



## Quality Management Improvement & Accountability (QMIA)

# YOUTH EMPOWERMENT SERVICES

## QMIA Quarterly Report

Q3, SFY 2025

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## YES, QMIA Quarterly Report Q3, 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](mailto:YES@dhw.idaho.gov) with your questions, concerns, or suggestions.

### QMIA-Q report dates for SFY 2025

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

<sup>1</sup> Publication of the Q1, Q2, and Q3 reports would typically occur in January, April, and July respectively. Data-related issues have altered the publication schedule for these three quarters.



YES, QMIA Quarterly Report includes data from Q3 of SFY 2025  
(January, February, and March 2025),  
and trends over the past five years, comparing previous quarters and SFYs.

## Executive Summary – SFY 2025, Q3

The QMIA-Q report for State Fiscal Year (SFY) 2025, Quarter 3 (Q3) provides information about the delivery of YES services for January, February, and March 2025 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

### 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 operated from 8:00 AM to 11:00 PM MST, Monday through Friday. **As of mid-May 2025, MRTs had served 15 youth in crisis.** As of July 1, 2025, the MRTs are 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 increase 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:** As of June 2025, there are 37 fully trained Wraparound coordinators serving communities across Idaho.

- **Parenting with Love and Limits (PLL) CoE:** In June 2025, Magellan expanded the PLL provider network by selecting an additional 5–6 agencies to deliver services. New certification trainings are scheduled for August and September 2025 to onboard these providers.
- **Idaho Transformation Collaborative Outcomes Management (TCOM) Institute CoE:** TCOM is dedicated to standardizing the use of the Child Adolescent Needs and Strengths (CANS) and the Crisis Assessment Tool (CAT). As of July 31<sup>st</sup> 2025, a total of 1,850 TCOM certifications have been issued to Idaho providers, including 1,510 for the CANS and 72 for the CAT.

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

### YES System Data-Related Issues Are Slowly but Steadily Being Resolved

While many of the initial YES system data-related challenges associated with the implementation of the new IBHP have been addressed, some work to ensure new data is accurately reflecting work being done by DBH and Magellan providers remains. This is due to changes in data formats as well as the need to align definitions 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:

Estimate of Need for Intensive Care Coordination using Wraparound in Idaho, SFY 2025 (June 2025 report)

<https://yes.idaho.gov/wp-content/uploads/2025/06/PY3-analysis-of-projected-need-for-ICC-June-2025-FINAL-submitted.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](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

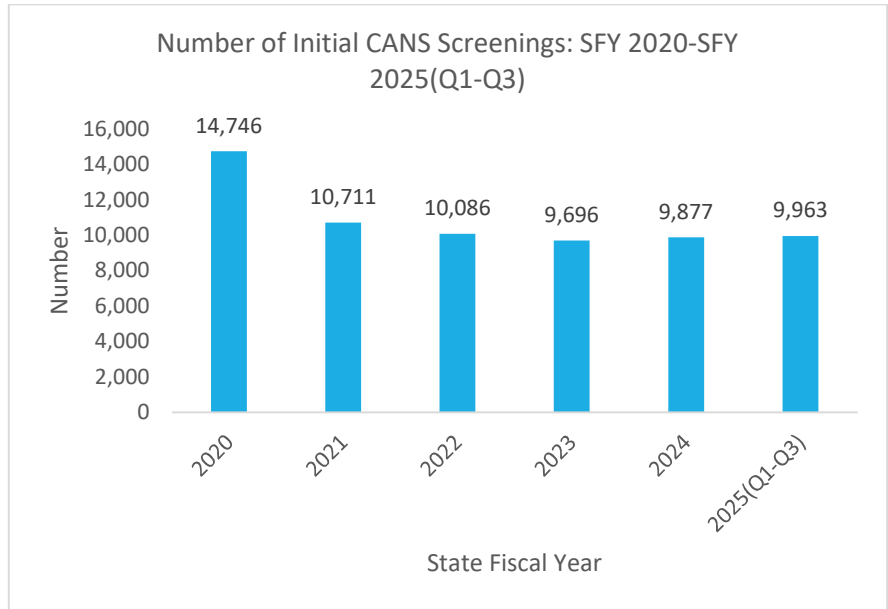
<https://yes.idaho.gov/wp-content/uploads/2024/07/2024NeedforMHServicesIdahoYouth.pdf>

## 1. Access to YES

### 1a. Screening for Mental Health Needs

#### 1a1: Annual Total Number of Children and Youth Screened for Mental Health Needs via an Initial CANS

The number of initial CANS completed through SFY 2025(Q1-Q3) was 9,963. 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 tells us only that the number of children and youth receiving an initial CANS assessment declined during SFYs 2021 through 2023, rose slightly in SFY2024, and appears on track to rise substantially in SFY2025. The number of initial CANS completed in past fiscal years and year-to-date for the current quarter is reported in each QMIA-Q to enable trends in the number of initial CANS to be established.



