Youth Empowerment Services

Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES
QMIA Quarterly Report

Q2, SFY 2025

May, 2025

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YES, QMIA Quarterly Report Q2, SFY 2025

Purpose of YES QMIA Quarterly (QMIA-Q) Report

Idaho's Youth Empowerment Services (YES) program aims 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 of whether YES is reaching the children, youth, and families who need mental health services and whether those 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, Magellan Healthcare, Inc. (Magellan) (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 publicly available on the YES website and is 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]	***Published on YES Website***
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 Q2 of SFY 2025 (October, November, and December 2024), and trends over the past five years, comparing previous quarters and SFYs.

Executive Summary – SFY 2025, Q2

The QMIA-Q report for State Fiscal Year (SFY) 2025, Quarter 2 (Q2) provides information about the delivery of YES services for October, November, and December 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

Expansion of Inpatient Services

In the second quarter of SFY 2025, there was a significant increase in the number of claims paid for all types of inpatient care. Inpatient *acute hospital* claims paid increased by 127%, rising from 201 in Q1 to 457 in Q2. Similarly, claims paid for *Psychiatric Residential Treatment Facility (PRTF)* saw a 143% jump, increasing from 35 in Q1 to 85 in Q2. Additionally, 22 *Residential Treatment Center (RTC)* claims were paid in Q2, compared to zero in Q1.

IBHP Expansion of Mobile Response Teams (MRT) and Collaboration with the Idaho Crisis and Suicide Hotline (ICSH)

When Magellan assumed the role of IBHP managed care contractor, it partnered with ICSH to support a new platform for tracking 988 crisis calls. This platform also supports the statewide deployment of MRTs.

During the first two quarters of SFY 2025 (July – December 2024), MRTs were available Monday through Friday from 8:00 AM to 6:00 PM MST. **During this period, MRTs served 12 youth in crisis**. In the second half of the fiscal year (January – June, 2025), the teams have been/will operate from 8:00 AM to 11:00 PM MST, Monday through Friday. **As of mid-May 2025, MRTs have served 15 youth in crisis**. Starting July 1, 2025, the MRTs will be available, 24/7, 365 days a year, ensuring continuous support for those in need.

Changes to Care Coordination Services

At the close of 2024, Medicaid's Targeted Care Coordination (TCC) services were phased out and replaced by Intensive Care Coordination (ICC) for youth, now provided by Magellan. ICC services are delivered by a team of licensed clinicians within Magellan's clinical staff, ensuring specialized, high-quality care.

Wraparound services, which were previously provided solely by DBH, are now primarily delivered by community providers. This shift follows a significant reduction in Wraparound capacity during DBH's organizational restructure, when the agency transitioned away from direct service provision. In response, Magellan is actively working to restore and expand Wraparound capacity by broadening its network of community providers. This effort aims to enhance service delivery and strengthen support for youth with intensive mental health needs.

Previously, TCC was available only to Medicaid-enrolled youth, while Wraparound primarily served youth without Medicaid coverage. Under the new model, youth with and without Medicaid may qualify for ICC and Wraparound, with potential coverage provided by Magellan. While TCC providers played a critical role in supporting youth, the expansion of ICC and Wraparound services within the system of care will increases access to much-needed, intensive care coordination for youth—regardless of their Medicaid status—across Idaho communities.

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 January 2025, seven new providers joined the Magellan Network to deliver Wraparound. In the following month, February 2025, the Wraparound CoE launched a second cohort of Wraparound Foundation training with 27 new Wraparound coordinators. This training cohort is scheduled to conclude in early June. By July 1, 2025, there will be a total of 37 trained Wraparound coordinators serving communities across Idaho.
- **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 April 2025, 13 PLL group cohorts, serving a total of 43 youth and families, have 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). Two new trainings have launched for DHW employees and will be offered to community partners in May 2025. These sessions focus on the Ethics of Consensus-Based Assessment and how to use the CANS in practice with an emphasis on strengths-based treatment. Between January and April, an average of 10 trainings were conducted each month, engaging approximately 100 participants monthly. Both the number of trainings and participant engagement are expected to grow steadily throughout the remainder of 2025.

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

Treatment Foster Care Program Advancing

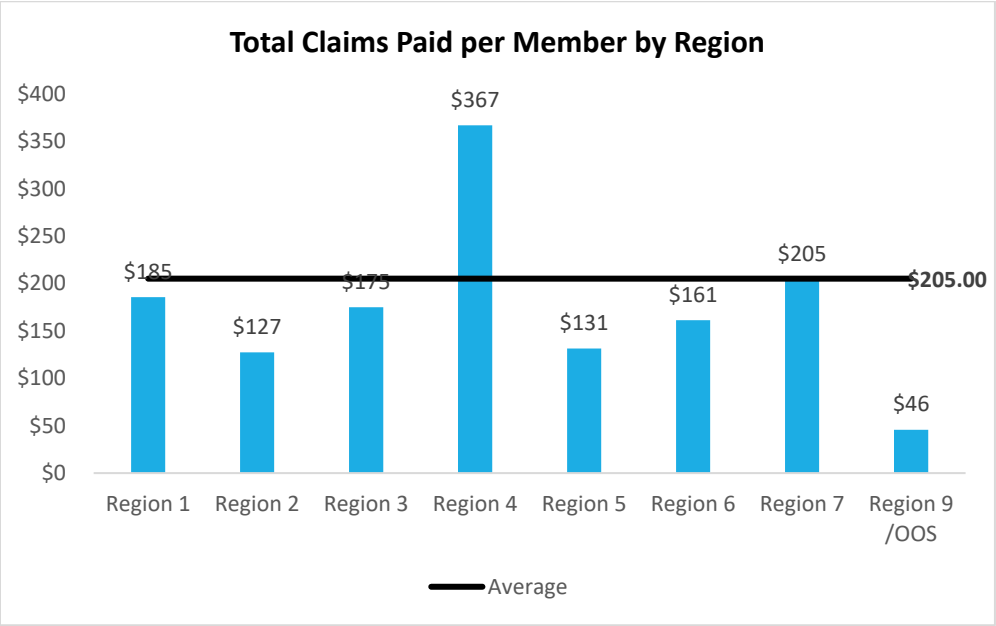
Treatment Foster Care (TFC) supports youth with Serious Emotional Disturbance (SED) in community-based family settings. It serves youth aged 3-18 whose needs exceed less restrictive options, as determined by the Child and Family Team (CFT) and the Decision Support tool. TFC helps build skills for successful 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 April 2025, there are seven licensed Therapeutic Foster Care (TFC) provider families, with two additional families currently in training. At present, four youth are in placement and three are preparing to transition from residential care to the newly available TFC homes. Acknowledging the critical need for this service, the Idaho Department of Health and Welfare (IDHW) is actively developing strategies to expand TFC accessibility. Due to limited provider availability and high demand, TFC is currently only available to youth in state custody. However, it is anticipated that by fiscal year 2026, TFC will be expanded to serve other eligible candidates. To ensure the sustainability of TFC, DBH and the IBHP team are collaborating on a long-term goal to make TFC a Medicaid-billable service.

