



## Quality Management Improvement & Accountability (QMIA)

# YOUTH EMPOWERMENT SERVICES

## QMIA Quarterly Report

Q4, SFY 2024

Updated: June, 2025

Originally published: October,  
2024



## YES, QMIA Quarterly Report SFY 2024, Q4

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

and trends from previous quarters and years

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## YES, QMIA Quarterly Report Q4, SFY 2024

### Purpose of YES QMIA Quarterly (QMIA-Q) Report

The goal of Idaho's Youth Empowerment Services (YES) program is to develop, implement, and sustain a child, youth, and family-driven, coordinated, and comprehensive children's mental health delivery system of care. The enhanced YES child-serving system will lead to improved outcomes for children, youth, and families dealing with mental illness.

The purpose of the QMIA-Q is to provide YES Partners and children's mental health stakeholders with information about the children and youth accessing YES services, the services they are accessing, and the outcomes of the services. The data in the QMIA-Q tells the story about whether YES is reaching the children, youth, and families who need mental health services, whether the services meet their needs, and whether the services improve their lives.

The QMIA-Q is assembled with information about the children, youth, and families accessing mental health care in Idaho primarily through the Medicaid/Optum Network and the Division of Behavioral Health's (DBH) Children's Mental Health (CMH). Most data are from Medicaid or DBH. These two child-serving systems provide most outpatient mental health care for children and youth. The report includes data about children and youth who have Medicaid, children who do not have insurance, and children whose family income is greater than the Medicaid Federal Poverty Guideline. There is also data focused on children under court orders for mental health services, including Child Protective Act and Juvenile Corrections Act orders.

The QMIA-Q is available publicly on the YES website and delivered to all YES workgroups to support decision-making related to plans for YES system improvement by building collaborative systems, developing new services, and creating workforce training plans.

Questions? If the information provided within this QMIA-Q raises questions or interest in additional data collection, please contact [YES@dhw.idaho.gov](mailto:YES@dhw.idaho.gov) with your questions, concerns, or suggestions.

### QMIA-Q report dates for SFY 2024

YES QMIA-Q SFY 2024 Timelines <sup>1</sup>	<i>Published on YES Website</i>
1st quarter: July–September + Annual YES projected number	January
2nd quarter: October–December	April
3rd quarter: January–March	July
4th quarter: April–June + Full SFY 2024	June 2025 (updated)/October 2024 (initial)

<sup>1</sup> The new Idaho Behavioral Health Plan (IBHP) consolidated behavioral health services for Idahoans under a single plan and went live on July 1, 2024. Starting in SFY 2025, the QMIA-Q report will be modified to capture YES System of Care changes resulting from the new IBHP.



YES, QMIA Quarterly Report includes data from Q4 of SFY 2024  
(April, May, June 2024),  
and trends over the past five years, comparing previous quarters and SFYs.

## Executive Summary – SFY 2024, Q4

The QMIA-Q report for State Fiscal Year (SFY) 2024, Quarter 4 (Q4) provides information about the delivery of YES services for April, May, and June 2024 and trends over the past five years of YES implementation. Modifications to the report format initiated in SFY 2023, Quarter 1, intended to make the data provided easier to understand and to facilitate comparisons between regions, have been maintained.

At the time of the original publication of the SFY 2024 Q4 report in October 2024, outpatient service utilization and related expenditure data from the Medicaid/Optum Network were unavailable for inclusion. Following the close of SFY 2024 and the close of the Optum contract, Optum submitted only raw, non-summarized claims data to the IBHP Governance Bureau. The IBHP Governance Bureau team used this data to generate Quarter 4 service utilization counts for all outpatient services, as well as unduplicated annual counts for Intensive Home and Community-Based Services. However, due to data limitations, the team was unable to produce unduplicated SFY 2024 annual counts for other outpatient services.

This updated version of the SFY 2024 Q4 report now incorporates the previously unavailable Medicaid/Optum Network data. All newly added information that was not part of the original publication is clearly marked with the label **“Updated Content” in dark blue, bold font** in each area or section of the report where new data or analysis has been included. The entirety of Section 5 is updated content.

### **E1 YES Accomplishments**

#### Increased Access to Intensive Home and Community-Based Services **(Updated Content)**

As illustrated in the table below, efforts by DBH and the Medicaid/Optum Network to increase the availability and use of Intensive Home and Community-Based Services (IHCBS) have been partially successful. IHCBS service use in SFY 2024 was more than double the service use in SFY 2023, increasing by 108 unduplicated service utilizers between SFYs.

NOTE: The Optum/Medicaid Network data included in the table below represents unduplicated annual totals.

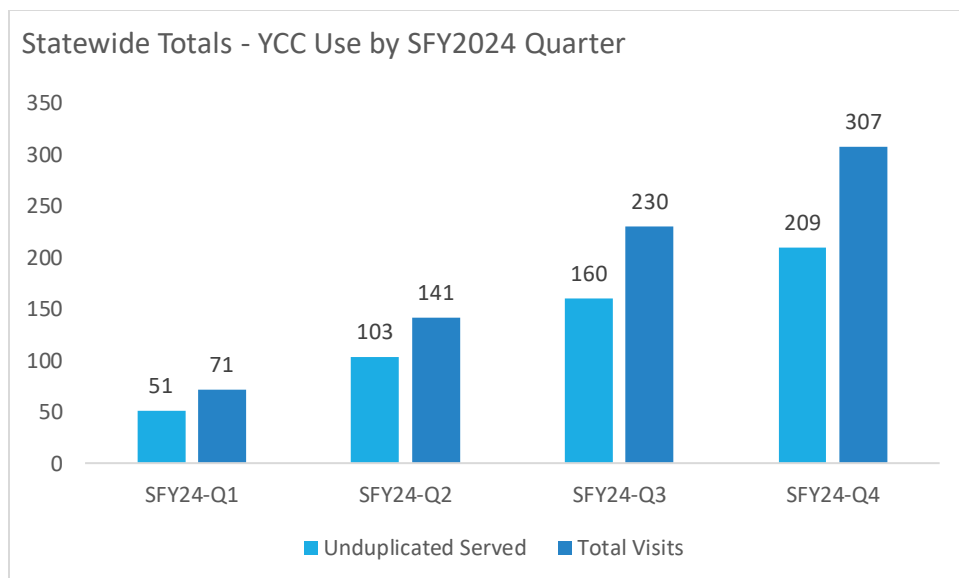
Intensive Home and Community Based Services	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Total
SFY 2022 Unduplicated Distinct Utilizers	0	0	5	17	0	28	10	<b>60</b>
SFY 2023 Unduplicated Distinct Utilizers	0	2	8	21	2	39	16	<b>87</b>
SFY 2024 Unduplicated Distinct Utilizers Quarters 1 - 4	8	3	35	76	2	68	3	<b>195</b>

## Expansion of Youth Crisis Services

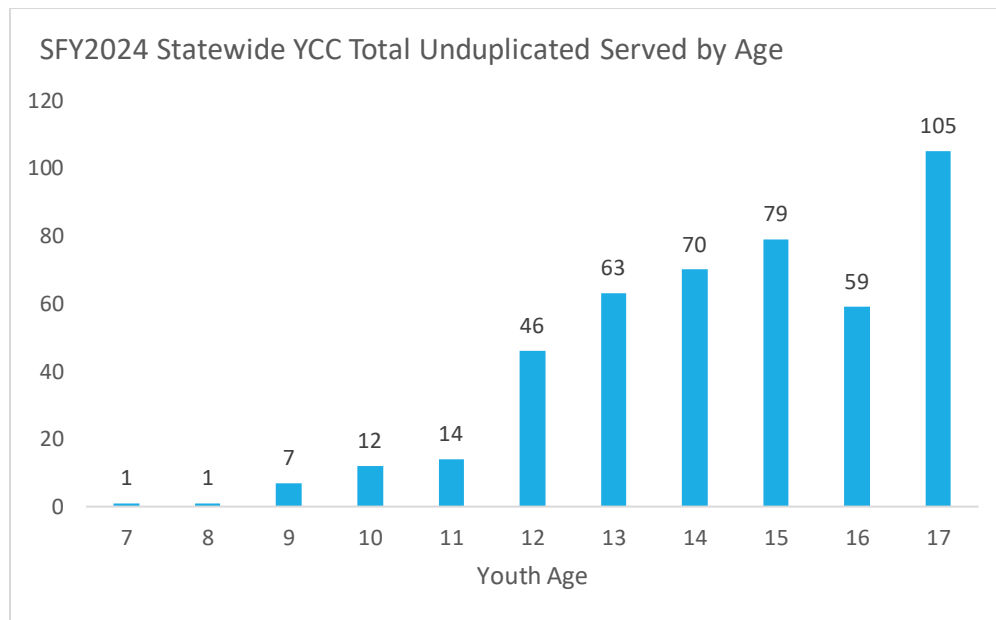
Crisis services for Idaho youth expanded in 2023 and early 2024 with four Youth Crisis Centers (YCCs) opening. The YCCs provide support and services during the early stage of a mental health crisis before more intensive, costly, and restrictive interventions are required. The YCCs specialize in providing a calm environment for youth aged 12-17 to de-escalate, giving parents and guardians time to re-group during crisis situations. The centers are open 24/7, referrals are not needed, and Law Enforcement may bring youth to the YCCs. However, a parent or guardian must provide treatment consent. Services are 100% voluntary and free of charge, and youth can stabilize for up to 23 hours and 59 minutes.

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

YCC (opening date)	Location	SFY24-Q1 Unduplicated # served (Total visits)	SFY24-Q2 Unduplicated # served (Total visits)	SFY24-Q3 Unduplicated # served (Total visits)	SFY24-Q4 Unduplicated # served (Total visits)	Average Length of Stay
Rise up Teen and Child Crisis Center of East Idaho (June 15, 2023)	Idaho Falls	28 (46)	33 (55)	34 (61)	68 (110)	16 hours
Proactive Youth and Family Support Center (Aug. 1, 2023)	Twin Falls	23 (25)	33 (40)	41 (60)	47 (67)	15 hours
Pathways Youth Community Support Center (Oct. 16, 2023)	Boise	Not open during reporting period	37 (46)	62 (71)	60 (87)	13 hours
Western Idaho Youth Support Center (Jan. 29, 2024)	Nampa	Not open during reporting period	Not open during reporting period	23 (38)	34 (43)	13 hours
<b>Statewide Totals</b>		<b>51 (71)</b>	<b>103 (141)</b>	<b>160 (230)</b>	<b>209 (307)</b>	<b>14.6 hours</b>



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



## E2 YES Challenges and Opportunities

### Interrelated On-going System Level Challenges

Interrelated challenges faced by the YES system, as well as opportunities to grow and improve YES, include the following:

- the ongoing mental health care workforce shortage
- lack of access to mental health care in rural/frontier areas of Idaho
- increased mental health care need
- the absence of high-intensity services.

### Challenges Particular to SFY 2024

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

**YES reports:**

The following are links to the YES reports noted within the QMIA-Q and/or produced as part of YES Quality monitoring and review:

Idaho YES Family Survey Results, 2024

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

Unmet Need for Mental Health Services among Idaho Youth, 2024

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

Biannual Estimate of Need for Intensive Care Coordination using Wraparound in Idaho, SFY 2024 (December 2023 report)

[https://yes.idaho.gov/wp-content/uploads/2024/01/Estimated\\_Need\\_ICC\\_Wraparound\\_SFY\\_2024\\_Dec\\_2023.pdf](https://yes.idaho.gov/wp-content/uploads/2024/01/Estimated_Need_ICC_Wraparound_SFY_2024_Dec_2023.pdf)

Provider Survey of the Youth Empowerment Services Quality Review (FY2023-2024)

[https://yes.idaho.gov/wp-content/uploads/2024/04/2023\\_QR-Report\\_01-Agency-Survey.pdf](https://yes.idaho.gov/wp-content/uploads/2024/04/2023_QR-Report_01-Agency-Survey.pdf)

Final Report of the YES Quality Review (SFY 2022)

[https://yes.idaho.gov/wp-content/uploads/2023/01/QR-Report\\_Final-Report\\_2022v2.pdf](https://yes.idaho.gov/wp-content/uploads/2023/01/QR-Report_Final-Report_2022v2.pdf)

YES Medicaid Outpatient Utilization, State Fiscal Years, 2020-2023

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

Historical QMIA-Q reports

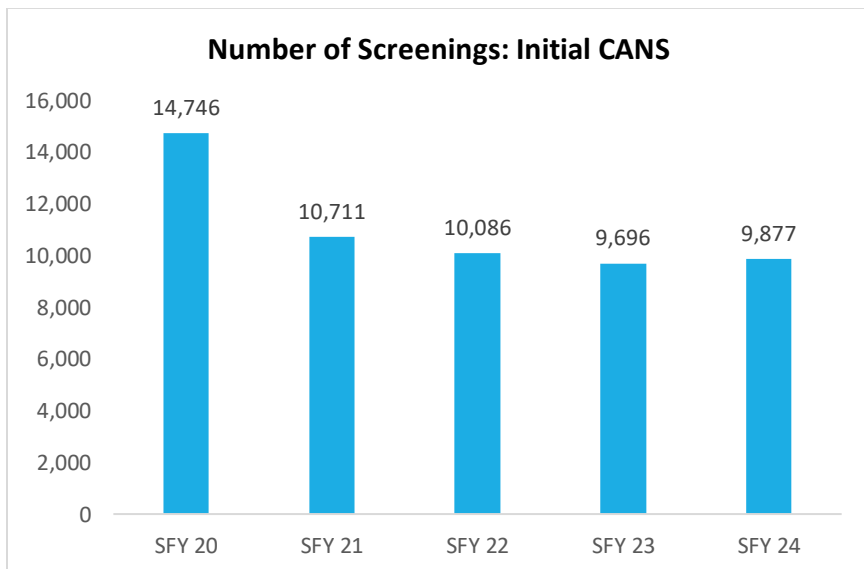
<https://yes.idaho.gov/yes-quality-management-improvement-and-accountability/>

## QMIA-Q3 SFY 2024 Report

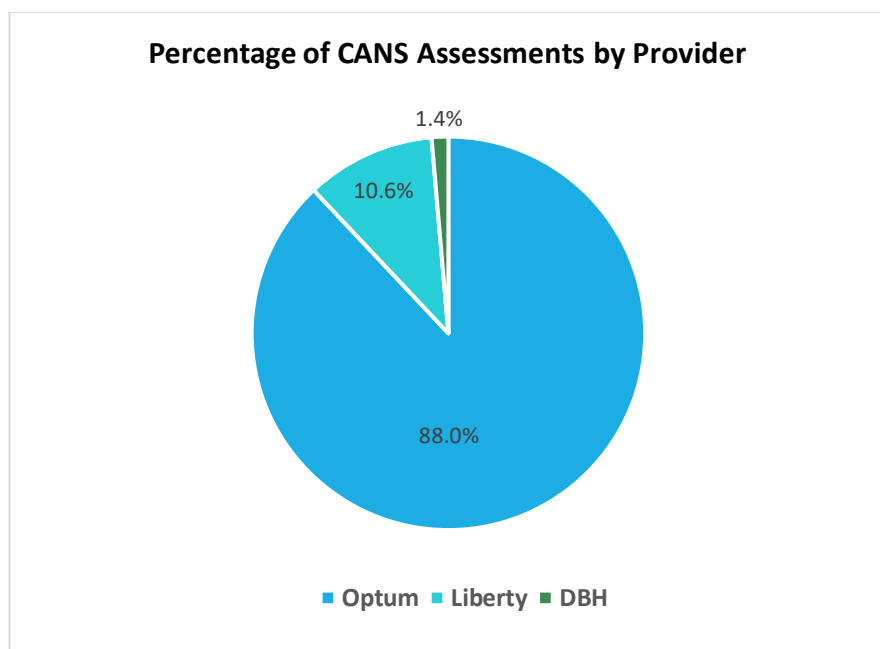
### 1. Screening for Mental Health Needs

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

The number of initial CANS completed through SFY 2024-Q4 was 9,877. The number of children and youth expected to access services through an initial CANS each quarter or each year has not yet been established. Therefore, the data only tells us that the number of children and youth receiving an initial CANS assessment has declined since SFY 2020. The number of initial CANS completed by quarter will be reported in each successive QMIA-Q so that, over time, quarterly and/or annual trends in the number of initial CANS may be established.