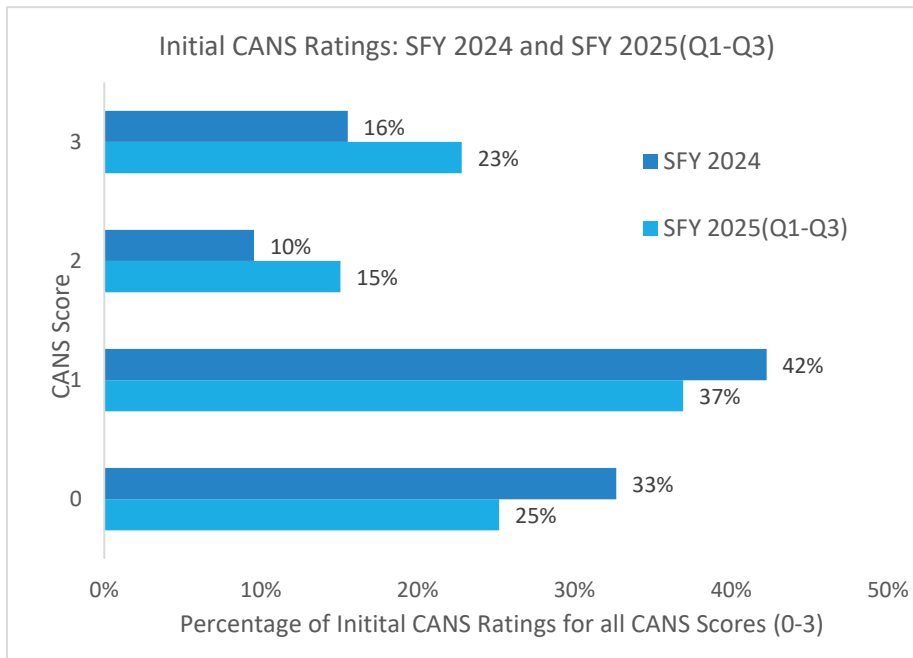
#### 1a2: Percentage of Initial CANS Completed By Medicaid Providers and Liberty in the Current Fiscal Year

**92.8%** of initial CANS were conducted by Medicaid Providers during the first 3 quarters of SFY 2025. Liberty conducted **7.2%** of initial CANS during the same period.

As of the beginning of SFY2025, with the implementation of the new IBHP, DBH no longer conducts CANS assessments nor maintains the I-CANS database. Medicaid providers contracting with Magellan and Liberty are now the two entities conducting CANS assessments for Idaho youth.



**1b1: Statewide Initial CANS Ratings**



An algorithm based on the CANS was developed by stakeholders in collaboration with the Praed Foundation to support the identification of YES members. The algorithm results in an overall rating of 0, 1, 2, or 3. Children with ratings of 1, 2, or 3 meet the eligibility criteria for YES membership.

In quarters 1-3 of SFY2025, there were higher percentages of initial CANS scores of 2 and 3 but a lower percentage of initial CANS score of 1 as compared to SFY2024.

**1b2: CANS Rating - Result of Initial CANS by Entity that Completed the CANS**

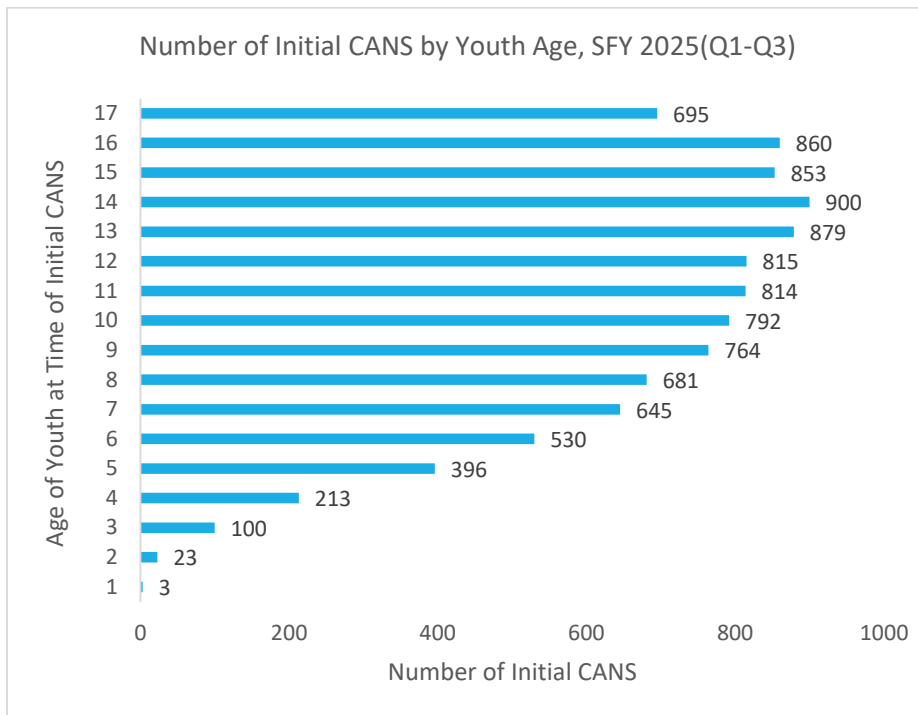
CANS Rating: Number and Associated Percentage of CANS Scores by Entity Completing Initial CANS with All Initial CANS Conducted Statewide to Facilitate Comparisons, SFY 2025(Q1-Q3)						
	Medicaid Providers		Liberty		Statewide (all CANS)	
CANS SCORE	# of CANS	% of total CANS	# of CANS	% of total CANS	# of CANS	% of total CANS
0	2506	27%	3	0.0%	2509	25%
1	3549	38%	128	18%	3677	37%
2	1292	14%	209	29%	1501	15%
3	1897	21%	374	52%	2271	23%
Total CANS Completed	9244		714		9958	

