Youth Empowerment Services

Quality Management Improvement & Accountability (QMIA)

# YOUTH EMPOWERMENT SERVICES
# QMIA Quarterly Report

Q4, SFY 2024

October, 2024

Youth Empowerment Services

# YES, QMIA Quarterly Report SFY 2024, Q4

**YES QMIA-Q SFY 2024, Q4 includes data from April, May, and June 2024**

**and trends from previous quarters and years**

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# YES, QMIA Quarterly Report Q4, 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). 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.

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] | ***Published on YES Website*** |
|---|---|
| 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 Q4 of SFY 2024 (April, May, June 2024), and trends over the past five years, comparing previous quarters and SFYs.**

## Executive Summary – SFY 2024, Q4

The QMIA-Q report for State Fiscal Year (SFY) 2024, Quarter 4 (Q4) provides information about the delivery of YES services for April, May, and June 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 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 below represent unduplicated annual totals.

The SFY 2024 total of 143 includes only the year's first three quarters. As of the publication of this report, unduplicated number served data for quarter 4 had not been provided by the Idaho Behavioral Health Plan (IBHP). Assuming IHCBS service use continued at roughly the same pace in quarter 4 of SFY 2024, the projected annual unduplicated total would have been 190 - more than double the SFY 2023 total. **When SFY 2024-Q4 data become available, this report will be updated and republished.**

| 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 Quarters 1 - 3[2]** | 3 | 3 | 27 | 46 | 1 | 55 | 8 | **143** |

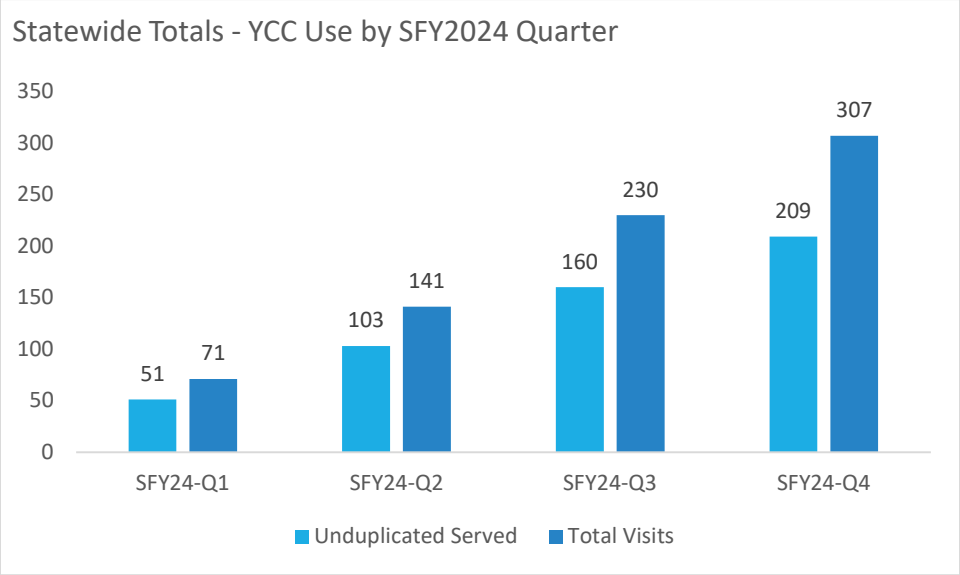
[2] At the time of report publication, unduplicated Distinct Utilizer data was not available for Q4 of SFY2024. When data become available, the report will be updated and republished.

Expansion of Youth Crisis Services

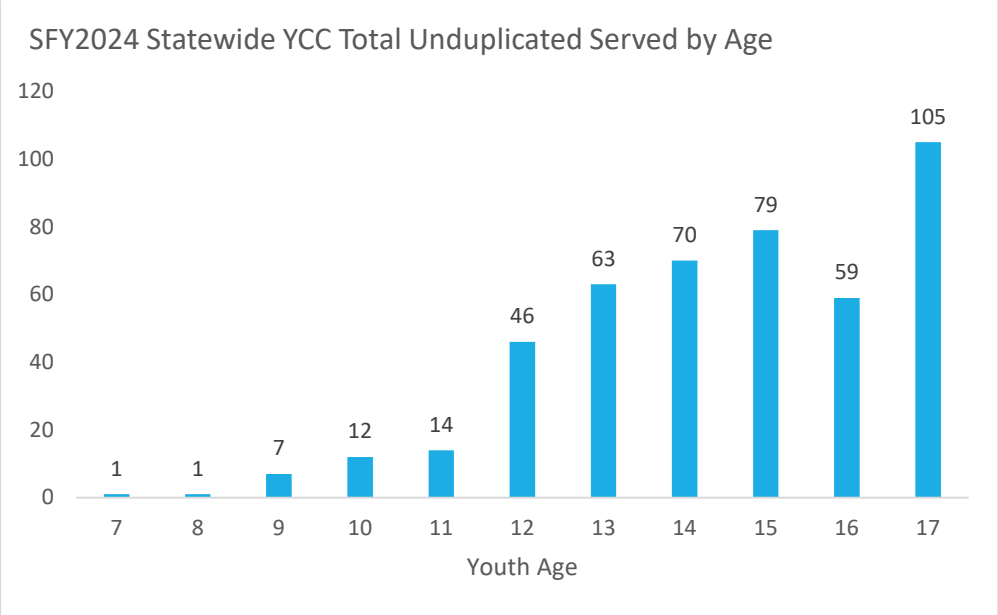
Crisis services for Idaho youth expanded in 2023 and early 2024 with four Youth Crisis Centers (YCCs) opening. The YCCs provide support and services during the early stage of a mental health crisis before more intensive, costly, and restrictive interventions are required. The YCCs specialize in providing 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.

During SFY2024, statewide use of the YCCs in terms of unduplicated number serviced and total visits increased steadily quarter over quarter.

| YCC (opening date) | Location | SFY24-Q1 Unduplicated # served (Total visits) | SFY24-Q2 Unduplicated # served (Total visits) | SFY24-Q3 Unduplicated # served (Total visits) | SFY24-Q4 Unduplicated # served (Total visits) | 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) | 68 (110) | 16 hours |
| Proactive Youth and Family Support Center (Aug. 1, 2023) | Twin Falls | 23 (25) | 33 (40) | 41 (60) | 47 (67) | 15 hours |
| Pathways Youth Community Support Center (Oct. 16, 2023) | Boise | Not open during reporting period | 37 (46) | 62 (71) | 60 (87) | 13 hours |
| Western Idaho Youth Support Center (Jan. 29, 2024) | Nampa | Not open during reporting period | Not open during reporting period | 23 (38) | 34 (43) | 13 hours |
| **Statewide Totals** | | **51 (71)** | **103 (141)** | **160 (230)** | **209 (307)** | **14.6 hours** |



While the YCCS did serve youth ages 7 to 12 years, teenage youth represented most of the unduplicated number served by the YCCs in SFY 2024. Further, 17-year-olds alone accounted for 23% (105 of 457) of the unduplicated youth served in SFY 2024.




**E2 YES Challenges and Opportunities**

Interrelated On-going System Level 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.

Challenges Particular to SFY 2024

The latter half of SFY 2024 (January – June 2024) included its own short-term difficulties for the YES system. First, the transition of behavioral services to a new Managed Care Organization (MCO) involved a tremendous amount of work across the YES system. YES providers, for example, had to complete the process of contracting with Idaho's new MCO, Magellan, before the end of June 2024. Further, major efforts had to be undertaken across the YES system to ensure the wide variety of youth clients receiving YES services would be appropriately transitioned to providers in the Magellan network. Second, DBH budget shortfalls resulted in delayed payments to providers.

**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:

Idaho YES Family Survey Results, 2024

https://yes.idaho.gov/wp-content/uploads/2024/07/2024YESFamilySurveyResults.pdf

Unmet Need for Mental Health Services among Idaho Youth, 2024

https://yes.idaho.gov/wp-content/uploads/2024/07/2024NeedforMHServicesIdahoYouth.pdf

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

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

Final Report of the YES Quality Review (SFY 2022)

https://yes.idaho.gov/wp-content/uploads/2023/01/QR-Report_Final-Report_2022v2.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

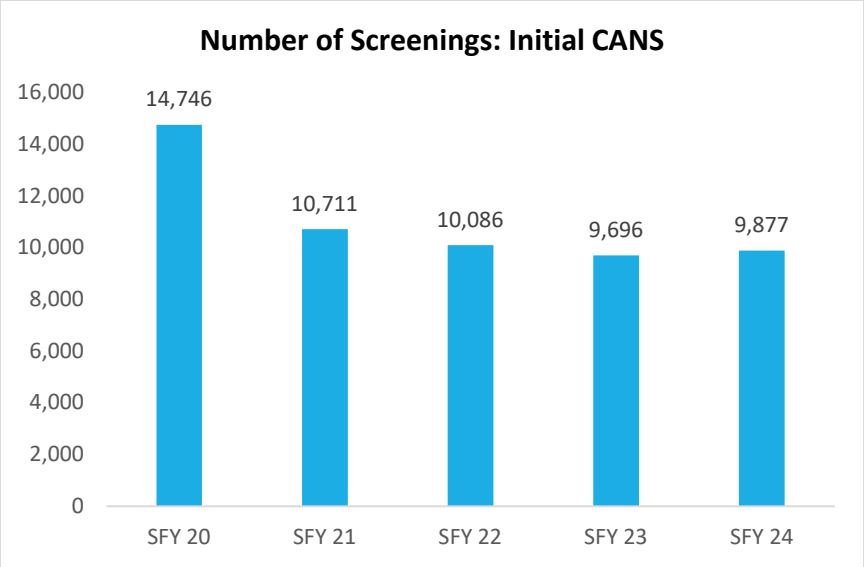
Historical QMIA-Q reports

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

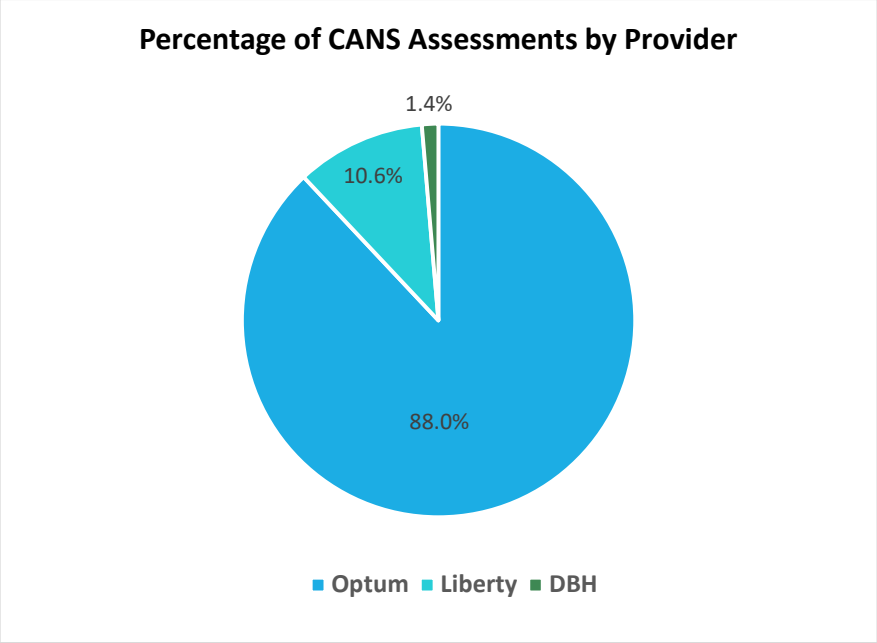
## 1. Screening for Mental Health Needs

*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-Q4 was 9,877. The number of children and youth expected to access services through an initial CANS each quarter or each year has not yet been established. Therefore, the data only tells us that the number of children and youth receiving an initial CANS assessment has declined since SFY 2020. The number of initial CANS completed by quarter will be reported in each successive QMIA-Q so that, over time, quarterly and/or annual trends in the number of initial CANS may be established.



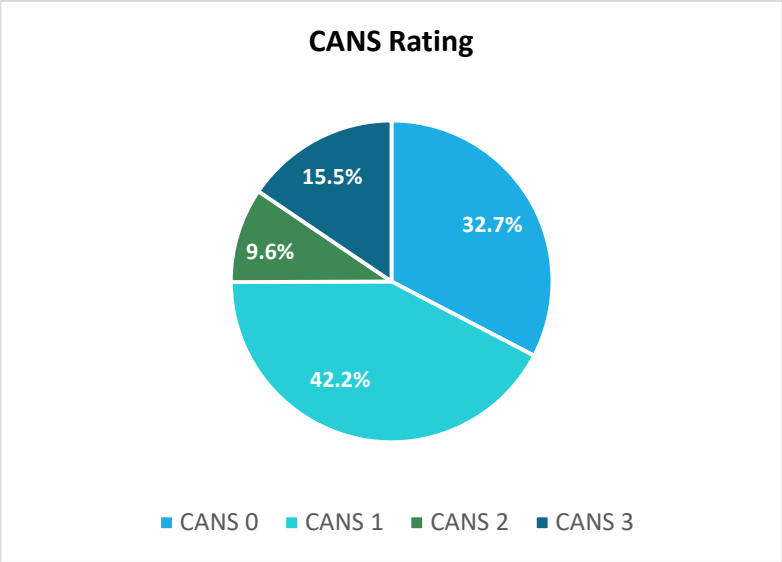

*1b: Percentage of CANS Completed By DBH, Liberty, and Medicaid Providers*




DBH, Liberty, or a Medicaid provider may conduct the screening for mental health services through the CANS assessment. For SFY 2024, 88% of CANS Assessments were completed by Medicaid providers, 11% by Liberty, and less than 2% by DBH. This is generally consistent with previous quarters.