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

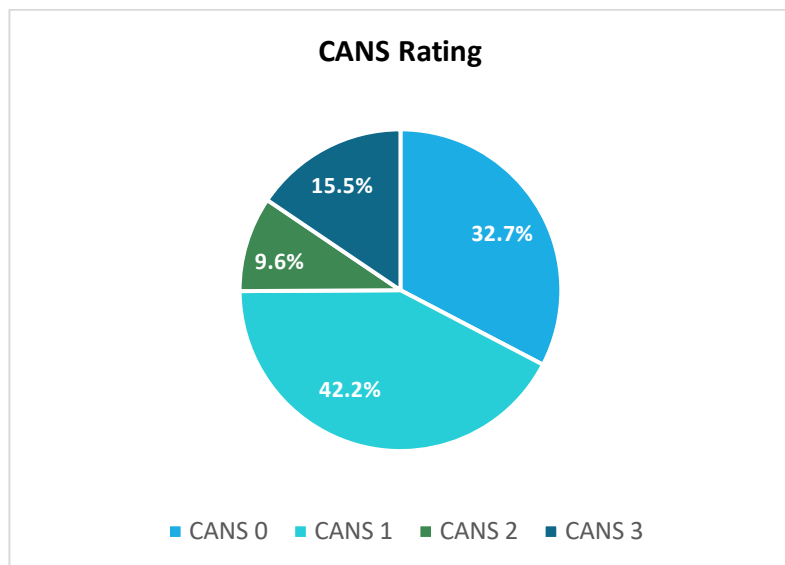


DBH, Liberty, or a Medicaid provider may conduct the screening for mental health services through the CANS assessment. For SFY 2024, 88% of CANS Assessments were completed by Medicaid providers, 11% by Liberty, and less than 2% by DBH. This is generally consistent with previous quarters.



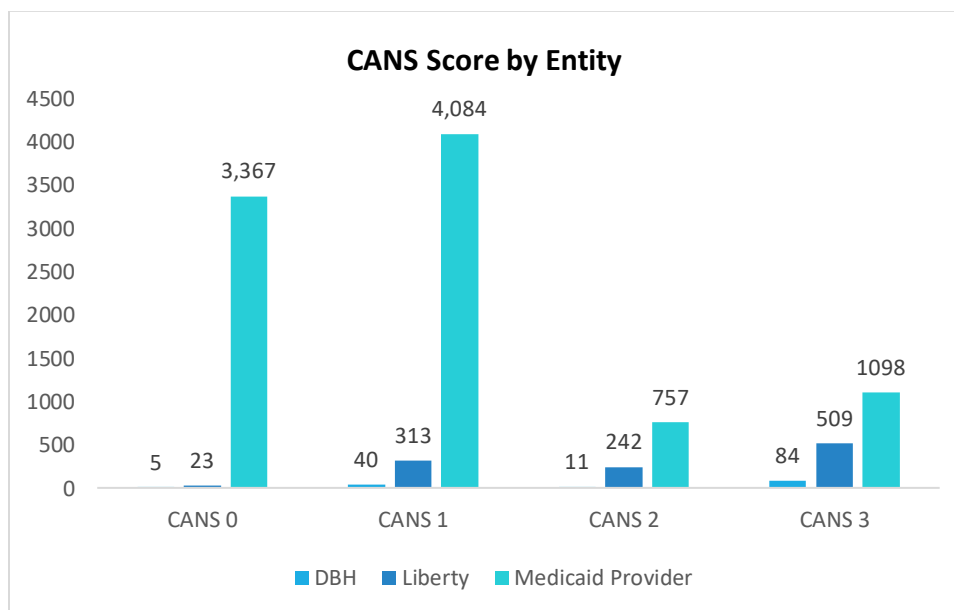
## 2. YES eligible children and youth based on initial CANS

### 2a: CANS Rating: Result of Initial CANS Statewide



An algorithm based on the CANS was developed by stakeholders in collaboration with the Praed Foundation for Idaho to support the identification of YES members. The algorithm results in an overall rating of 0, 1, 2, or 3. Based on that algorithm, all children with a CANS rating of “1, 2, or 3” are considered to meet the eligibility criteria for YES membership. Children and youth with a rating of “0” on the CANS may still have mental health needs and are provided mental health services but do not meet the eligibility criteria established in the Jeff D. Settlement Agreement to be considered a class member of the Jeff D. lawsuit. The percentage in each CANS rating has remained consistent over time.

### 2b: CANS Rating - Result of Initial CANS by Entity that Completed the CANS

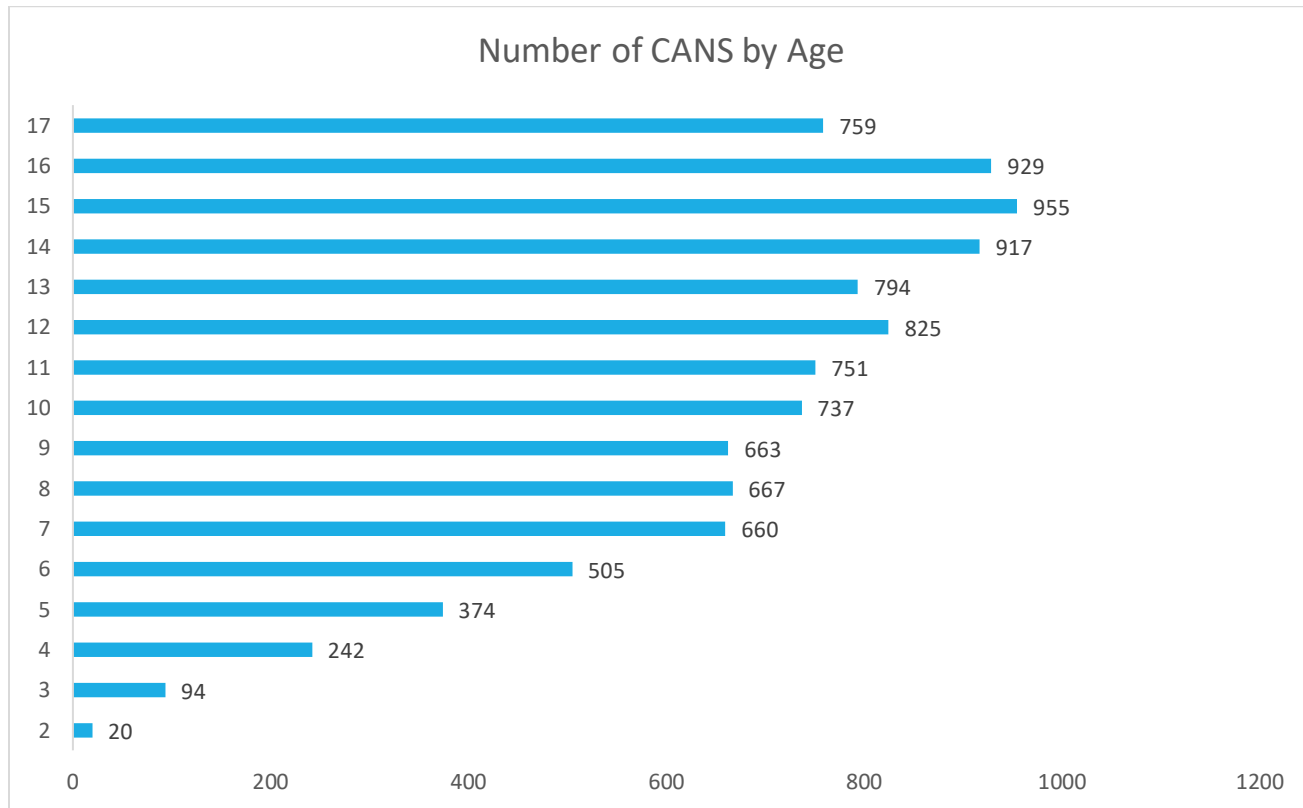


#### What is this data telling us?

Of the initial CANS completed in SFY 2024, approximately 68% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 ratings), and 32% did not meet the criteria (CANS rating of 0). The percentages of those found eligible vs. those found not eligible across time continue to be consistent across several quarters. The data also show that children and youth with lower levels of needs tend to be assessed most often by Medicaid providers.

### **3. Characteristics of children and youth assessed using the CANS**

#### *3a: Ages of Children and Youth Who Had an Initial CANS*

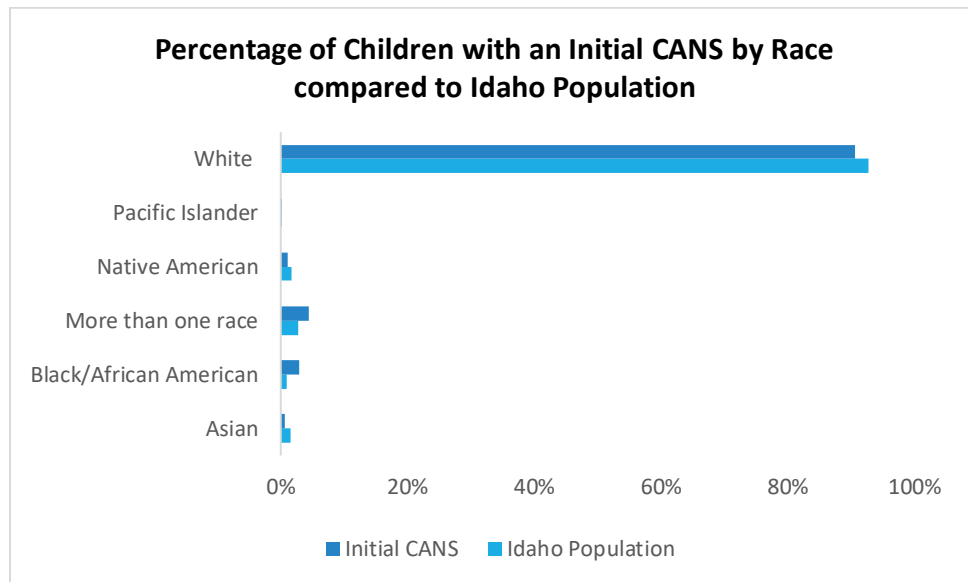


#### **What is this data telling us?**

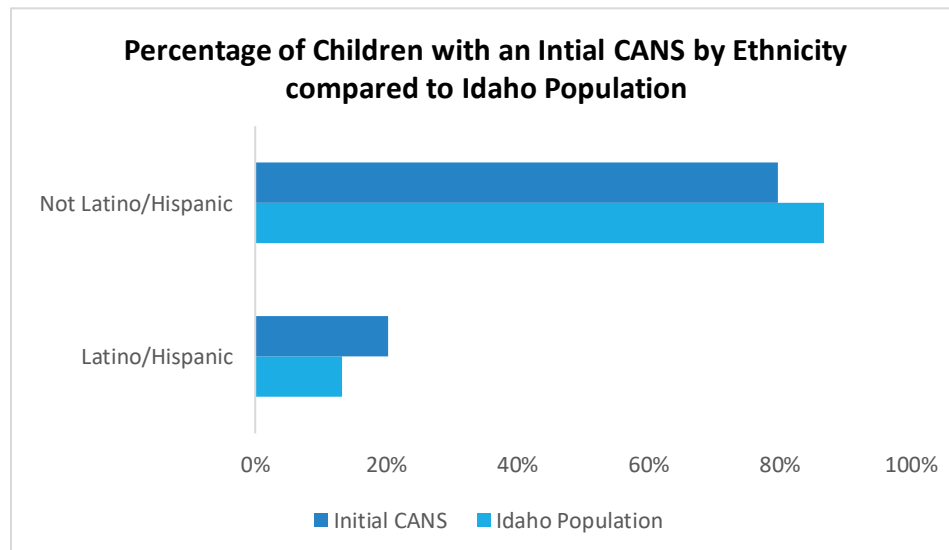
During SFY 2024, initial CANS assessments were most likely to be completed with teenagers between the ages of 14 and 16. However, they were also completed at high levels with children between the ages of 7 and 13, as well as with 17-year-olds, especially when compared to the number of initial CANS completed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

## CANS by Race and Ethnicity

3d: Race of Children and Youth who Received an Initial CANS



3e: Ethnicity of Children and Youth who received an Initial CANS



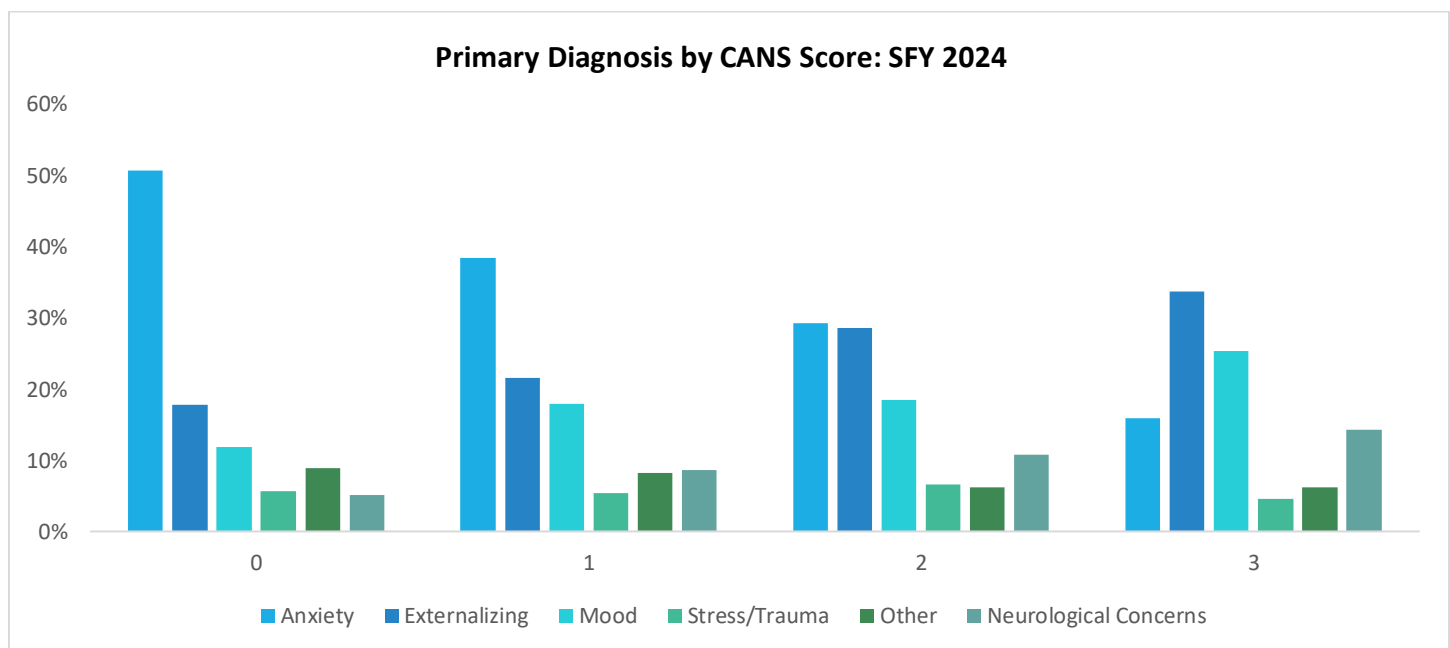
### What is this data telling us?

A review of race data indicates that children who are more than one race or African American are slightly over-represented in terms of receiving an initial CANS assessment when compared to their respective portion of the overall Idaho population. Conversely, those who are Native American or Asian are slightly under-represented compared to their respective shares of the overall Idaho population. Ethnicity data reveals that children who identify as Latino/Hispanic are more likely to receive an initial CANS assessment than those who do not.

### 3f: Primary Diagnosis by CANS Score: SFY 2024

Primary diagnosis by CANS score data is presented below in tabular and graphic formats to allow readers to process the information according to their preferred configuration.