**What is this data telling us?**

Of the initial CANS completed during the first three quarters of SFY 2025, approximately 75% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 ratings), and 25% did not meet the criteria (CANS rating of 0). The percentages of those found eligible vs. those found not eligible has increased in SFY 2025 as compared to SFY 2024. The data also show that over 80% of the children and youth assessed by Liberty had high levels of need (CANS of 2 or 3) while just over one-third of children and youth assessed by Medicaid providers had high levels of need.

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

1c1: Ages of Children and Youth Who Had an Initial CANS



What is this data telling us?

Initial CANS were most likely to be completed with children and youth between the ages of 9 and 16 during the first three quarters of SFY 2025.

During the first three quarters of SFY 2025 28.3% of initial CANS were completed among children and youth who were races/ethnicities other than White (Non-Hispanics).

1c2: Race/Ethnicity of Children and Youth who Received an Initial CANS<sup>2</sup>

Race/Ethnicity Among Children and Youth who Received an Initial CANS, SFY 2025(Q1-Q3)		
Child's Race/Ethnicity	Count	Percentage
White (Non-Hispanic)	7135	71.7%
Hispanic	1759	17.7%
Black	407	4.1%
Unknown	349	3.5%
American Indian Or Alaska Native	228	2.3%
Asian Or Pacific Islander	36	0.4%
Other Pacific Islander	17	0.2%
Native Hawaiian	5	0.1%
Other Race Or Ethnicity	5	0.1%
Asian Pacific American	4	0.0%
Subcontinent Asian American	3	0.0%

<sup>2</sup> Following federal requirements, data on race and ethnicity are now combined into one question, rather than asking about Hispanic or Latino ethnicity separate from race.

## **2. Medicaid Services and Supports**

At the time of publication, data for this section of the report was not available for SFY2025 Quarter 3. The IBHP team is working closely with Magellan to ensure all data provided for the QMIA Quarterly report is accurately reflecting the work being done by Medicaid providers and DBH. This section will be populated in subsequent QMIA Quarterly reports.

### **2a. Medicaid Outpatient Services Utilization**

### **2b. Medicaid Inpatient Service Utilization**

### **2c. Medicaid Residential Treatment Utilization**

## **3. YES Medicaid Claims Payment**

At the time of publication, data for this section of the report was not available for SFY2025 Quarter 3. The IBHP team is working closely with Magellan to ensure all data provided for the QMIA Quarterly report is accurately reflecting the work being done by Medicaid providers and DBH. This section will be populated in subsequent QMIA Quarterly reports.

