q...	29.92%
YES System of Care Terms to Know YOUTH EMPOWERMENT...	26.76%
Child and Family Teams (CFT) YOUTH EMPOWERMENT SER...	24.62%

YES Website Analytics – Trends since site launch: June 21, 2021 - March 31, 2024

Visitors and Pages

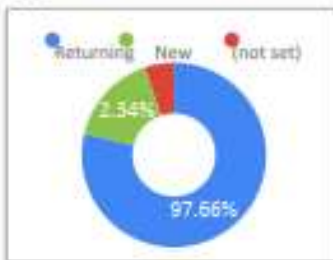
Sessions 42,619	New users 13,384
Total users 13,704	

Views per user 3.25	Average session duration 00:03:38
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Visits by Device



Type of Visitors



Top 10 Landing Pages

Page title	Total users *	New users
Welcome to YOUTH EMPOWERMENT SERVICES	6,040	5,435
Contact Us YOUTH EMPOWERMENT SERVICES	1,379	205
Quick Start Guide YOUTH EMPOWERMENT SERVICES	1,203	87
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	1,095	844
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	834	424
Parents YOUTH EMPOWERMENT SERVICES	808	183
YES History and Current Development YOUTH EMPOWERMENT SERVICES	549	281
YES Overview YOUTH EMPOWERMENT SERVICES	489	42
Getting Started YOUTH EMPOWERMENT SERVICES	358	18
YES Training YOUTH EMPOWERMENT SERVICES	199	31

Device category	Sessions	Bounce rate
desktop	16,507	44.17%
mobile	5,143	47.24%
tablet	132	46.87%

Traffic Type

Session default channel group	Sessions
Direct	11,578
Organic Search	8,352
Referral	1,659

Visits by Location

City	Sessions
Boise	3,705
Los Angeles	2,331
(not set)	1,391
Nampa	1,344
Seattle	1,073
Idaho Falls	807
Salt Lake City	611
Meridian	552
Phoenix	476
Twin Falls	282

Bounce rate 45.94%

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

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

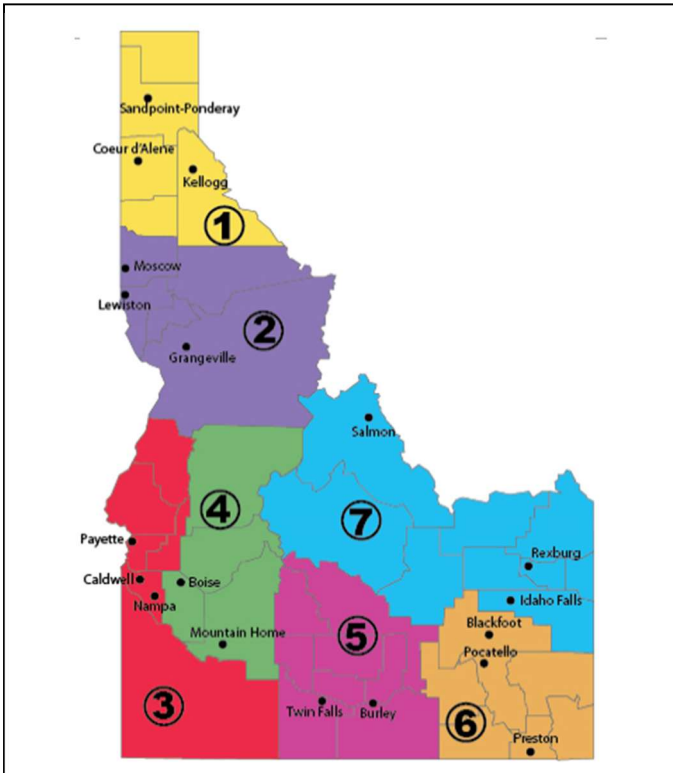
Referral traffic records visits that come from a link to a page on our site from another website, social media page and sometimes email (although Outlook and some other email programs may not pass along referral information, so these may show up as Direct traffic).