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

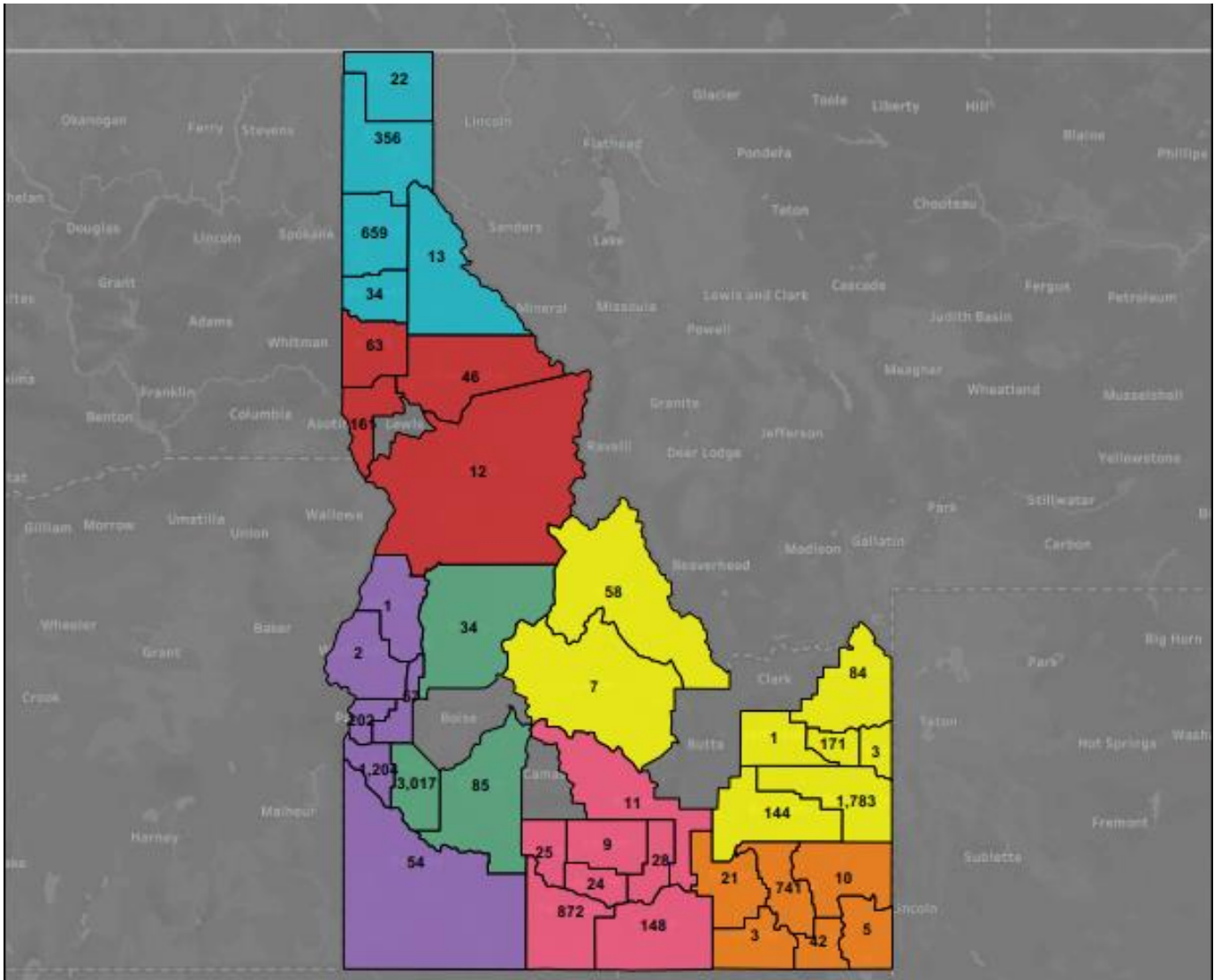


#### What is this data telling us?

Primary diagnosis varies substantially by CANS score. For example, anxiety is more likely to be the primary diagnosis for youth with CANS scores of 0 and 1 than those with a CANS of 2 or 3. At the same time, externalizing is a considerably more common primary diagnosis among youth with CANS of 2 and 3 than those with lower CANS scores. These patterns suggest that providers need to customize services based on youth CANS score *and* primary diagnosis. To do so, a full array of widely available services needs to be present within the overall YES system.

#### 4: CANS Assessment Location- Geographic Mapping

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



#### What is this data telling us?

Like previous quarters and fiscal years, the counties with no or few initial CANS were either rural or remote. The geographic distribution of the initial CANS assessments indicates that there is likely to be an unmet need in those areas, as children and youth are not being assessed by an initial CANS.

## 5. Medicaid Outpatient Services Utilization (Updated Content)

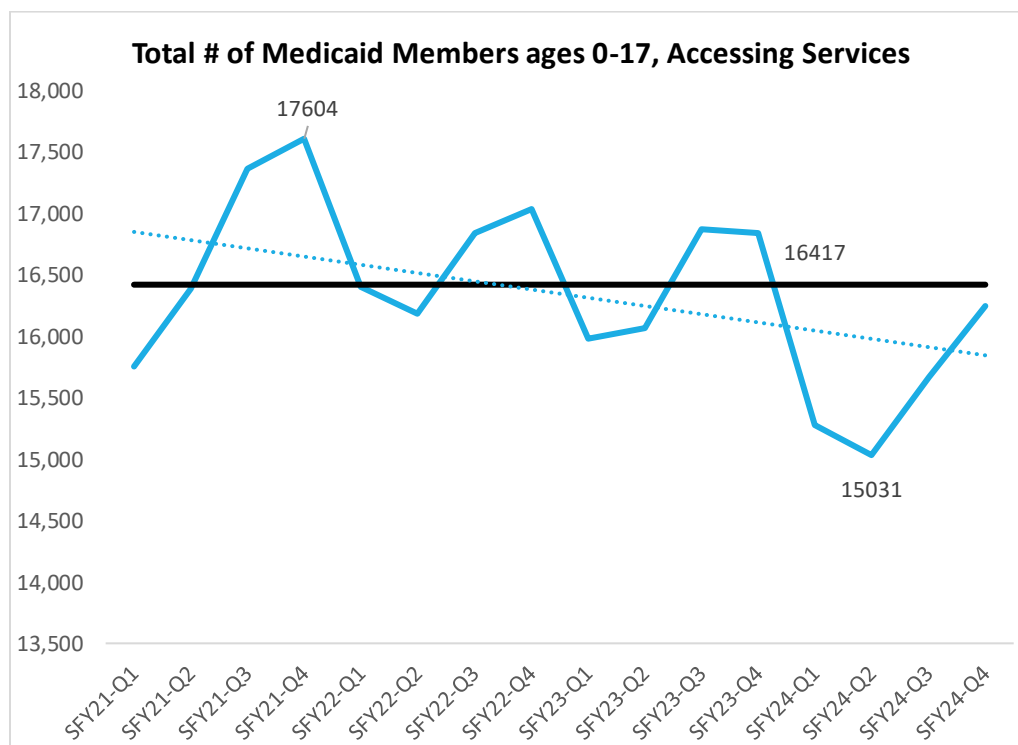
### Total number of children and youth (ages 0-17 only) served with Medicaid Outpatient Services

The following table combines unduplicated counts of children and youth who received services under Medicaid (regular Medicaid, Foster Care Medicaid, etc.) and those with Medicaid through the YES Medicaid Program between SFY 2021 and SFY 2024, Q4.

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

	SFY21 -Q1 (Jul to Sep)	SFY21 -Q2 (Oct to Dec)	SFY21 -Q3 (Jan to Mar)	SFY21 -Q4 (Apr to Jun)	SFY22 -Q1 (Jul to Sep)	SFY22 -Q2 (Oct to Dec)	SFY22 -Q3 (Jan to Mar)	SFY22 -Q4 (Apr to Jun)	SFY23 - Q1 (July to Sept)	SFY23 -Q2 (Oct to Dec)	SFY23 -Q3 (Jan to Mar)	SFY23 -Q4 (Apr to Jun)	SFY24 -Q1 (Jul to Sep)	SFY24 -Q2 (Oct to Dec)	SFY24 -Q3 (Jan to Mar)	SFY24 -Q4 (Apr to Jun)
Medicaid	13,713	14,292	15,280	15,449	14,305	14,189	15,155	15,269	14,218	14,322	15,045	14,929	13,207	12,801	13,566	14,126
YES Medicaid	2,040	2,083	2,080	2,152	2,094	1,993	1,665	1,739	1,729	1,701	1,760	1,823	1,943	1,888	2,098	2,119
Total	15,755	16,382	17,361	17,604	16,399	16,183	16,836	17,034	15,981	16,060	16,868	16,834	15,272	15,031	15,664	16,245

5b: Quarterly trend of Medicaid members accessing services



### What is this data telling us?

The total number of Medicaid members (both Medicaid and YES Medicaid) receiving YES services has varied considerably over the past sixteen quarters - from a high of 17,604 in Quarter 4 of SFY 2021 to a low of 15,031 in SFY 2024-Q2. The trend over three-plus years has been decreasing – as represented by the blue dotted line. The black line represents the average number of children and youth receiving services, which is 16,417.

*5c: Statewide Utilization of YES Outpatient Services Provided by the Optum Idaho/Medicaid Provider Network by Region*

The Medicaid claims data in the following table shows the outpatient services provided to Medicaid members ages 0-17 by type of service and region in which the service was delivered. The number served in SFY 2024, Q4 is unduplicated within the specific category of services (i.e., the number of children and youth who received that specific service).

*5c1: Number of Medicaid Members Accessing YES Outpatient Services by Region*

SFY 2024, Q4	1	2	3	4	5	6	7	Out of state	Total
	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers	Distinct Utilizers
<b>Assessments</b>									
CANS Billed to Medicaid	590	139	1,255	2,018	620	763	1,524	42	<b>6,951</b>
Psych and Neuropsych Testing	83	22	142	180	62	131	231	7	<b>858</b>
Behavior Assessment	39	0	31	80	0	0	0	0	<b>150</b>
<b>Outpatient Treatment Services</b>									
Psychotherapy	1,316	462	2,264	3,012	1,125	1,387	2,573	92	<b>12,231</b>
Case Management	46	66	174	645	168	153	515	5	<b>1,772</b>
Med Management	80	133	602	828	172	397	395	22	<b>2,629</b>
Skills Building (CBRS)	61	101	246	823	121	219	587	11	<b>2,169</b>
Targeted Care Coordination (TCC)	28	60	152	233	23	142	360	2	<b>1,000</b>
Substance Use Services	29	1	20	22	47	31	89	0	<b>239</b>
Child and Family Interdisciplinary Team (CFIT)	7	10	39	40	22	33	49	0	<b>200</b>
Skills Training and Development (STAD)	0	0	0	12	72	3	68	2	<b>157</b>
Behavior Modification and Consultation	70	0	41	100	0	0	0	1	<b>212</b>
<b>Crisis</b>									
Crisis Intervention	2	2	5	12	4	17	53	1	<b>96</b>
Crisis Psychotherapy	22	10	15	35	19	22	34	3	<b>160</b>
Crisis Response	4	0	10	13	1	2	4	1	<b>35</b>
Crisis Services	28	12	28	58	22	39	87	5	<b>279</b>
<b>Intensive Outpatient Treatment Services</b>									
TASSP <sup>2</sup>	0	0	1	18	0	0	8	0	<b>27</b>
Partial Hospitalization (PHP)	1	0	41	39	0	1	9	1	<b>92</b>
Day Treatment	0	0	0	0	0	1	0	0	<b>1</b>
IHCBS <sup>3</sup>	7	1	20	52	1	37	2	0	<b>120</b>
<b>Support services</b>									
Respite	4	75	51	65	23	79	152	3	<b>452</b>
Youth Support Services	12	13	37	135	55	19	64	1	<b>336</b>
Family Support	16	2	7	6	1	16	108	1	<b>157</b>
Family Psychoeducation	22	0	0	4	6	0	0	0	<b>32</b>

<sup>2</sup> TASSP- Therapeutic After School Support Program

<sup>3</sup> IHCBS - Intensive Home and Community Based Services

**“Penetration Rate”** is calculated by dividing the number of youth Medicaid beneficiaries served (numerator) by the total number of youth Medicaid-eligible members (denominator). The **penetration rate tells us what percentage of the eligible population received a given service.**

*5c2: Penetration Rate for Medicaid Members Accessing YES Outpatient Services by Region*

SFY 2024, Q4	Penetration Rate by Region								
	1	2	3	4	5	6	7	OOS	Total
<b>Assessments</b>									
CANS Billed to Medicaid	3.1%	2.0%	3.5%	6.0%	2.7%	4.1%	6.0%	1.9%	<b>4.2%</b>
Psych and Neuropsych Testing	0.4%	0.3%	0.4%	0.5%	0.3%	0.7%	0.9%	0.3%	<b>0.5%</b>
Behavior Assessment	0.2%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	<b>0.1%</b>
<b>Outpatient Treatment Services</b>									
Psychotherapy	6.8%	6.8%	6.4%	9.0%	4.9%	7.5%	10.1%	4.1%	<b>7.4%</b>
Case Management	0.2%	1.0%	0.5%	1.9%	0.7%	0.8%	2.0%	0.2%	<b>1.1%</b>
Med Management	0.4%	1.9%	1.7%	2.4%	0.7%	3.0%	1.2%	1.6%	<b>1.6%</b>
Skills Building (CBRS)	0.3%	1.5%	0.7%	2.4%	0.5%	1.2%	2.3%	0.5%	<b>1.3%</b>
Targeted Care Coordination (TCC)	0.1%	0.9%	0.4%	0.7%	0.1%	0.8%	1.4%	0.1%	<b>0.6%</b>
Substance Use Services	0.2%	0.0%	0.1%	0.1%	0.2%	0.2%	0.3%	0.0%	<b>0.1%</b>
Child and Family Interdisciplinary Team (CFIT)	0.0%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.0%	<b>0.1%</b>
Skills Training and Development (STAD)	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%	0.1%	<b>0.1%</b>
Behavior Modification and Consultation	0.4%	0.0%	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	<b>0.1%</b>
<b>Crisis</b>									
Crisis Intervention	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	<b>0.1%</b>
Crisis Psychotherapy	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	<b>0.1%</b>
Crisis Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
Crisis Services	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.3%	0.2%	<b>0.2%</b>
<b>Intensive Outpatient Treatment Services</b>									
TASSP	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
Partial Hospitalization (PHP)	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	<b>0.1%</b>
Day Treatment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
IHCBS	0.0%	0.0%	0.1%	0.2%	0.0%	0.2%	0.0%	0.0%	<b>0.1%</b>
<b>Support Services</b>									
Respite	0.0%	1.1%	0.1%	0.2%	0.1%	0.4%	0.6%	0.1%	<b>0.3%</b>
Youth Support Services	0.1%	0.2%	0.1%	0.4%	0.2%	0.1%	0.3%	0.0%	<b>0.2%</b>
Family Support	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	<b>0.1%</b>
Family Psychoeducation	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>

**What is this data telling us?**

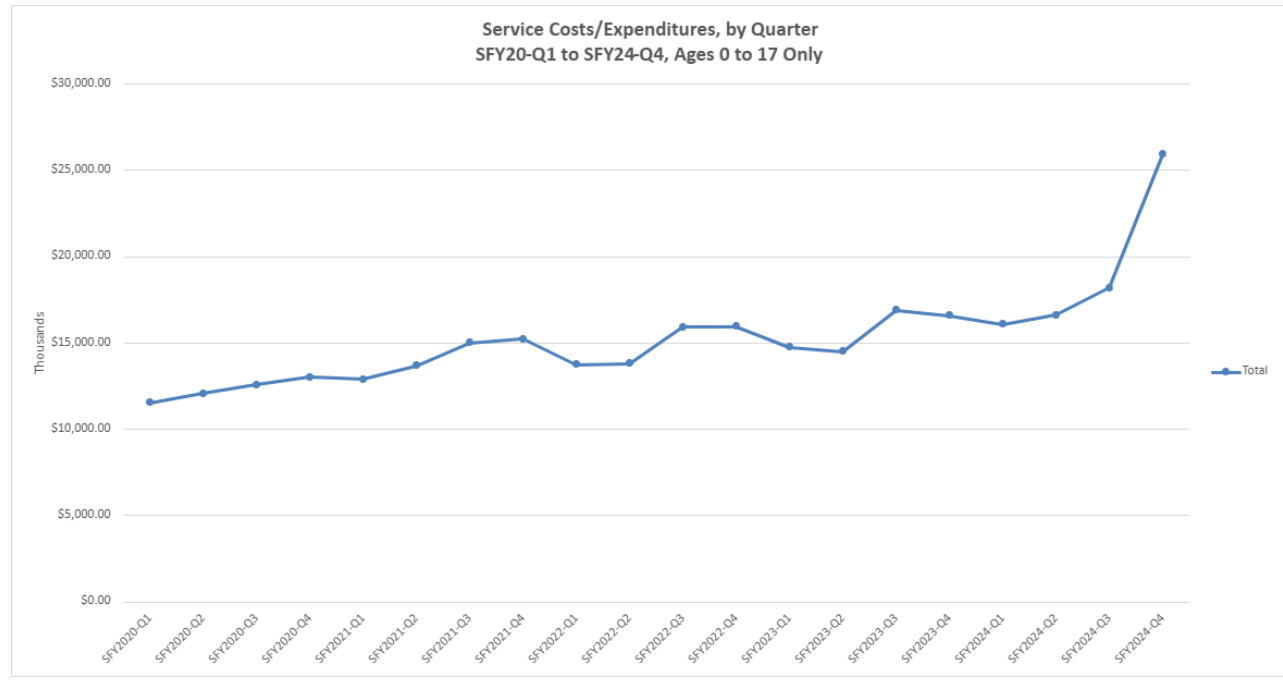
Outpatient services, such as CANS Assessments, Psychotherapy, and Medication Management, are available statewide. However, several services are largely unavailable in specific regions (e.g., Regions 1, 2, and 5 had almost no utilization of Intensive Outpatient Treatment Services).