YES Challenges and Opportunities

Wide Spending Gaps Across Regions Persist

There are persistent spending disparities across regions. As demonstrated 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 almost three times. While the data presented here are based solely on SFY 2025-Q2 information, the observed trend is consistent with the 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 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 lack 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/ICCAnalysisProjectedNeedJune2024.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 DBH Automation and Analytics Unit is working with the IBHP and Magellan to ensure CANS data is accurate and complete. This effort is ongoing. When reliable CANS data becomes available, 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 penetration rates. 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-Q2 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**
Assessments	9	0	17	25	62	15	24	0	**152**
	0.0%	0.0%	0.1%	0.1%	0.3%	0.1%	0.1%	0.0%	**0.1%**
Behavior Assessment	32	0	20	47	0	1	17	1	**118**
	0.2%	0.0%	0.1%	0.2%	0.0%	0.0%	0.1%	0.1%	**0.1%**
CANS[2]	419	154	1,093	1,556	549	656	1,343	13	**5,783**
	2.3%	2.4%	3.4%	5.8%	2.6%	3.8%	4.9%	1.2%	**3.8%**
Comprehensive Diagnostic Assessment	408	96	754	968	422	499	918	8	**4,073**
	2.3%	1.5%	2.3%	3.6%	2.0%	2.9%	3.3%	0.7%	**2.7%**
Psych and Neuropsych Testing	50	6	128	151	49	126	202	5	**717**
	0.3%	0.1%	0.4%	0.6%	0.2%	0.7%	0.7%	0.4%	**0.5%**
Psychiatric Diagnostic Assessment	26	9	20	18	1	26	54	0	**154**
	0.1%	0.1%	0.1%	0.1%	0.0%	0.2%	0.2%	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	59	0	45	80	0	0	21	1	**206**
	0.3%	0.0%	0.1%	0.3%	0.0%	0.0%	0.1%	0.1%	**0.1%**
Case Management	62	26	165	692	165	138	523	3	**1,774**
	0.3%	0.4%	0.5%	2.6%	0.8%	0.8%	1.9%	0.3%	**1.2%**
Child and Family Team (CFT)	1	5	6	18	0	15	13	0	**58**
	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	**0.0%**
Medication Management	164	129	622	814	222	381	938	12	**3,282**
	0.9%	2.0%	1.9%	3.0%	1.1%	2.2%	3.4%	1.1%	**2.2%**
Psychotherapy Services	1,007	346	1,937	2,169	939	1,247	2,458	31	**10,134**
	5.6%	5.5%	5.9%	8.1%	4.5%	7.2%	9.0%	2.7%	**6.7%**
STAD	0	0	0	2	52	1	43	0	**98**
	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%	0.0%	**0.1%**
SUD Service	20	4	24	8	34	29	58	0	**177**
	0.1%	0.1%	0.1%	0.0%	0.2%	0.2%	0.2%	0.0%	**0.1%**
Skills Building/CBRS	77	112	414	1,072	121	284	719	8	**2,807**
	0.4%	1.8%	1.3%	4.0%	0.6%	1.6%	2.6%	0.7%	**1.9%**

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	0	3	4	5	10	42	0	**64**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	**0.0%**
Crisis Psychotherapy	20	1	12	26	9	17	45	0	**130**
	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%	0.0%	**0.1%**
Crisis Response	1	0	2	2	0	0	1	0	**6**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Crisis Services	0	0	1	1	0	0	0	0	**2**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Emergency Department	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%**

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	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%**
IHCBS-MDST	0	0	1	8	0	1	0	0	**10**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
IHCBS-MST	0	0	3	5	0	0	1	0	**9**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
IHCBS-TBS	0	0	16	22	0	13	0	0	**51**
	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	**0.0%**
IHDBS – Other EB Modality	23	0	1	6	0	0	0	0	**30**
	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Intensive Outpatient Program (IOP)	10	5	57	43	25	12	21	1	**174**
	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	**0.1%**
Parenting with Love and Limits (PLL)	0	3	0	0	7	0	2	0	**12**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Partial Hospitalization	1	0	38	27	1	4	22	0	**93**
	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	**0.1%**
TASSP	16	0	0	5	57	1	7	0	**86**
	0.1%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	**0.1%**
Wraparound[3]	0	1	10	7	4	4	7	1	**34**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	**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	10	0	3	5	20	0	1	0	**39**
	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	**0.0%**
Family Support	14	3	4	2	2	29	78	0	**132**
	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.0%	**0.1%**
Respite	5	54	31	46	12	78	112	0	**338**
	0.0%	0.9%	0.1%	0.2%	0.1%	0.5%	0.4%	0.0%	**0.2%**
Youth Support	7	8	24	70	36	24	54	1	**224**
	0.0%	0.1%	0.1%	0.3%	0.2%	0.1%	0.2%	0.1%	**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 4 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	3	54	58	179	3	11	0	**308**
	0.0%	0.0%	0.2%	0.2%	0.9%	0.0%	0.0%	0.0%	**0.2%**
Interpretative Services	0	0	85	579	81	1	27	0	**773**
	0.0%	0.0%	0.3%	2.2%	0.4%	0.0%	0.1%	0.0%	**0.5%**

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	60	16	113	121	39	43	64	1	**457**
	0.3%	0.3%	0.3%	0.5%	0.2%	0.2%	0.2%	0.1%	**0.3%**

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	12	3	20	20	12	3	15	0	**85**
	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	**0.1%**
RTC	2	1	5	4	2	4	4	0	**22**
	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-Q2

	Total Claims Paid	Outpatient Claims Paid	Inpatient Claims Paid	Residential Claims Paid
Region 1	$3,342,063	$2,182,795	$632,421	$526,847
Region 2	$806,164	$501,551	$158,859	$145,754
Region 3	$5,701,380	$3,336,258	$1,332,170	$1,032,952
Region 4	$9,833,695	$7,261,024	$1,141,201	$1,431,470
Region 5	$2,727,180	$1,484,275	$589,160	$653,745
Region 6	$2,776,486	$1,871,918	$661,047	$243,521
Region 7	$5,608,300	$4,496,239	$345,105	$766,956
Region 9/OOS	$51,601	$43,458	$8,143	$0
Total	**$30,846,869**	**$21,177,518**	**$4,868,106**	**$4,801,245**
% of Total Claims Paid	**100%**	**68.7%**	**15.8%**	**15.6%**

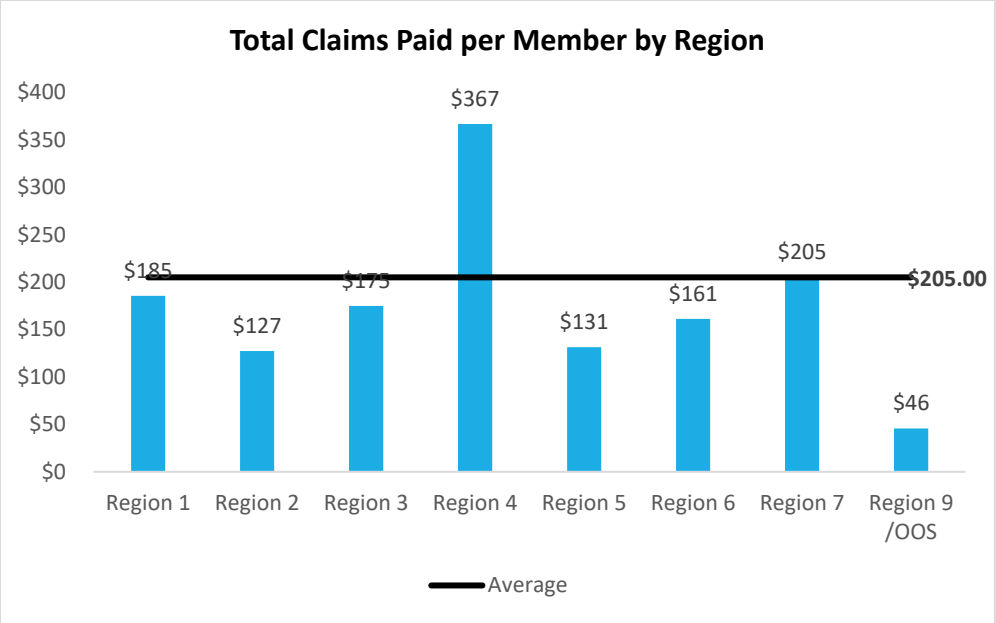
3a2: Regional Comparison of Total Claims Paid by Eligible Medicaid Member, SFY 2025-Q2

	Total Eligible Members	Total Claims Paid	$ per Distinct Eligible Member	% Eligible Members	% Total Claims Paid
Region 1	18021	$3,342,063	$185	12.0%	10.8%
Region 2	6330	$806,164	$127	4.2%	2.6%
Region 3	32610	$5,701,380	$175	21.7%	18.5%
Region 4	26825	$9,833,695	$367	17.8%	31.9%
Region 5	20772	$2,727,180	$131	13.8%	8.8%
Region 6	17228	$2,776,486	$161	11.5%	9.0%
Region 7	27406	$5,608,300	$205	18.2%	18.2%
Region 9/OOS	1128	$51,601	$46	0.8%	0.2%
Total/Average	**150320**	**$30,846,869**	**$205**		