Appendix A: Glossary- updated September 2022

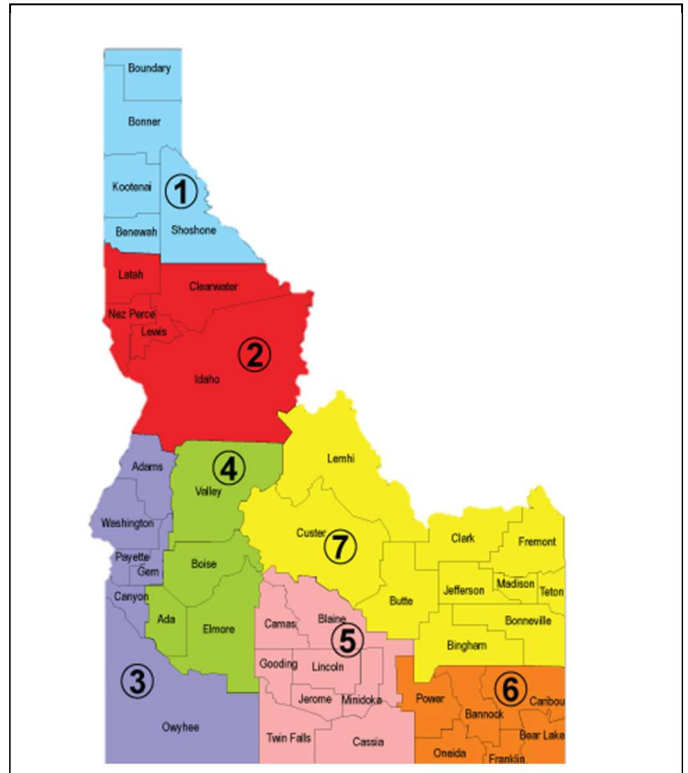
Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child’s or youth’s needs and strengths.
Class Member	Idaho residents with SED who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
Distinct Number of Clients	Child or youth is counted once within the column or row but may not be unduplicated across the regions or entities in the table.
EPSDT	Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which is now referred to as Children’s Medicaid, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. (National website Medicaid.gov).
IEP	The Individualized Education Plan (IEP) is a written document that spells out a child or youth’s learning needs, the services the school will provide, and how progress will be measured.
Intensive Care Coordination (ICC)	A case management service that provides a consistent single point of management, coordination, and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that such services are coordinated and delivered consistent with the Principles of Care and Practice Model.
Jeff D. Class Action Lawsuit Settlement Agreement	The Settlement Agreement that ultimately will lead to a public children’s mental health system of care that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles.
QMIA	A quality management, improvement, and accountability program.
Serious Emotional Disturbance (SED)	The mental, behavioral, or emotional disorder that causes functional impairment and limits the child’s functioning in family, school, or community activities. This impairment interferes with how the youth or child needs to grow and change on the path to adulthood, including the ability to achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills.
SFY	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
SFYTD	The acronym for State Fiscal Year to Date.
System of Care	An organizational philosophy and framework that involves collaboration across agencies, families, and youth for improving services and access, and expanding the array of coordinated community-based, culturally, and linguistically competent services and supports for children.
TCOM	The Transformational Collaborative Outcomes Management (TCOM) approach is grounded in the concept that the different agencies that serve children all have their own perspectives, and these different perspectives create conflicts. The tensions that result from these conflicts are best managed by keeping a focus on common objectives — a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.
Unduplicated Number of Clients	Child or youth is counted only once in the column or row
Youth Empowerment Services (YES)	The name chosen by youth groups in Idaho for the new System of Care that will result from the Children’s Mental Health Reform Project.
Other YES Definitions	System of Care terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/ YES Project Terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/

Appendix C- Regional Maps

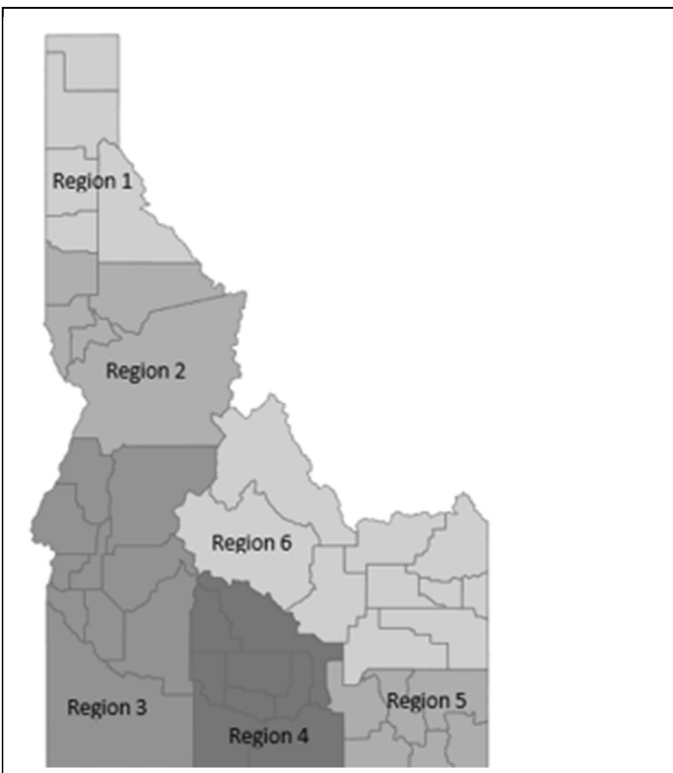
Idaho Department of Health and Welfare: Medicaid,



