



Quality Management
Improvement & Accountability
(QMIA)

YOUTH EMPOWERMENT SERVICES

QMIA Quarterly Report

Q1, SFY 2025

March, 2025

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YES, QMIA Quarterly Report Q1, SFY 2025

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 and whether the services meet their needs and improve their lives.

The QMIA-Q report compiles data on children, youth, and families accessing mental health care in Idaho, primarily through the Idaho Behavioral Health Plan (IBHP) contractor, currently Magellan Healthcare, Inc. (formerly Optum), and the Division of Behavioral Health’s (DBH) Children’s Mental Health (CMH) program. The report includes information on children and youth with Medicaid, those without insurance, and those whose family income exceeds the Medicaid Federal Poverty Guideline. Additionally, it provides data on children under court orders for mental health services, including those with 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 2025

YES QMIA-Q SFY 2025 Timelines ¹	<i>Published on YES Website</i>
1st quarter: July–September + Annual YES projected number	March
2nd quarter: October–December	May
3rd quarter: January–March	July
4th quarter: April–June + Full SFY 2025	October

¹ Publication of the Q1 and Q2 reports would typically occur in January and April, respectively. Data-related issues have altered the publication schedule for these two quarters.



YES, QMIA Quarterly Report includes data from Q1 of SFY 2025 (July, August, and September 2024), and trends over the past five years, comparing previous quarters and SFYs.

Executive Summary – SFY 2025, Q1

The QMIA-Q report for State Fiscal Year (SFY) 2025, Quarter 1 (Q1) provides information about the delivery of YES services for July, August, and September 2024 and trends over the past five years of YES implementation. The report will be undergoing substantial revision throughout SFY 2025 as new data from Magellan replaces data that was previously provided by Optum, Medicaid, and DBH.

YES Accomplishments and Updates

New Data is Available for Assessing YES

Several new data elements have been incorporated into the QMIA Quarterly Report. The inclusion of many of these items stems from valuable information provided by Magellan specifically for this report. These additions include, but are not limited to:

- **Expanded Expenditure Data:** Quarterly claims paid data now includes more granular details, such as total claims, outpatient claims, inpatient claims, and residential claims. This enhancement allows for a more detailed and nuanced understanding of how funds are allocated across the YES system (see Section 3).
- **New Outpatient Service Data:** We can now track and report on additional outpatient services, including Comprehensive Diagnostic Assessments, Interpretative Services, and Emergency Department visits. This data can be analyzed over time, offering deeper insights into service utilization and trends (see Section 2).
- **Increased Array of Intensive Home and Community-Based Services (IHCBS):** The scope of IHCBS data has expanded, allowing for more precise reporting on service utilization across various IHCBS modalities. This provides a clearer picture of how these services are being utilized within the YES system (see Section 2).

DBH Center of Excellence Promotes Best Practices

Three DBH Centers of Excellence (CoEs) are dedicated to advancing youth services and supports. Each CoE collaborates closely with stakeholders and providers to promote best practices through training, mentoring, and fidelity monitoring. Key highlights from the CoEs include:

- **Wraparound CoE:** In September 2024, the Wraparound CoE launched its inaugural training cohort, with 10 members successfully completing their training by early January 2025. Currently, 53 youth are enrolled in the Wraparound program, with services being delivered by two agencies and the Wraparound CoE. Notably, the CoE directly provides Wraparound services to youth and families whose income exceeds 300% of the Federal Poverty Level.
- **Parenting with Love and Limits (PLL) CoE:** The PLL CoE hosted two certification trainings in August and September 2024. As a result, six of the nine agencies selected by Magellan to provide PLL services became officially certified. As of December 2024, five PLL group cohorts, serving a total of 18 youth and families, are actively engaged in the program.

- **Idaho Transformation Collaborative Outcomes Management (TCOM) Institute:** TCOM is dedicated to standardizing the use of the Child Adolescent Needs and Strengths (CANS) and the Crisis Assessment Tool (CAT). In 2024, TCOM conducted 40 training sessions on CANS and CAT, engaging 345 participants.

For further details on additional CoE highlights and accomplishments, please refer to Section 4c.

Treatment Foster Care Program Advancing

Treatment Foster Care (TFC) supports youth with Serious Emotional Disturbance (SED) in community-based family settings. It serves youth aged 3-18 whose needs exceed less restrictive options, as determined by the Child and Family Team (CFT) and the Decision Support tool. TFC helps build skills for successful reunification and can also stabilize youth to prevent or step down from higher levels of care. This service involves a partnership with the Division of Child Youth and Family Services (CYFS) and DBH for youth in state custody or at risk of entering care due to unmet behavioral or mental health needs.

As of December 2025, there were five licensed TFC provider families and one in training. Due to limited provider availability and high need, TFC is currently only available for youth in state custody. In fiscal year 2026, TFC will expand to other candidates. DBH is working with the IBHP team to explore additional funding opportunities and make TFC a fully Medicaid-billable service.

Temporary Housing Program for Youth in Foster Care Terminated

In November 2024, DHW ended its practice of using short-term rentals to temporarily house foster children with complex needs while they awaited more permanent placements. The program primarily housed children with health conditions, developmental disabilities, and teens, who were more challenging to place in foster care than their younger counterparts. The department was able to end the temporary housing program for two key reasons. First, the ratio of foster families to foster children in Idaho is increasing. Second, a new assessment center absorbed demand.

Annual Estimated Number of Potential Class Members – October 2024

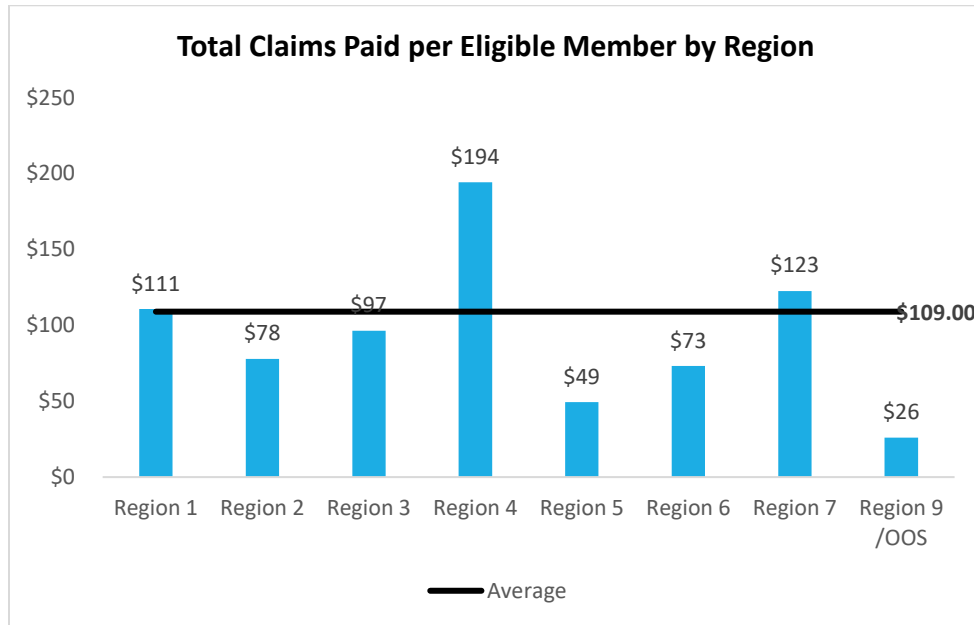
	Type of insurance				
	Employer	Non-Group	Medicaid	Uninsured	Total
Insured Rate Based on 2022 Estimated Census	47.9%	7.5%	37.5%	5.3%	
Population	231,800	36,100	181,600	25,500	
Estimated Prevalence	6%	6%	8%	11.9%	
Estimated Need	13,908	2,166	14,528	3,035	
Expected Utilization Lower Estimate 15%	2,086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

Appendix B includes insurance definitions and calculation details.

YES Challenges and Opportunities

Wide Spending Gaps Exist Across Regions

There are persistent spending disparities across regions. As shown in the figure below, the total claims paid per eligible Medicaid member in Region 4 significantly surpasses not only the average spending but also exceeds the spending in Region 5 by more than three times. While the data presented here is based solely on SFY 2025-Q1 information, the trend observed is consistent with the outpatient expenditure patterns reported in previous quarters.