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 $131 per eligible member in Region 5 and as much as $367 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 3 and 5 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-Q2



4. DBH YES-Related Services and Supports

4a. DBH 20-511A

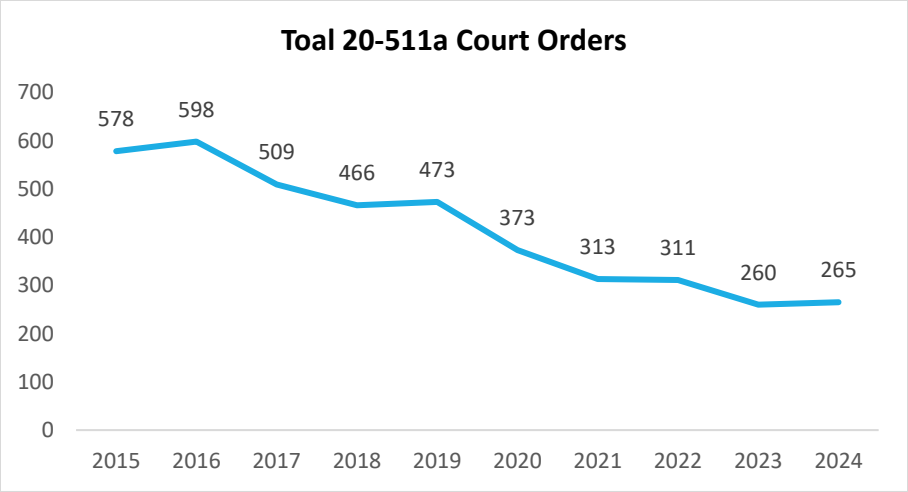
A 20-511a court order requires DBH to complete a mental health assessment and a treatment plan to provide needed mental health services to a juvenile.

Reflective of the general decline in the number of 20-511a court orders that began in SFY 2017, during the first six months of SFY 2025, there were ninety-six 20-5011a court orders (an average of 16 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-Q2	14	8	7	11	25	8	23	96		16

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



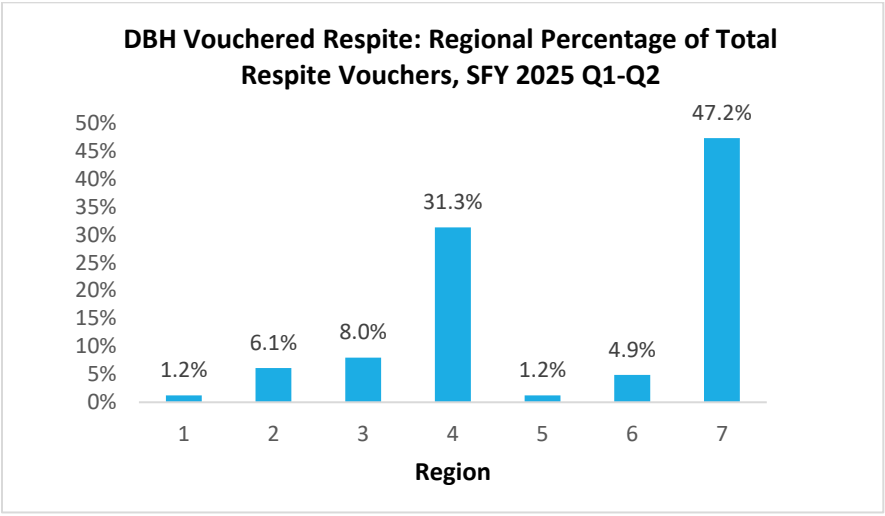
4b. DBH Vouchered Respite

The CMH's 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: Vouchers Issued by Region

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-Q2	**2**	**10**	**13**	**51**	**2**	**8**	**77**	**163**

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 successfully concluded in January 2025, with 10 coordinators fully trained. A second cohort is currently underway, with 27 coordinators expected to complete their training by June 2025. Throughout the training, each Wraparound coordinator is paired with a dedicated Wraparound CoE coach, receiving personalized 1:1 coaching as well as monthly group coaching sessions to ensure continued support and development.

4c1a: Wraparound Agencies and Youth Served by Region (as of April 30, 2025)

Wraparound CoE Key Indicators									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**CoE**	**Total**
Agencies Delivering Wraparound	0	2	1	2	2	1	1	-	**9**
Count of Youth Served	2	-	3	48	6	13	25	12*	**109**

*The CoE directly provides Wraparound to youth and families above 300% of the Federal Poverty Level (FPL).

The CoE remains committed to educating behavioral health system stakeholders about Wraparound services by offering monthly Wraparound 101 seminars, held multiple times each month. Since January 2025, the CoE has successfully hosted 11 Wraparound 101 sessions, engaging a total of 118 participants.

The CoE is actively collaborating with Magellan to support Wraparound coordinators in growing their caseloads, with the goal of reaching full capacity—typically 10 to 12 Wraparound teams per coordinator. Once satisfactory caseload levels are achieved, the CoE and the Magellan Network team plan to host a dedicated forum to identify and address any remaining barriers to implementation, with a particular focus on challenges in Region 1.

4c2. Parenting with Love and Limit COE

DBH's 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 engaged in ongoing collaboration with Magellan to staff their PLL teams. Supplemental and refresher trainings were provided by the CoE team to the PLL provider network from January-April 2025. These trainings included

the PLL Family Systems Trauma (FST) training, PLL Teen Group training, and PLL Family Coaching Phase 3 training. CoE staff also offered office hours where clinicians were invited to attend as needed to staff difficult cases and/or discuss and review the PLL model.

By April 2025, 13 PLL group cohorts were functioning or completed statewide, serving 43 families, with six families having fully completed the program and several more families close to completion. Since the start of the PLL program in July 2024, providers have conducted a total of 65 group sessions and 145 family sessions across the state.

4c3. TCOM CoE

The Idaho TCOM Institute promotes collaboration between system partners to standardize the implementation of the TCOM tools. This collaborative approach enhances the focus on the needs and strengths of child-serving systems, ultimately improving the effectiveness of services for Idaho's children, youth, and families.

The team is actively promoting the newly launched Magellan member portal, which went live on April 21st. Providing youth and families with easy access to their CANS records is a crucial step in improving the overall user experience and ensuring more efficient and transparent service delivery.

As of April 30th, a total of 1,847 TCOM certifications have been issued to Idaho providers, including 1,505 for the CANS, 70 for the CAT, and the remainder representing a mix of optional TCOM tools, such as the Adult Needs and Strengths Assessment. In addition to these core certifications, the Idaho TCOM team works closely with the *One Kid One CANS* workgroup to improve the user experience with the CANS tool. Furthermore, the CoE works closely with Youth Safety and Permanency caseworkers and the Idaho Department of Juvenile Corrections to ensure continuity of care when youth interact with these child-serving systems.