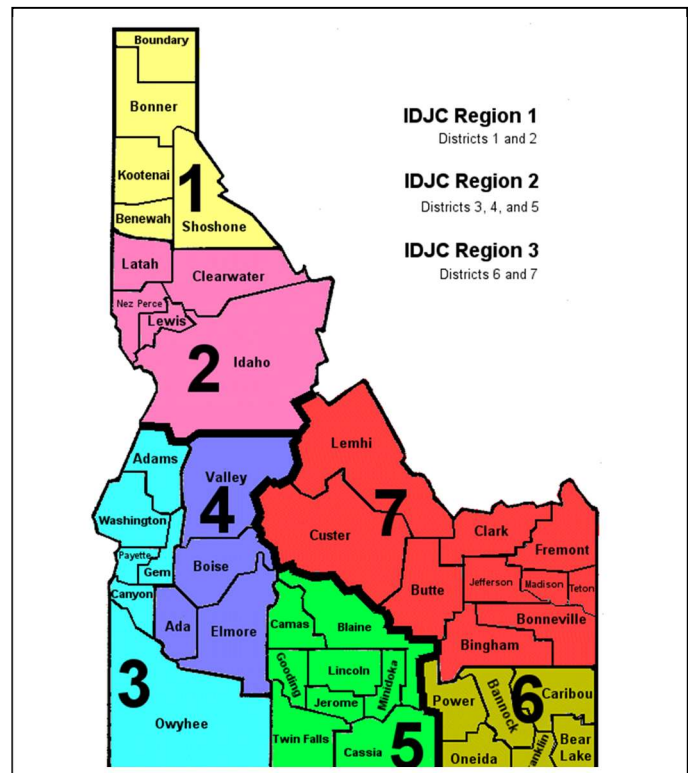
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education