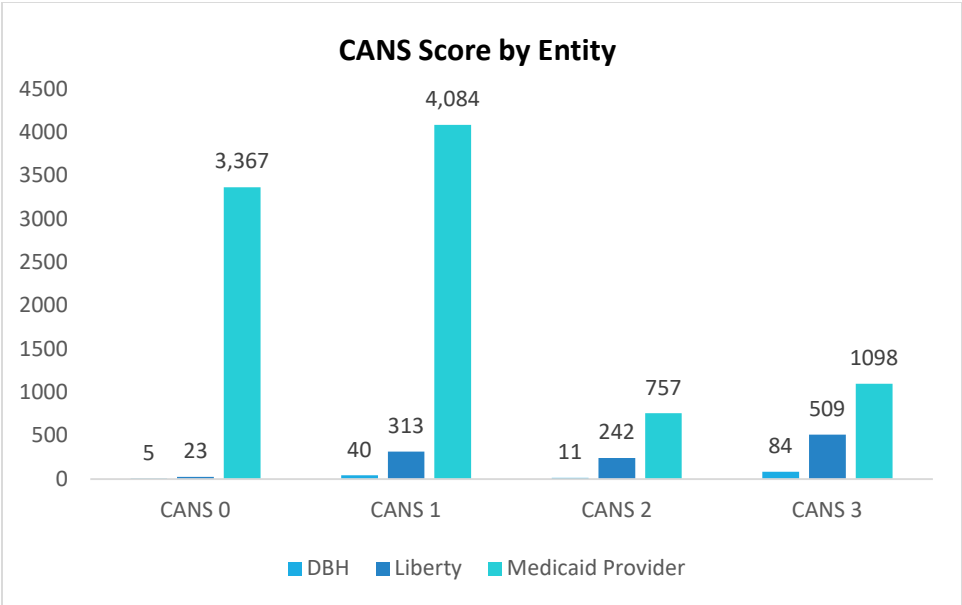
## 2. YES eligible children and youth based on initial CANS

*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*

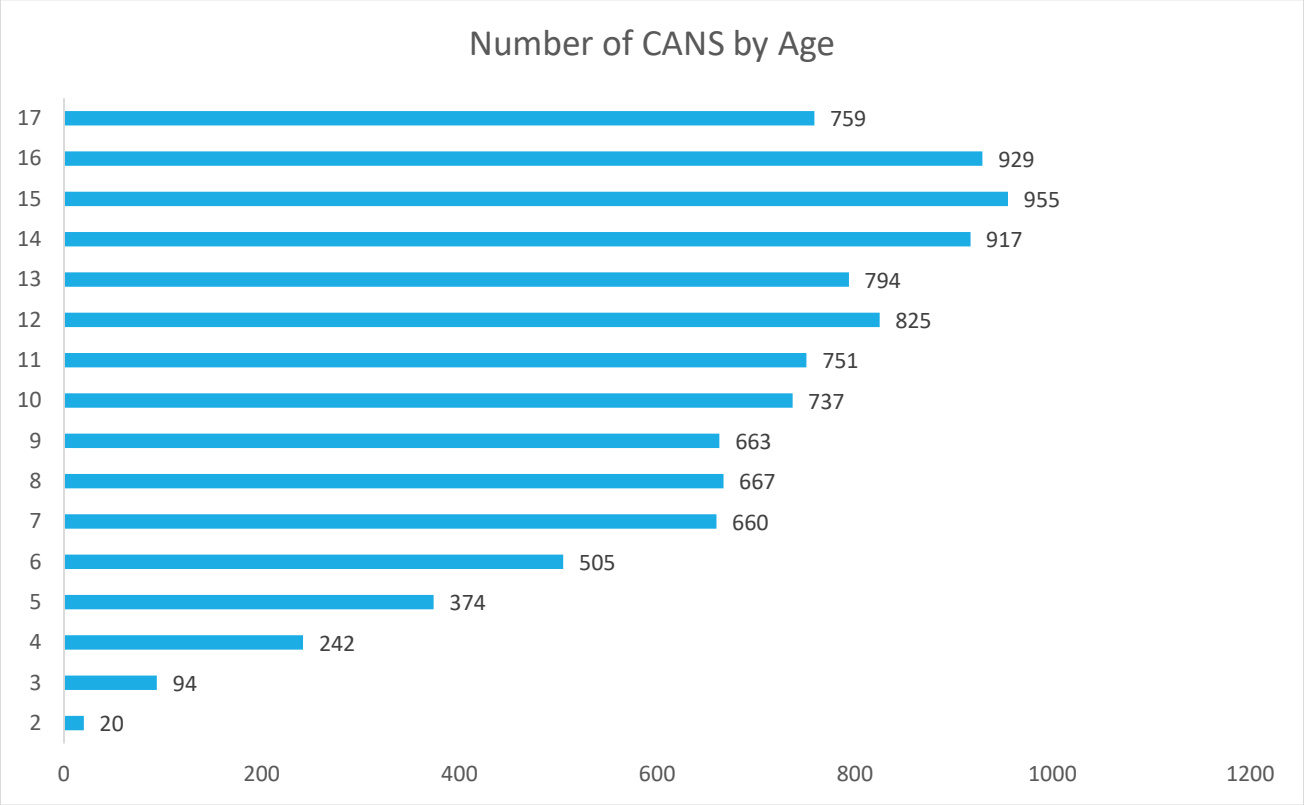



**What is this data telling us?**

Of the initial CANS completed in SFY 2024, approximately 68% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 ratings), and 32% 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*

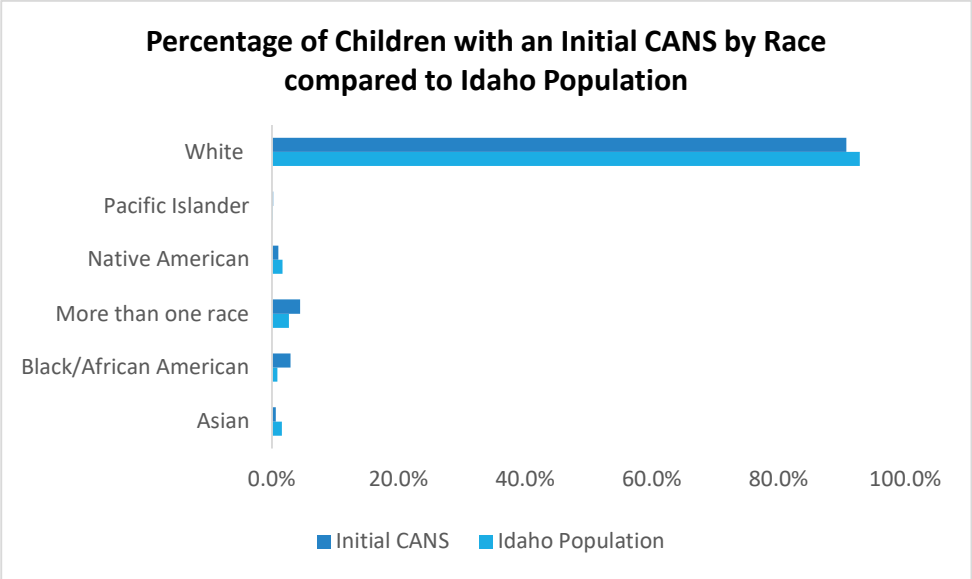



**What is this data telling us?**

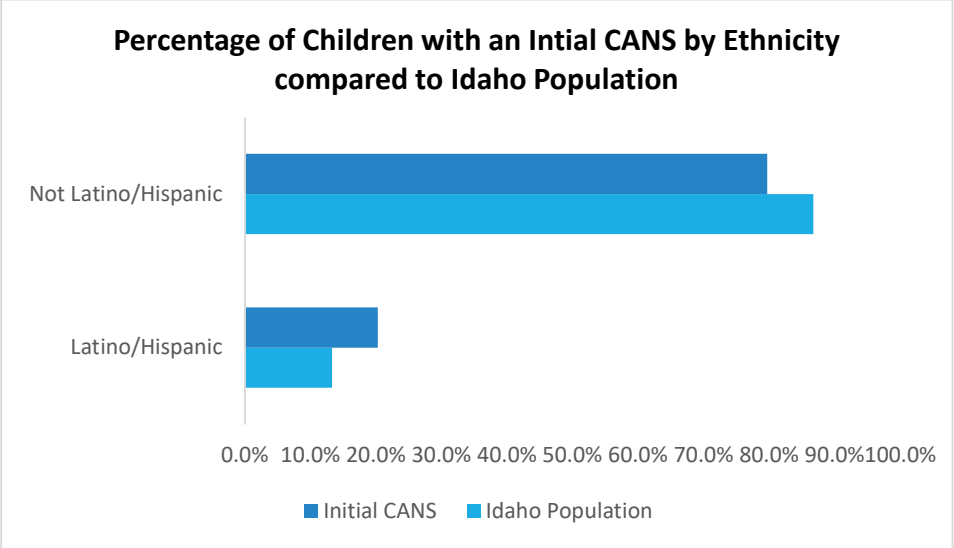
During SFY 2024, initial CANS assessments were most likely to be completed with teenagers between the ages of 14 and 16. However, they were also completed at high levels with children between the ages of 7 and 13, as well as with 17-year-olds, especially when compared to the number of initial CANS completed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



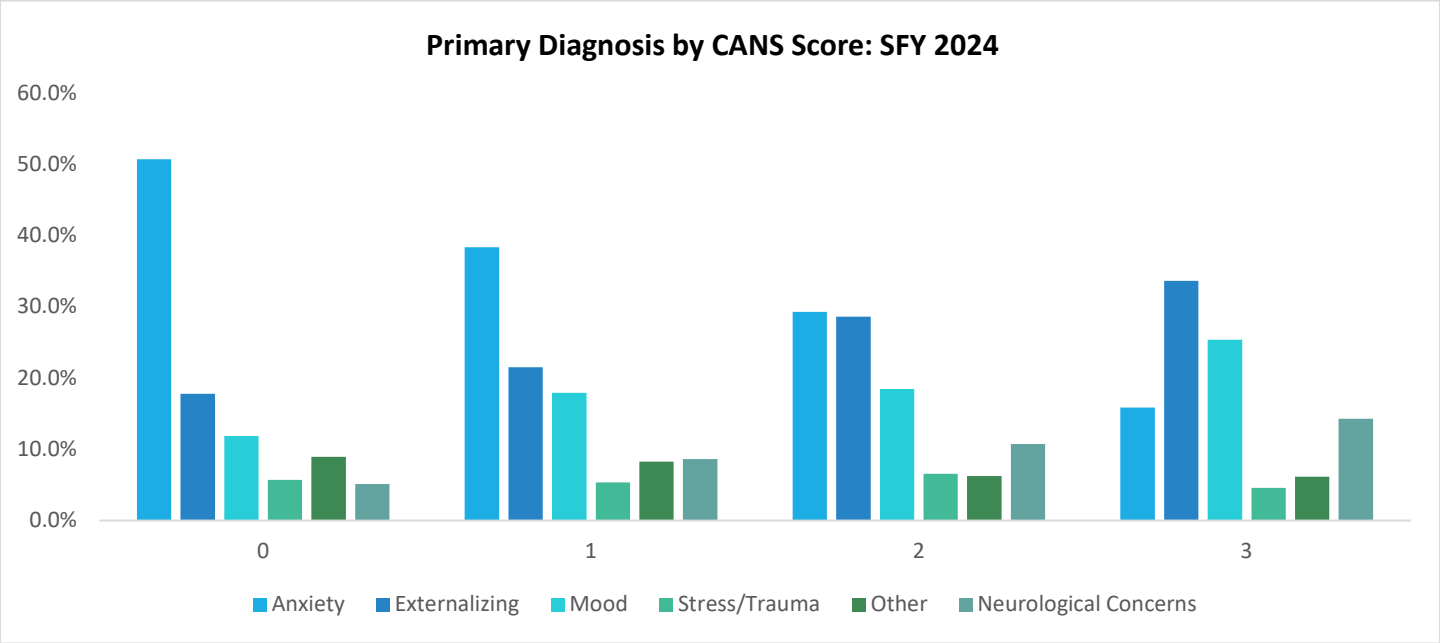

**What is this data telling us?**

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.

| | CANS Score | | | | |
|---|---|---|---|---|---|
| **Primary Diagnosis** | **0** | **1** | **2** | **3** | **Total** |
| Anxiety | 50.7% | 38.4% | 29.3% | 15.8% | 3998 |
| Externalizing | 17.8% | 21.5% | 28.6% | 33.6% | 2417 |
| Mood | 11.8% | 17.9% | 18.5% | 25.4% | 1813 |
| Stress or Trauma | 5.7% | 5.3% | 6.5% | 4.6% | 574 |
| Other | 8.9% | 8.3% | 6.3% | 6.1% | 838 |
| Neurological Concerns | 5.1% | 8.6% | 10.7% | 14.3% | 905 |
| **Total** | 3415 | 4448 | 1008 | 1680 | 10551 |
| | 100.0% | 100.0% | 100.0% | 100.0% | |