Accurately Comparing New Magellan Data to Historical Data Will Require Time and Careful Analysis

The information provided by Magellan is highly valuable, and many initial challenges have already been addressed. However, making accurate comparisons to historical QMIA Quarterly data will be a time-consuming and complex process. This is due to changes in data formats, and the need to carefully align definitions and coding to ensure that historical comparisons are both reliable (consistent over time) and valid (accurately measuring the intended metrics).

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 (June 2024 report)

<https://yes.idaho.gov/wp-content/uploads/2024/07/ICCAAnalysisProjectedNeedJune2024.pdf>

Final Report of the Youth Empowerment Services (YES) Quality Review (SFY 2023-2024)

<https://yes.idaho.gov/wp-content/uploads/2025/01/QRReportFinalReport2023.pdf>

Historical QMIA-Q reports

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

Idaho YES Family Survey Results, 2024

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

Quality of Mental Health Services for Idaho Youths Living in Foster Care, 2024

<https://yes.idaho.gov/wp-content/uploads/2025/02/QualityofMH-servicesIDyouthin-fostercare2024.pdf>

Unmet Need for Mental Health Services among Idaho Youth, 2024

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

1. Access to YES

1a. Screening for Mental Health Needs

1b. YES Eligible Children and Youth Based on Initial CANS

1c. Characteristics of Children and Youth Assessed Using the CANS

The data for this section of the QMIA Quarterly report is based on the Child and Adolescent Needs and Strengths (CANS) tool. The transition to the new IBHP has delayed CANS data delivery from Magellan to DBH. In future QMIA-Q reports, this section of the report will be populated.

2. Medicaid Services and Supports

2a. Medicaid Outpatient Services Utilization

The Medicaid claims data in the following tables show the services and supports provided to Medicaid members ages 0-17 by type of service and region in which the service was delivered. The number served is unduplicated within the specific category of services (i.e., the number of children and youth who received that specific service). The tables also include the penetration rate. The **penetration rate tells us what percentage of the eligible population received a given service** and is calculated by dividing the number of youth Medicaid beneficiaries served (numerator) by the total number of youth Medicaid-eligible members (denominator). Appendix D provides a statewide historic overview of Medicaid-eligible members. Appendix E includes SFY 2025-Q1 Medicaid eligible members by region.

2a1: Number of Medicaid Members Accessing YES Screening and Assessment Services (and associated Penetration Rates) by Region

Screening and Assessment									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
CANS²	255	137	784	997	360	445	891	17	3,886
	1.4%	2.2%	2.4%	3.8%	1.7%	2.6%	3.3%	0.9%	2.6%
Psych and Neuropsych Testing	31	6	91	87	29	56	147	12	450
	0.2%	0.1%	0.3%	0.3%	0.1%	0.3%	0.5%	0.2%	0.3%
Behavior Assessment	23	0	30	56	0	0	11	0	120
	0.1%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
Comprehensive Diagnostic Assessment	270	93	596	660	244	305	563	87	2743
	1.5%	1.5%	1.8%	2.5%	1.2%	1.8%	2.1%	0.6%	1.8%
Psychiatric Diagnostic Assessment	11	5	10	12	24	19	60	3	144
	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.2%	0.2%	0.1%
Assessments	3	0	12	24	36	0	13	0	88
	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.1%

² The number of CANS claims paid provided here is *not* the same as the total number of CANS completed during the reporting period as reported in previous QMIA-Q reports. Future QMIA-Q reports will include both metrics.

2a2: Number of Medicaid Members Accessing YES Outpatient Treatment Services (and associated Penetration Rates) by Region

Outpatient Treatment Services									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Behavior Modification and Consultation	55	0	41	65	0	0	18	0	180
	0.3%	0.0%	0.1%	0.2%	0.0%	0.0%	0.1%	0.1%	0.1%
Case Management	35	37	136	573	121	131	467	59	1504
	0.2%	0.6%	0.4%	2.2%	0.6%	0.8%	1.7%	0.2%	1.0%
Child and Family Team (CFT)	0	2	9	19	13	8	13	3	64
	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Medication Management	143	67	534	685	177	261	783	97	2662
	0.8%	1.1%	1.6%	2.6%	0.9%	1.5%	2.9%	0.6%	1.8%
Psychotherapy Services	864	300	1739	1920	797	1012	2139	291	8813
	4.8%	4.7%	5.4%	7.2%	3.8%	5.9%	7.8%	2.2%	5.9%
STAD	0	0	0	4	45	0	58	0	108
	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.1%	0.1%
SUD Service	30	1	13	8	27	20	46	10	145
	0.2%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.0%	0.1%
Skills Building/CBRS	73	123	387	896	117	246	704	95	2559
	0.4%	1.9%	1.2%	3.4%	0.6%	1.4%	2.6%	0.7%	1.7%

2a3: Number of Medicaid Members Accessing YES Crisis Services (and associated Penetration Rates) by Region

Crisis Services									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Crisis Intervention	0	1	3	3	2	13	25	1	48
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%
Crisis Psychotherapy	17	2	10	19	8	6	20	0	82
	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%
Crisis Response	0	0	3	2	0	1	0	0	6
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Services	0	0	6	5	0	0	0	0	11
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Emergency Department	0	0	1	4	0	1	0	0	6
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

2a4: Number of Medicaid Members Accessing YES Intensive Outpatient Treatment Services (and associated Penetration Rates) by Region

Intensive Outpatient Treatment Services									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Day Treatment	1	0	0	0	0	0	0	0	1
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS-MDST	0	0	1	7	0	0	0	0	8
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS-MST	0	0	3	4	0	0	0	0	7
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS-TBS	0	1	11	25	0	7	1	0	45
	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
IHDBS – Other EB Modality	9	0	1	5	0	0	1	0	16
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient Program	9	4	50	43	14	4	10	4	135
	0.1%	0.1%	0.2%	0.2%	0.1%	0.0%	0.0%	0.1%	0.1%
Intensive Care Coordination (ICC)	20	40	106	147	36	110	303	31	765
	0.1%	0.6%	0.3%	0.6%	0.2%	0.6%	1.1%	0.2%	0.5%
Partial Hospitalization	0	0	23	22	0	3	13	0	61
	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
TASSP	19	0	1	7	32	0	8	0	67
	0.1%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
Wraparound ³	1	0	3	2	1	0	2	0	9
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

2a5: Number of Medicaid Members Accessing YES Support Services (and associated Penetration Rates) by Region

Support Services									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Family Psychoeducation	5	0	2	3	18	2	1	0	31
	0.0%	0.6%	0.1%	0.2%	0.0%	0.4%	0.3%	0.2%	0.2%
Family Support	10	2	6	4	2	23	69	0	116
	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%	0.0%	0.1%
Respite	2	41	39	42	9	63	94	3	293
	0.0%	0.6%	0.1%	0.2%	0.0%	0.4%	0.3%	0.2%	0.2%
Youth Support	5	11	23	38	16	17	46	0	156
	0.0%	0.2%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%

³ The number of Wraparound utilizers presented here is based on claims payment information – not Wraparound enrollment. Enrollment numbers are provided in Section 6 below.

2a6: Number of Medicaid Members Accessing YES Miscellaneous Services (and associated Penetration Rates) by Region

Miscellaneous Services									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Health Behavior Assessment and Intervention (HBAI)	0	0	6	10	0	0	0	0	16
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Interpretative Services	0	0	59	429	51	3	48	1	591
	0.0%	0.0%	0.2%	1.6%	0.2%	0.0%	0.2%	0.1%	0.4%

2b. Medicaid Inpatient Service Utilization

2b1: Number of Medicaid Members Accessing YES Inpatient Services (and associated Penetration Rates) by Region

Inpatient Services									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Inpatient	31	10	55	52	17	12	24	0	201
	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.1%

2c. Medicaid Residential Treatment Utilization

2c1: Number of Medicaid Members Accessing YES Residential Treatment (and associated Penetration Rates) by Region

Residential Services									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
PRTF	4	2	9	9	4	0	6	0	34
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RTC	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

3. YES Medicaid Claims Payment

Data in the following table was provided by Magellan and includes the dollar amounts associated with *total* claims paid during the quarter as well as the dollars associated with the following claim categories: outpatient, inpatient, and residential.