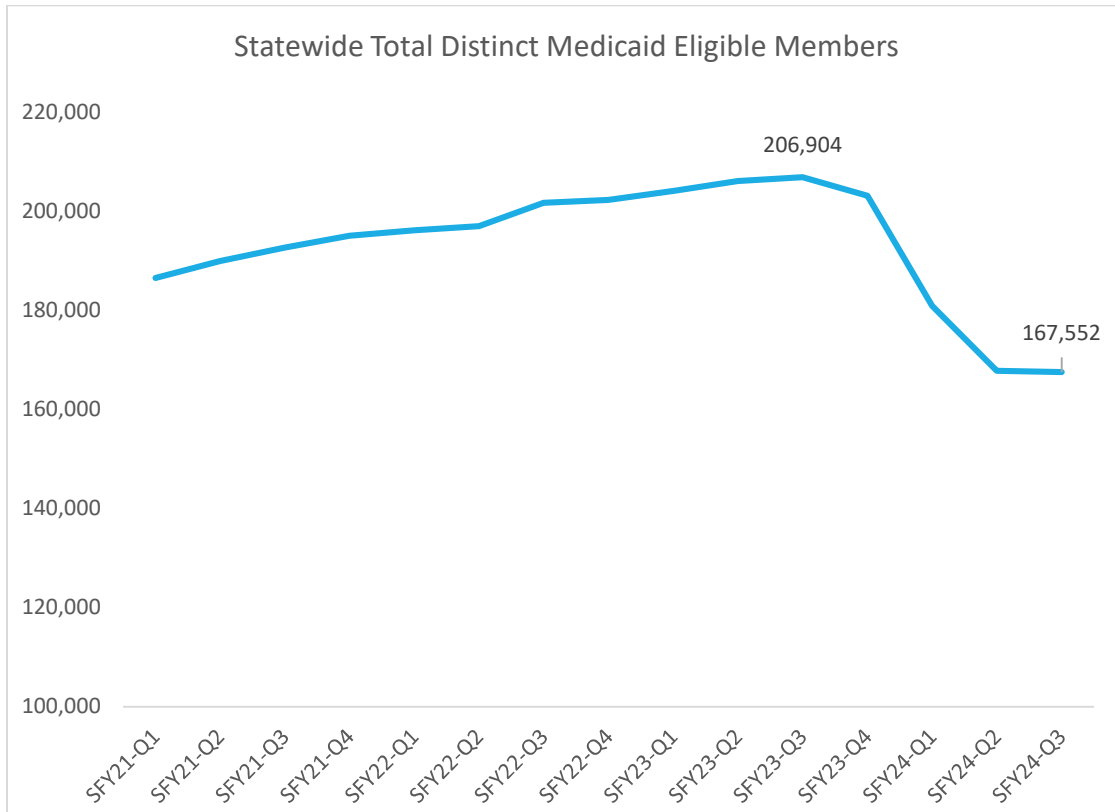


Idaho Department of Juvenile Corrections



Appendix D –Medicaid Eligible Members and Service Utilization Rate by Quarter (SFY 2021 – SFY 2024, Q1-Q3)

Region	SFY21-Q1	SFY21-Q2	SFY21-Q3	SFY21-Q4	SFY22-Q1	SFY22-Q2	SFY22-Q3	SFY22-Q4	SFY23-Q1	SFY23-Q2	SFY23-Q3	SFY23-Q4	SFY24-Q1	SFY24-Q2	SFY24-Q3
1	21,764	22,343	22,779	23,128	23,252	23,703	23,591	23,688	24,057	24,442	24,724	24,417	21,704	19,953	20,031
2	7,547	7,741	7,830	7,970	8,068	8,193	8,141	8,192	8,339	8,440	8,482	8,347	7,535	6,969	6,999
3	39,617	40,481	41,056	41,569	41,865	42,148	42,600	42,792	43,162	43,635	44,065	43,326	38,608	36,113	36,354
4	36,843	37,678	38,198	38,587	38,976	39,424	38,999	39,341	39,859	40,467	40,894	40,407	36,133	33,797	33,952
5	25,860	26,490	26,881	27,180	27,372	27,697	27,588	27,784	28,051	28,394	28,580	28,074	25,092	23,444	23,465
6	14,162	14,447	14,673	14,841	15,055	15,272	15,302	15,447	15,641	15,834	15,931	15,637	14,130	13,184	13,178
7	34,407	35,138	35,771	36,460	37,007	37,574	37,432	37,825	38,358	38,945	39,276	38,590	34,467	32,151	32,155
OOS	6,267	5,615	5,471	5,284	4,536	2,940	8,001	7,213	6,611	5,881	4,952	4,281	3,204	2,151	1,418
Total	186,467	189,933	192,659	195,019	196,131	196,951	201,654	202,282	204,078	206,038	206,904	203,079	180,873	167,762	167,552



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 2020 Q1 and SFY 2024 Q1-Q3.

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.

Qtr	Total Utilizers per Quarter	Total Distinct Members per Quarter	Pct Utilizers	Rate per Thousand	QoQ Change	YoY Change
SFY2020-Q1	16,962	192,236	8.82%	88		
SFY2020-Q2	17,219	189,891	9.07%	91	2.8%	
SFY2020-Q3	17,621	177,908	9.90%	99	9.2%	
SFY2020-Q4	15,575	181,826	8.57%	86	-13.5%	
SFY2021-Q1	15,755	186,467	8.45%	84	-1.4%	-4.2%
SFY2021-Q2	16,382	189,933	8.63%	86	2.1%	-4.9%
SFY2021-Q3	17,361	192,659	9.01%	90	4.5%	-9.0%
SFY2021-Q4	17,604	195,019	9.03%	90	0.2%	5.4%
SFY2022-Q1	16,399	196,131	8.36%	84	-7.4%	-1.0%
SFY2022-Q2	16,183	196,951	8.22%	82	-1.7%	-4.7%
SFY2022-Q3	16,836	201,654	8.35%	83	1.6%	-7.3%
SFY2022-Q4	17,034	202,282	8.42%	84	0.9%	-6.7%
SFY2023-Q1	15,981	204,078	7.83%	78	-7.0%	-6.3%
SFY2023-Q2	16,060	206,038	7.79%	78	-0.5%	-5.1%
SFY2023-Q3	16,868	206,904	8.15%	82	4.6%	-2.4%
SFY2023-Q4	16,834	203,079	8.29%	83	1.7%	-1.6%
SFY2024-Q1	15,272	180,873	8.44%	84	1.9%	7.8%
SFY2024-Q2	15,031	167,762	8.96%	90	6.1%	14.9%
SFY2024-Q3	15,664	167,552	9.35%	93	4.3%	14.7%

Percent of Eligible Members Using Services, by Quarter
SFY20-Q1 to SFY24-Q3, Ages 0 to 17 Only