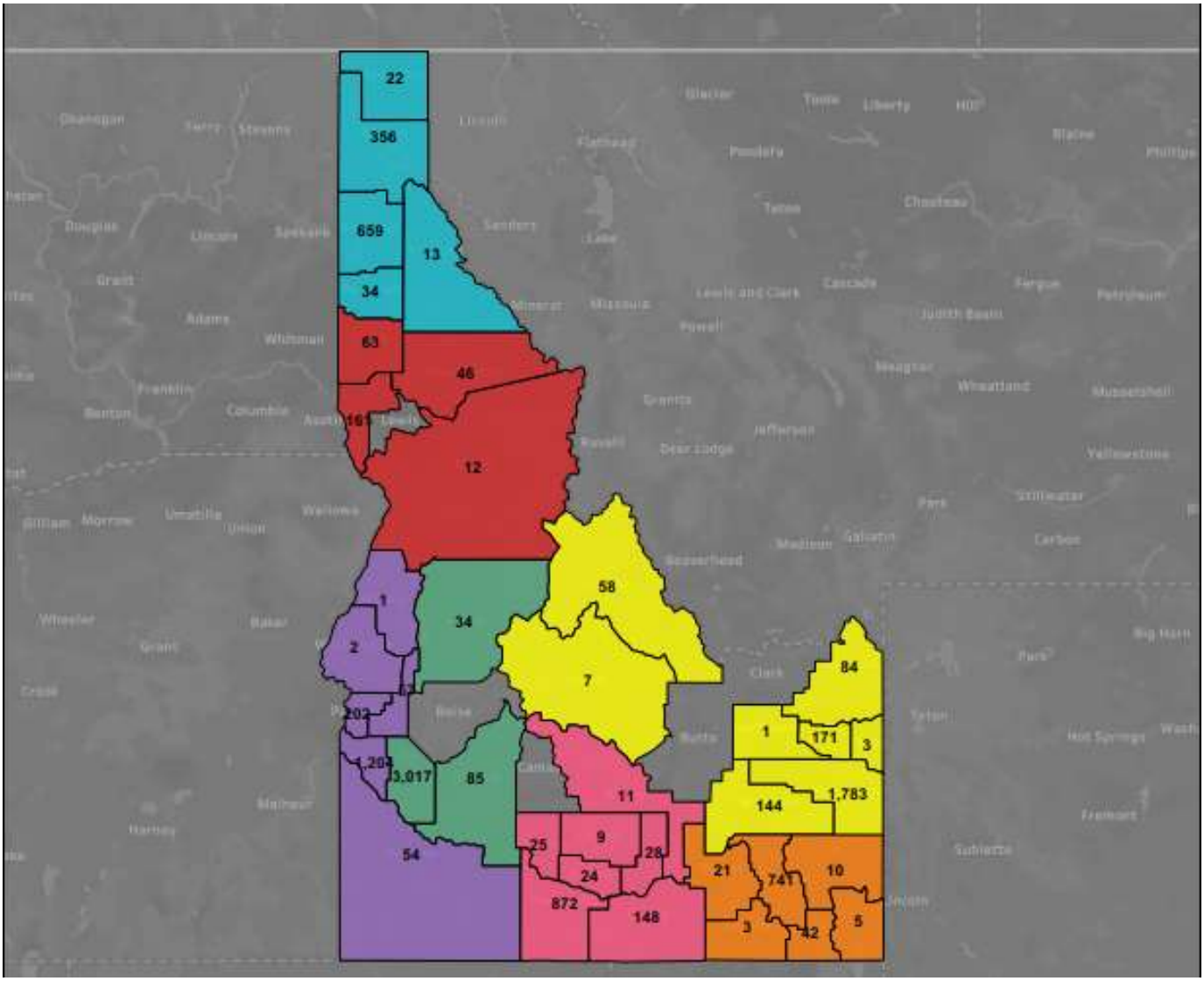



**What is this data telling us?**

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 SFY 2024 by Idaho County. At the end of the fiscal year, there were five counties with no initial CANS completed: Boise, Butte, Clark, Camas, and Lewis. In addition, there were also several counties with three or fewer CANS completed by the end of the fiscal year.




**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

As of the publication of the report, Medicaid Outpatient Service Utilization data was not available for SFY2024-Q4. The SFY2024-Q3 QMIA-Quarterly report includes this data through SFY2024-Q3 and can be accessed at: https://yes.idaho.gov/wp-content/uploads/2024/07/QMIA-Quarterly-YES-Report-Q3-2024_final_07.23.24-1.pdf.

**When IBHP SFY 2024-Q4 data become available, this report will be updated and republished.**

## 6: DBH YES Outpatient Service Utilization

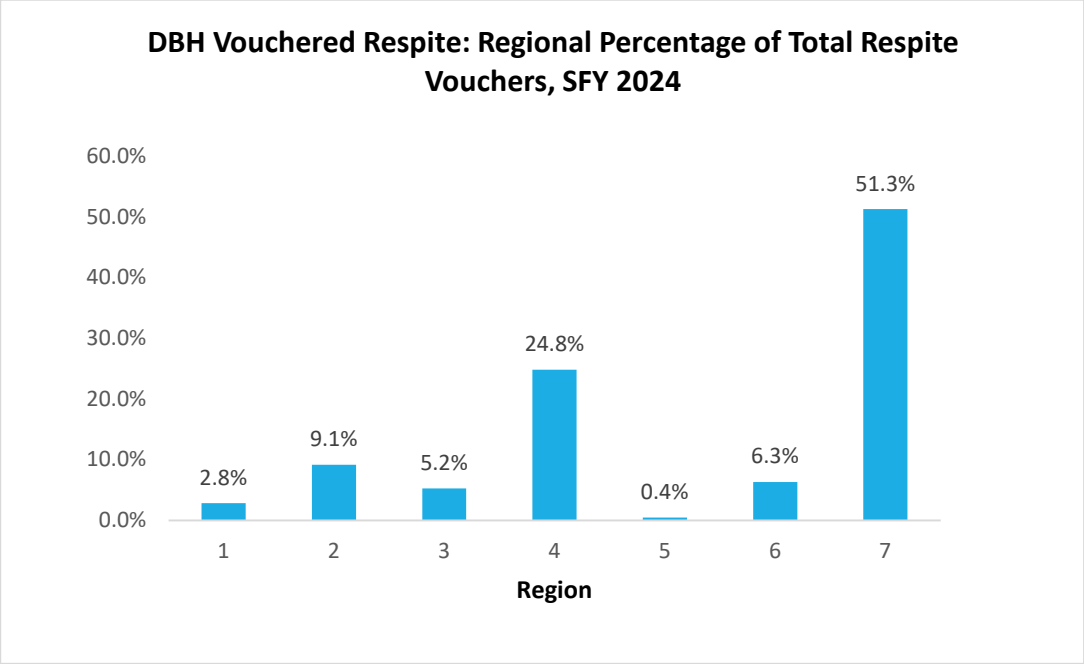
### DBH Vouchered Respite

The Children's Mental Health Vouchered 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 Counts by Region SFY2024*

| Regions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Total |
|---|---|---|---|---|---|---|---|---|
| Q1 | 8 | 6 | 10 | 31 | 2 | 9 | 59 | 125 |
| Q2 | 2 | 10 | 5 | 21 | 0 | 3 | 64 | 105 |
| Q3 | 3 | 18 | 5 | 34 | 0 | 10 | 49 | 119 |
| Q4 | 0 | 8 | 4 | 28 | 0 | 7 | 64 | 111 |
| **SFY 2024 Total** | **13** | **42** | **24** | **114** | **2** | **29** | **236** | **460** |

*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 SFY 2024, just 62 (unduplicated) youth received Wraparound, indicating a substantial unmet need for Wraparound services.

*6c: WInS SFY 2020-2024*

| | 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 | 10 | 7 | 6 | 7 | 62 |

**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*

| | 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 | 1 | 0 | 0 | 21 |

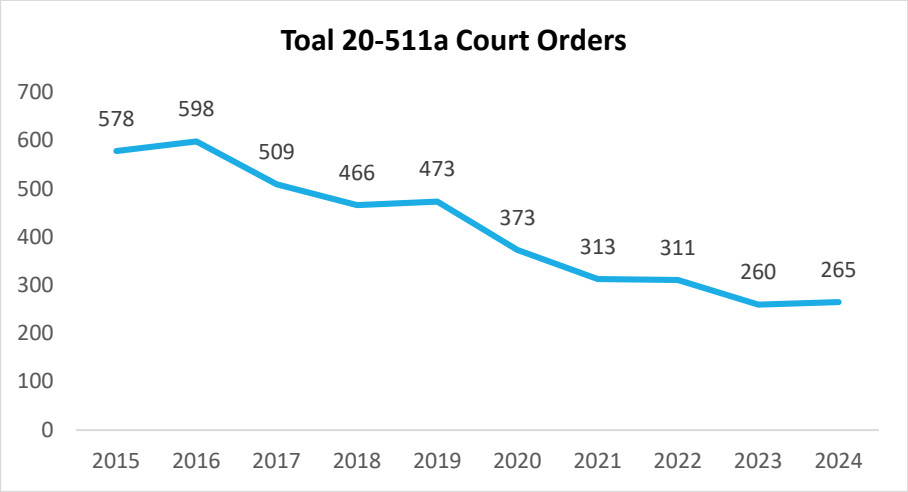
**DBH 20-511A**

Reflective of the general decline in the number of 20-511a Court Orders that began in SFY 2017, during SFY 2024, there were 265 20-5011a Court Orders (an average of 22 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*

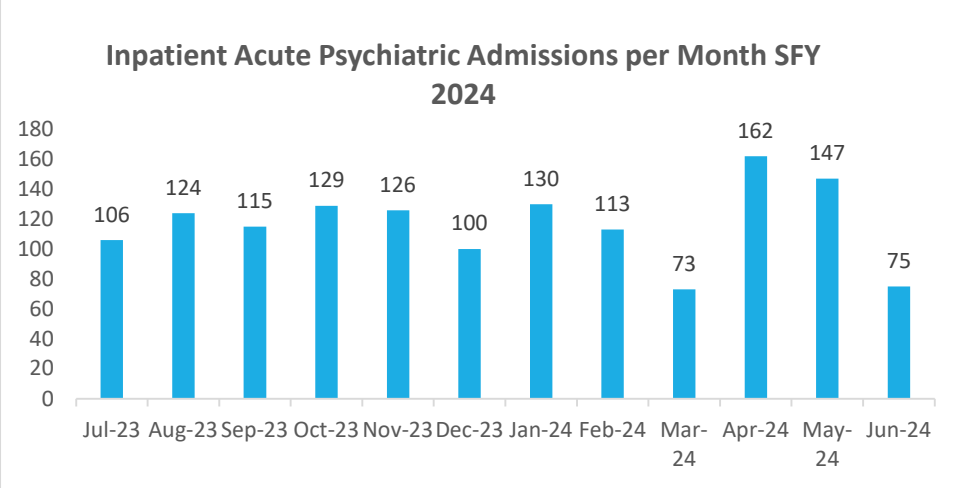
| Region | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Annual Total | Annual % Change | Annual Monthly Average |
|---|---|---|---|---|---|---|---|---|---|---|
| SFY 2015 | | | | | | | | 578 | | 48 |
| SFY 2016 | | | | | | | | 598 | 3.5% | 50 |
| SFY 2017 | | | | | | | | 509 | -14.9% | 42 |
| SFY 2018 | | | | | | | | 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 | 39 | 6 | 25 | 60 | 63 | 10 | 62 | 265 | 1.9% | 22 |

*6f: Historical Annualized # of Court Ordered 20-511a, SFY 2015 – SFY 2024*

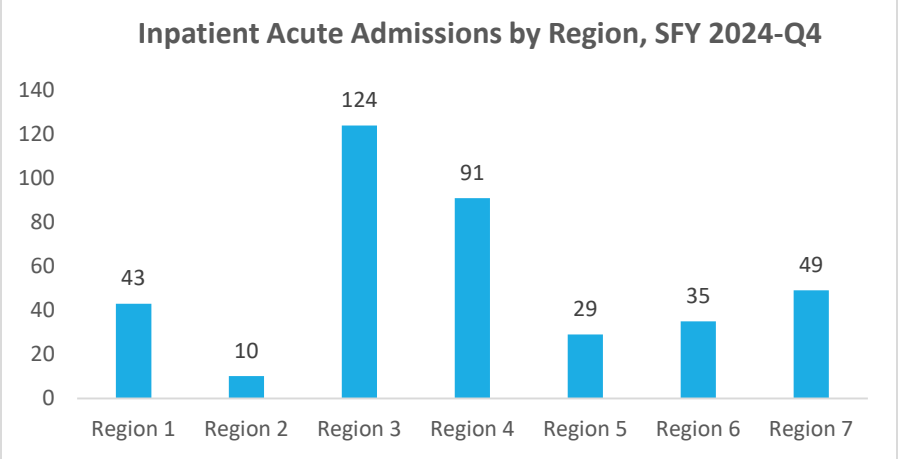



**7. Utilization of Inpatient Services**

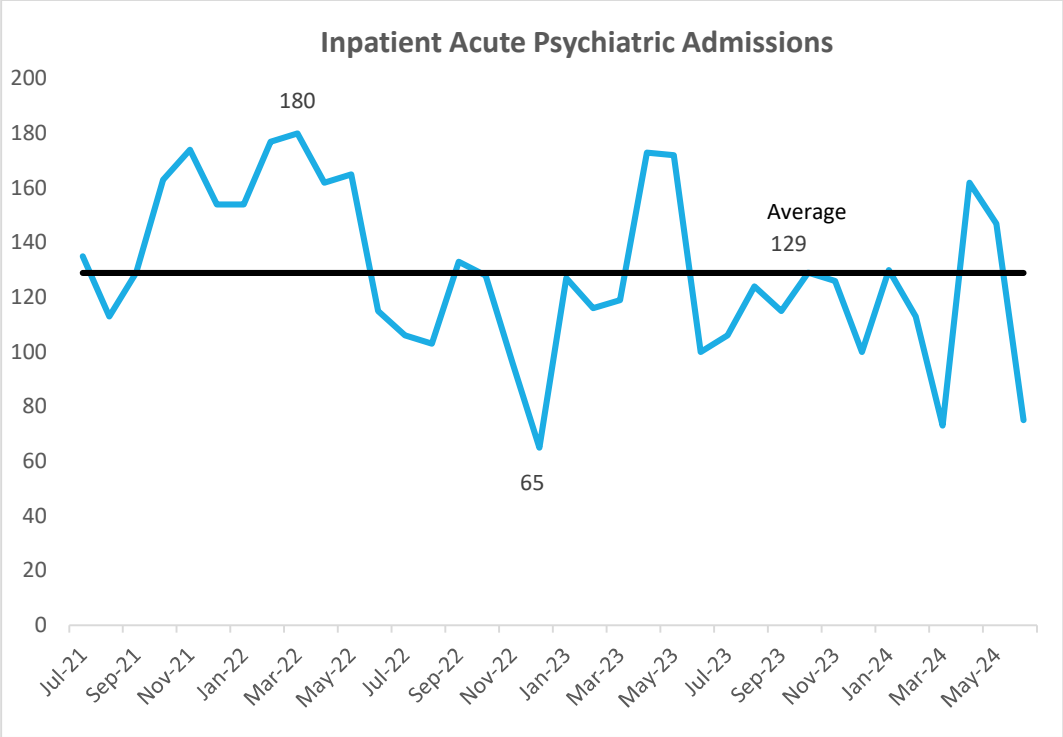
*7a: Medicaid Acute Psychiatric Admissions by Month*