3a1: Medicaid Claims Paid by Region (All Claim Types), SFY 2025-Q1

	Total Claims Paid	Outpatient Claims Paid	Inpatient Claims Paid	Residential Claims Paid
Region 1	\$1,978,491	\$1,647,727	\$241,240	\$89,524
Region 2	\$492,846	\$388,627	\$57,824	\$46,395
Region 3	\$3,134,382	\$2,398,888	\$579,328	\$156,166
Region 4	\$5,153,551	\$4,442,480	\$392,122	\$318,949
Region 5	\$1,028,872	\$917,599	\$70,184	\$41,089
Region 6	\$1,259,156	\$1,202,576	\$56,580	\$0
Region 7	\$3,352,301	\$3,083,215	\$135,804	\$133,282
Region 9/OOS	\$49,021	\$48,166	\$855	\$0
Total	\$16,448,620	\$14,129,278	\$1,533,937	\$785,405
% of Total Claims Paid	100%	85.6%	9.3%	4.8%

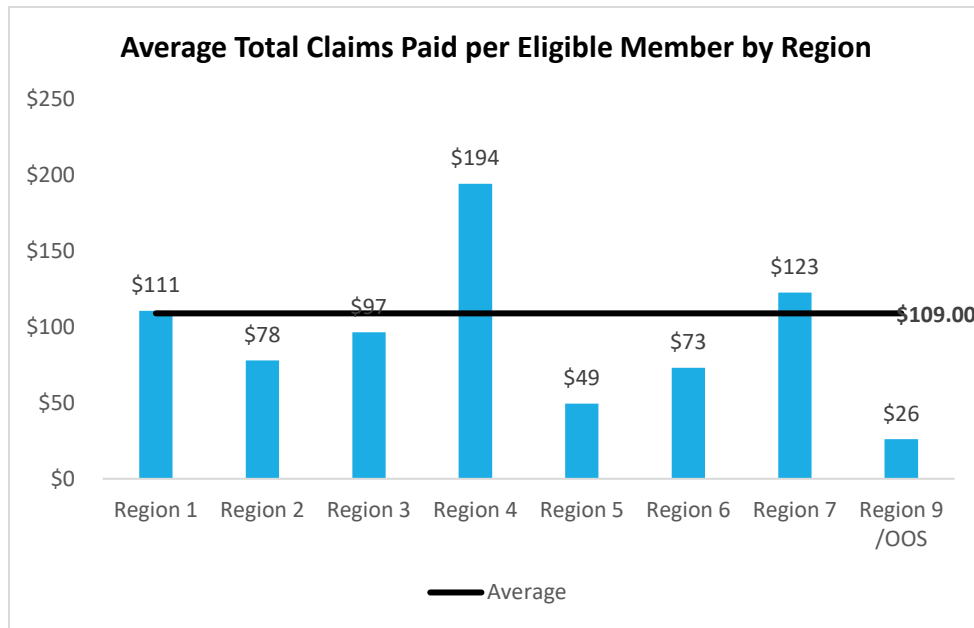
3a2: Regional Comparison of Total Claims Paid by Eligible Medicaid Member, SFY 2025-Q1

	Total Eligible Members	Total Claims Paid	\$ per Distinct Eligible Member	% Eligible Members	% Total Claims Paid
Region 1	17866	\$1,978,491	\$110.74	11.9%	12.0%
Region 2	6323	\$492,846	\$77.94	4.2%	3.0%
Region 3	32469	\$3,134,382	\$96.53	21.6%	19.1%
Region 4	26524	\$5,153,551	\$194.30	17.6%	31.3%
Region 5	20803	\$1,028,872	\$49.46	13.8%	6.3%
Region 6	17203	\$1,259,156	\$73.19	11.4%	7.7%
Region 7	27327	\$3,352,301	\$122.67	18.2%	20.4%
Region 9/OOS	1,881	\$49,021	\$26.06	1.3%	0.3%
Total/Average	150,396	\$16,448,620	\$109.37		

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 \$49 per eligible member in Region 5 and as much as \$194 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 3% difference between percentages of distinct utilizers and expenditures) in three regions. Regions 5 and 6 are under-resourced (red font). In contrast, Region 4 receives a much higher percentage of system-wide expenditures than its distinct member population suggests it should (blue font).

3a3: Average Total Claims Paid per Eligible Member by Region, SFY 2025-Q1



4. DBH YES-Related Services and Supports

4a. DBH 20-511A

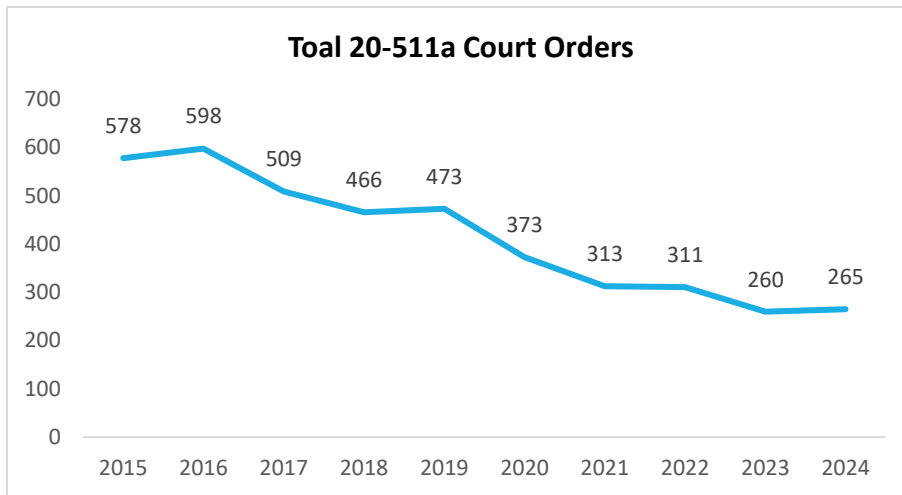
A 20-511a court order requires DBH to complete a mental health assessment and a treatment plan to provide needed mental health services to a juvenile.

Reflective of the general decline in the number of 20-511a Court Orders that began in SFY 2017, during the first three months of SFY 2025, there were forty-four 20-5011a Court Orders (an average of 15 per month – down substantially from the 2015 and 2016 monthly averages of 48 and 50, respectively).

4a1: Number of 20-511A Court Orders

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
SFY 2025, Q1	5	5	3	8	7	3	13	44		15

4a2: Historical Annualized # of Court Ordered 20-511a, SFY 2015 – SFY 2024



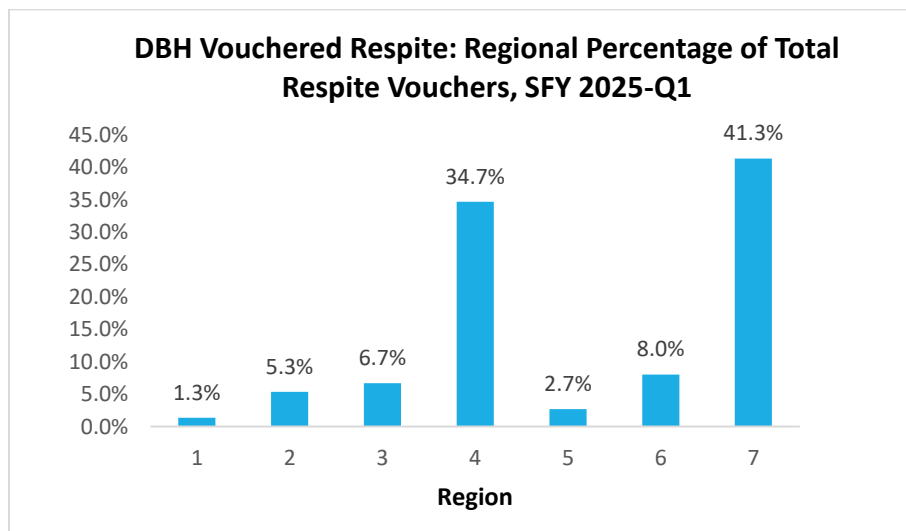
4b. DBH Vouchered Respite

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 DBH’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.