4d. State Hospital West Admissions

The table below displays 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-Q2

	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-Q2 (SHW)	11	12	11	9	9	14							11.0	

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 Q2

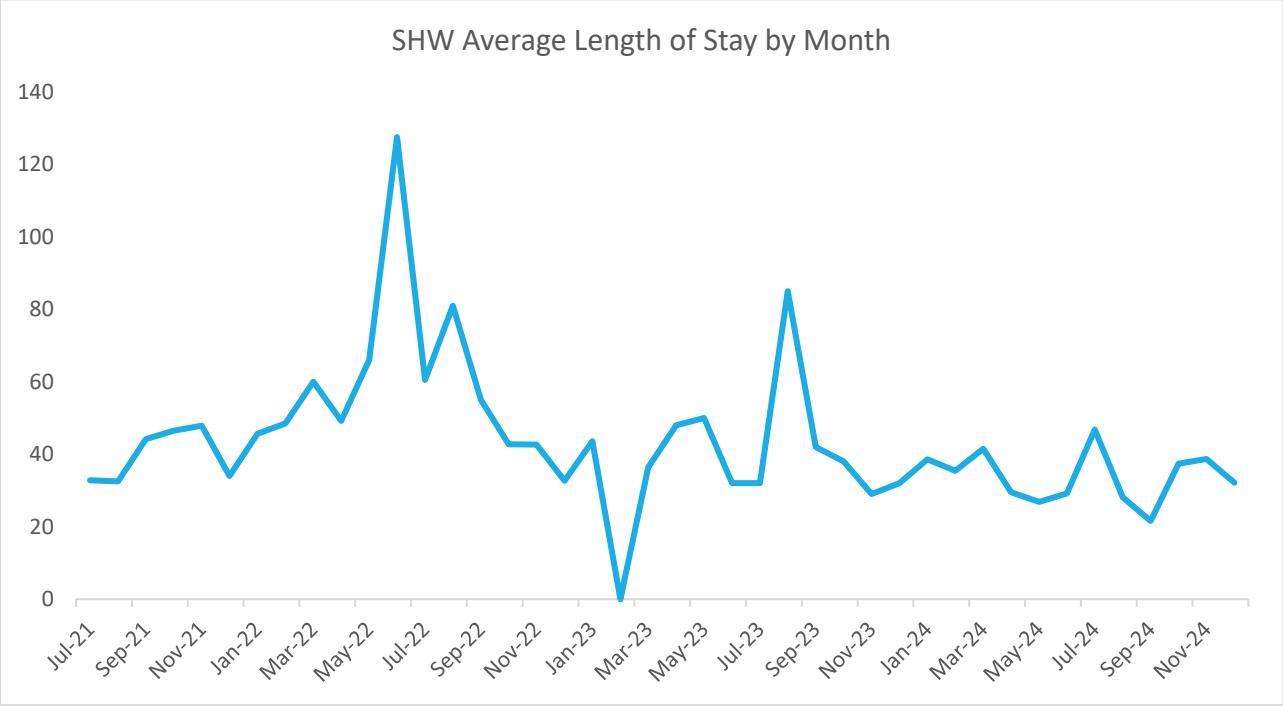
Range of days to Readmission	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021**	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Re-admission 30 days or less	0	0	0	1	0	2	1	0	0
Re-admission 31 to 90 day	5	6	2	3	0	1	4	1	0
Re-admission 90 to 180 days	4	1	6	2	0	3	0	1	1
Re-admission 181 to 365 days	5	6	7	4	0	2	1	2	2
Re-admission 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 through Q2.

**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-Q2



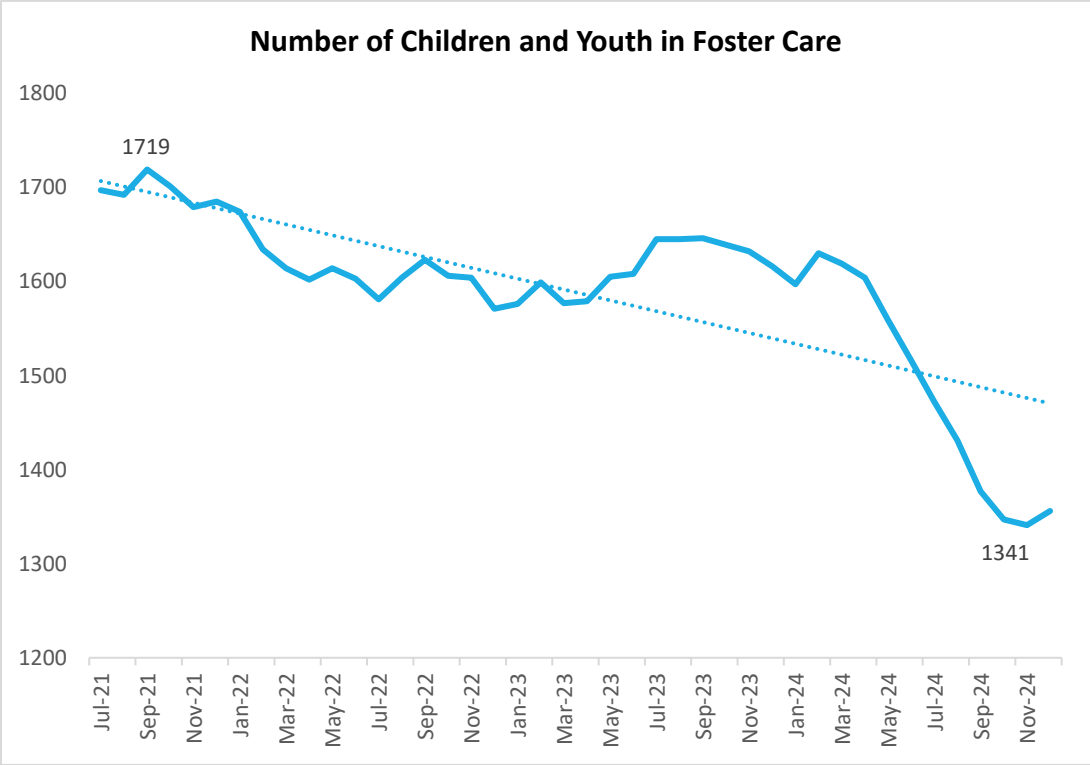
Notes: The average length of stay is calculated based on the length of stay for patients during the reporting month. No patients were discharged from SHW in February of 2023.

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. In November of SFY 2025-Q2, 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.

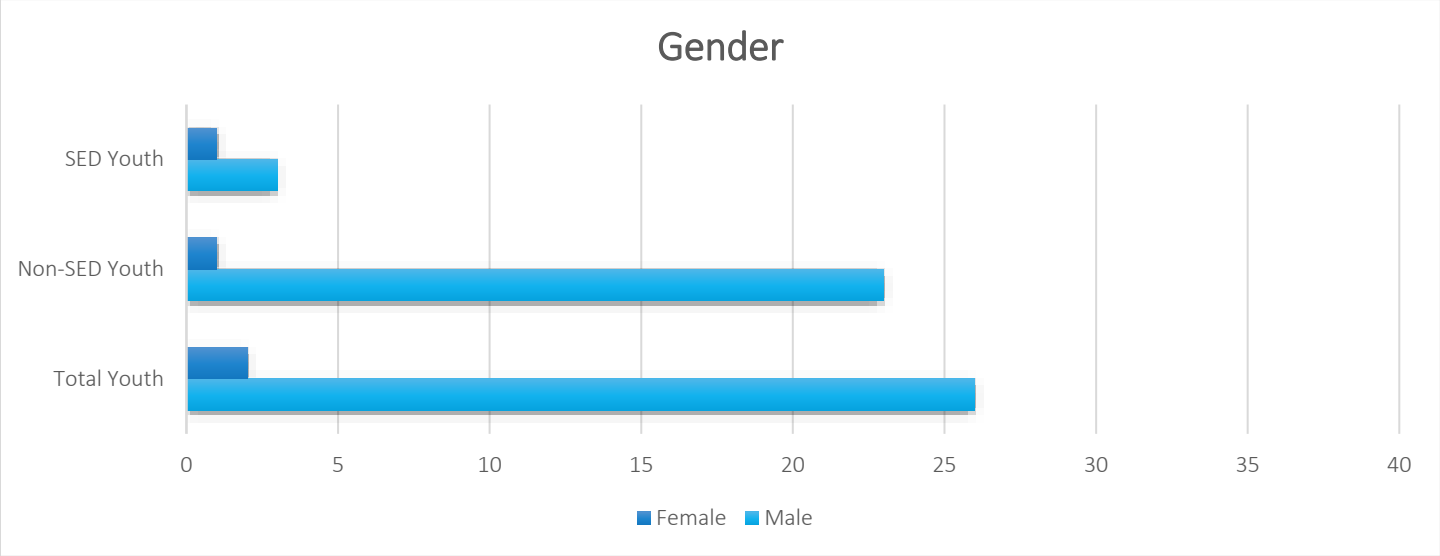
IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex-offending behavior, serious substance use disorders, mental health disorders, and female offenders. All programs focus on the youth's strengths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