*7b: Medicaid Acute Psychiatric Admissions by Region*

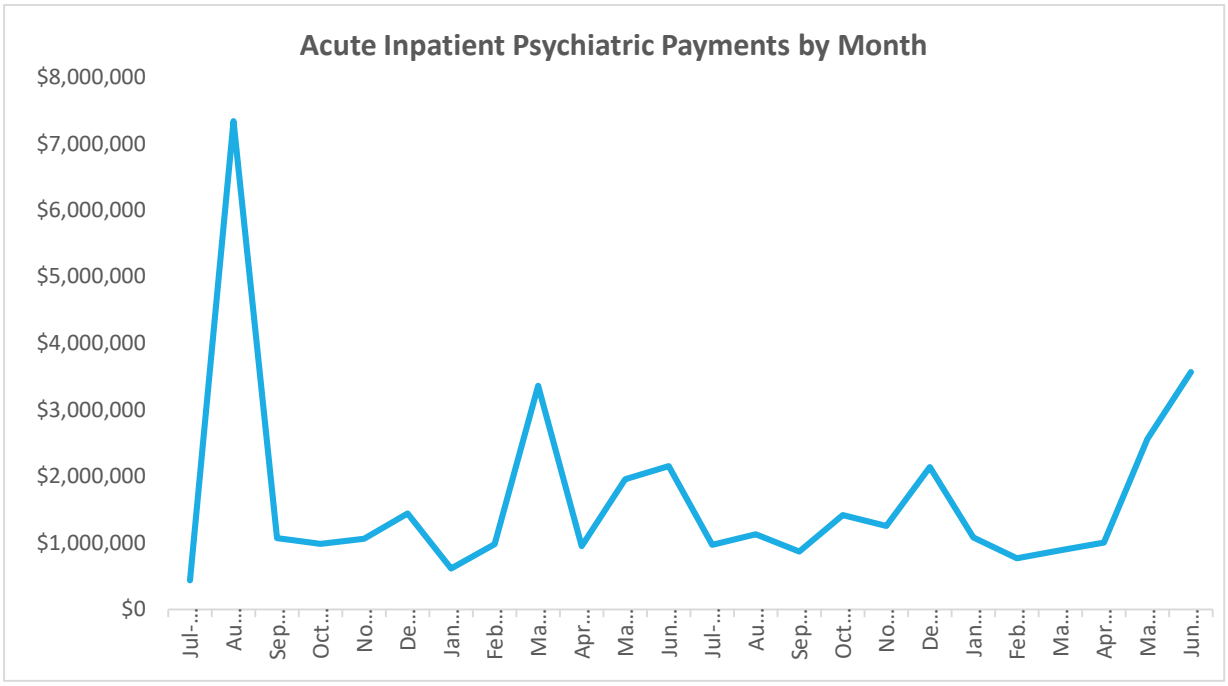


*7c: Historical Trend of Medicaid Acute Admissions*




*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 Medicaid 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*

| | 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 | 12 | 12 | 11 | 10.4 | 61 |

Notes: Data for October SFY 2021 is not available as there was a change in how data was 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 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*

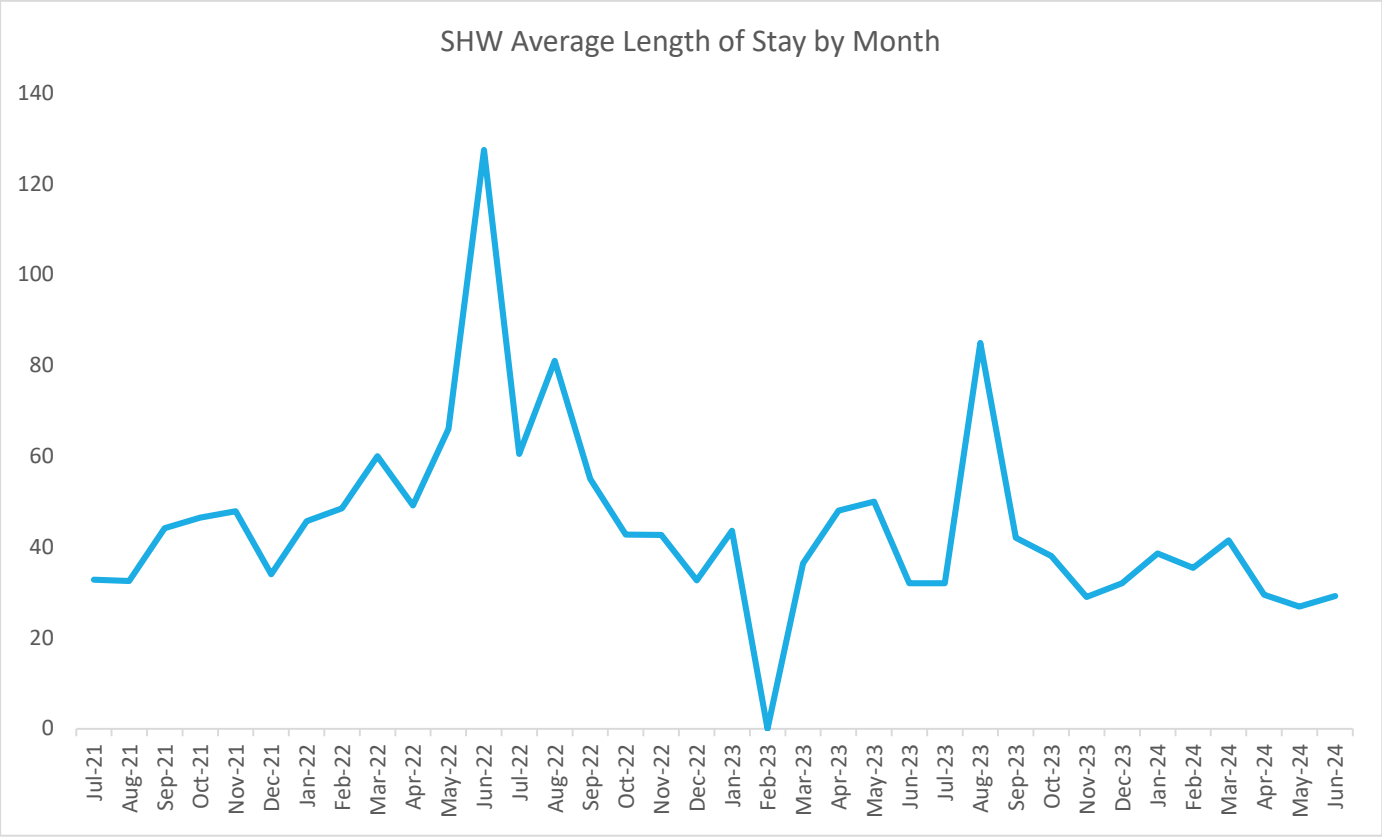
| Range of days to Readmission | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021** | SFY 2022 | SFY 2023 | SFY 2024 |
|---|---|---|---|---|---|---|---|---|
| Re-admission 30 days or less | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 0 |
| Re-admission 31 to 90 day | 5 | 6 | 2 | 3 | 0 | 1 | 4 | 1 |
| Re-admission 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 | 1 |

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 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*

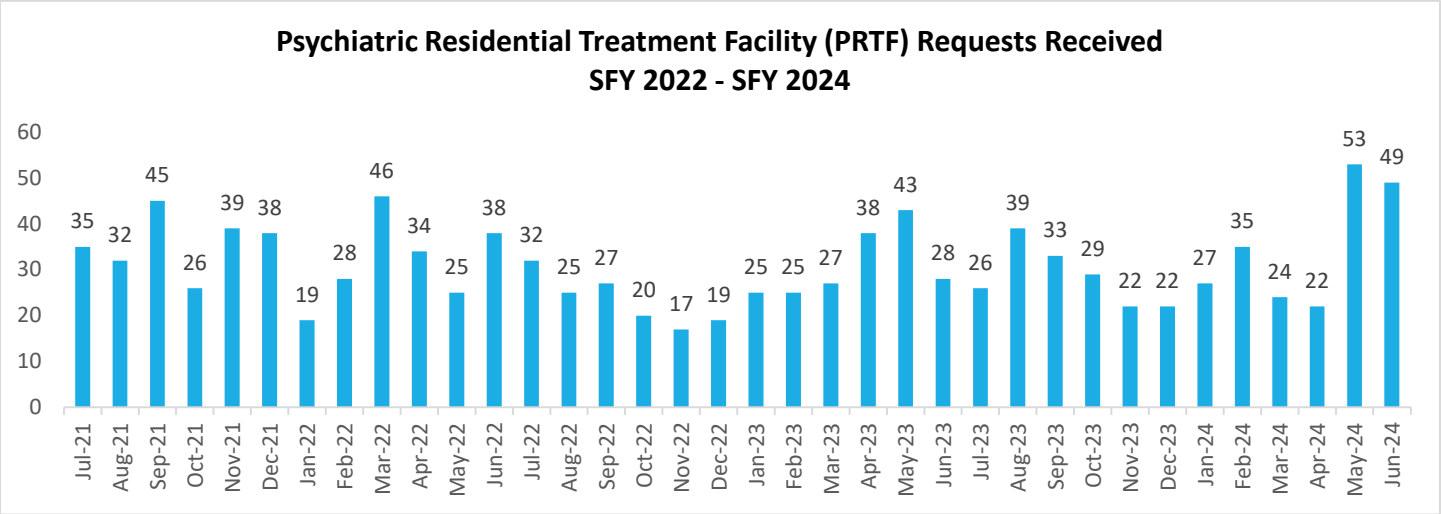



Notes:

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

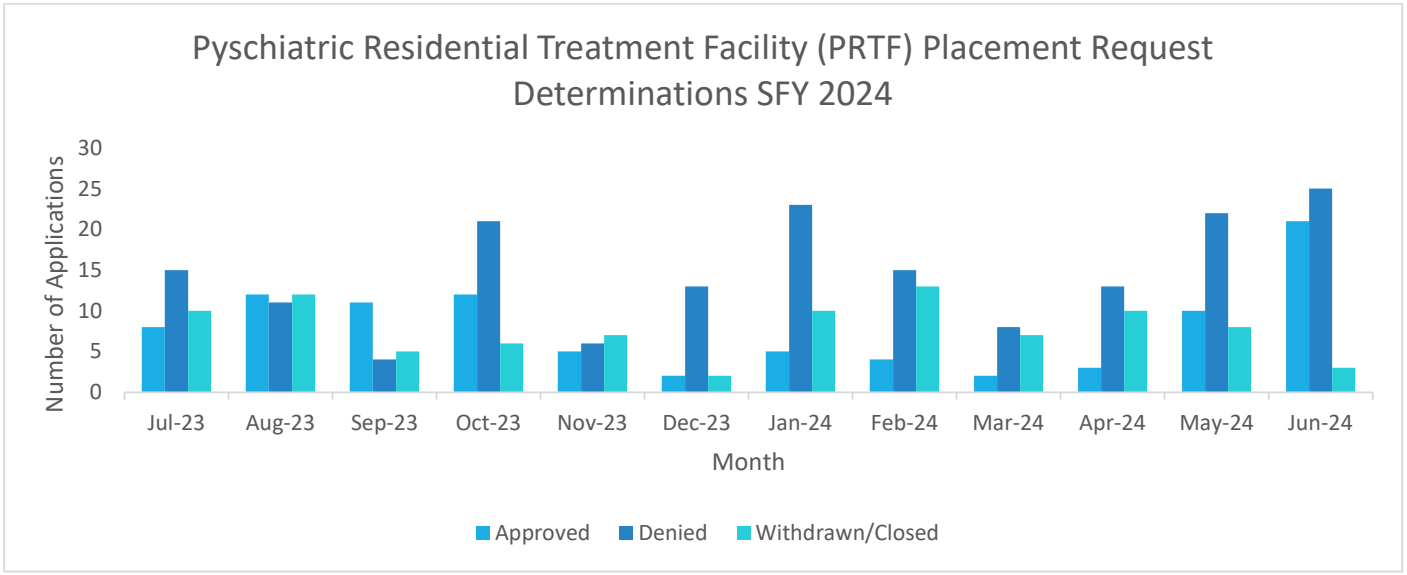
*8a: Number of Psychiatric Residential Treatment Facility (PRTF)[3] Monthly Requests*




*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, 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).