4b1: Vouchered Respite

Regions	1	2	3	4	5	6	7	Total
SFY 2023 Total	26	31	26	107	4	20	195	409
SFY 2024 Total	12	39	22	107	2	27	233	442
SFY 2025 Q1	1	4	5	26	2	6	31	75

4b2: Vouchered Respite Percentages by Region



4c. Center of Excellence

The mission of DBH's Center of Excellence (CoE) is to enhance Idaho's Behavioral Health system through collaboration in training, mentoring, and promoting best practices in treatment. The CoE works to implement and expand effective practices statewide, focusing on the following areas:

- Training, coaching, mentoring, and providing technical assistance
- Supporting programs in achieving model fidelity and improving quality
- Measuring and reporting statewide outcomes
- Developing standards and manuals and assisting with administrative code
- Educating and advising state and local policymakers

4c1. Wraparound CoE

The Wraparound CoE, in collaboration with Magellan and the IBHP Bureau, began implementing Wraparound in the Behavioral Health provider network when the IBHP went live on July 1, 2024. The first Wraparound Coordinator training cohort launched in September 2024, with 10 members completing their training by early January 2025. A second cohort is currently in progress. Following the initial training, the CoE provides ongoing one-on-one and group coaching to Wraparound Coordinators.

Currently, two agencies deliver Wraparound services in the provider network: one serving Regions 1–4 with 21 enrolled youth and another in Regions 5–7 with 16 enrolled youth. The CoE also directly provides Wraparound to youth and families above 300% of the Federal Poverty Level (FPL) and is currently serving 16 youth.

The CoE continues to educate Behavioral Health system stakeholders on Wraparound, hosting monthly Wraparound 101 seminars, with plans to increase this frequency in early 2025. From October to mid-December 2024, 74 participants completed Wraparound 101, 90 participated in Wraparound Foundation training, and 15 attended Wraparound Supervisor training.

Additionally, the CoE is partnering with Magellan and the IBHP Bureau to recruit new Wraparound providers. Following new CMS guidance on conflict of interest, the CoE hosted two forums in November 2024 to engage potential providers and held follow-up discussions in December 2024 with nine providers to clarify the CoE's role and the next steps with Magellan.

4c2. Parenting with Love and Limit COE

DBH's Parenting with Love and Limits (PLL) CoE contracts with Savannah Family Institute (dba Parenting with Love and Limits) to offer PLL certification training in Idaho and conduct required monthly PLL Consultation. The CoE also supports the implementation of this intensive program by supplying manuals, books, and materials to Idaho's PLL provider network and families receiving services.

When the new IBHP contract launched in July 2024, Magellan selected nine Idaho agencies to offer PLL services. The CoE held two PLL Certification Trainings in August and September 2024, certifying six agencies. These teams receive ongoing support from the CoE for program implementation and model fidelity through monthly consultations. The remaining three agencies are working with Magellan to staff their PLL teams.

By December 2024, five PLL group cohorts were functioning statewide, serving 18 families, with two families having fully completed the program. All six certified provider teams began new cohorts with fresh families in January 2025, aiming to enroll 5-6 families per group.

4c3. TCOM CoE

The Idaho Transformation Collaborative Outcomes Management (TCOM) Institute promotes collaboration between system partners to standardize the delivery and application of the TCOM tools, including the CANS and CAT. This enables

greater collaboration around the needs and strengths of child-serving systems to increase the effectiveness and improvement in the way Idaho's children, youth, and families are served.

The TCOM team currently offers two key trainings: CANS General Certification and CAT Certification. In 2024, TCOM conducted 40 CANS and CAT training sessions, engaging 345 participants. By the end of 2024, a total of 1,582 certifications had been issued—1,503 for CANS and 79 for CAT. In addition to these core offerings, the TCOM Institute collaborates closely with the One Kid One CANS workgroup to enhance the user experience of the CANS tool. The Institute is also developing new training and support resources set to launch in 2025. Further, TCOM provides certifications for the Family Advocacy and Support Tool (FAST), used by Youth Safety and Permanency caseworkers and the Idaho Department of Juvenile Corrections. In 2024, 60 FAST certifications were completed.

4d. State Hospital West Admissions

The table below shows DBH state hospital youth admissions from two facilities. Youth admitted to an Idaho state hospital between July 2019 (the start of SFY 2020) and April 2021 were placed at the State Hospital South (SHS) Adolescent Unit. Starting in May 2021, youth admitted to an Idaho state hospital were placed at State Hospital West (SHW).

4d1. SHS/SHW Active Admissions by Month SFY 2020 – 2025-Q1

	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
SFY 25 -Q1 (SHW)	11	12	11										11.3	

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 since SFY 2023 have been limited due to facility issues (e.g., nursing station) and staffing resources.

DBH SHS/SHW Readmission Incidents (not unique individuals)

4d2: SFY 2017 – 2025-Q1

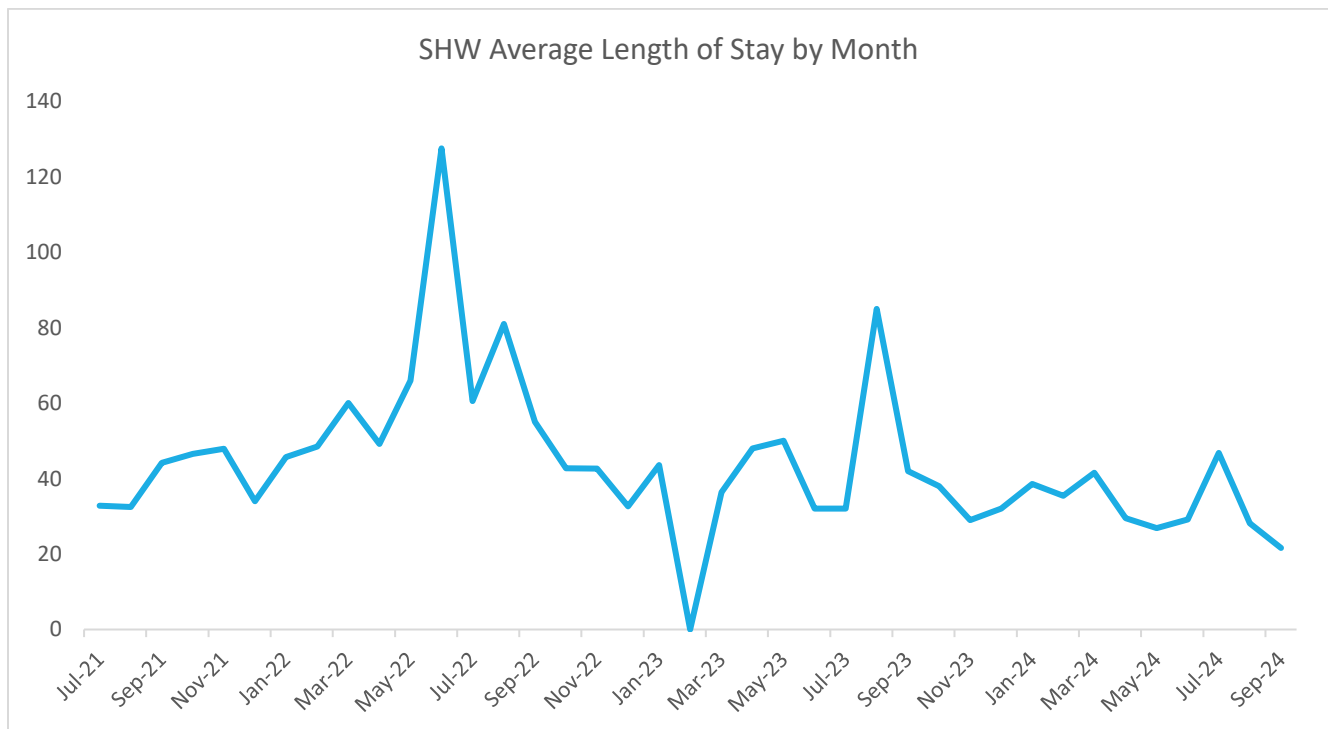
Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Re-admission 30 days or less	0	0	0	1	0	2	1	0	0
Re-admission 31 to 90 day	5	6	2	3	0	1	4	1	0
Re-admission 90 to 180 days	4	1	6	2	0	3	0	1	1
Re-admission 181 to 365 days	5	6	7	4	0	2	1	2	0
Re-admission more than 365 days	11	9	9	7	3	0	0	1	0

DBH has been tracking the trend of readmission incidents for SHS/SHW. Notably, the number of incidents within 30 days has been extremely low. There were no readmissions within 30 days in SFY 2024 or SFY 2025 Q1.