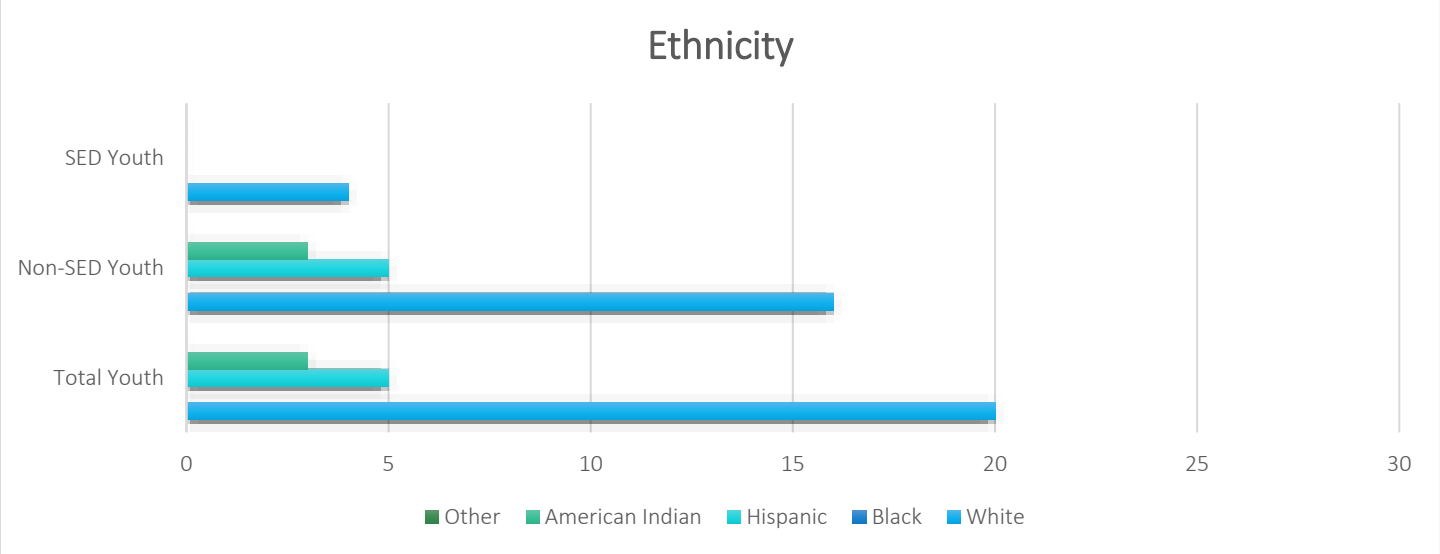
are evaluated by nationally accepted and recognized standards for the treatment of juvenile offenders. Other IDJC services include professional medical care, counseling, and education/vocational programs.

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.

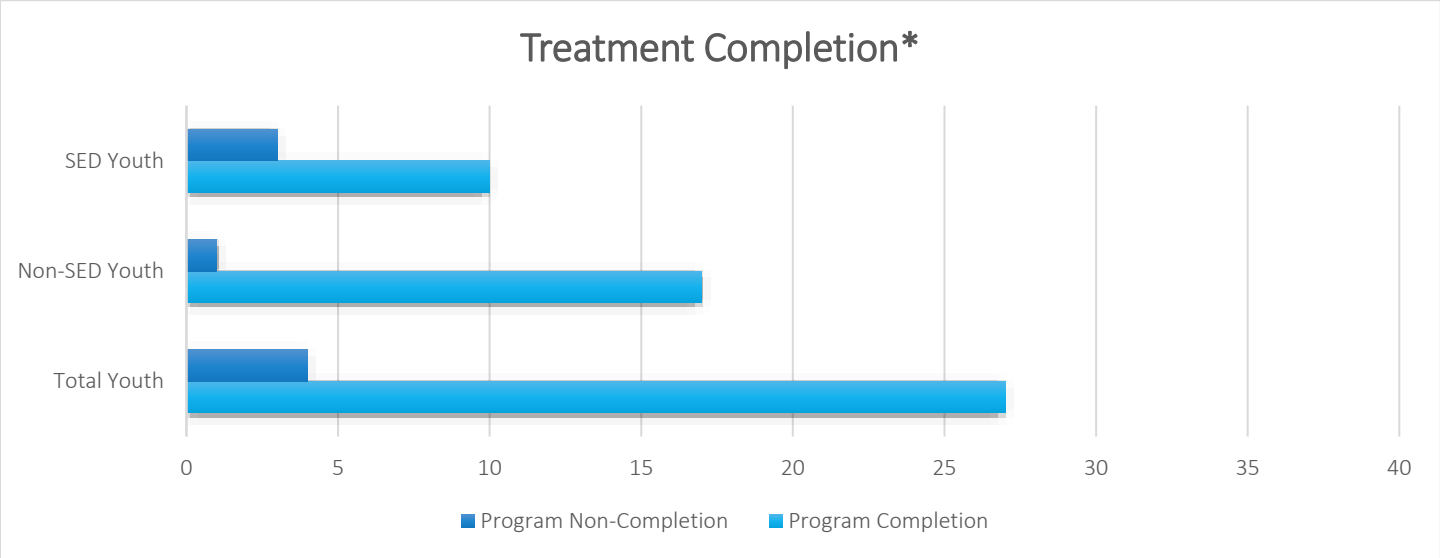
2025 Second Quarter Report

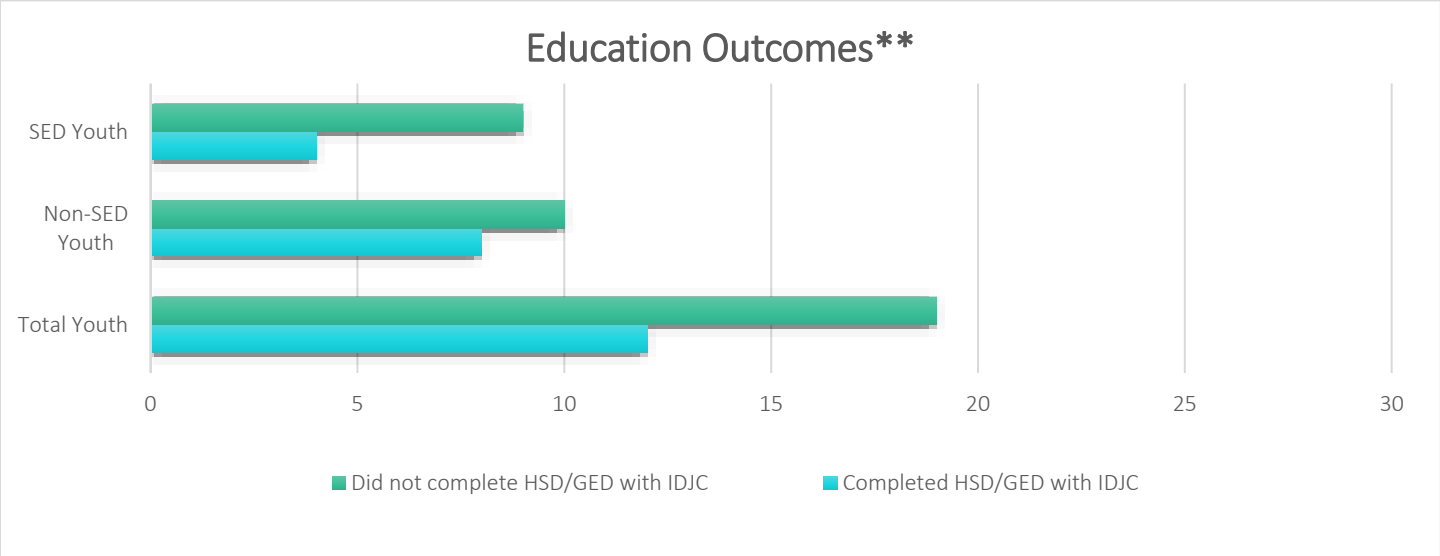
The graphs below compare gender and ethnicity between all youth and SED youth committed to IDJC from October 1 – December 31.