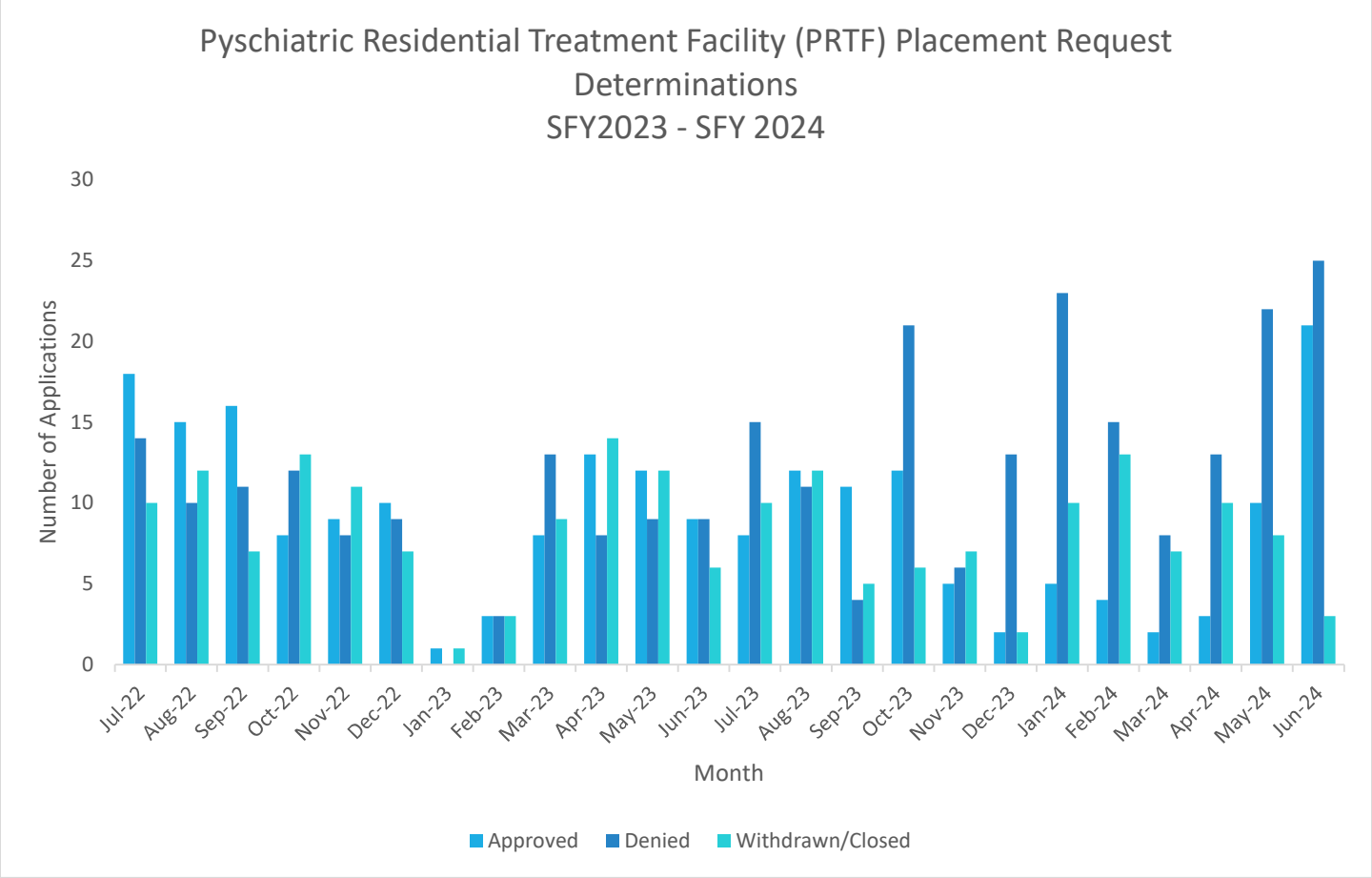



[3] PRTF services are defined in 42 C.F.R. §483.352. *Definitions* include a range of comprehensive services provided in a separate, stand-alone entity to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.

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

| *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 | 364 | 95 | 24.5% | 176 | 45.6% | 93 | 28.9% |
| **Average - all years** | | | **32.5%** | | **41.2%** | | **26.2%** |

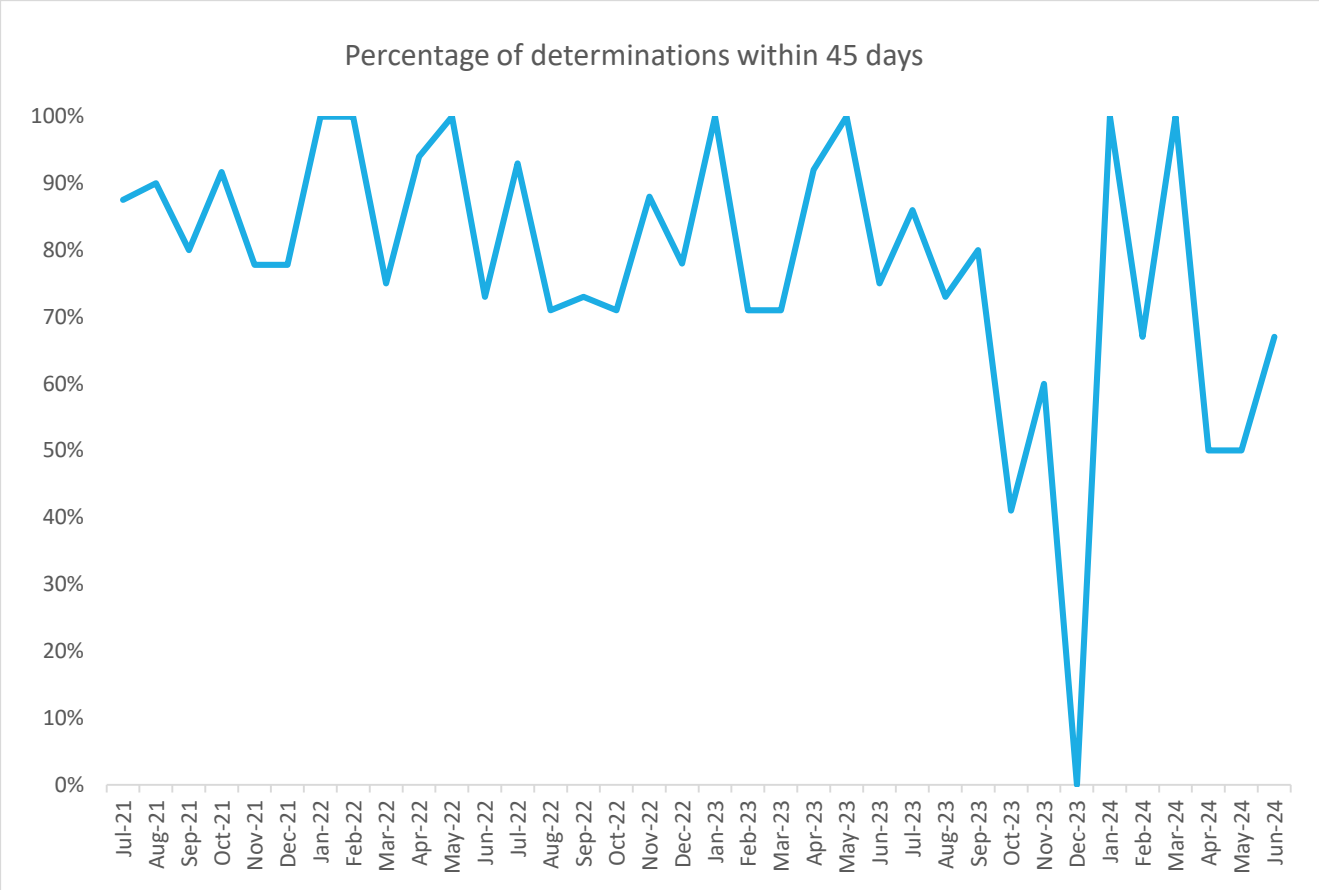
*8d: Historical Trends for PRTF SFY 2023 - SFY 2024*



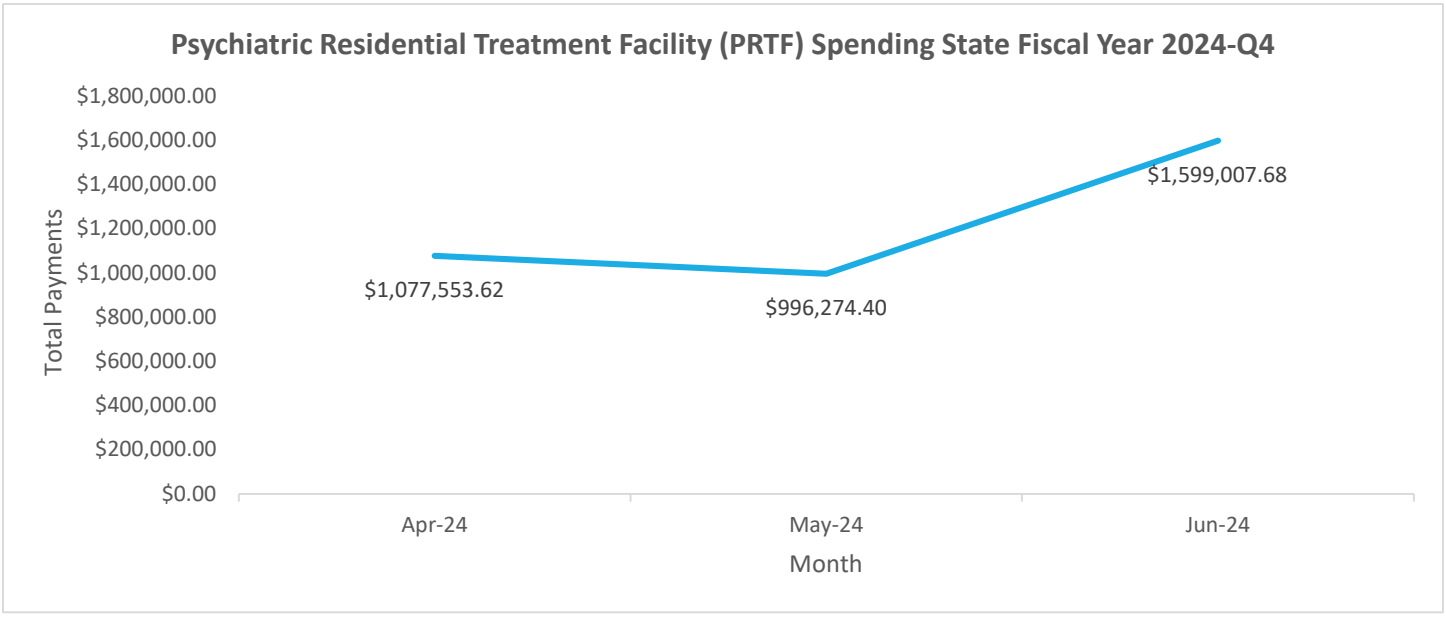
*8e: Timeliness of Notice of Decision (NOD) Letters for PRTF Decisions*

| 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% | - | - |
| April | 4 | 2 | 50% | 2 | 50% |
| May | 4 | 2 | 50% | 2 | 50% |
| June | 6 | 4 | 67% | 2 | 33% |

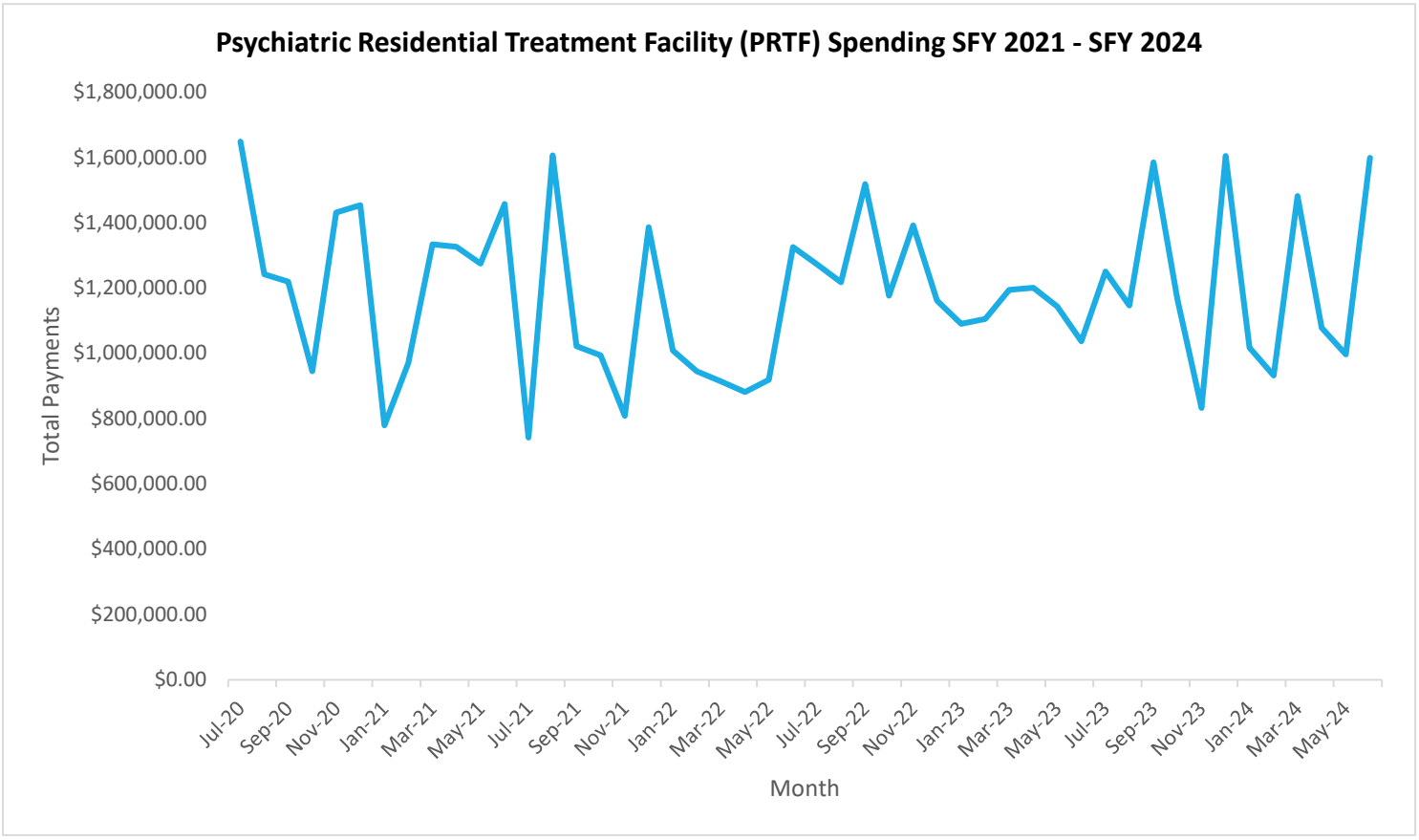
*8f: Percent of determinations completed within ≤ 45 days, SFY 2023 – SFY 2024*