**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

4d3: SHW Average Length of Stay, SFY 2022 – 2025-Q1



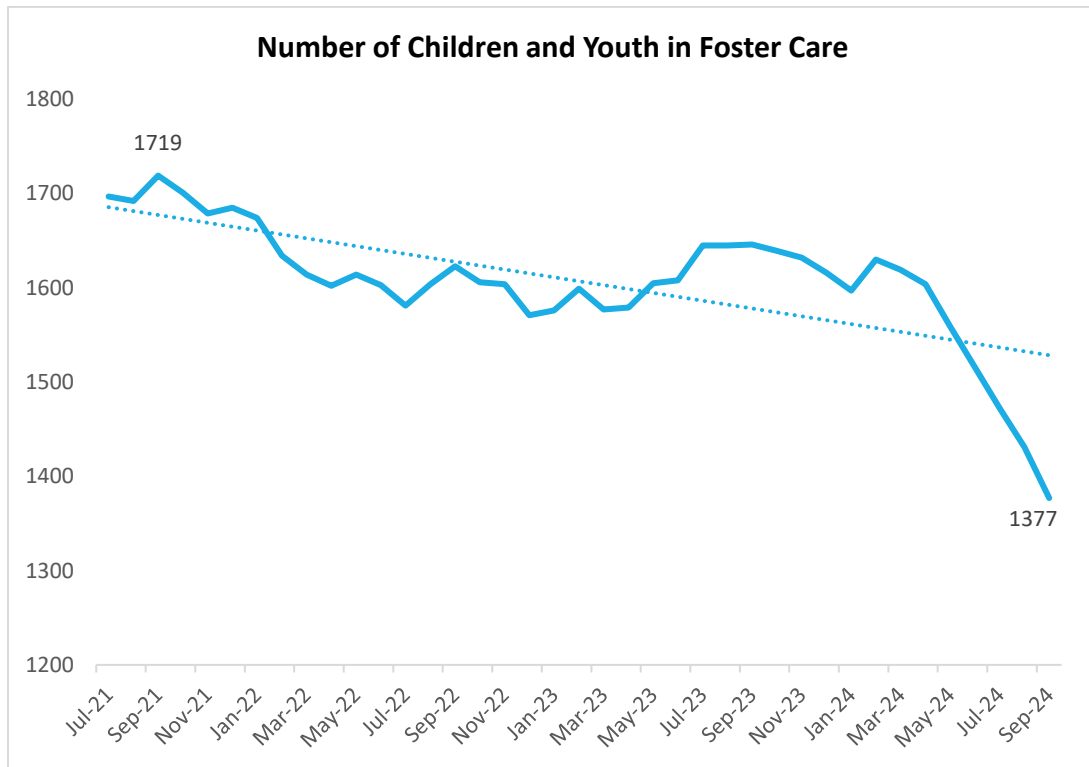
Notes: The average length of stay is calculated based on the length of stay for patients during the reporting month. No patients were discharged from SHW in February of 2023.

5. YES Partners Information

5a. Child, Youth, & Family Services (CYFS)

7a: Historic Number of Children Active in Foster Care by Month

The monthly number of children and youth in foster care has been steadily decreasing, as shown by the dotted (trend) line on the chart below. By the end of SFY 2025-Q1, this figure reached its lowest point since July 2021.



Data notes: The chart above illustrates the total number of children in foster care, rather than those specifically with SED. Additionally, the y-axis starts at 1,200 to highlight variations in the data that would otherwise be obscured if the axis began at zero.

5b. 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 the individual and unique needs of each youth. Youth may be placed at a state juvenile corrections center or a licensed contract facility to address criminogenic risks and needs. Criminogenic needs are those conditions that contribute to the juvenile's delinquency most directly.

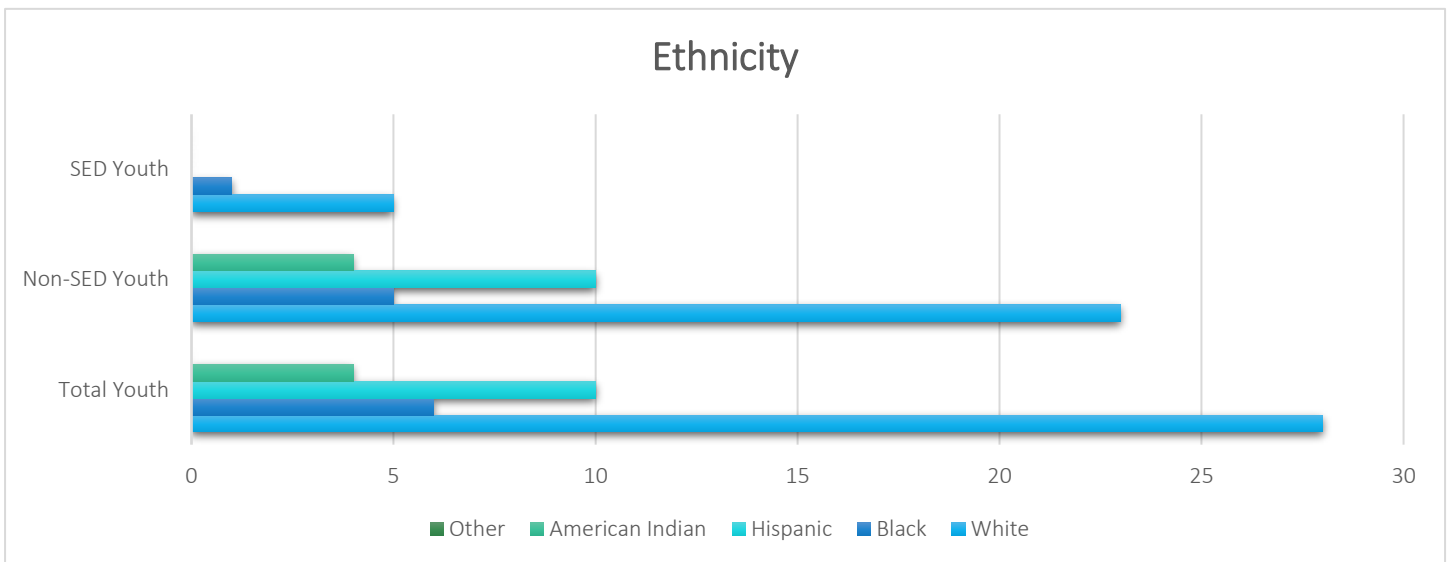
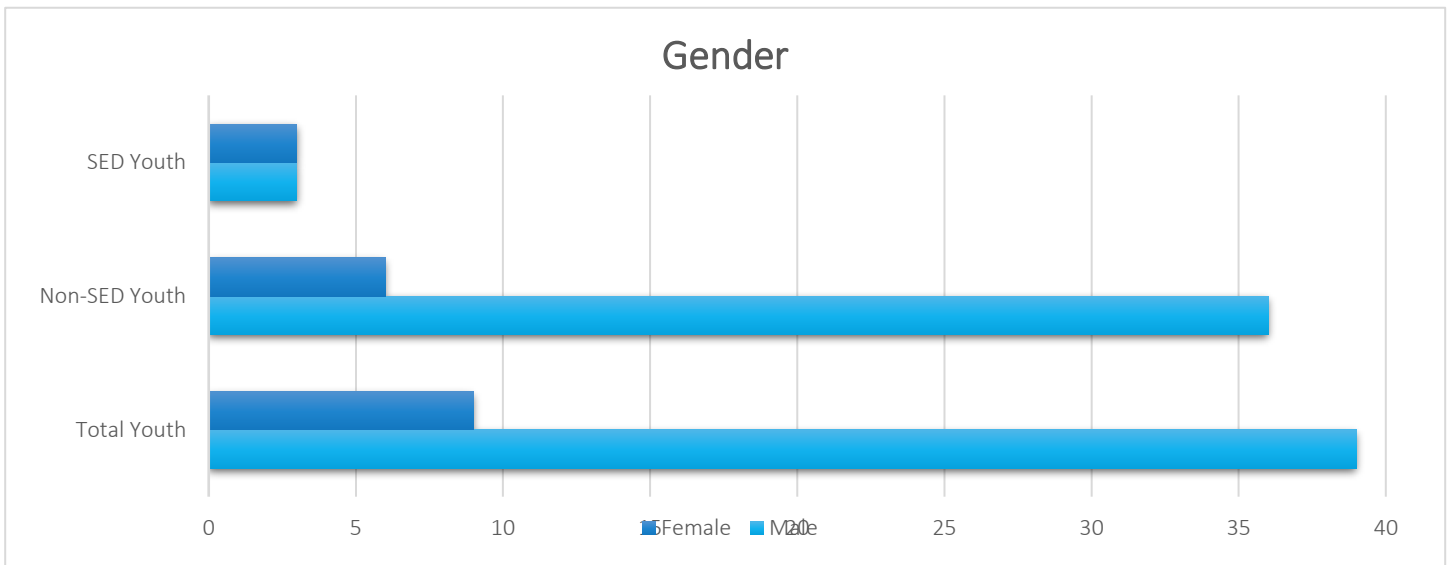
IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex-offending behavior, serious substance use disorders, mental health disorders, and female offenders. All programs focus on the youth's strengths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

are evaluated by nationally accepted and recognized standards for the treatment of juvenile offenders. Other IDJC services include professional medical care, counseling, and education/vocational programs.