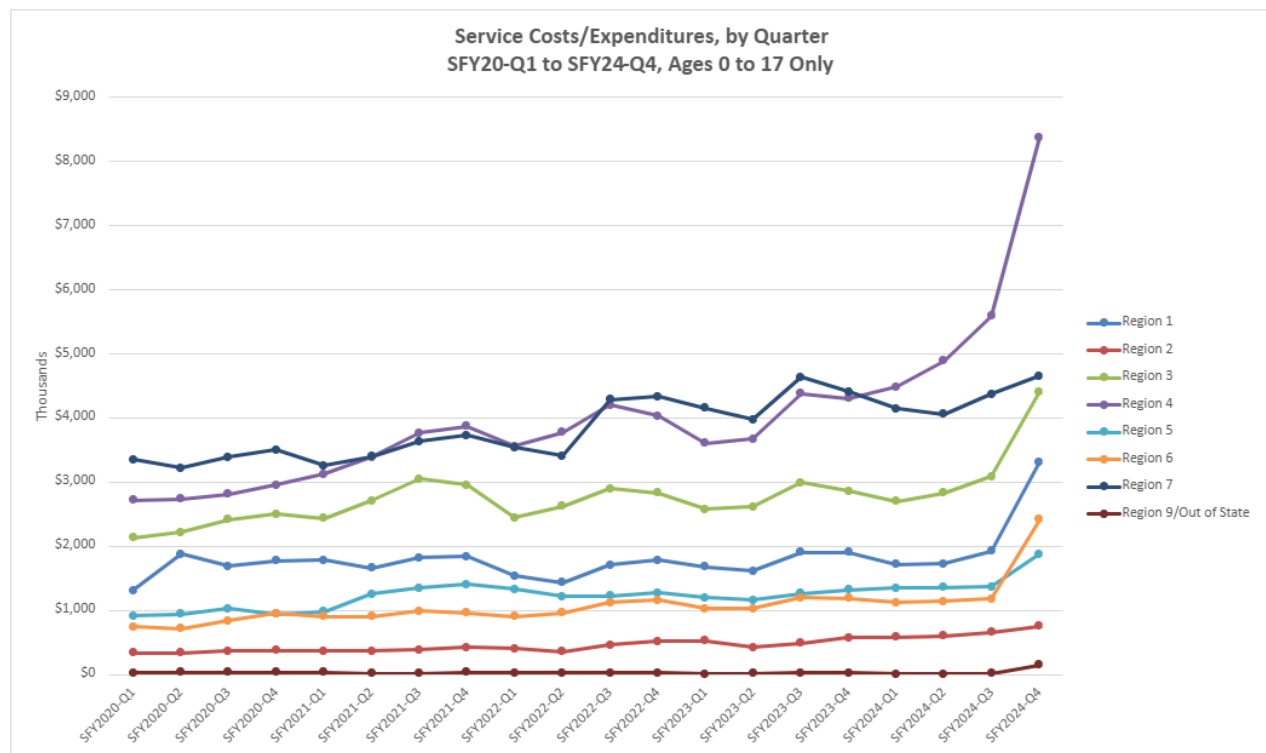
## 5d: YES Medicaid Expenditures

The following charts provide overall Medicaid outpatient expenditures by quarter (5d1) and by quarter *and* region (5d2) as of the report run date (4/30/2024) and represent the total dollars paid for services rendered to youth between the ages of 0 to 17.

5d1: Medicaid Outpatient Expenditures by Quarter



5d2 Medicaid Outpatient Expenditures by Quarter by Region



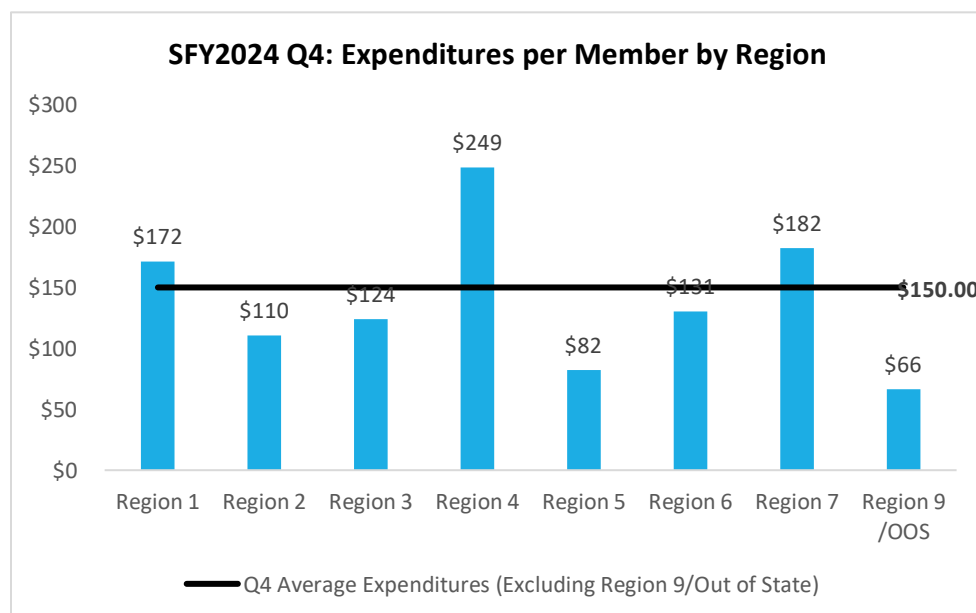
### 5d3: Regional Comparison of SFY24-Q4 Outpatient Expenditures

	Total Eligible Members SFY 24-Q3 (Jan-Mar)	Expenditures SFY 24-Q3 (Jan-Mar)	\$ per Distinct Eligible Member	% Eligible Members	% Expenditures
Region 1	19,298	\$3,309,790	\$172	11.7%	12.8%
Region 2	6,813	\$752,256	\$110	4.1%	2.9%
Region 3	35,559	\$4,412,067	\$124	21.6%	17.0%
Region 4	33,646	\$8,372,093	\$249	20.5%	32.3%
Region 5	22,850	\$1,876,252	\$82	13.9%	7.2%
Region 6	18,471	\$2,412,396	\$131	11.2%	9.3%
Region 7	25,583	\$4,654,129	\$182	15.6%	17.9%
Region 9/OOS	2,264	\$149,609	\$66	1.4%	0.6%
Total/Average	164,484	\$25,938,593	\$158		

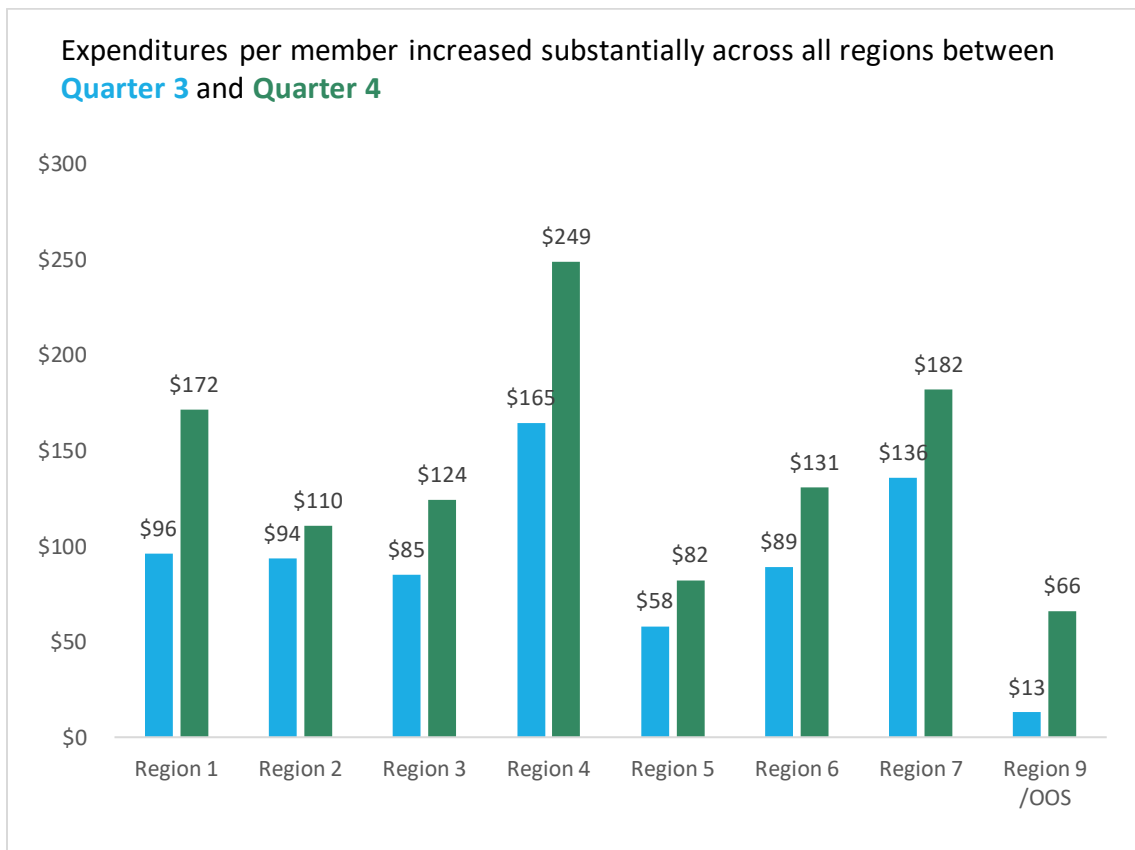
#### What is this data telling us?

Resources are not being distributed equitably across all geographic regions in Idaho. Dollar amounts spent vary dramatically, with as little as \$82 per eligible member in Region 5 and as much as \$249 per eligible member in Region 4. Ideally, regional percentages of distinct utilizers should be very close to regional expenditure percentages. However, there are substantial mismatches (defined for the purposes of this report as greater than a 2% difference between percentages of distinct utilizers and expenditures) in four regions. Regions 3 and 5 are under-resourced (red font). In contrast, Regions 4 and 7 receive higher percentages of system-wide expenditures than their distinct user populations suggest they should (blue font).

### 5d4: Expenditures per Member by Region



5d5: Expenditures per Member by Region, SFY 2024 Quarter 3 and Quarter 4 Comparison



**What is this data telling us?**

The impending transition of the IBHP from Optum to Magellan during Quarter 4 of SFY 2024 prompted providers across all regions to accelerate claim submissions under their existing contracts with Optum. This surge in timely submissions led to a significant increase in expenditures per member in SFY 2024, Q4, surpassing those of SFY 2024, Q3 and all prior quarters.

## **6: DBH YES Outpatient Service Utilization**

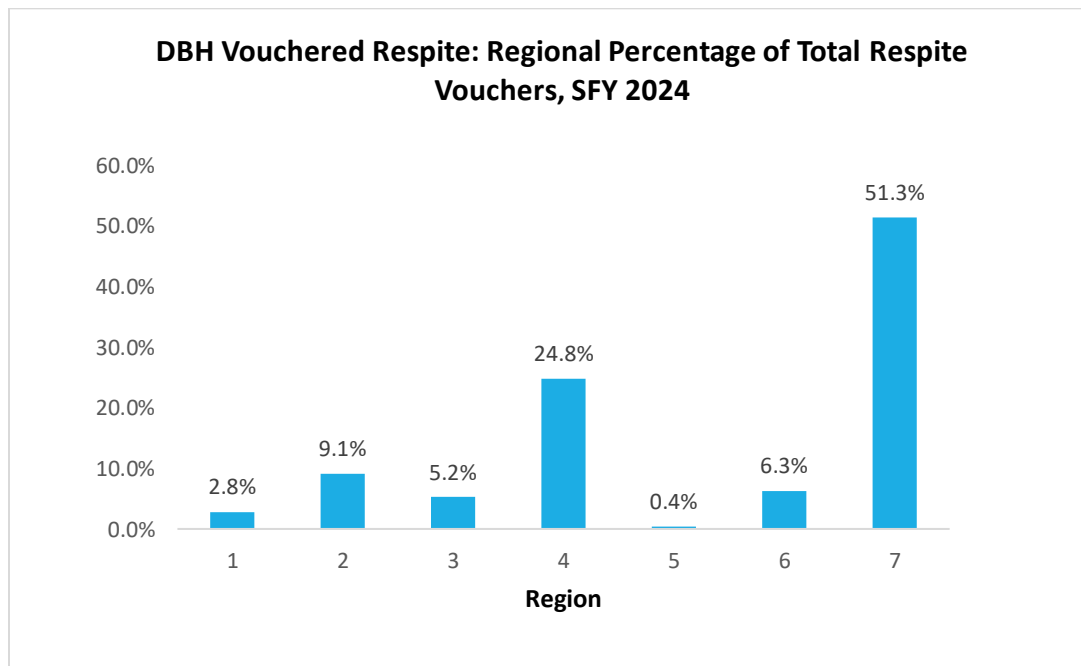
### **DBH Vouchered Respite**

The Children's Mental Health Vouchered Respite Care program is available to parents or caregivers of youth with serious emotional disturbance to provide short-term or temporary respite care by friends, family, or other individuals in the family's support system. Through the voucher program, families pay an individual directly for respite services and are reimbursed by the division's contractor. A single voucher for up to \$600 for six months per child may be issued. Two vouchers can be issued per child per year.

*6a: Vouchered Respite Counts by Region SFY2024*

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

*6b: Vouchered Respite Percentages by Region*



## Idaho DBH Wraparound Intensive Services (WInS)

It is estimated that annually, approximately 1,520 children and youth in Idaho may need Wraparound services, the most rigorous form of intensive care coordination used in the state. During SFY 2024, just 62 (unduplicated) youth received Wraparound, indicating a substantial unmet need for Wraparound services.

6c: WInS SFY 2020-2024

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total SFY Unduplicated
SFY 2020	62	34	21	24	53	32	45	36	26	32	29	17	335
SFY 2021	19	16	34	23	24	24	19	25	27	19	24	23	188
SFY 2022	23	16	29	33	23	13	31	22	22	28	21	20	180
SFY 2023	15	11	12	27	12	15	14	11	20	8	10	8	107
SFY 2024	6	12	8	12	3	7	10	7	10	7	6	7	62

## DBH Parenting with Love and Limits (PLL)

The evidence-based practice called Parenting with Love and Limits (PLL) is offered through the regional DBH CMH clinics in regions across the state. The number of families receiving PLL has continued to trend downward substantially. PLL has been targeted as a Center of Excellence focus area.

6d: PLL SFY 2020-2024

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total SFY Unduplicated
SFY 2020	16	17	13	11	8	6	18	13	9	12	3	12	137
SFY 2021	5	3	6	4	5	5	4	8	6	2	9	8	67
SFY 2022	7	8	0	6	3	1	10	3	6	14	5	5	70
SFY 2023	4	11	0	9	5	1	6	1	7	2	5	2	53
SFY 2024	4	0	1	6	3	1	3	1	1	1	0	0	21

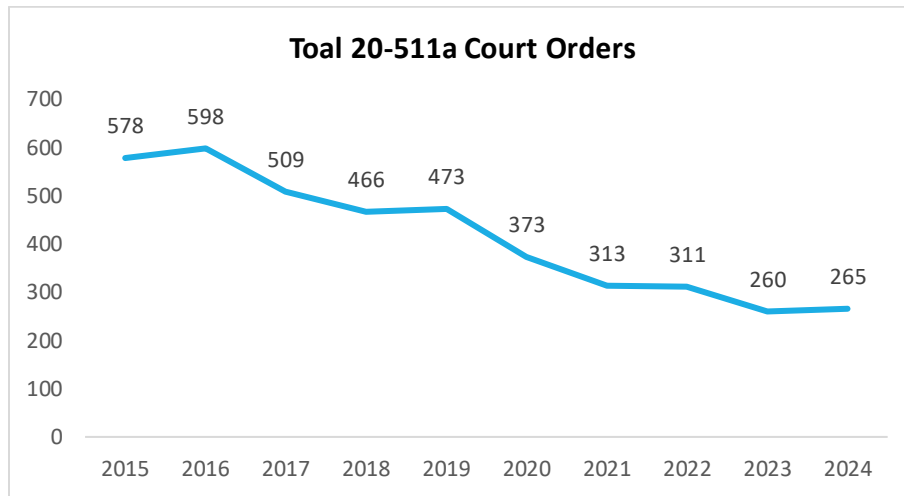
## DBH 20-511A

Reflective of the general decline in the number of 20-511a Court Orders that began in SFY 2017, during SFY 2024, there were 265 20-5011a Court Orders (an average of 22 per month – down substantially from the 2015 and 2016 monthly averages of 48 and 50, respectively).