*8g: PRTF SFY 2024-Q3 Expenditures*




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



**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*

| | 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 | 28 | 25 | 20 | 44 |

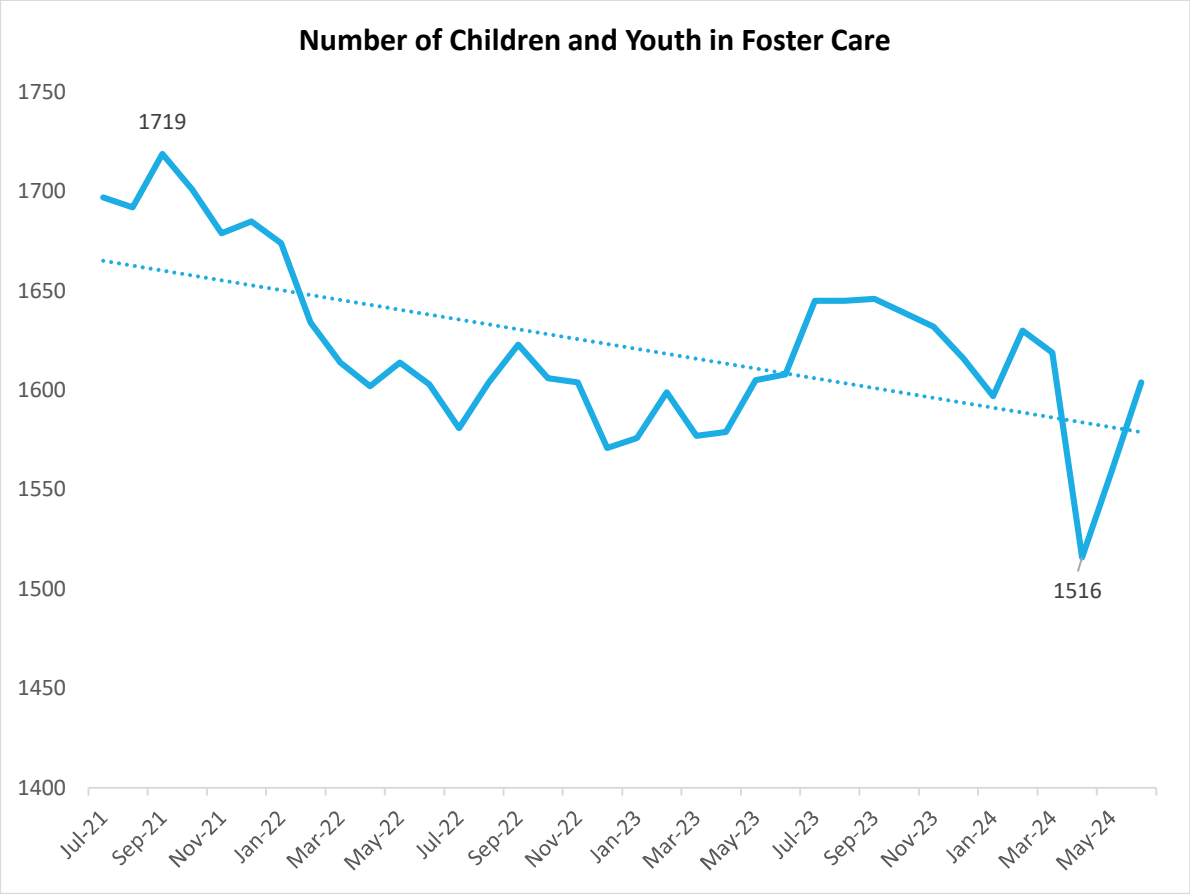
**Note:** Data for October SFY 2021 is not available because of a data collection protocol change.

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 SFY 2024, as compared to earlier periods.

**9. YES Partners Information**

**Family and Community Services (FACS)**

*9a: SFY 2022-2024 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)**

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.

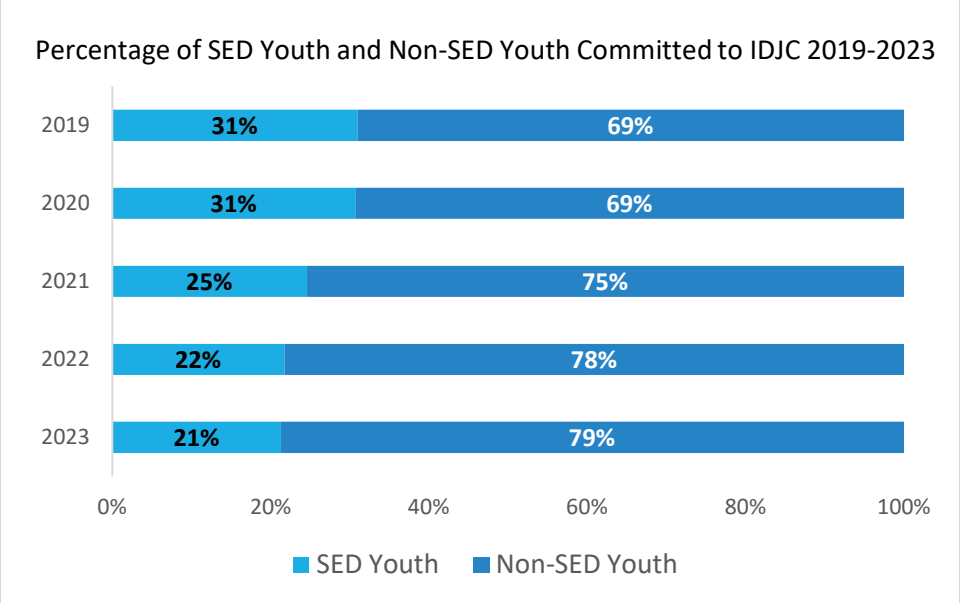
*9b: IDJC Commitments 2019-2023*

As demonstrated in the table below, over the last five years, the number of IDJC Commitments has varied minimally, averaging 131 per year and ranging from a low of 122 in 2021 to a high of 142 in 2019.

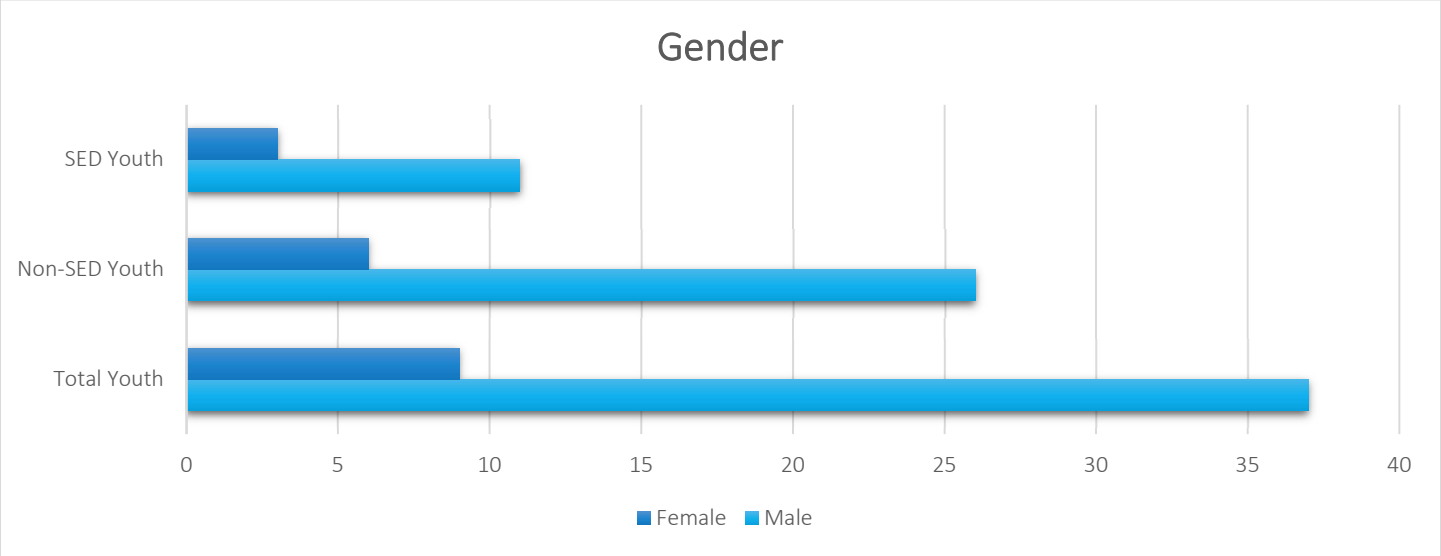
| Committing Year | Total Commitments | SED Youth | Non-SED Youth |
|---|---|---|---|
| 2019 | 142 | 44 | 98 |
| 2020 | 130 | 40 | 90 |
| 2021 | 122 | 30 | 92 |
| 2022 | 124 | 27 | 97 |
| 2023 | 136 | 29 | 107 |

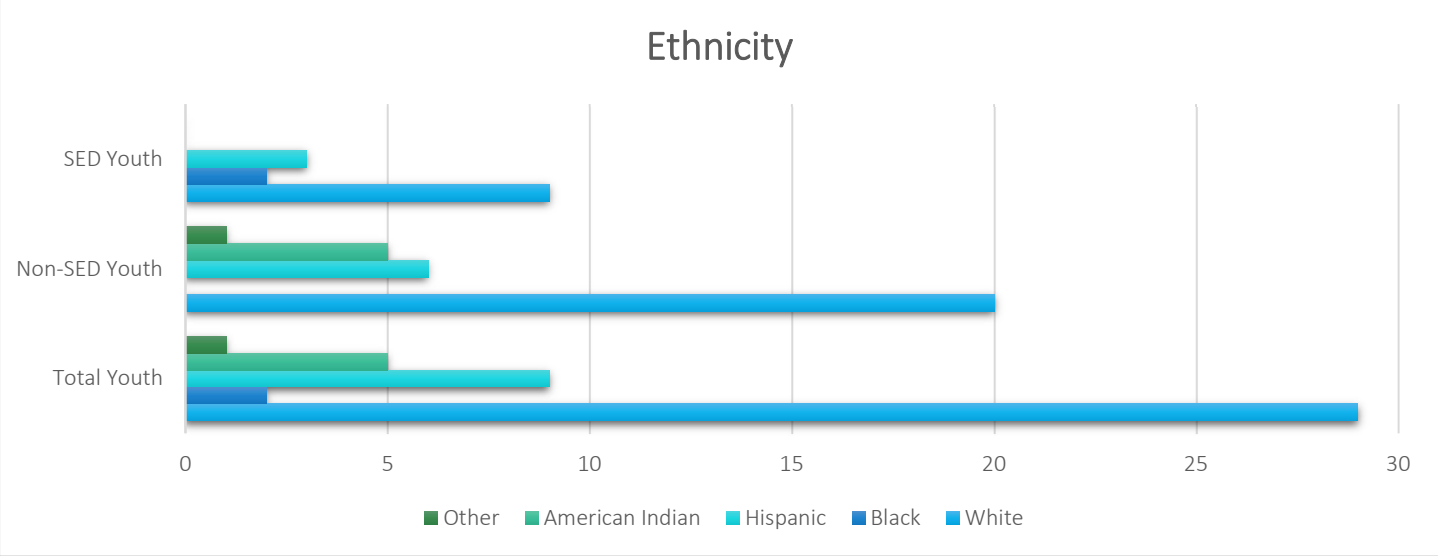
*9c: Percentage of SED Youth and Non-SED Youth Committed to IDJC 2019-2023*

While the total number of commitments to IDJC has remained relatively flat during the past five years, the percentage of youth with SED has been declining year-over-year since 2019.