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





**Defined as reduced risk to a 2 or a 1 (5-1 scale) on the Progress Assessment / Reclassification (PA/R) instrument.*
***Eligible juveniles are under 18 that did not complete their High School Diploma (HSD) or General Education Development (GED) while attending the accredited school at IDJC.*

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	Services not available within a reasonable distance Services not coordinated between mental health and developmental disabilities (DD) Waitlist for Respite and Family Support Partners Respite process through Medicaid too demanding due to need for updated CANS Wait times for services can be several months
Clinical care	Repeating the CANS with multiple providers is traumatic Diagnosis often not accurate Therapist not knowledgeable of de-escalation techniques Stigmatization and blaming attitudes towards families Families need more information about services is (e.g., Case Management)
Outpatient services	No service providers in the area where family needs care Services needed were not available, so families are referred to the services that are available Not enough expertise in services for high-needs kids (TBRI, Family Preservation) Some services only available through other systems: DD, Judicial Families having to find services themselves based on just a list of providers - and even the lists at times being too old to be useful
Crisis services	Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24-hour services: Hospitals/Residential	Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination for PRTF Families report getting verbal "denial" but no Notice of Determination/appeal info until after "re-applying" for EPSDT. Support needed by families during the EPSDT process, and after while waiting for placement Medication changes without input from family Family not involved in discharge planning Family threatened with charges of abandonment or neglect Children with high needs and repeat admissions may be denied access Child not in hospital long enough for meds to take effect Care in local residential facilities does not provide specialized care that is needed
Step-down or Diversion Services	Lack of Step-down services Services being offered are not appropriate (telehealth, not available, not accessible) Workforce shortage Distance Amount of services (3 hours CBRS)
School issues	Too long to get an Individualized Education Plan (IEP)

	School makes choices that don't match needs of the child Safety Plans from schools not developed with family input
Stigma and Blaming	Families being blamed if discharge is not successful Lack of collaboration and partnership with discharge planning No understanding of how language is shaming in emails or other explanations (highlighting family "non-compliance")
Other family concerns	Families required to get Release of Information (ROIs) and documents-often who enough notice: Lack of transparency about paperwork and other requirements Lack of empathy for other family crisis/situations Too many appointments and other children with needs Appointments scheduled quickly that may conflict with family availability Need one case manager/TCC type person Information on how to access care not available Transportation not available Gas vouchers only at specific gas stations

6b. YES Complaints

YES complaints are a valuable source of information about the YES system of care, and the QMIA 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 117 YES complaints were received during the first two quarters of SFY 2025. In addition to complaints, the DHW team also tracks general YES inquiries. The team has noted that the top concern 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-Q2	10	0	12	0	0	80	0	15	0	0	117

*SDE complaints are analyzed and presented by school year rather than SFY. No complaint information was reported between SFY 2022 and SFY 2025-Q2.

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 (QR). In this reporting cycle, an update on the 2025 Family Experience Survey is provided, and key recommendations from the YES QR for SFY 2023-2024 are highlighted. Additionally, potential actions for implementing these recommendations are presented.

7a. YES Family Survey

The YES Family Survey is conducted annually to evaluate the quality and outcomes of mental health services provided to youth within Idaho's YES system. Conducted by Boise State University in collaboration with DBH, the survey is mailed to a population-representative sample of caregivers whose children received mental health services during the previous calendar year.

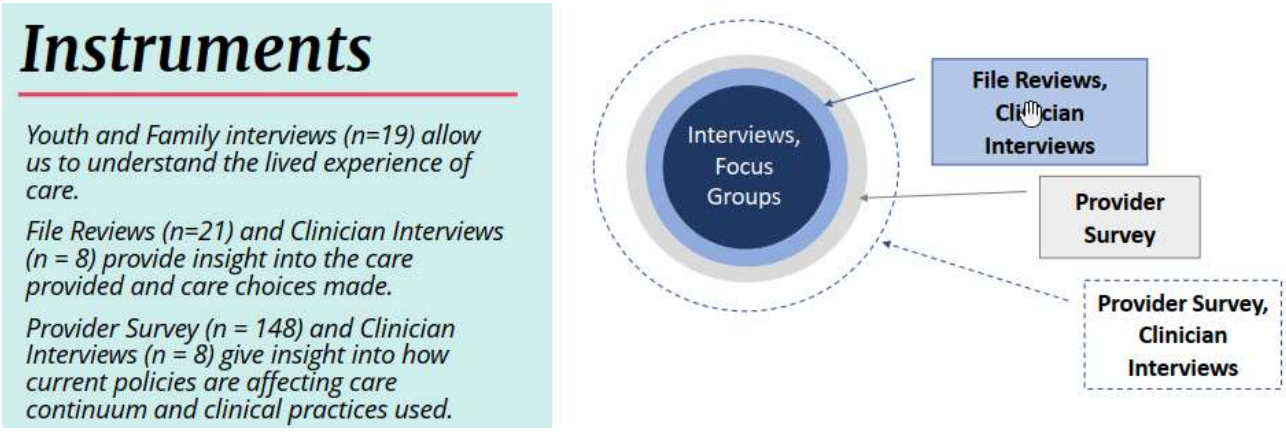
Data collection for the 2025 Family Survey began in late February and will conclude in mid-May 2025. The survey includes a set of Key Quality Performance Measures (KQPMs)—core questions that remain consistent year over year to allow for reliable tracking of trends and system performance. Additional survey items are rotated periodically, with some questions included only in odd or even years.

The 2025 survey reintroduced questions about child and family team experiences, which were last asked in 2023. It also introduced a new set of three questions designed to assess the impact of mental health services on youth across three key areas: development of strengths, emotional regulation, and overall mental health.

7b: YES Quality Review

Idaho uses an 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.

Using the multiple methods (detailed in the figure below), the QR asks people in diverse roles to describe influences on care that is provided to youth.



Each year, the QR process 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.**

Three key recommendations, along with corresponding (selected) implementation actions to consider, emerged from the most recent QR and are detailed below[4].

- **Recommendation #1**: Create a uniform referral form and protocol statewide allowing referrals to be tracked, routed, and acted on in a timely fashion.

    - Actions to Consider
        - Standardize the development of an electronic referral form for use statewide.
        - Develop a referral protocol with clear timelines for communication and connection to services post-receipt of referral. Make explicit what must be provided when specific, appropriate services are not currently available.

- **Recommendation #2:** Prevent escalation in youth needs by creating simple, public rules for service priority.

    - Actions to Consider
        - Create a clear, clinically justified hierarchy of treatment priority by service type. For instance, Wraparound services may always be offered to and prioritized for individuals with a mobile crisis encounter or hospital exit in the past thirty days.

- **Recommendation #3**: Develop a network of specialized treatment providers for a defined group of youth with complex needs.

    - Actions to Consider
        - Identify the training and treatment protocols associated with effectively treating these needs in this population.
        - Prioritize development of internal capacity for training therapists on interventions via the CoE or similar mechanisms.
        - Provide initial and ongoing value-based incentives to providers certified to provide these treatments.