6e: Number of 20-511A court orders for SFY 2015 – 2024

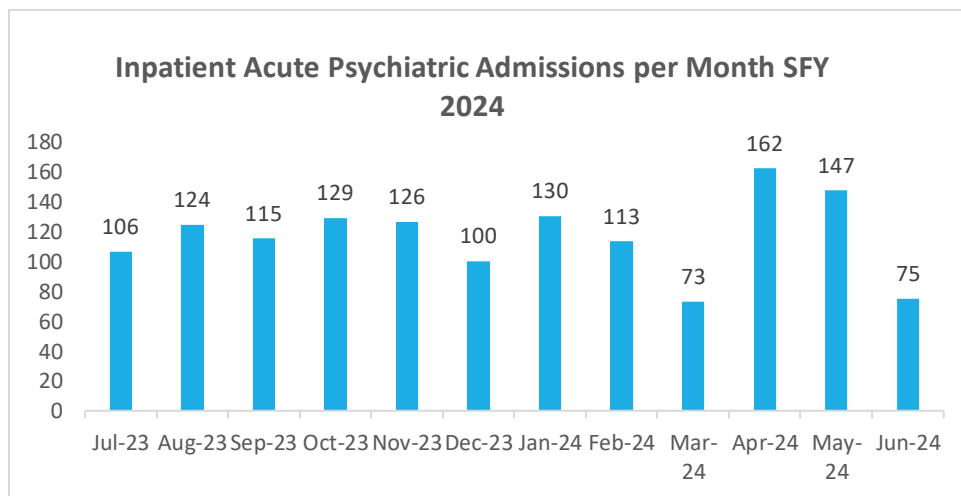
Region	1	2	3	4	5	6	7	Annual Total	Annual % Change	Annual Monthly Average
SFY 2015								578		48
SFY 2016								598	3.5%	50
SFY 2017								509	-14.9%	42
SFY 2018								466	-8.4%	39
SFY 2019								473	1.5%	39
SFY 2020								373	-21.1%	31
SFY 2021	39	6	36	77	56	19	80	313	-16.1%	26
SFY 2022	35	3	41	62	67	17	86	311	-0.6%	26
SFY 2023	41	4	33	46	48	13	75	260	-16.4%	22
SFY 2024	39	6	25	60	63	10	62	265	1.9%	22

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

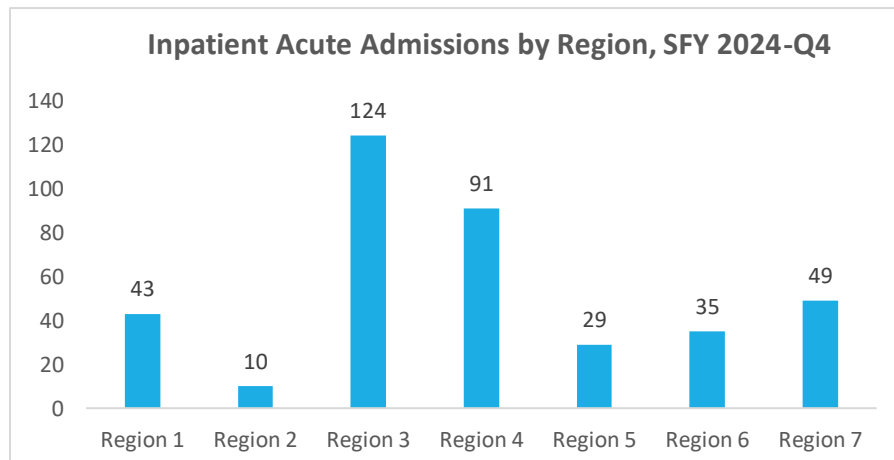


## 7. Utilization of Inpatient Services

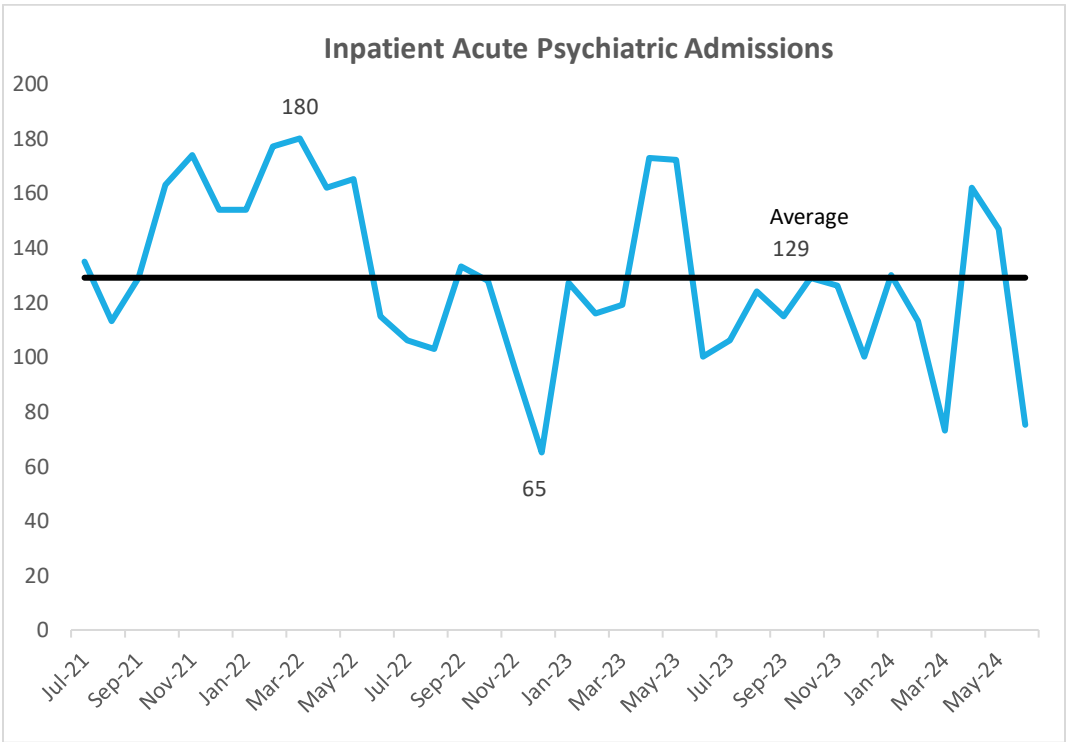
7a: Medicaid Acute Psychiatric Admissions by Month



7b: Medicaid Acute Psychiatric Admissions by Region

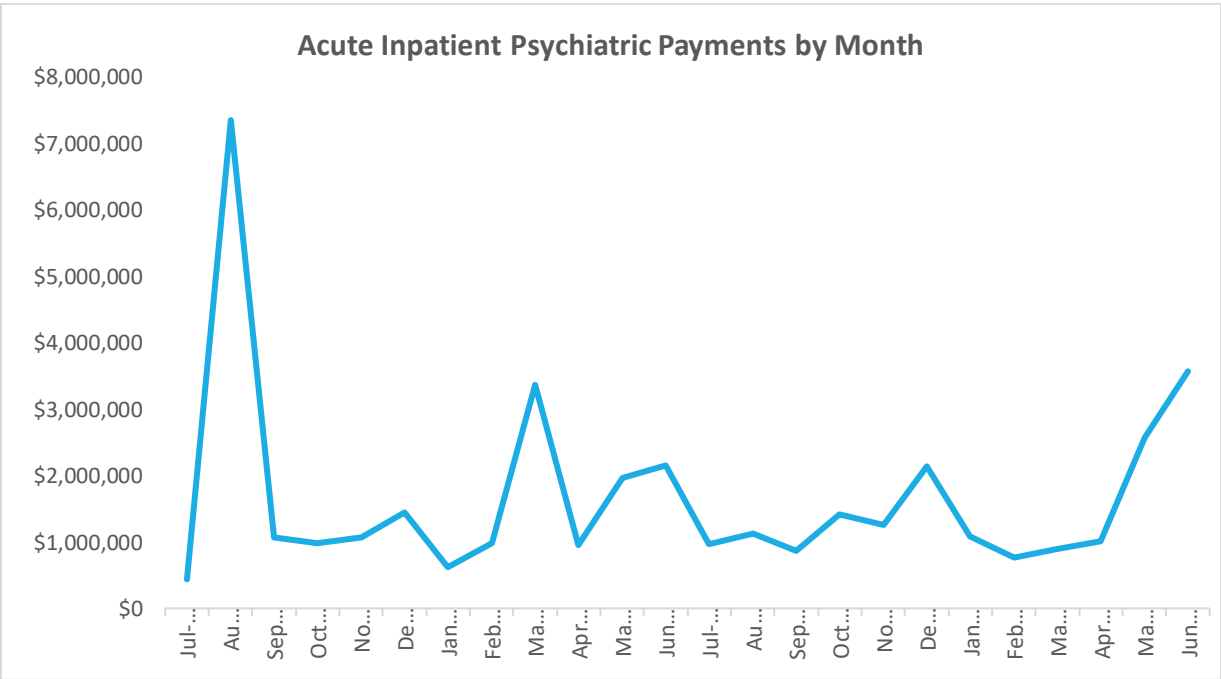


7c: Historical Trend of Medicaid Acute Admissions



*Note: This data is based on provider claims data, is for admissions and is not unduplicated – a youth may be admitted more than once. In addition, some admissions may be for the same episode but involve different hospitals. For example, a youth may be admitted to a general hospital and transferred to a behavioral health-specific hospital, which is then reported as a separate admission.*

7d: SFY 2023 Medicaid Acute Inpatient Psychiatric Expenditures



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

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

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Average Monthly Admissions	Total SFY Unduplicated
SFY 20 (SHS)	17	20	18	18	22	21	21	23	25	24	25	21	21.3	101
SFY 21 (SHS&SHW)	28	24	30	N/A	19	20	16	19	17	17	15	11	19.6	72
SFY 22 (SHW)	13	14	15	12	15	14	15	13	14	13	11	13	13.5	60
SFY 23 (SHW)	10	11	5	8	7	11	9	6	10	7	8	9	8.4	44
SFY 24 (SHW)	9	9	11	8	10	13	11	10	9	12	12	11	10.4	61

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

The lower number served at SHW compared to SHS is related to the number of beds available at SHW. The facility has a 16-bed capacity. In its first full fiscal year of operations (SFY 2022), SHW's average monthly admissions (13.5) approached the facility's 16-bed capacity. However, SHW admissions during SFY 2023 and SFY 2024 were limited due to facility issues (e.g., nursing station) and staffing resources.

**DBH SHS/SHW Readmission Incidents (not unique individuals)**

*7f: SFY 2017 – 2024*

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

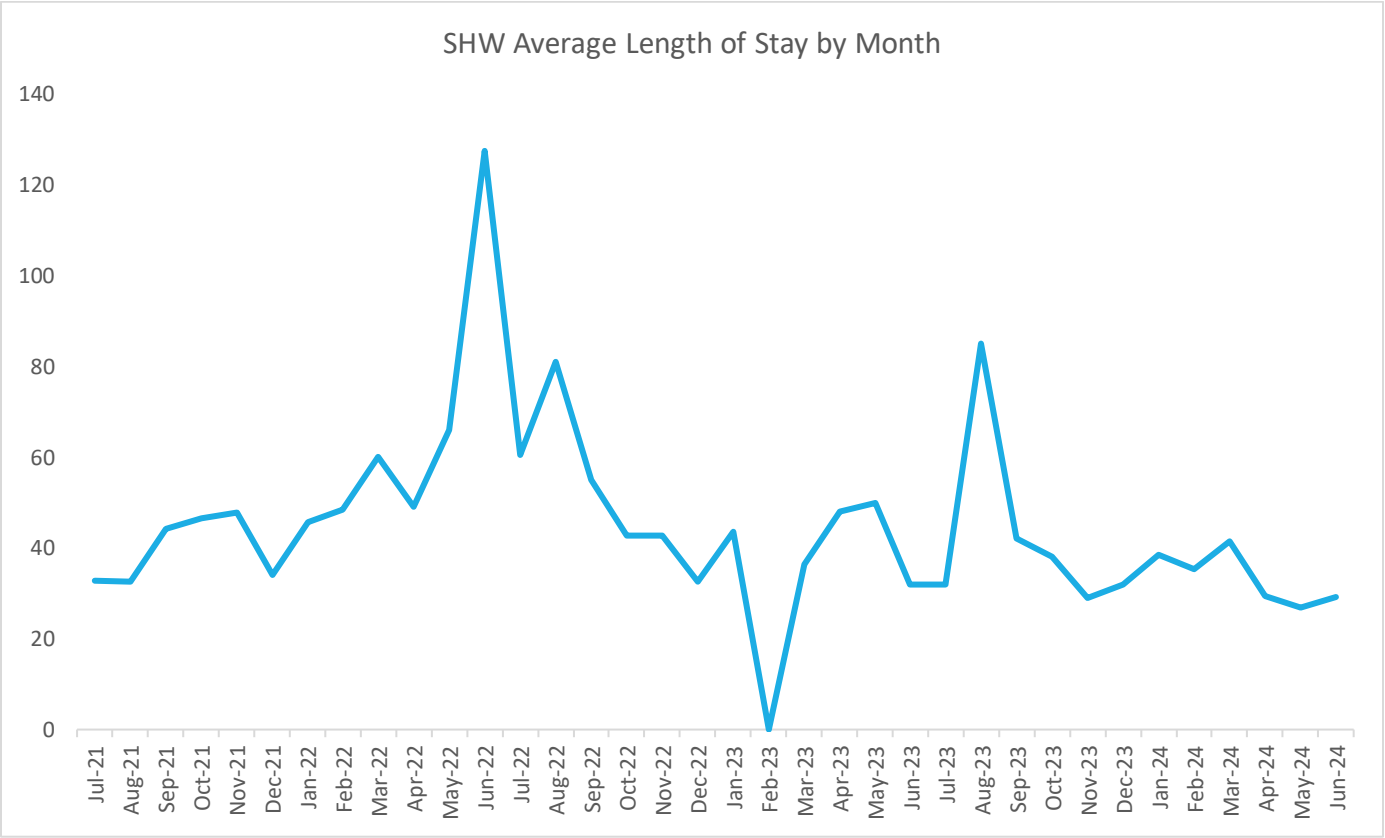
DBH has been tracking the trend of re-admission incidents for SHS/SHW. Notably, the number of incidents within 30 days has been extremely low. There was just one re-admission within 30 days during the SFY 2023 and no re-admissions within 30 days in SFY 2024.

\*\*SHS closed its adolescent unit in April/May 2021, and SHW began accepting adolescent admissions in May 2021. The QMIA-Q report began tracking SHW data in Q4 SFY 2021.



**DBH SHW Average Length of Stay**

7g: SHW Average Length of Stay, SFY 2022 – 2024

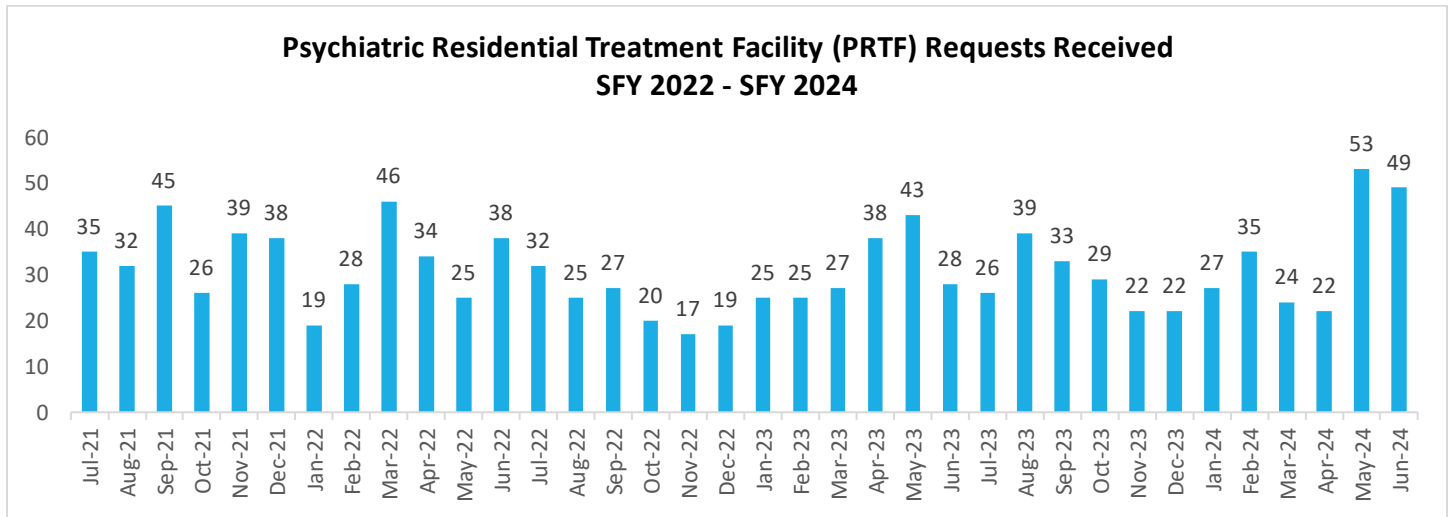


**Notes:**

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

## 8. Residential

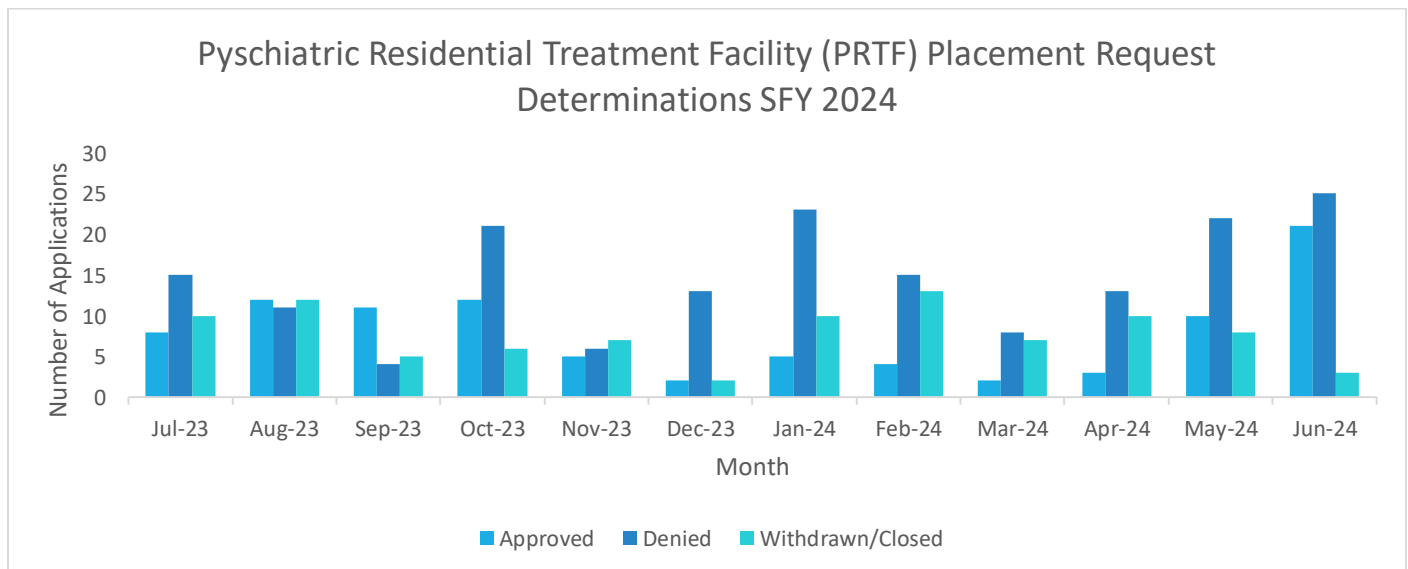
8a: Number of Psychiatric Residential Treatment Facility (PRTF)<sup>4</sup> Monthly Requests



8b: PRTF Determinations SFY 2024-Q3

There are four potential results for requests for Medicaid PRTF placement:

- Approved (A) – Approved for placement in a PRTF Medicaid works with the member’s family and representatives to secure a placement in a Medicaid-approved facility.
- Denied (D) – Denied placement in PRTF Medicaid works with the member’s family, representatives, and other entities such as Optum Idaho, DBH, or FACS to set up appropriate treatment options.
- Withdrawn (W) – Requestor, such as parent, guardian, or Family and Community Services (Child Welfare) case worker (if youth in state custody), decides not to continue with a request (represented below as Withdrawn/Closed).
- Technically Denied or Closed (C) – Additional information requested but not received, resulting in an inability to make a determination (represented below as Withdrawn/Closed).