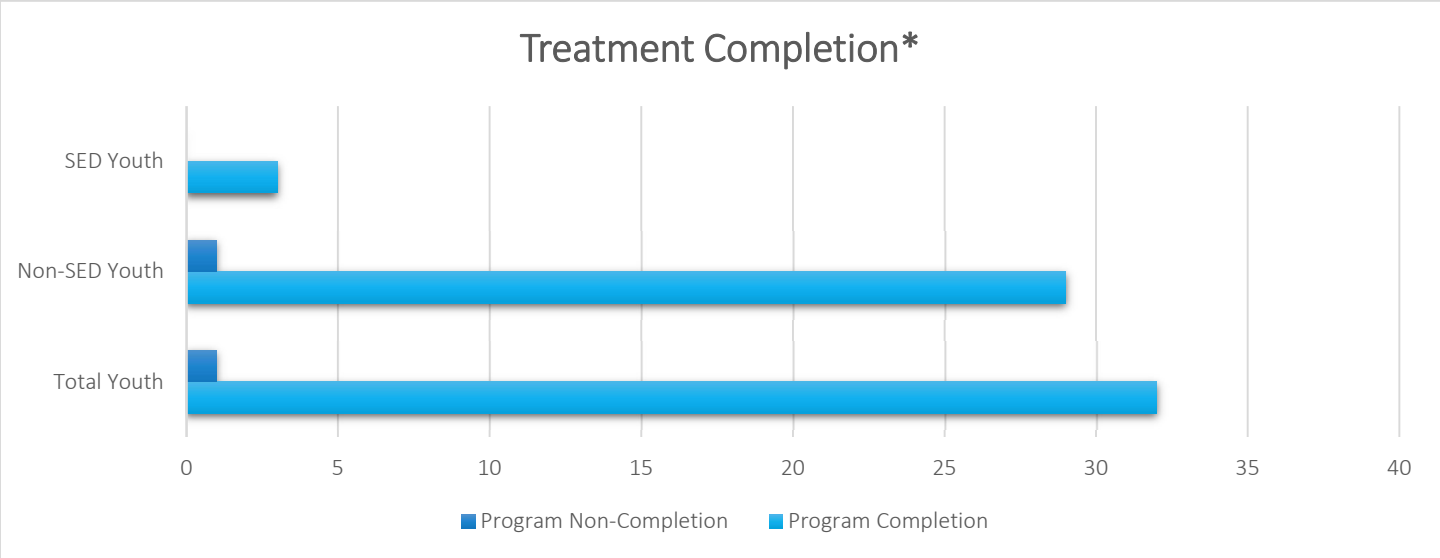


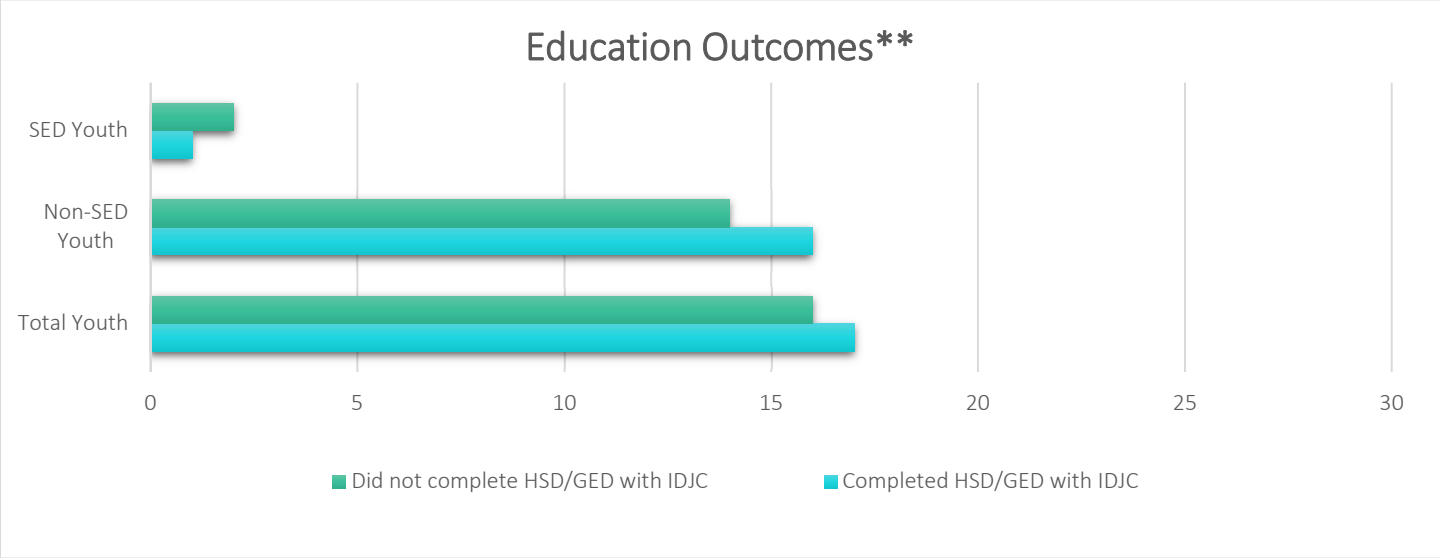
The graphs below compare ethnicity and gender between all youth committed to IDJC and SED youth committed to IDJC from **April 1 – June 30**.



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




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

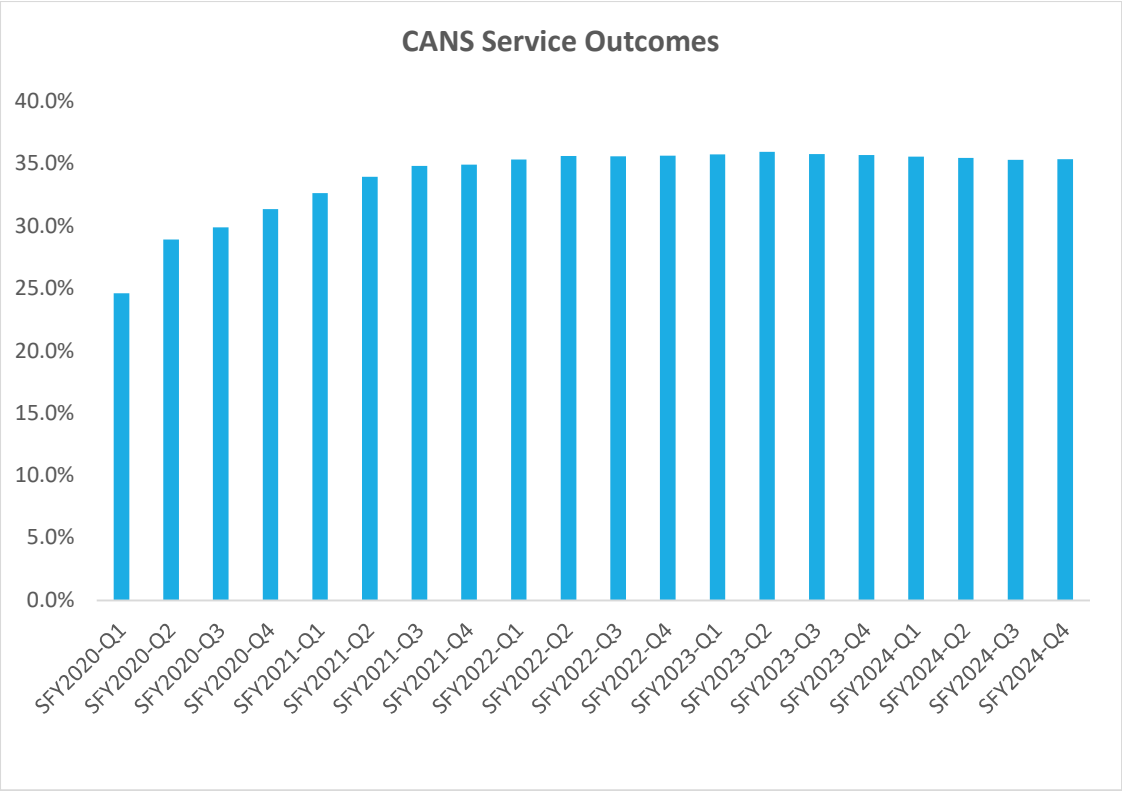
*g. The YES FAQ Flyer (to be placed in the schools)*

*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 advocates on behalf of families 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<br>Services not coordinated between mental health and developmental disabilities (DD)<br>Waitlist for Respite and Family Support Partners<br>Respite process through Medicaid too demanding due to need for updated CANS<br>Wait times for services can be several months |
| Clinical care | Repeating the CANS with multiple providers is traumatic<br>Diagnosis often not accurate<br>Therapist not knowledgeable of de-escalation techniques<br>Stigmatization and blaming attitudes towards families<br>Families need more information about services is (e.g., Case Management) |
| Outpatient services | No service providers in the area where family needs care<br>Services needed were not available, so families are referred to the services that are available<br>Not enough expertise in services for high-needs kids (TBRI, Family Preservation)<br>Some services only available through other systems: DD, Judicial<br>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<br>Safety Plans not developed with family or not effective |
| 24-hour services: Hospitals/Residential | Not enough local beds<br>Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination for PRTF<br>Families report getting verbal "denial" but no Notice of Determination/appeal info until after "re-applying" for EPSDT.<br>Support needed by families during the EPSDT process, and after while waiting for placement<br>Medication changes without input from family<br>Family not involved in discharge planning<br>Family threatened with charges of abandonment or neglect<br>Children with high needs and repeat admissions may be denied access<br>Child not in hospital long enough for meds to take effect<br>Care in local residential facilities does not provide specialized care that is needed |
| Step-down or Diversion Services | Lack of Step-down services<br>Services being offered are not appropriate (telehealth, not available, not accessible)<br>Workforce shortage<br>Distance |

| | |
|---|---|
| | Amount of services (3 hours CBRS) |
| School issues | Too long to get an Individualized Education Plan (IEP)<br>School makes choices that don't match needs of the child<br>Safety Plans from schools not developed with family input |
| Stigma and Blaming | Families being blamed if discharge is not successful<br>Lack of collaboration and partnership with discharge planning<br>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:<br>Lack of transparency about paperwork and other requirements<br>Lack of empathy for other family crisis/situations<br>Too many appointments and other children with needs<br>Appointments scheduled quickly that may conflict with family availability<br>Need one case manager/TCC type person<br>Information on how to access care not available<br>Transportation not available<br>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 140 YES complaints were received in SFY 2024. Fifty-eight percent of these complaints (81) were associated with Medical Transportation Management (MTM) which provides non-emergency medical transportation. 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 | 25 | 0 | 17 | 1 | 0 | 81 | 0 | 16 | 0 | - | 140 |

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

## 12. YES Quality Monitoring Results

Three types of quality review processes are used to assess the quality of services being delivered and to evaluate 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. In this reporting cycle, the results of the Family Experience Survey over the last three years are highlighted.

*12a: Family Experience Key Quality Performance Measures*

The following table lists the Family Experience quality measures that the QMIA Council determined would be the YES Key Quality Performance Measures (KQPMs). The final column indicates the 2024 status of each measure according to the following Quality Targets for YES practice for Family Survey KQPMs:

- 85% + Established (4 measures fit criteria in 2024)
- 74-85% Evolving (10 measures fit criteria in 2024)
- 65-74% Emerging (5 measures fit criteria in 2024)
- <65% Needs Improvement (2 measures fit criteria in 2024)

| Performance Metric | Family Survey Measure | Annual Results | | | Status (2024) |
|---|---|---|---|---|---|
| | | 2022 | 2023 | 2024 | |
| **Are services available timely?** | Family can easily access the services child needs | 69% | 65% | 69% | Emerging |
| | Meetings occur at times and locations that are convenient | 83% | 83% | 85% | Established |
| **Are Children getting Access to care in the scope, duration and intensity needed** | Provider makes suggestions about what services might benefit child/youth | 77% | 74% | 77% | Evolving |
| | Provider suggests changes when things aren't going well | 75% | 73% | 74% | Emerging |
| | Provider leads discussion of how to make things better when services are not working | 68% | 64% | 69% | Emerging |
| | Provider helped make a safety/crisis plan | 51% | - | 63% | Needs Improvement |
| | I feel confident that child/youth's safety/crisis plan will be useful | 52% | - | 63% | Needs Improvement |
| **Are services provided with fidelity to POCPM?** | Provider encourages me to share what I know about my child/youth | 84% | - | 87% | Established |
| | The goals we are working on are the ones I believe are most important | 87% | 89% | 91% | Established |
| | My child and I are the main decision makers | 83% | 80% | 83% | Evolving |
| | Provider respects me as an expert on my child/youth | 84% | - | 88% | Established |
| | The assessment completed by the provider accurately represents my child/youth | 81% | 81% | 82% | Evolving |
| | My youth/child is an active participant in planning services | 71% | 67% | 67% | Emerging |
| | My child/youth has the opportunity to share his/her own ideas when decisions are made | 82% | 81% | 82% | Evolving |
| | I know who to contact if I have a concern or complaint about my provider | 68% | 65% | 68% | Emerging |
| | Services focus on what my child/youth is good at, not just problems | 84% | 81% | 84% | Evolving |

| | | | | | |
|---|---|---|---|---|---|
| | Provider discusses how to use things we are good at to overcome problems | 76% | 74% | 76% | Evolving |
| | Collaborative/Team -Based Care | 74% | 70% | 75% | Evolving |
| | Care is outcome-based | 73% | 69% | 75% | Evolving |
| **Are services provided through Child and Family Teaming** | Families were able to participate in child's mental health services as much as they want | 83% | - | 82% | Evolving |
| | The provider communicates as much as needed with others involved in my child's care | 73% | 70% | 75% | Evolving |

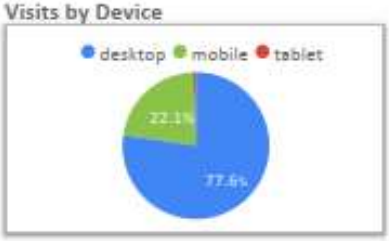
## 13. YES Communications

### YES Website

**YES Website Analytics – Reporting Period: April 1 – June 30, 2024**

| Sessions | Views | Total users | New users |
|---|---|---|---|
| 5,825 | 12,414 | 3,531 | 3,010 |


Visits by Device




| Device category | Sessions... | Bounce rate |
|---|---|---|
| desktop | 4,517 | 43.1% |
| mobile | 1,287 | 39.55% |
| tablet | 20 | 45% |