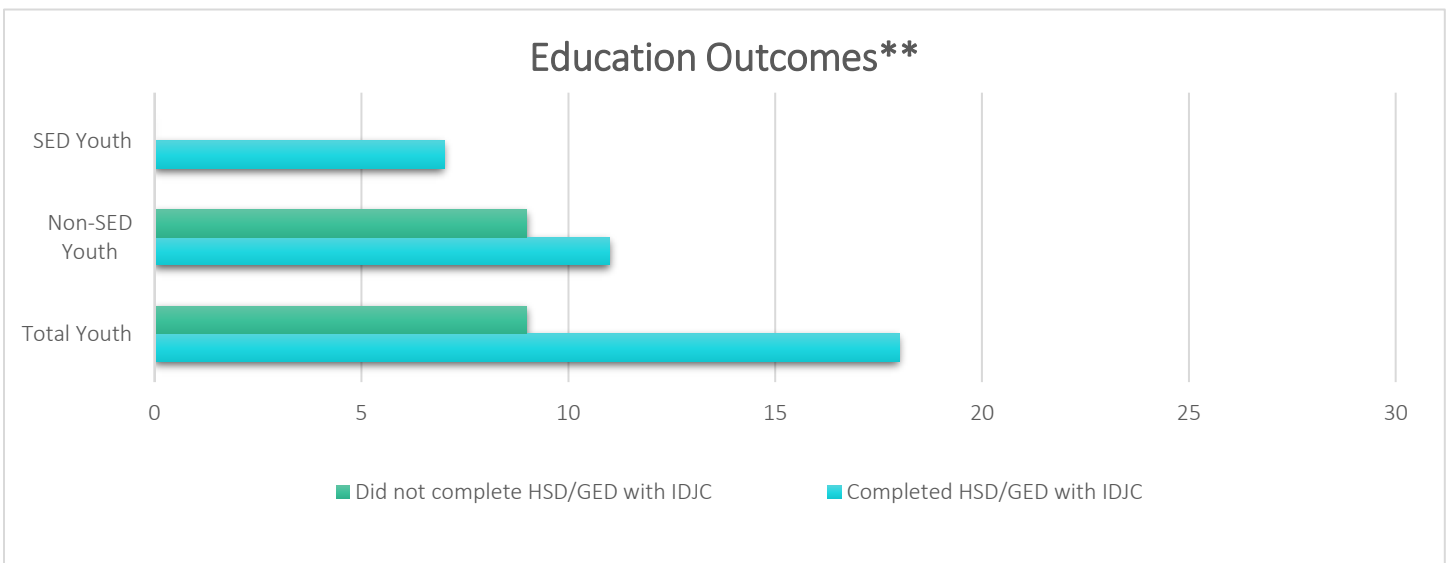
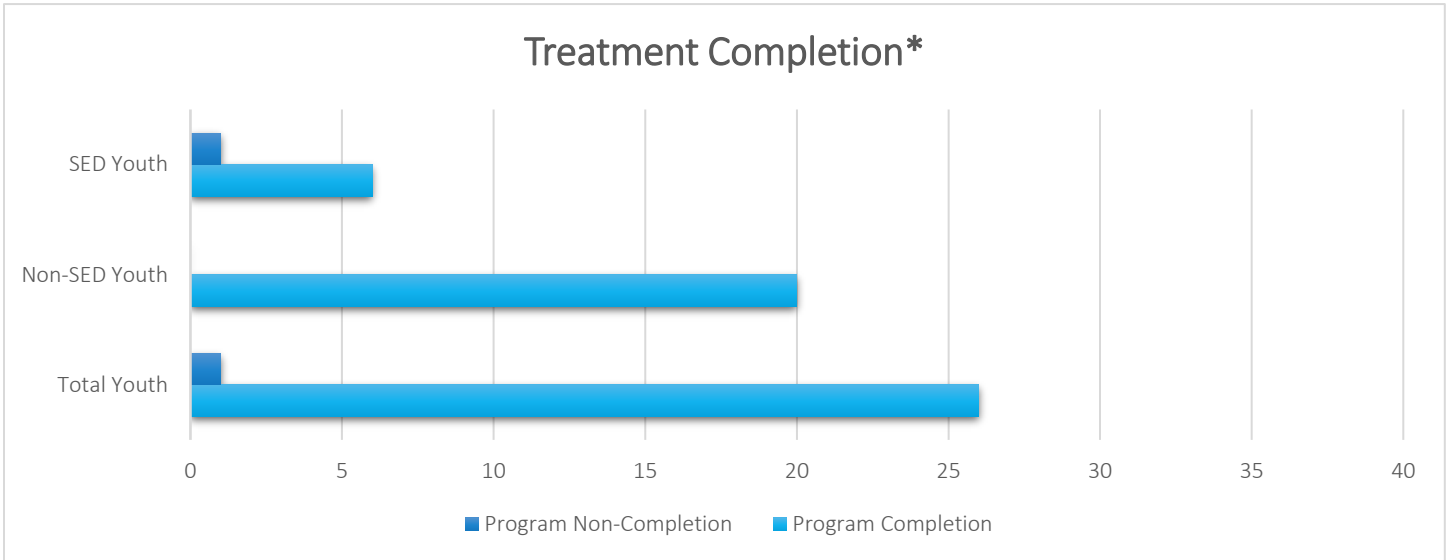
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile’s return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

2025 First Quarter Report

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



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



*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.

5c. 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*

6. Quality Monitoring Processes

6a. 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.

6a: QFAS List of Barriers to Care

Area	Noted issues
Access to care	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24-hour services: Hospitals/Residential	<ul style="list-style-type: none"> Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination for PRTE 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

6b. 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 65 YES complaints were received in SFY 2025, Q1. 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.

6b. Yes Complaints by SFY and Entity

	YES	DBH	Magellan	EPSDT	Telligen	MTM	Liberty	IDJC	CYFS	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
SFY 2025, Q1	5	0	6	0	0	46	0	8	0	0	65

*SDE complaints are analyzed and presented by school year rather than SFY. No complaint information was reported between SFY 2022 and SFY 2025-Q1.

7. YES Quality Monitoring Results

Three distinct quality review processes are employed to assess the effectiveness of services and evaluate the integration of the YES Principles of Care into the system of care: a) Data on Key Quality Performance Measures, b) Family Experience Survey, and c) YES Quality Review. In this reporting cycle, the results of the Family Experience Survey from the past three years, along with key findings and recommendations from the YES Quality Review for SFY 2023-2024, are highlighted.

7a. YES Family Survey

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

7b: 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. **The most recent QR process focused on the need for a closer look at the process for engaging, high-quality care during the first 30 days of treatment.** Six related questions this QR sought to answer were:

- What supports and barriers exist to standardizing the referral process?
- How are service plans individualized to provide appropriate care while addressing current service access barriers?
- How are care coordination services prioritized and accessed in the first 90 days post-assessment?
- 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?
- What efforts are the Divisions of Behavioral Health and Medicaid undertaking to grow the network of specialized community-based treatment providers?