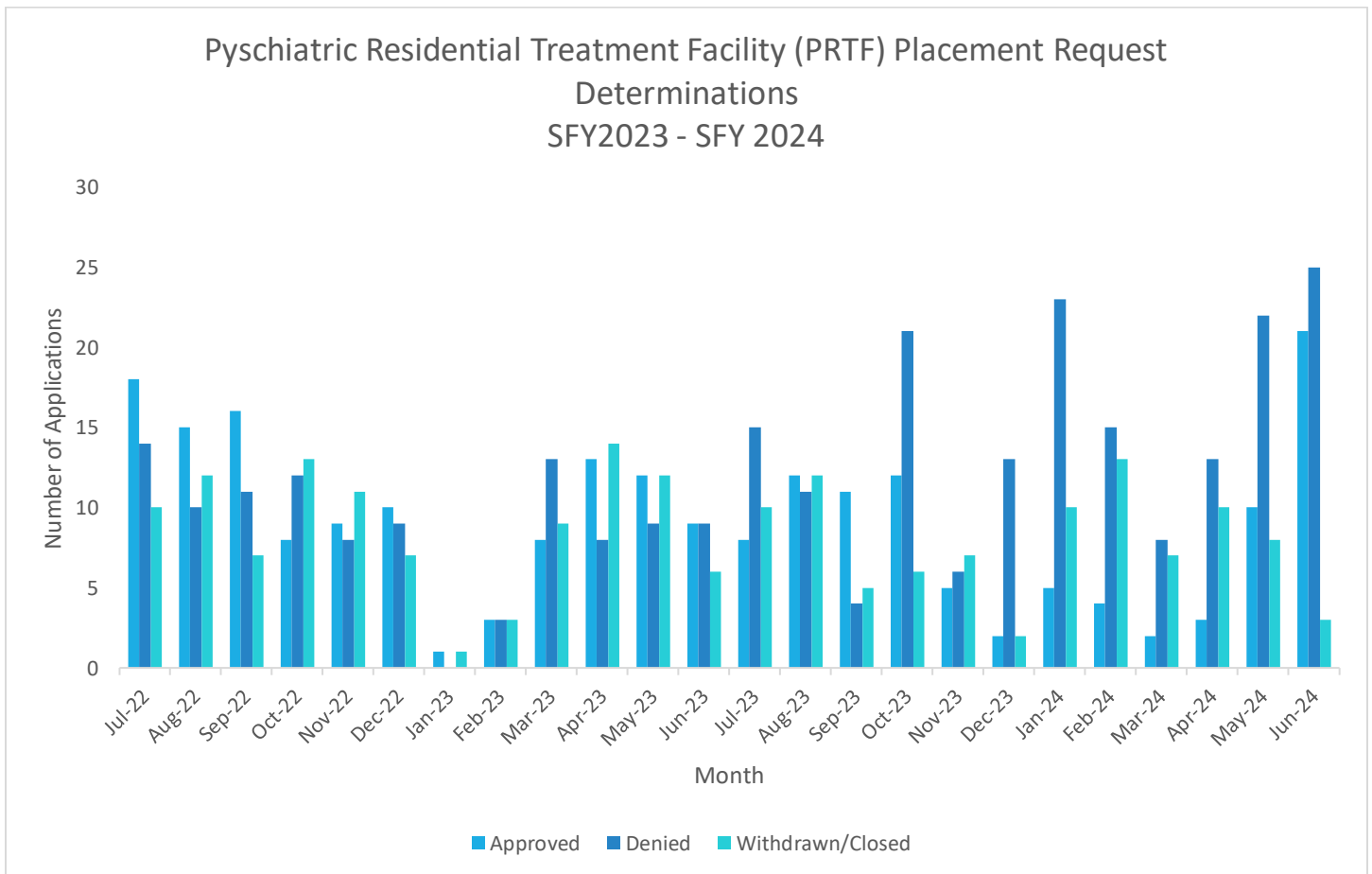


<sup>4</sup> PRTF services are defined in 42 C.F.R. §483.352. *Definitions* include a range of comprehensive services provided in a separate, stand-alone entity to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.

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

SFY	# of Placement Determinations	Approved		Denied		Withdrawn/Closed	
		#	%	#	%	#	%
SFY 2019	265	43	16.2%	131	49.4%	91	34.3%
SFY 2020	389	152	39.1%	126	32.4%	111	28.5%
SFY 2021	400	184	46.0%	147	36.8%	69	17.3%
SFY 2022	413	108	26.2%	206	49.9%	99	24.0%
SFY 2023	333	122	36.6%	106	31.8%	105	31.5%
SFY 2024	364	95	24.5%	176	45.6%	93	28.9%
<b>Average - all years</b>			<b>32.5%</b>		<b>41.2%</b>		<b>26.2%</b>

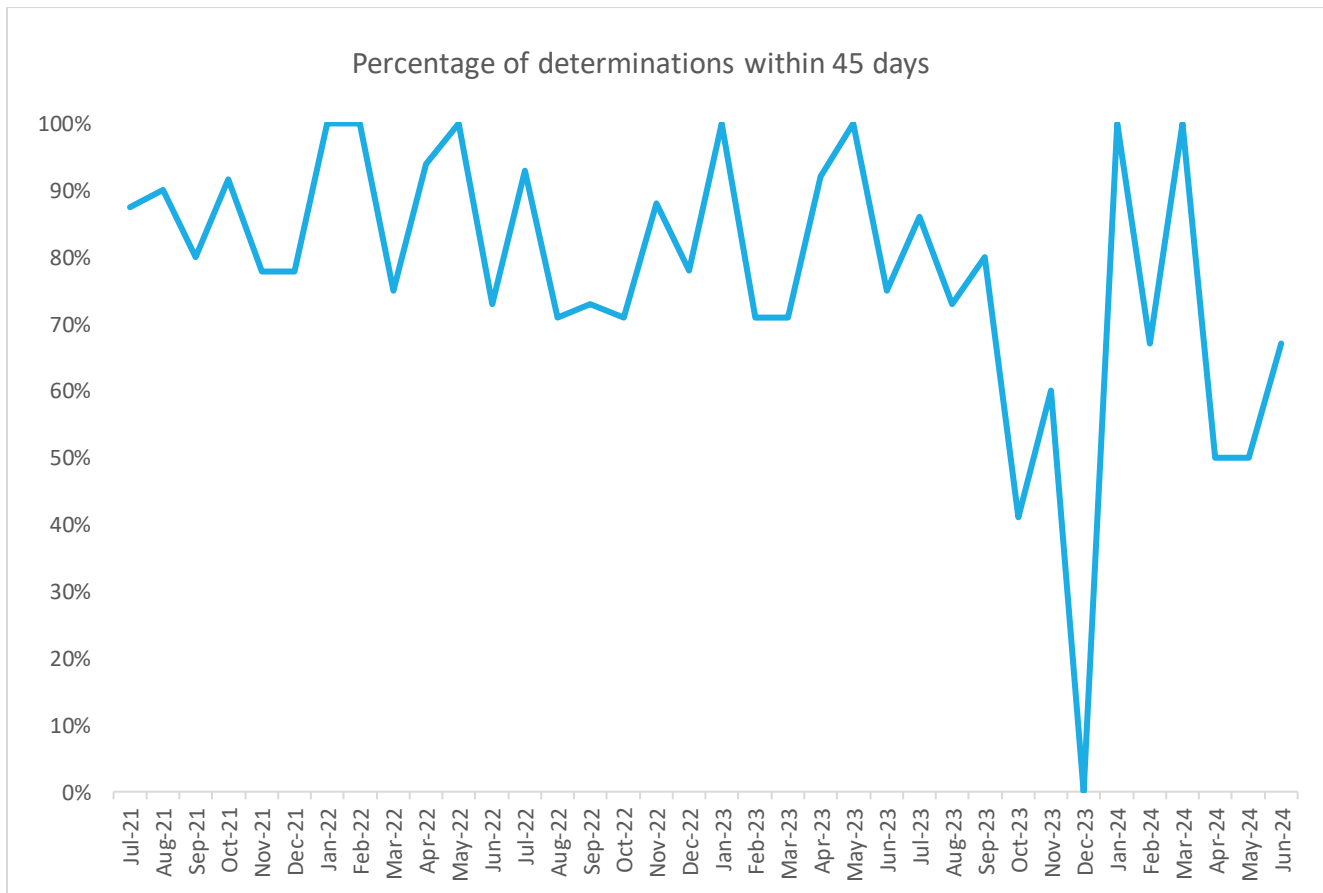
8d: Historical Trends for PRTF SFY 2023 - SFY 2024



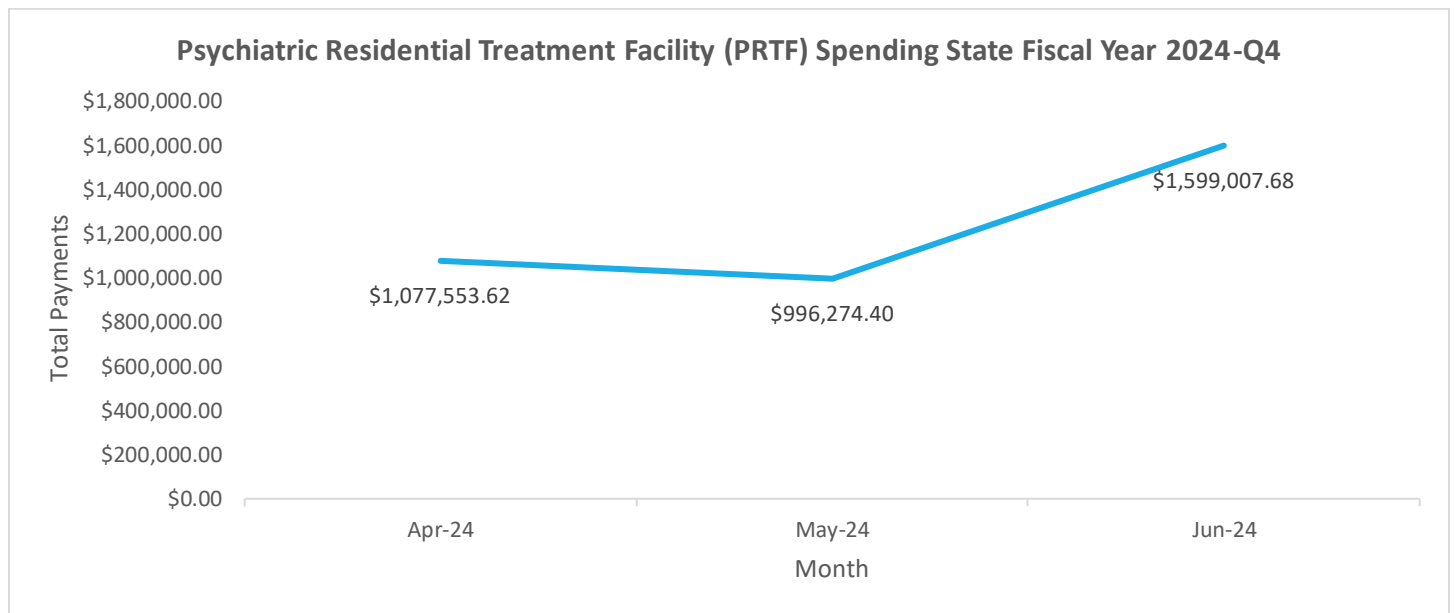
8e: Timeliness of Notice of Decision (NOD) Letters for PRTF Decisions

SFY2024	# NOD	# ≤ 45 days	% ≤ 45 days	# > 45 day	# > 45 days
July	7	6	86%	1	14%
August	11	8	73%	3	27%
September	10	8	80%	2	20%
October	17	7	41%	10	59%
November	5	3	60%	2	40%
December	2	-	-	2	100%
January	6	6	100%	-	-
February	3	2	67%	1	33%
March	1	1	100%	-	-
April	4	2	50%	2	50%
May	4	2	50%	2	50%
June	6	4	67%	2	33%

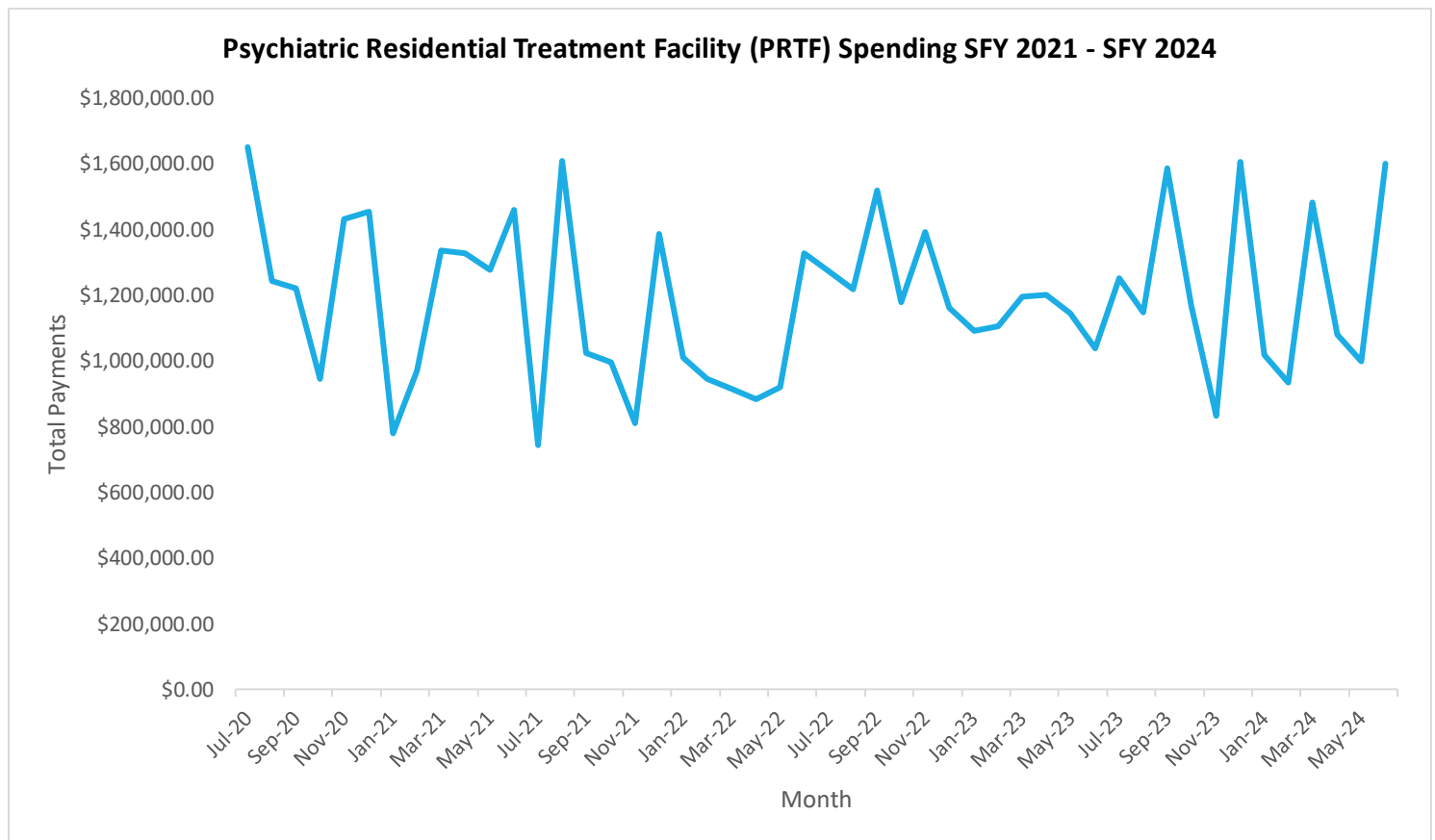
8f: Percent of determinations completed within ≤ 45 days, SFY 2023 – SFY 2024



8g: PRTF SFY 2024-Q3 Expenditures



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



## DBH Residential

DBH Residential placements are placements in residential programs paid for by DBH. The placements may include children/youth who may or may not have Medicaid and may be placed at out-of-state PRTF or in-state Residential Treatment Centers. Residential numbers do not include acute hospital care.