Type of Visitors


Top 10 Landing Pages from 4/01/2024 - 6/30/2024

| Page title | Total users | New users |
|---|---|---|
| Welcome to YOUTH EMPOWERMENT SERVICES | 2,244 | 1,711 |
| Contact Us \| YOUTH EMPOWERMENT SERVICES | 444 | 80 |
| Child and Adolescent Needs and Strengths (CANS) \| YOUTH EMPOWERMENT SERVICES | 438 | 314 |
| Quick Start Guide \| YOUTH EMPOWERMENT SERVICES | 339 | 17 |
| Guide to YES: A Practice Manual \| YOUTH EMPOWERMENT SERVICES | 329 | 174 |
| YES History and Current Development \| YOUTH EMPOWERMENT SERVICES | 246 | 131 |
| Parents \| YOUTH EMPOWERMENT SERVICES | 245 | 61 |
| YES Training \| YOUTH EMPOWERMENT SERVICES | 207 | 30 |
| YES Overview \| YOUTH EMPOWERMENT SERVICES | 199 | 32 |
| Wraparound Intensive Services \| YOUTH EMPOWERMENT SERVICES | 187 | 111 |

Traffic Type

| Session default channel group | Sessions... |
|---|---|
| Direct | 2,859 |
| Organic Search | 2,306 |
| Referral | 356 |

Bounce rate
42.39%

Visits by Location

| City | Sessions |
|---|---|
| Boise | 844 |
| Los Angeles | 759 |
| (not set) | 391 |
| Nampa | 350 |
| Idaho Falls | 239 |
| Seattle | 237 |
| Chicago | 227 |
| Ashburn | 167 |
| Salt Lake City | 165 |
| Twin Falls | 153 |

Views per user
3.53

Average session duration
00:03:58

**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: April 1 – June 30, 2024

### Files downloaded

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

| File name | Event count... |
|---|---|
| GettingStartedYES.pdf | 1,620 |
| YES101_online.pdf | 1,020 |
| YESPracticeManualFinal.pdf | 623 |
| MHChecklist.pdf | 369 |
| MentalHealthCrisisDefinitionandExpectation... | 368 |
| MHChecklistforYOUTH.pdf | 358 |
| YESOverviewtrifold.pdf | 327 |
| YES-Contacts.pdf | 256 |
| YouthCrisisSafetyPlan.pdf | 249 |
| GettingStartedContacts.pdf | 207 |

### 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 idaho | 587 | 12,812 |
| yes program | 299 | 3,852 |
| youth empowerment servic... | 295 | 4,292 |
| yes idaho | 281 | 3,285 |
| idaho yes program | 204 | 4,327 |
| cans assessment idaho | 196 | 466 |
| youth empowerment servic... | 162 | 3,688 |
| cans certification | 109 | 789 |
| cans assessment | 56 | 1,590 |
| cans training | 45 | 450 |

### Site activity

Number of times a user event occurred*

| Event name | Event count ▾ |
|---|---|
| page_view | 52,670 |
| scroll | 39,601 |
| user_engagement | 31,002 |
| session_start | 27,282 |
| file_download | 19,717 |
| first_visit | 16,394 |
| click | 7,488 |
| form_start | 1,236 |
| form_submit | 353 |
| mailto | 119 |

### 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 | 11,811 |
| Child and Adolescent Needs and Strengths (CANS) \| YOUTH ... | 1,801 |
| Guide to YES: A Practice Manual \| YOUTH EMPOWERMENT S... | 1,276 |
| YES History and Current Development \| YOUTH EMPOWERM... | 1,085 |
| Contact Us \| YOUTH EMPOWERMENT SERVICES | 797 |
| Wraparound Intensive Services \| YOUTH EMPOWERMENT SE... | 754 |
| Quick Start Guide \| YOUTH EMPOWERMENT SERVICES | 516 |
| Parents \| YOUTH EMPOWERMENT SERVICES | 509 |
| \| YOUTH EMPOWERMENT SERVICES | 430 |
| Welcome to Real Estate Commission | 381 |

### Where do visitors enter then immediately leave the site?

Count of each page where a visitor entered then immediately left thefisite

| Page title and screen class | Bounce rate ▾ |
|---|---|
| Opioids and Overdoses \| Office of Drug Policy | 100% |
| Reciprocal Admission \| State Bar | 100% |
| Contact Us \| YOUTH EMPOWERMENT SERVICES | 100% |
| Operations \| Office of Emergency Management | 100% |
| Contact Us \| State Board of Pharmacy | 100% |
| Real Estatement Newsletters \| Real Estate Commission | 100% |
| YES Overview \| YOUTH EMPOWERMENT SERVICES | 100% |
| Putting the pieces together: TACP share experiences with 124t... | 100% |
| Pharmacy Technicians \| State Board of Pharmacy | 100% |
| Director \| Office of Emergency Management | 100% |

**YES Website Analytics – Trends since site launch: June 21, 2021 – June30, 2024**

**Visitors and Pages**

| Sessions | Views | Total users | New users |
|---|---|---|---|
| 28,017 | 52,670 | 16,606 | 16,394 |

| Views per user | Average session duration |
|---|---|
| 3.17 | 00:03:30 |

Visits by Device


Type of Visitors


Top 10 Landing Pages

| Page title | Total users | New users |
|---|---|---|
| Welcome to YOUTH EMPOWERMENT SERVICES | 7,826 | 7,146 |
| Contact Us \| YOUTH EMPOWERMENT SERVICES | 1,772 | 285 |
| Child and Adolescent Needs and Strengths (CANS) \| YOUTH EMPOWERMENT SERVICES | 1,477 | 1,158 |
| Quick Start Guide \| YOUTH EMPOWERMENT SERVICES | 1,472 | 104 |
| Guide to YES: A Practice Manual \| YOUTH EMPOWERMENT SERVICES | 1,135 | 598 |
| Parents \| YOUTH EMPOWERMENT SERVICES | 1,018 | 199 |
| YES History and Current Development \| YOUTH EMPOWERMENT SERVICES | 735 | 412 |
| YES Training \| YOUTH EMPOWERMENT SERVICES | 678 | 4289 |
| YES Overview \| YOUTH EMPOWERMENT SERVICES | 678 | 74 |
| Getting Started \| YOUTH EMPOWERMENT SERVICES | 649 | 33 |

| Device category | Sessions | Bounce rate |
|---|---|---|
| desktop | 20,892 | 44.43% |
| mobile | 6,490 | 47.5% |
| tablet | 152 | 46.71% |

Traffic Type

| Session default channel group | Sessions |
|---|---|
| Direct | 14,481 |
| Organic Search | 10,832 |
| Referral | 2,015 |

Visits by Location

| City | Sessions |
|---|---|
| Boise | 4,483 |
| Los Angeles | 3,093 |
| (not set) | 1,775 |
| Nampa | 1,693 |
| Seattle | 1,309 |
| Idaho Falls | 1,048 |
| Salt Lake City | 777 |
| Meridian | 640 |
| Phoenix | 565 |
| Twin Falls | 542 |

Bounce rate

46.40%

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

# Appendix B –Annual Estimation 2024

**Annual Estimated Number of Potential Class Members Oct., 2024**

| | Type of insurance | | | | |
|---|---|---|---|---|---|
| | **Employer** | **Non-Group** | **Medicaid** | **Uninsured** | Total |
| Insured rate based on 2022 Estimated Census | 47.9% | 7.5% | 37.5% | 5.3% | |
| Population | 231,800 | 36,100 | 181,600 | 25,500 | |
| Estimated prevalence | 6% | 6% | 8% | 11.9% | |
| Estimated need | 13,908 | 2,166 | 14,528 | 3,035 | |
| Expected Utilization Lower Estimate 15% | 2,086 | 325 | 14,528 | 3,035 | 19,974 |
| Expected Utilization Higher Estimate 18% | 2,503 | 390 | 14,528 | 3,035 | 20,456 |

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

Definitions of Insurance:

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

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

**Medicaid**: Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan, or any kind of government assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligible who are also covered by Medicare.

**Uninsured:** Includes those without health insurance and those who have coverage under the Indian Health Service only.

Estimated range:

YES eligible lower (15% Employer, 15% Non-Group, Medicaid, Uninsured) = 2,086++14,528 +3,035 = 19,974

YES eligible higher (18% Employer, 18% Non-Group, Medicaid, Uninsured) = 2,503+390+14,528+ 3,035 = 20,456

Resources for data:

Population numbers:

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

Prevalence rates:

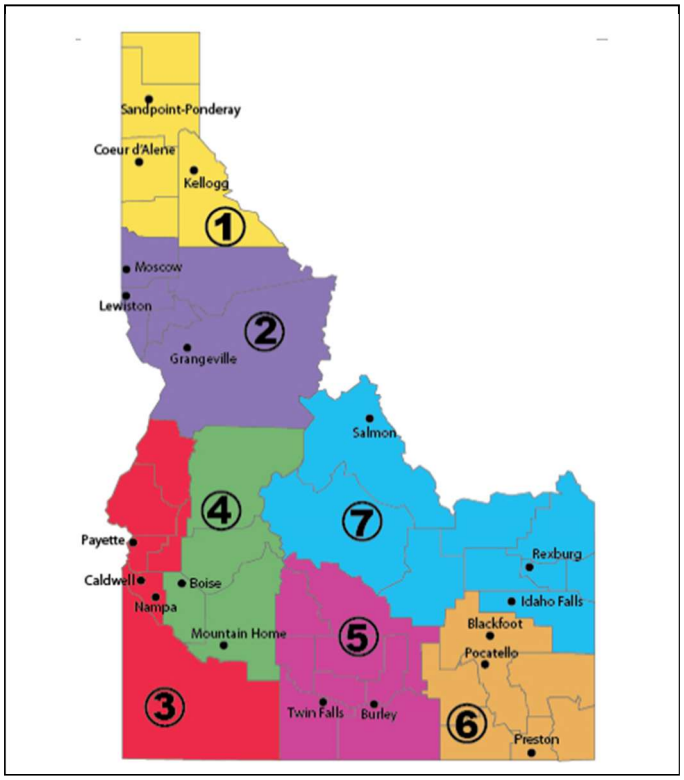
Medicaid: https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7

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

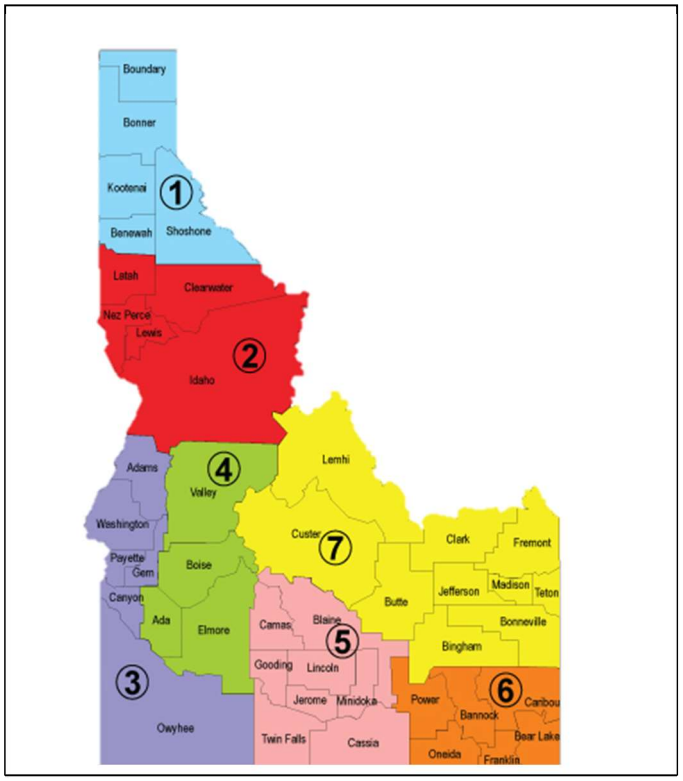
Private insurance: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/

# Appendix C- Regional Maps

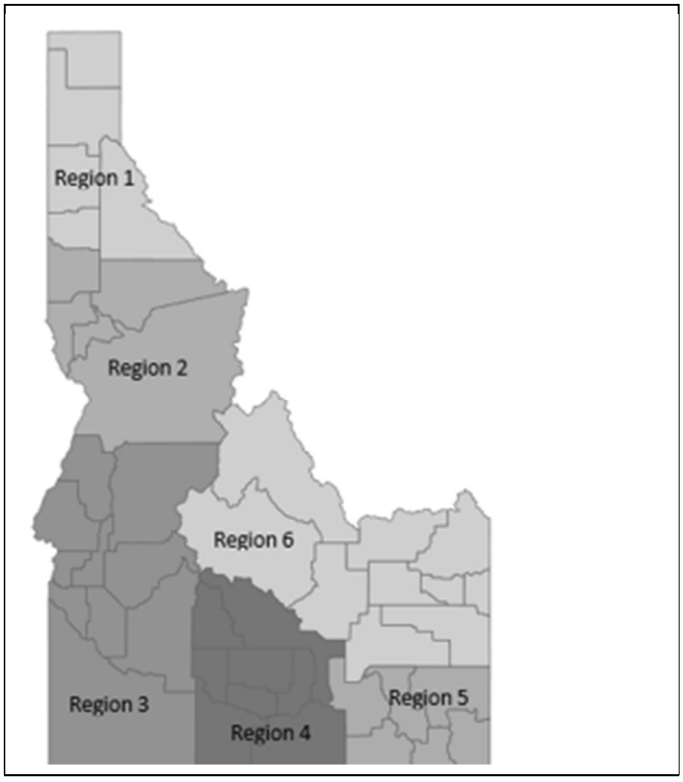
## Idaho Department of Health and Welfare: Medicaid,




## Idaho Department of Health and Welfare: DBH




## Idaho State Department of Education




## Idaho Department of Juvenile Corrections