[4] All implementation actions to consider are detailed in the Final Report of the YES Quality Review (SFY 2023-2024), available at:

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

8. YES Communications

8. YES Website

YES Website Analytics

Reporting Period October 1 2024 - December 31 2024

Sessions	Views	Total users	New users
5,311	9,644	3,233	2,775

Visits by Device

Device category	Sessions...	Bounce rate
desktop	3,909	44.64%
mobile	1,399	53.61%
tablet	20	25%

Type of Visitors

Top 10 Landing Pages from 10/01/2024 - 12/31/2024

Page title	Total users	New users
Welcome to YOUTH EMPOWERMENT SERVICES	1,862	1,442
Contact us | YOUTH EMPOWERMENT SERVICES	446	124
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	438	317
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	282	15
Parents | YOUTH EMPOWERMENT SERVICES	263	100
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	253	131
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	221	130
Crisis Resources | YOUTH EMPOWERMENT SERVICES	212	116
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	154	80
YES Training | YOUTH EMPOWERMENT SERVICES	154	13

Traffic Type

Session default channel group	Sessi...
Direct	3,337
Organic Search	1,492
Referral	270

Visits by Location

City	Sessions
Boise	727
Los Angeles	570
Nampa	354
(not set)	346
Seattle	273
Idaho Falls	220
Salt Lake City	188
Twin Falls	130
Meridian	117
Chicago	113

Bounce rate
47.66%

Views per user
3.01

Average session duration
00:03:15

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: July 1 2021 - December 31 2024

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

File name	Event count...
GettingStartedYES.pdf	2,213
YES101_online.pdf	1,409
YESPracticeManualFinal.pdf	939
MentalHealthCrisisDe nitionandExpectation...	529
MHChecklist.pdf	528
MHChecklistforYOUTH.pdf	518
YESOverviewtrifold.pdf	461
YES-Contacts.pdf	437
YouthCrisisSafetyPlan.pdf	356
YOUTHFAQ_yesFinal.pdf	299

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	463	16,075
yes idaho	293	3,533
yes program	259	6,803
youth empowerment servic...	208	4,278
cans assessment idaho	188	436
youth empowerment servic...	160	5,211
idaho yes program	148	5,280
cans certification	102	1,106
cans assessment	80	2,432
cans training	50	489

Site activity
Number of times a user event occurred*

Event name	Event count
page_view	73,813
scroll	56,665
user_engagement	43,491
session_start	38,100
file_download	27,751
first_visit	22,226
click	10,427
form_start	1,418
form_submit	353
mailto	173

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	17,179
Child and Adolescent Needs and Strengths (CANS) | YOUTH ...	2,878
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT S...	1,621
YES History and Current Development | YOUTH EMPOWERM...	1,508
Wraparound Intensive Services | YOUTH EMPOWERMENT SE...	1,275
Contact Us | YOUTH EMPOWERMENT SERVICES	1,215
Parents | YOUTH EMPOWERMENT SERVICES	795
Crisis Resources | YOUTH EMPOWERMENT SERVICES	740
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	692
| YOUTH EMPOWERMENT SERVICES	580

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
Idaho Military Historical Society | Military Museum	100%
2022 Annual Work Plan | Council on Developmental Disabilities	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%

SEARCH
Top Search Results for "Youth Empowerment Services"

Google

1. **Welcome to YOUTH EMPOWERMENT SERVICES**
2. **Youth Empowerment Services (YES) I Idaho Department of Health and Welfare**
3. **Youth Empowerment Services (YES) - Magellan of Idaho**
4. **FindHelp.org Youth Empowerment Services (YES) I Idaho Department of Health and Welfare**
5. **Liberty Healthcare Corporation Youth Empowerment Services**

Bing

1. **Welcome to YOUTH EMPOWERMENT SERVICES**
2. **Youth I YOUTH EMPOWERMENT SERVICES**
3. **Youth Empowerment Services (YES) Idaho Department of Health and Welfare**
4. **FYIdaho What is YES**
5. **Quick Start Guide - YOUTH EMPOWERMENT SERVICES**

YES Website Analytics

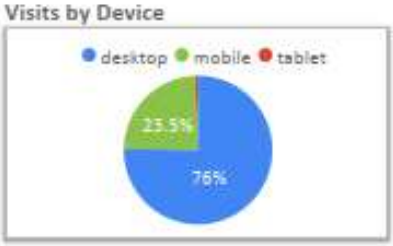
Trends since site launch: June 21 2021 - December 31 2024

Visitors and Pages

Sessions	Views	Total users	New users
33,801	73,813	22,663	22,226

Views per user	Average session duration
3.26	00:03:27

Visits by Device



Type of Visitors

Device category	Sessions	Bounce rate
desktop	29,512	44.64%
mobile	9,146	48.62%
tablet	192	42.71%

Top 10 Landing Pages from 6/21/2024 - 12/31/2024

Page title	Total users	New users
Welcome to YOUTH EMPOWERMENT SERVICES	11,713	10,391
Contact Us | YOUTH EMPOWERMENT SERVICES	2,596	463
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	2,268	1,774
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	1,979	128
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	1,521	766
Parents | YOUTH EMPOWERMENT SERVICES	1,451	317
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	1,026	674
YES Training | YOUTH EMPOWERMENT SERVICES	992	112
YES Overview | YOUTH EMPOWERMENT SERVICES	991	141
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	990	557

Traffic Type

Session default channel group	Sessions
Direct	20,784
Organic Search	14,247
Referral	2,757

Bounce rate

46.03%

Visits by Location

City	Sessions
Boise	6,064
Los Angeles	4,349
(not set)	2,493
Nampa	2,454
Seattle	1,799
Idaho Falls	1,515
Salt Lake City	1,107
Meridian	843
Twin Falls	792
Phoenix	769

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&currentTimeframe=0&selectedRows=%7B"states":%7B"idaho":%7B%7D%7D%7D&sortModel=%7B"colId":"Location","sort":"asc"%7D

Prevalence rates:

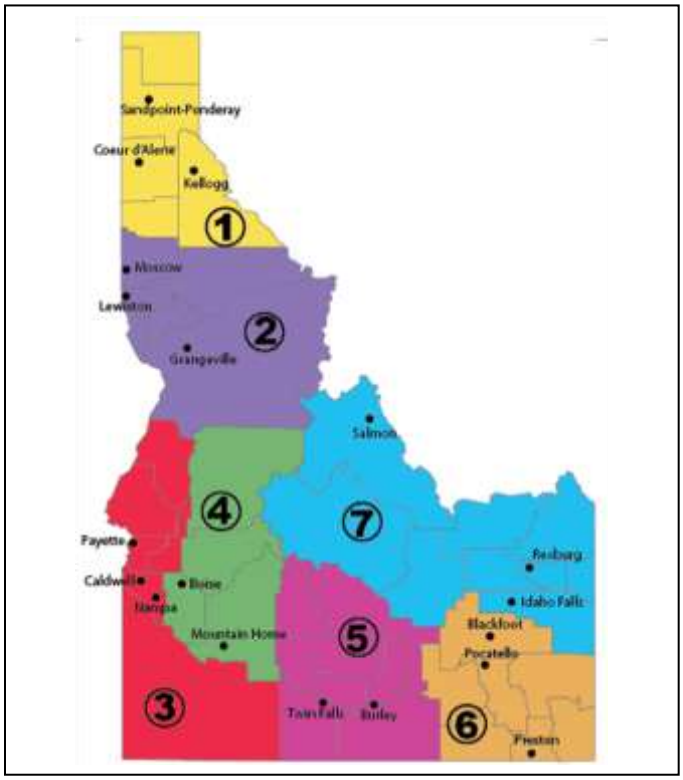
Medicaid: https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7

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

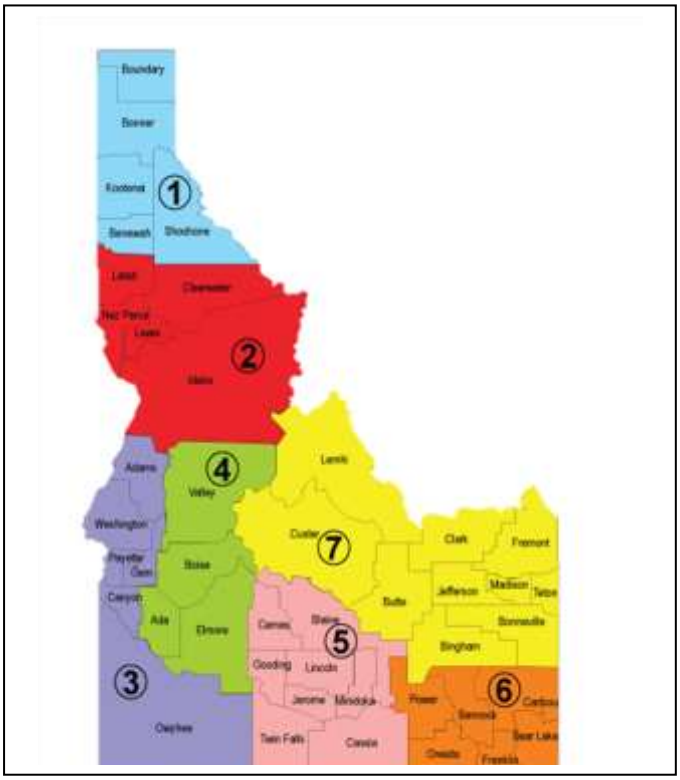
Private insurance: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/