*8j: Residential Active by month SFY 2020 – 2024*

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

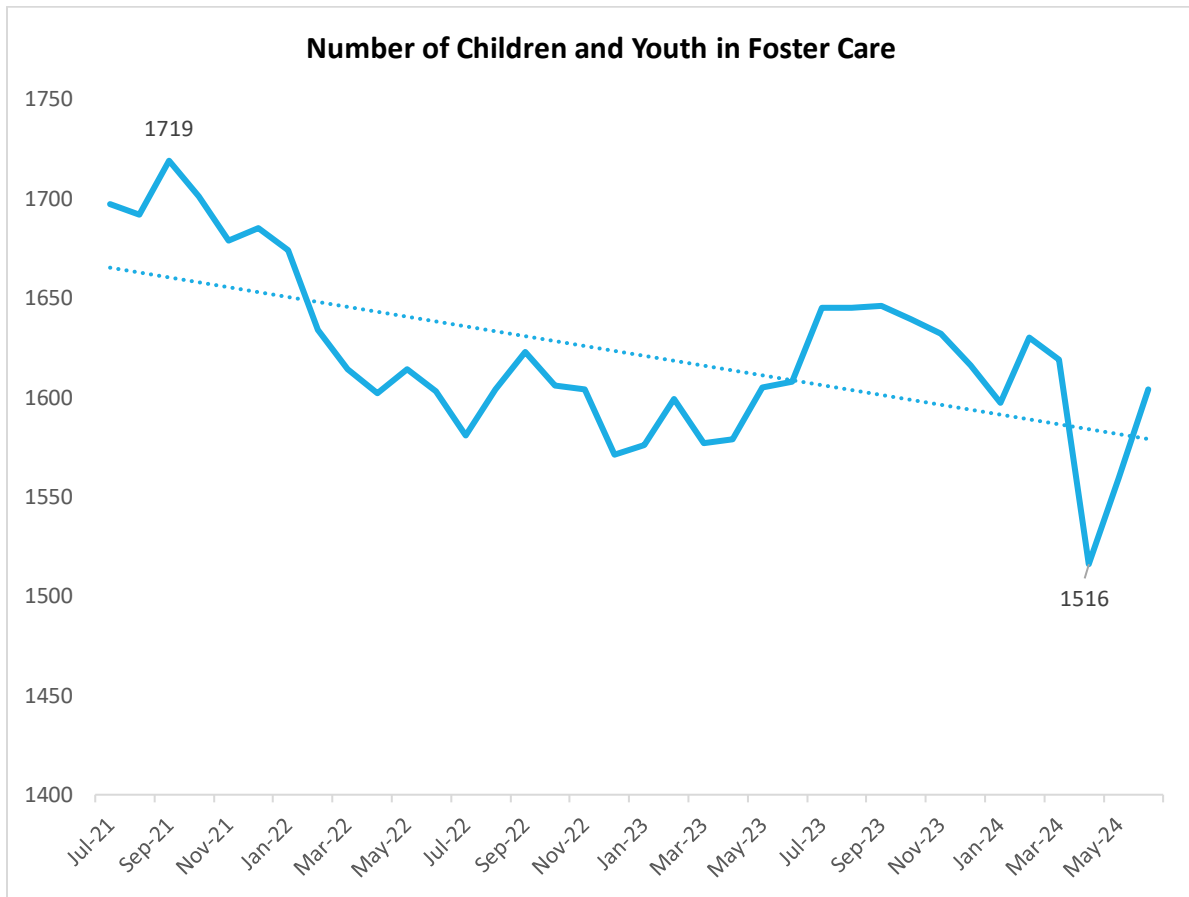
**Note:** Data for October SFY 2021 is not available because of a data collection protocol change.

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

## **9. YES Partners Information**

### **Family and Community Services (FACS)**

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



Note: Counts in the above chart have been updated to reflect point-in-time data pulled from the new FACS data system. Variances in counts from prior reports are due to a combination of system and methodology changes for FACS data collection and reporting, and ongoing data entry in the system. Additionally, the chart above reflects the total number of children in foster care, not children in foster care with SED.

### **Idaho Department of Juvenile Corrections (IDJC)**

When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided by system partners) determine the risks and needs of juveniles to determine the most suitable program placement to meet each youth's individual and unique needs. Youth may be placed at a state juvenile corrections center or a licensed contract facility to address criminogenic risks and needs. Criminogenic needs are those conditions that contribute to the juvenile's delinquency most directly.

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

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

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

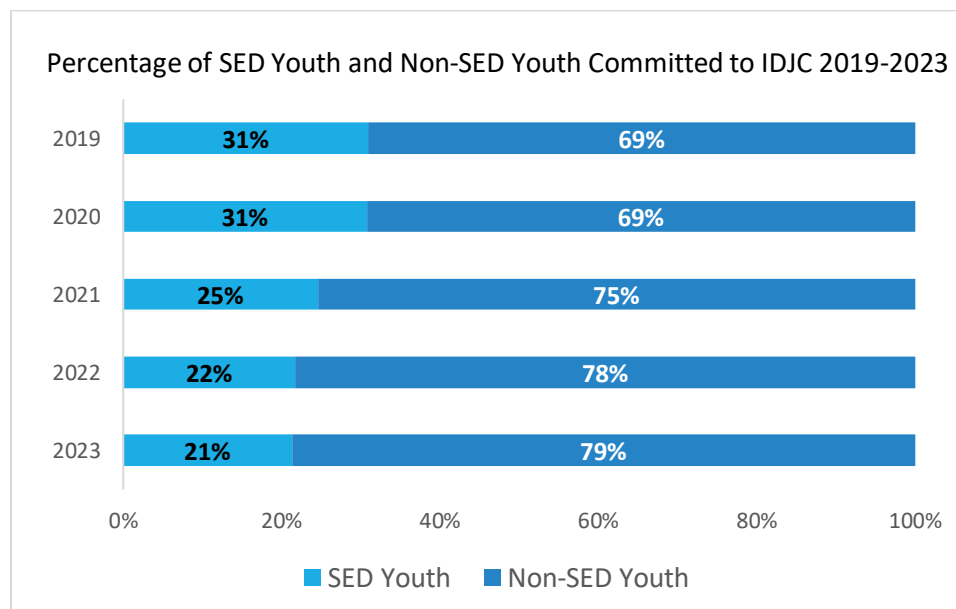
*9b: IDJC Commitments 2019-2023*

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

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

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

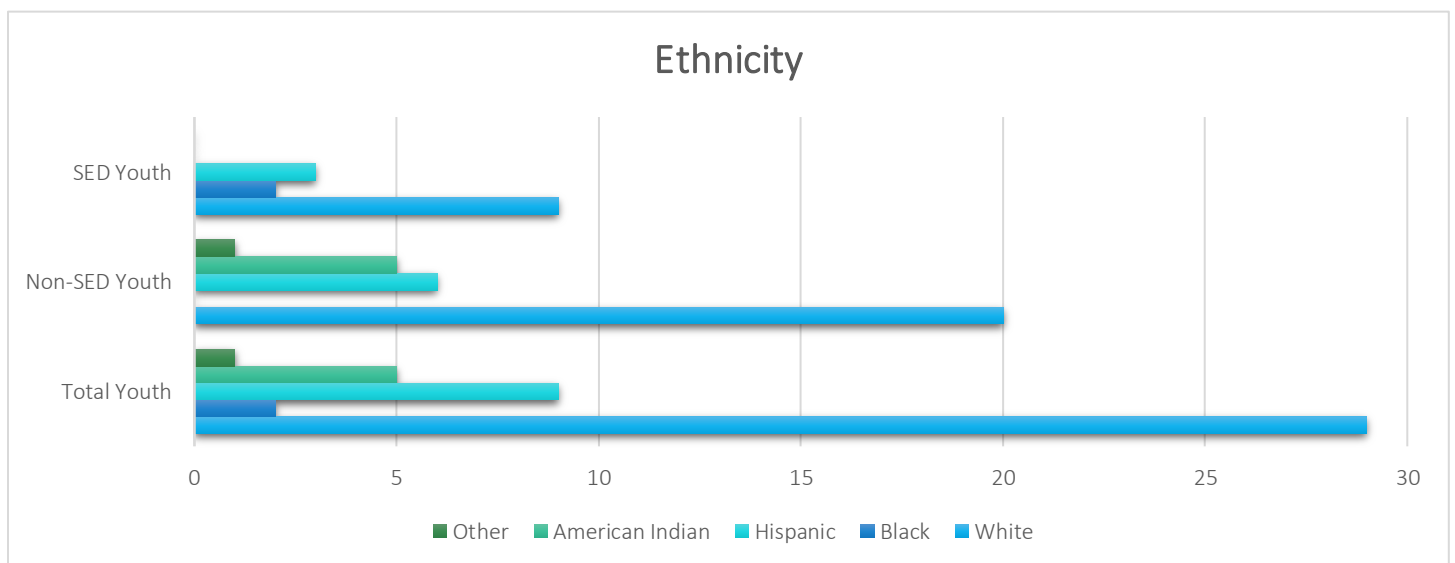
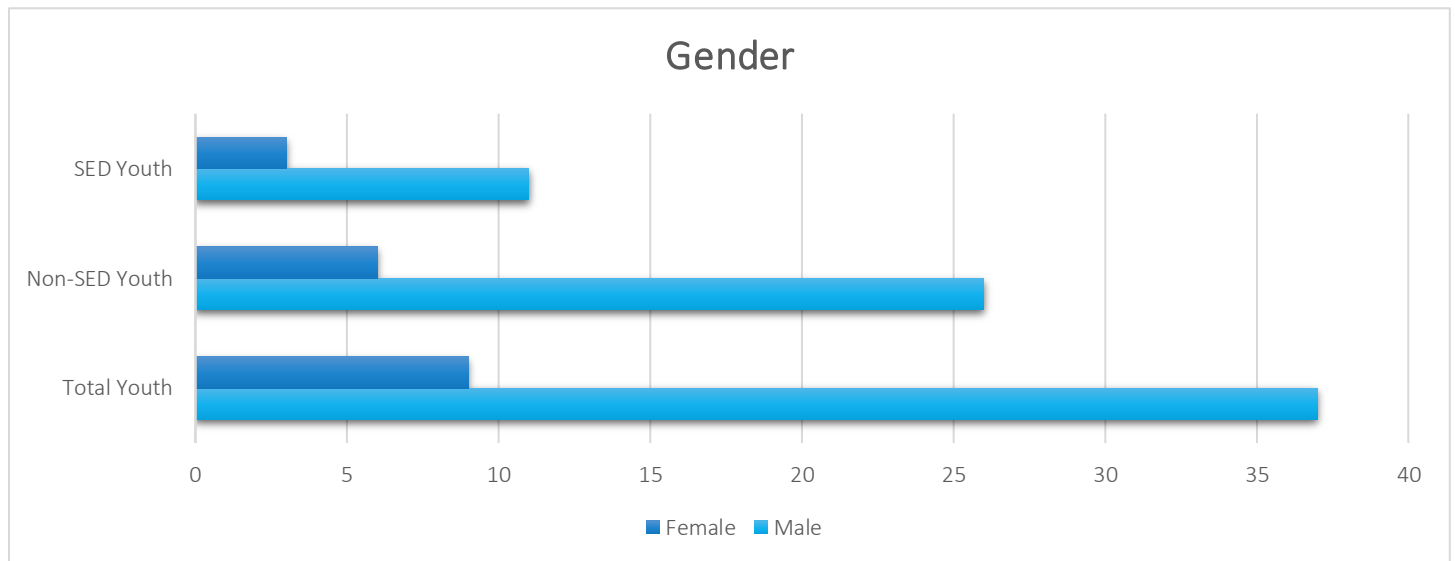
While the total number of commitments to IDJC has remained relatively flat during the past five years, the percentage of youth with SED has been declining year-over-year since 2019.



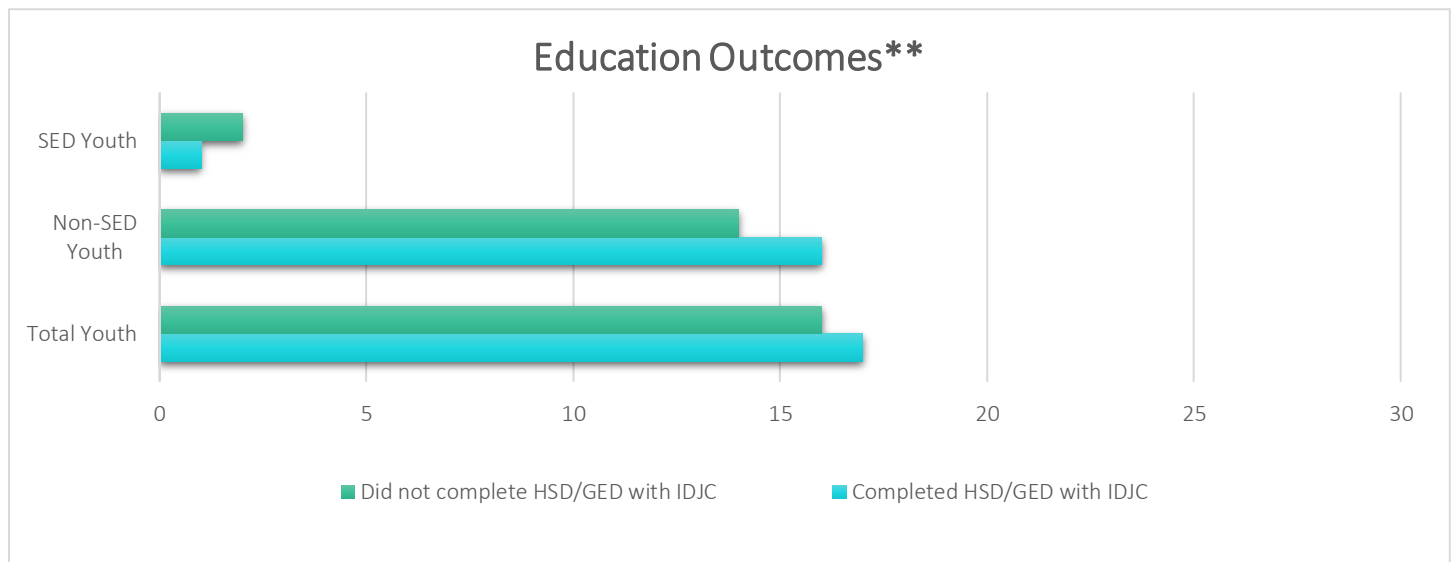
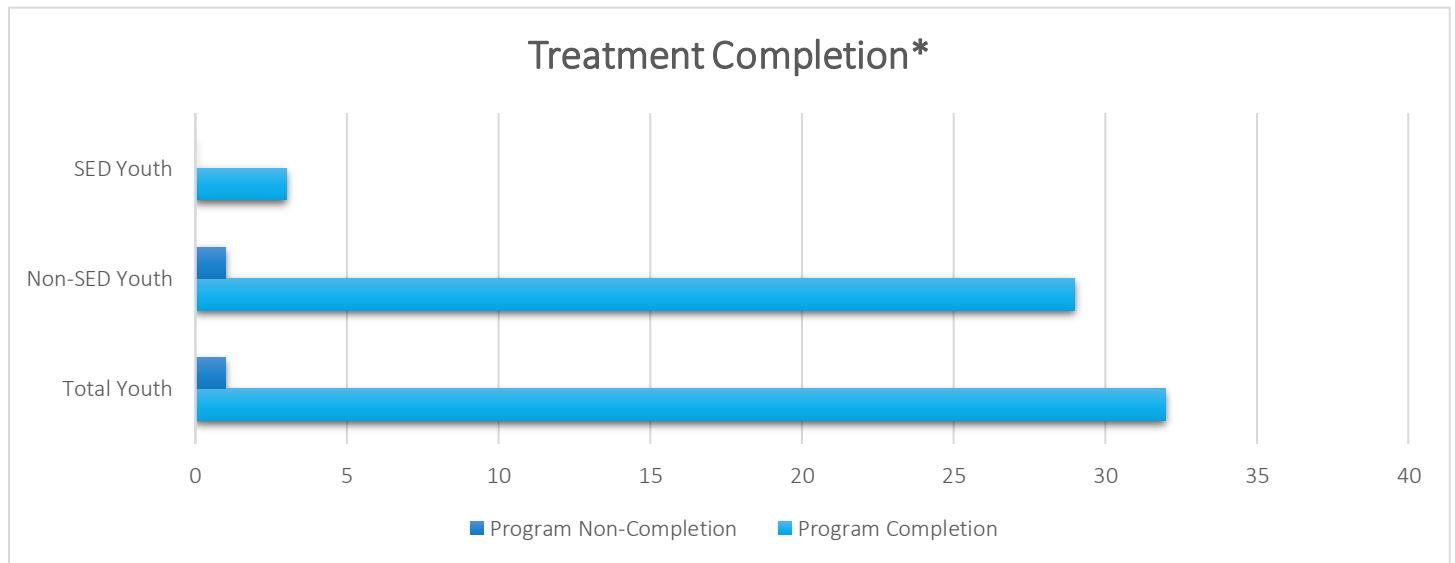