Key recommendations based on the overall QR study were to:

- Create a uniform referral form and protocol statewide allowing referrals to be tracked, routed, and acted on in a timely fashion.
- Prevent escalation in youth needs by creating simple, public rules for service priority.
- Develop a network of specialized treatment providers for a defined group of youth with complex needs.

8. YES Communications

8. YES Website

YES Website Analytics – Reporting Period: July 1 – September 30, 2024



YES Website Analytics – Reporting Period: July 1 – September 30, 2024

Files downloaded

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

File name	Event count...
GettingStartedYES.pdf	1,926
YES101_online.pdf	1,229
YESPracticeManualFinal.pdf	733
MentalHealthCrisisDefinitionandExpectation...	460
MHChecklist.pdf	451
MHChecklistforYOUTH.pdf	439
YESOverviewtrifold.pdf	391
YES-Contacts.pdf	349
YouthCrisisSafetyPlan.pdf	312
GettingStartedContacts.pdf	251

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	489	14,234
yes program	286	5,823
yes idaho	284	3,442
youth empowerment servic...	239	4,310
cans assessment idaho	210	500
youth empowerment servic...	163	4,205
idaho yes program	162	4,872
cans certification	107	1,045
cans assessment	67	1,736
cans training	49	447

Site activity

Number of times a user event occurred*

Event name	Event count +
page_view	64,169
scroll	48,958
user_engagement	37,908
session_start	32,920
file_download	23,843
first_visit	19,451
click	9,069
form_start	1,333
form_submit	353
mailto	145

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	14,721
Child and Adolescent Needs and Strengths (CANS) YOUTH ...	2,339
Guide to YES: A Practice Manual YOUTH EMPOWERMENT S...	1,368
YES History and Current Development YOUTH EMPOWERM...	1,322
Wraparound Intensive Services YOUTH EMPOWERMENT SE...	1,007
Contact Us YOUTH EMPOWERMENT SERVICES	969
Parents YOUTH EMPOWERMENT SERVICES	641
Quick Start Guide YOUTH EMPOWERMENT SERVICES	585
YOUTH EMPOWERMENT SERVICES	513
Crisis Resources YOUTH EMPOWERMENT SERVICES	460

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 +
2020 Sticker Shock Campaign Office of Drug Policy	100%
Idaho Military Historical Society Military Museum	100%
Contact Us YOUTH EMPOWERMENT SERVICES	100%
Idaho Malting Industry Barley Commission	100%
Contact Us State Board of Pharmacy	100%
Idaho Local EO Officer Directory Division of Human Resources	100%
YES Overview YOUTH EMPOWERMENT SERVICES	100%
Idaho Legal History Section State Bar	100%
Pharmacy Technicians State Board of Pharmacy	100%
Idaho High School Mock Trial Law Foundation	100%

YES Website Analytics – Trends since site launch: June 21, 2021 – September 30, 2024

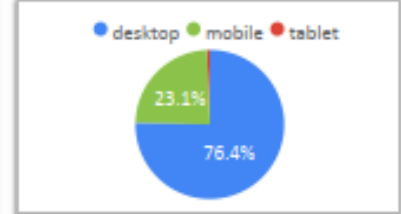
Visitors and Pages

Sessions 33,801	Views 64,169
Total users 19,813	New users 19,451

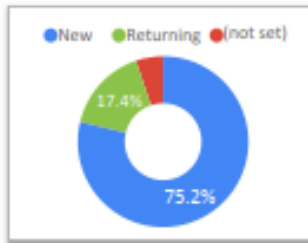
Views per user
3.24

Average session duration
00:03:29

Visits by Device



Type of Visitors



Top 10 Landing Pages from 6/21/2024 - 9/30/2024

Page title	Total users	New users
Welcome to YOUTH EMPOWERMENT SERVICES	10,074	8,949
Contact Us YOUTH EMPOWERMENT SERVICES	2,178	339
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	1,872	1,457
Quick Start Guide YOUTH EMPOWERMENT SERVICES	1,721	113
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	1,282	635
Parents YOUTH EMPOWERMENT SERVICES	1,206	217
YES History and Current Development YOUTH EMPOWERMENT SERVICES	868	477
YES Overview YOUTH EMPOWERMENT SERVICES	861	130
YES Training YOUTH EMPOWERMENT SERVICES	849	99
Wraparound Intensive Services YOUTH EMPOWERMENT SERVICES	831	544

Device category	Sessions	Bounce rate
desktop	25,504	44.69%
mobile	7,696	47.41%
tablet	172	44.77%

Visits by Location

City	Sessions
Boise	5,338
Los Angeles	3,814
(not set)	2,149
Nampa	2,102
Seattle	1,527
Idaho Falls	1,293
Salt Lake City	917
Meridian	726
Phoenix	666
Twin Falls	662

Traffic Type

Session default channel group	Sessions
Direct	17,381
Organic Search	12,706
Referral	2,486

Bounce rate

46.05%

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).

Appendices

Appendix A: Glossary of Terms (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 B – Annual Estimation of Potential Class Members 2024

Annual Estimated Number of Potential Class Members – October 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) = 2,155+245+14,520 +3,940 = 20,860

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

Resources for data:

Population numbers:

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

Prevalence rates:

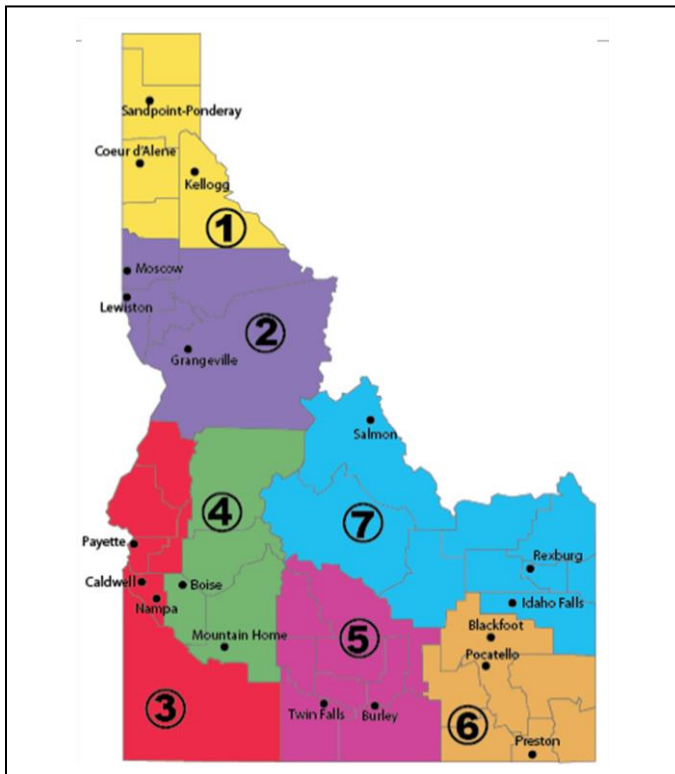
Medicaid: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

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

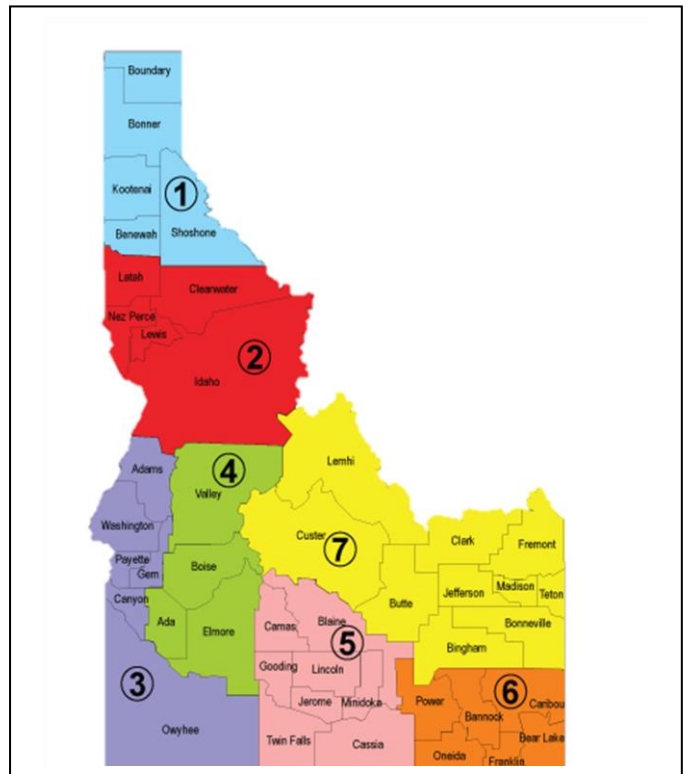
Private insurance: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