Appendix C- Regional Maps

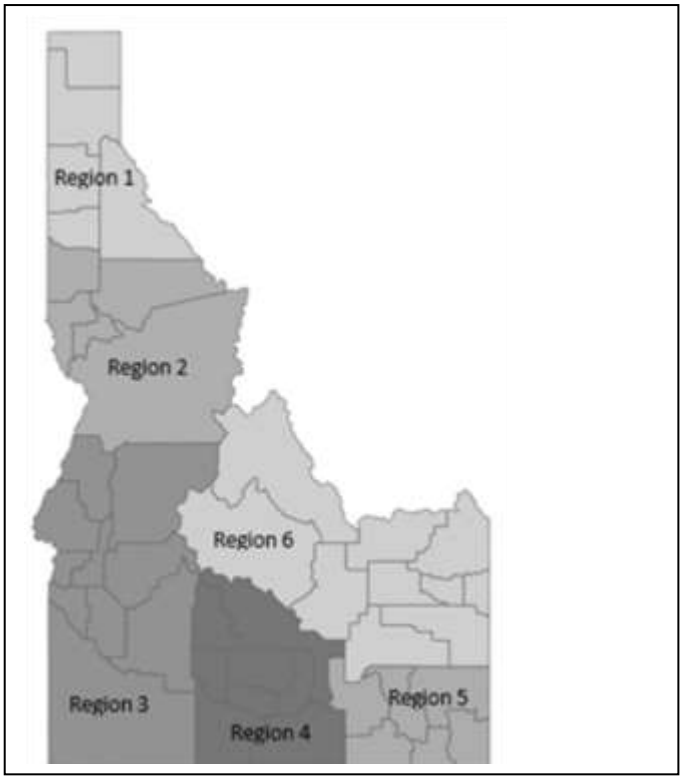
Idaho Department of Health and Welfare: Medicaid,



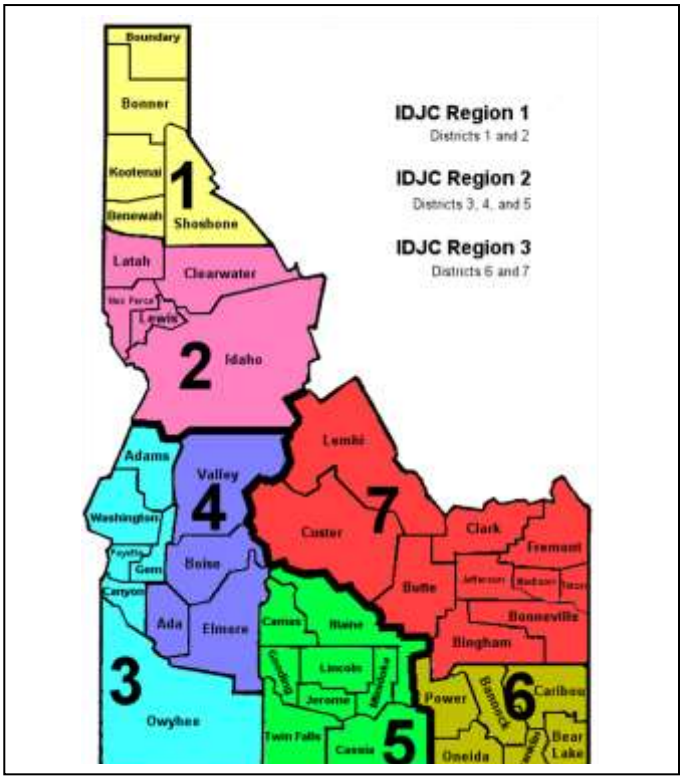
Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections

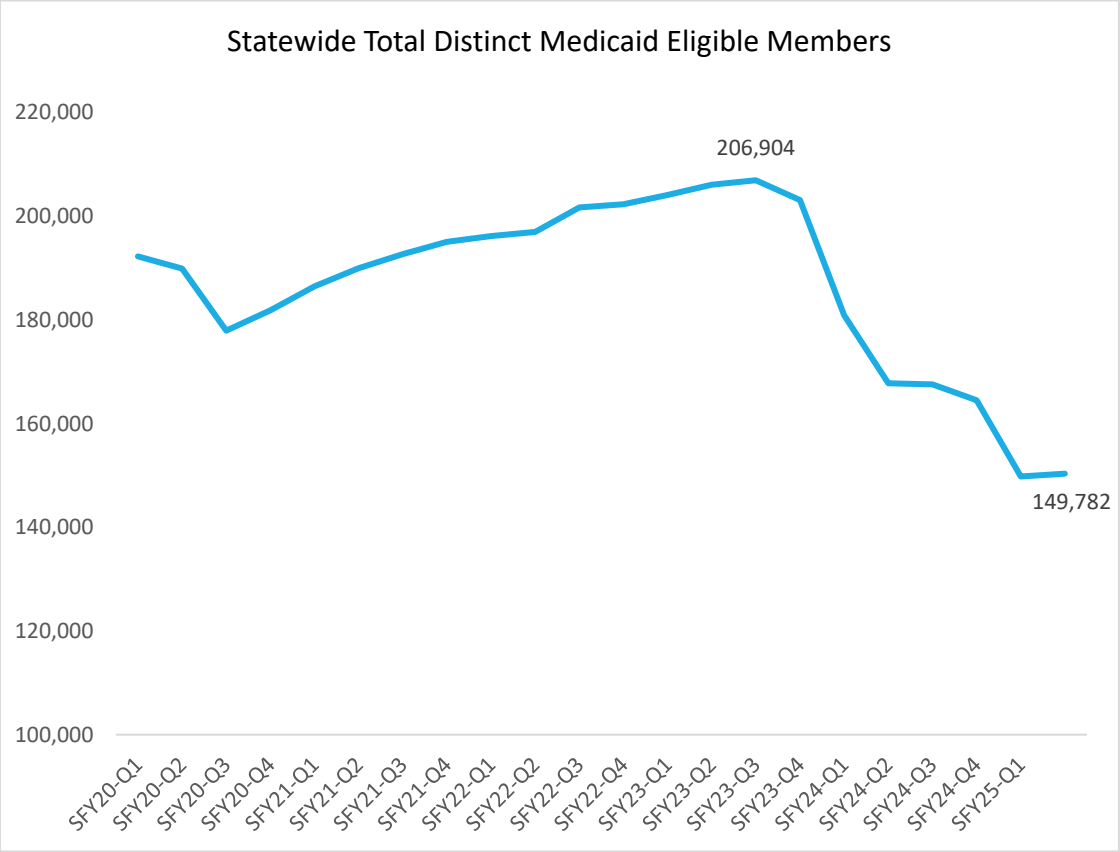


Appendix D – Statewide Medicaid Eligible Members by Quarter (SFY 2020 – SFY 2025, Q2)

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	149,782
Q2	189,891	189,933	196,951	206,038	167,762	150,320
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-Q2

Medicaid eligible members by region data is 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	17,784	6,303	32,292	26,371	20,670	17,149	27,136	2,077	149,782
SFY 2025 Q2	18,021	6,330	32,610	26,825	20,772	17,228	27,406	1,128	150,320