## IDJC FY2024 Fourth Quarter Report

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



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



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

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

### **State Department of Education (SDE)**

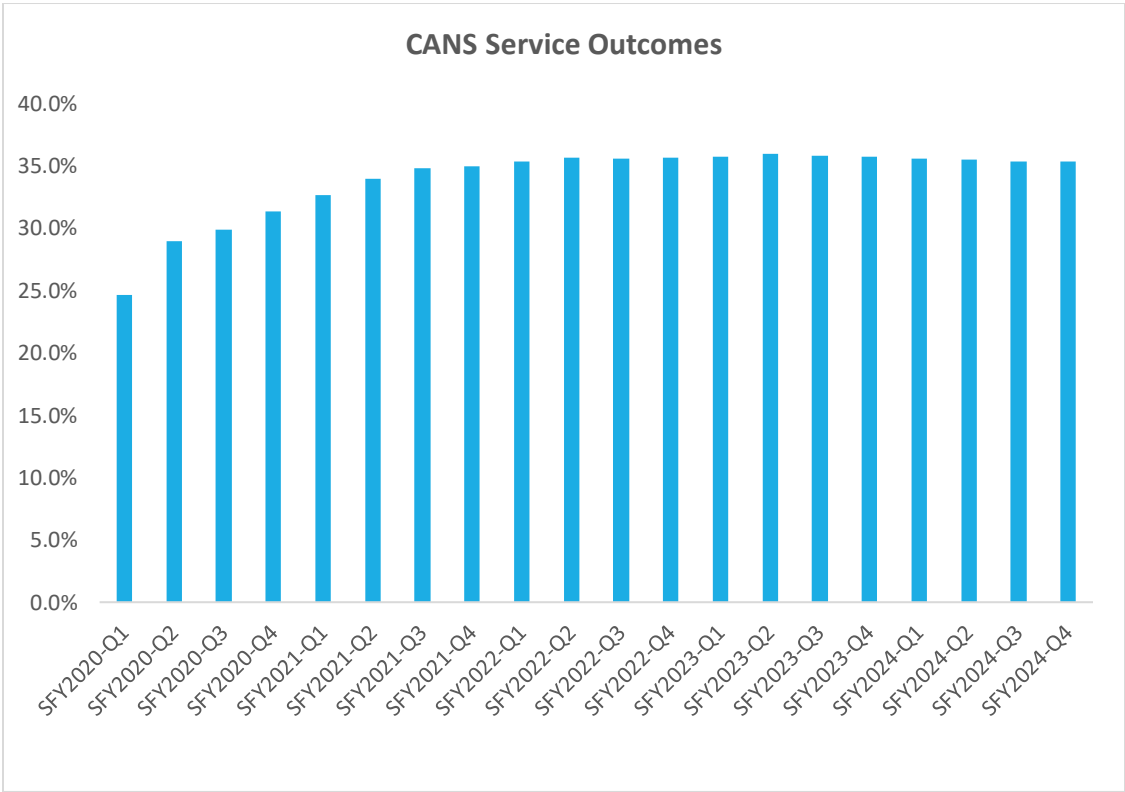
*On an annual basis, the Idaho State Department of Education (SDE) provides written and electronic information and training resources to 100 percent of local education agencies (LEA) superintendents/charter administrators. The purpose of these resources is to ensure that LEA teams have the necessary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

- a. The YES Overview for School Personnel PowerPoint*
- b. The YES Overview Brochure*
- c. The YES 101*
- d. YES Youth Mental Health Checklist for Families*
- e. The Mental Health Checklist for Youth*
- f. The YES and the Individuals with Disabilities Education Act Comparison*
- g. The YES FAQ Flyer (to be placed in the schools)*
- h. Training video for building-level staff meetings*

10. YES Service Outcomes

YES services continue to lead to improved cumulative outcomes. In SFY 2024 Q3, the percentage of children and youth whose overall rating improved at least one level (e.g., from a 3 to a 2 or a 2 to 1) remained approximately stable at 35.3%.

10a: YES CANS ratings continue to demonstrate improvement in outcomes



**Note:** Cumulative outcomes data includes all children who received outpatient services but does not exclude children who received other services in addition to outpatient.

## **11. Quality Monitoring Processes**

### **The QMIA Family Advisory Subcommittee (Q-FAS)**

The QMIA Family Advisory Subcommittee (Q-FAS) of the QMIA Council presents an opportunity for YES partners to gather information and learn from current issues that families often have to deal with in accessing the children's mental health system of care. Q-FAS solicits input from family members and advocates on behalf of families accessing and using YES services. The feedback received about successes, challenges, and barriers to care is used to identify areas that need increased focus. This subcommittee helps guide YES partners' work, providing access to appropriate and effective mental health care for children, youth, and families in Idaho.

The Q-FAS maintains a list of barriers to care discussed in the Q-FAS that have been identified over the past years. Barriers that are noted may be experienced by one or more families and may not include all barriers or specifically address gaps in services as noted in the prevalence data.

#### *11a: QFAS List of Barriers to Care*

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

	Amount of services (3 hours CBRS)
School issues	Too long to get an Individualized Education Plan (IEP) School makes choices that don't match needs of the child Safety Plans from schools not developed with family input
Stigma and Blaming	Families being blamed if discharge is not successful Lack of collaboration and partnership with discharge planning No understanding of how language is shaming in emails or other explanations (highlighting family "non-compliance")
Other family concerns	Families required to get Release of Information (ROIs) and documents-often who enough notice: Lack of transparency about paperwork and other requirements Lack of empathy for other family crisis/situations Too many appointments and other children with needs Appointments scheduled quickly that may conflict with family availability Need one case manager/TCC type person Information on how to access care not available Transportation not available Gas vouchers only at specific gas stations

## YES Complaints

YES complaints are a valuable source of information about the YES system of care, and the Council believes that each complaint received offers an opportunity to monitor and improve Idaho's behavioral health system for youth and families. A total of 140 YES complaints were received in SFY 2024. Fifty-eight percent of these complaints (81) were associated with Medical Transportation Management (MTM) which provides non-emergency medical transportation. In addition to complaints, the DHW team also tracks general YES inquiries. The team has noted that the top concern that they have identified is that families whose child or children need mental health services are not aware of the YES system or how to access services.

### 11b: YES Complaints

	YES	DBH	Optum	EPSDT	Telligen	MTM	Liberty	IDJC	FACS	SDE*	Total
SFY 2022	22	1	27	-	0	25	1	16	0	-	92
SFY 2023	35	0	24	3	4	10	6	11	0	-	93
SFY 2024	25	0	17	1	0	81	0	16	0	-	140

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

## 12. YES Quality Monitoring Results

Three types of quality review processes are used to assess the quality of services being delivered and to evaluate the integration of the YES Principles of Care into the system of care: a) Data regarding Key Quality Performance Measures, b) Family Experience Survey c) YES Quality Review. In this reporting cycle, the results of the Family Experience Survey over the last three years are highlighted.

### 12a: Family Experience Key Quality Performance Measures

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

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

Performance Metric	Family Survey Measure	Annual Results			Status (2024)
		2022	2023	2024	
<b>Are services available timely?</b>	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
<b>Are Children getting Access to care in the scope, duration and intensity needed</b>	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
<b>Are services provided with fidelity to POCPM?</b>	Provider encourages me to share what I know about my child/youth	84%	-	87%	Established
	The goals we are working on are the ones I believe are most important	87%	89%	91%	Established
	My child and I are the main decision makers	83%	80%	83%	Evolving
	Provider respects me as an expert on my child/youth	84%	-	88%	Established
	The assessment completed by the provider accurately represents my child/youth	81%	81%	82%	Evolving
	My youth/child is an active participant in planning services	71%	67%	67%	Emerging
	My child/youth has the opportunity to share his/her own ideas when decisions are made	82%	81%	82%	Evolving
	I know who to contact if I have a concern or complaint about my provider	68%	65%	68%	Emerging
	Services focus on what my child/youth is good at, not just problems	84%	81%	84%	Evolving

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



## 13. YES Communications

### YES Website

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



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

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

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

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

### Files downloaded

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

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

### Top 10 Google Search Terms

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

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

### Site activity

Number of times a user event occurred\*

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

### Where do visitors enter the site?

Count of each page where a visitor session started

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

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

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

Page title and screen class	Bounce rate +
Opioids and Overdoses   Office of Drug Policy	100%
Reciprocal Admission   State Bar	100%
Contact Us   YOUTH EMPOWERMENT SERVICES	100%
Operations   Office of Emergency Management	100%
Contact Us   State Board of Pharmacy	100%
Real Estate Newsletters   Real Estate Commission	100%
YES Overview   YOUTH EMPOWERMENT SERVICES	100%
Putting the pieces together: TACP share experiences with 1241...	100%
Pharmacy Technicians   State Board of Pharmacy	100%
Director   Office of Emergency Management	100%

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

### Visitors and Pages

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

Views per user

3.17

Average session

duration  
00:03:30

### Visits by Device



### Type of Visitors



### Top 10 Landing Pages

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

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

### Traffic Type

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

### Visits by Location

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

Bounce rate

46.40%

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

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

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

# Appendix A: Glossary- updated September 2022

<b>Child and Adolescent Needs and Strengths (CANS)</b>	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
<b>Class Member</b>	Idaho residents with SED who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
<b>Distinct Number of Clients</b>	Child or youth is counted once within the column or row but may not be unduplicated across the regions or entities in the table.
<b>EPSDT</b>	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).
<b>IEP</b>	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.
<b>Intensive Care Coordination (ICC)</b>	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.
<b>Jeff D. Class Action Lawsuit Settlement Agreement</b>	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.
<b>QMIA</b>	A quality management, improvement, and accountability program.
<b>Serious Emotional Disturbance (SED)</b>	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.
<b>SFY</b>	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
<b>SFYTD</b>	The acronym for State Fiscal Year to Date.
<b>System of Care</b>	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.
<b>TCOM</b>	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.
<b>Unduplicated Number of Clients</b>	Child or youth is counted only once in the column or row
<b>Youth Empowerment Services (YES)</b>	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.
<b>Other YES Definitions</b>	<p>System of Care terms to know:  <a href="https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/">https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/</a></p> <p>YES Project Terms to know:  <a href="https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/">https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/</a></p>

## Appendix B –Annual Estimation 2024

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

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

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

### Definitions of Insurance:

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

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

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

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

Estimated range:

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

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

Resources for data:

Population numbers:

<https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?dataView=1&currentTimeframe=0&selectedRows=%7B%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>

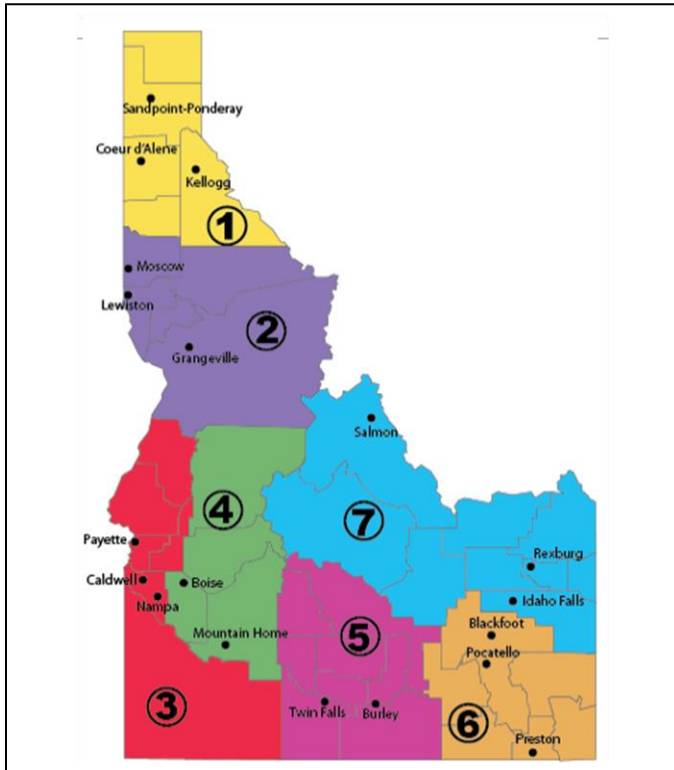
Poverty prevalence: [http://www.nccp.org/profiles/ID\\_profile\\_6.html](http://www.nccp.org/profiles/ID_profile_6.html)

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

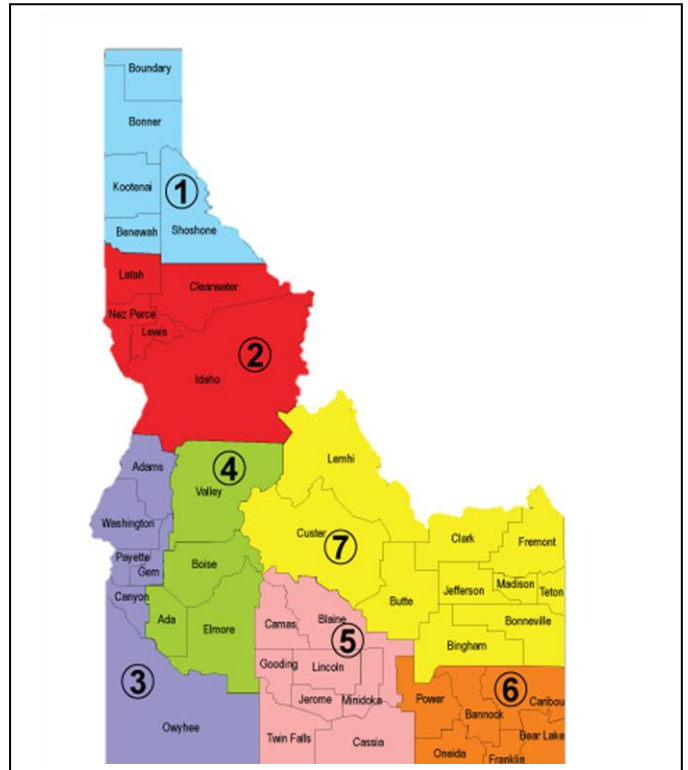


# Appendix C- Regional Maps

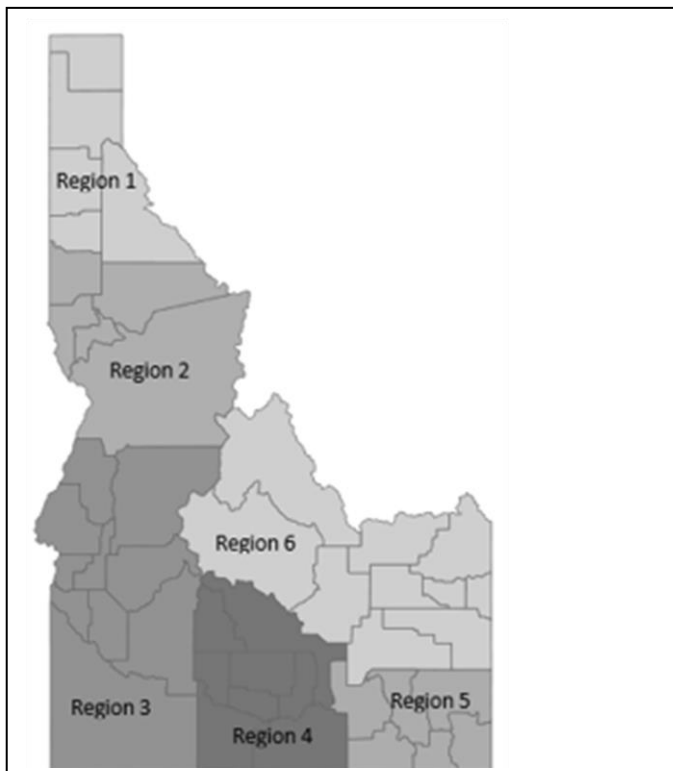
Idaho Department of Health and Welfare: Medicaid,



Idaho Department of Health and Welfare: DBH



Idaho State Department of Education



Idaho Department of Juvenile Corrections