Appendix C- Regional Maps

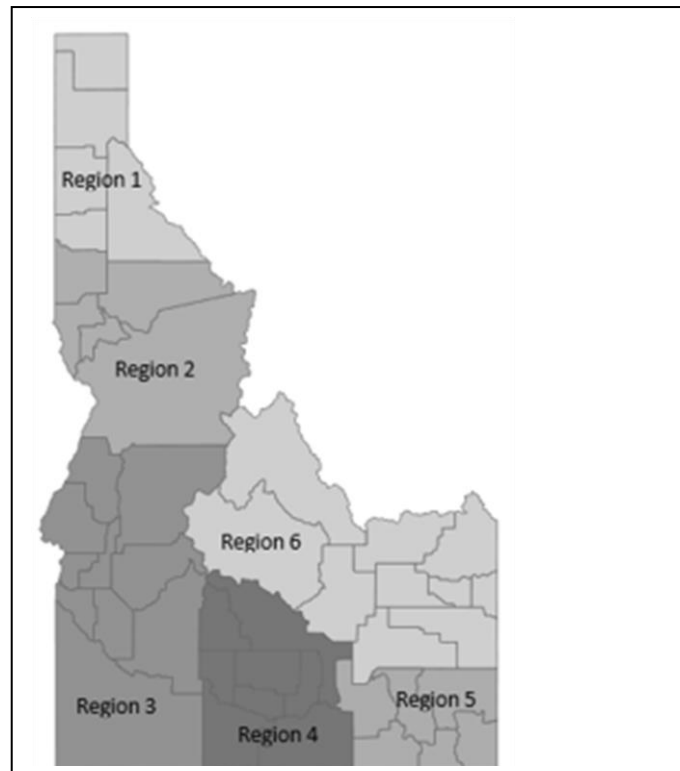
Idaho Department of Health and Welfare: Medicaid,



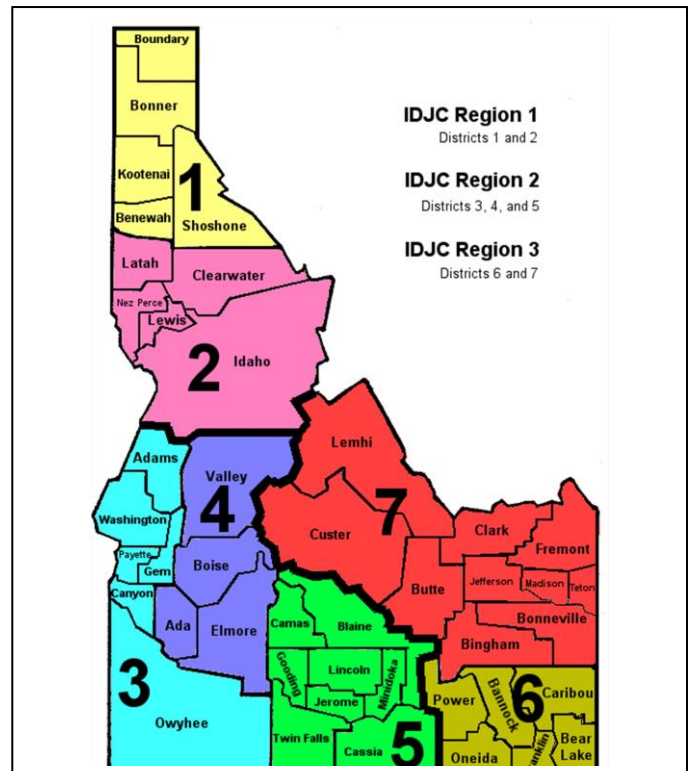
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections

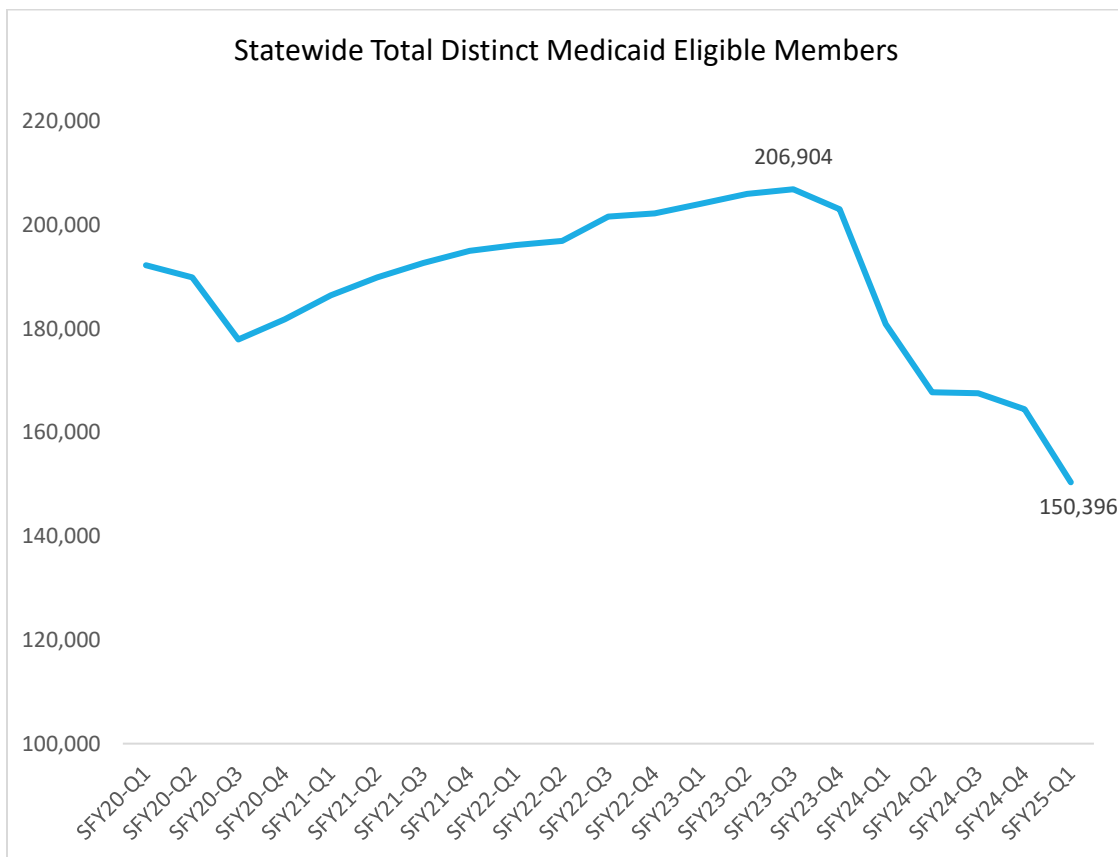


Appendix D – Statewide Medicaid Eligible Members by Quarter (SFY 2020 – SFY 2025, Q1)

Statewide Eligible Medicaid Members by Quarter data is provided by the IBHP contractor. SFY 2020 through SFY 2024 data was provided by Optum. SFY 2025 data was provided by Magellan. The numbers are used as the denominator in the calculation of the statewide penetration rate.

The table and figure below include identical data. The figure has been provided to facilitate an understanding of how youth Medicaid-eligible members may be changing over time. *Note that the vertical axis starts at 100,000 rather than zero. By starting at 100,000, the figure more effectively highlights differences and changes in the data over time.*

Statewide Medicaid Eligible Youth Members						
Quarter	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Q1	192,236	186,467	196,131	204,078	180,873	150,396
Q2	189,891	189,933	196,951	206,038	167,762	
Q3	177,908	192,659	201,654	206,904	167,552	
Q4	181,826	195,019	202,282	203,079	164,484	



Appendix E – Medicaid Eligible Members by Region, SFY 2025-Q1

Medicaid Eligible Members by Region are used in the calculations of regional penetration rates.

Medicaid Eligible Members by Region									
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
SFY 2025 Q1	17,866	6,323	32,469	26,524	20,803	17,203	27,327	1,881	150,396