## 4. DBH YES-Related Services and Supports

### 4a. DBH 20-511A

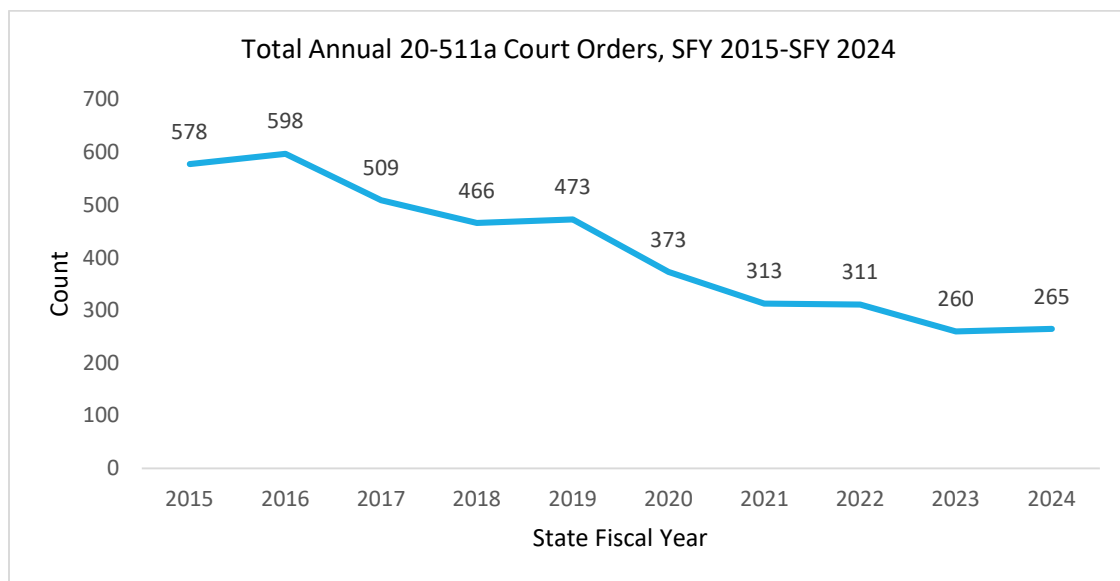
A 20-511a court order requires DBH to complete a mental health assessment and a treatment plan to provide needed mental health services to a juvenile.

Reflective of the general decline in the number of 20-511a court orders that began in SFY 2017, during the first nine months of SFY 2025, there were 143 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 and Associated Monthly Averages

Annual Total 20-511a Court Orders with Associated Monthly Averages, SFY 2015-SFY 2025(Q1-Q3)										
	Region							Annual Total	Annual % Change	Annual Monthly Average
	1	2	3	4	5	6	7			
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-Q3)	21	12	10	21	41	9	29	143		16

4a2: Annual Count of 20-511a Court Orders



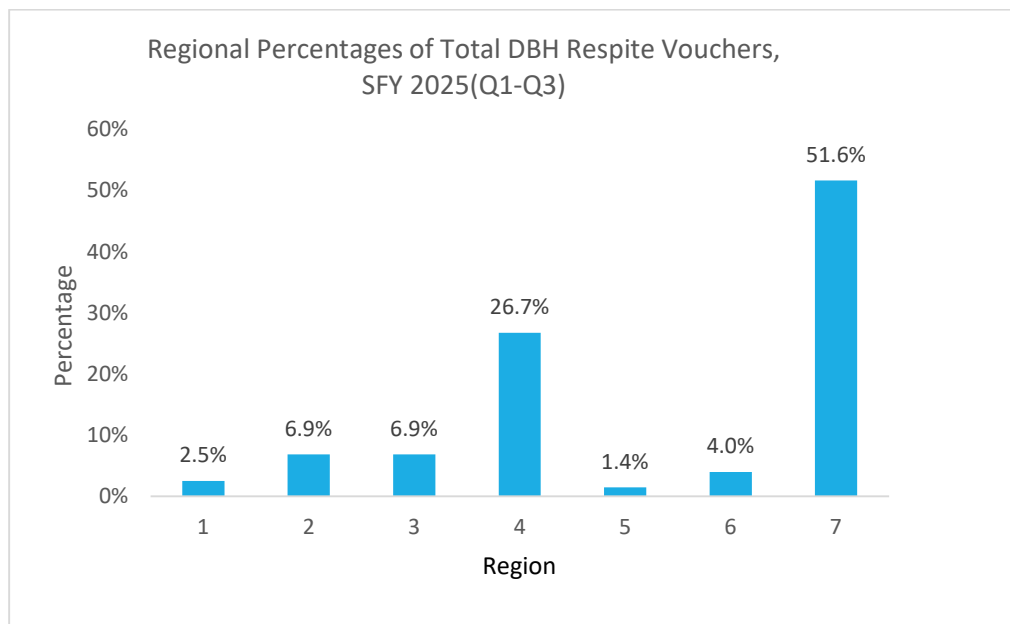
## 4b. DBH Vouchered Respite

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

Respite Vouchers Issued by Region, SFY 2023-SFY 2025(Q1-Q3)								
	Region							
	1	2	3	4	5	6	7	Statewide Total
SFY 2023	26	31	26	107	4	20	195	409
SFY 2024	12	39	22	107	2	27	233	442
SFY 2025 (Q1-Q3)	7	19	19	74	4	11	143	277

4b2: Vouchered Respite Percentages by Region



## 4c. Center of Excellence<sup>3</sup>

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 inaugural Wraparound coordinator training cohort concluded successfully in January 2025, resulting in 10 coordinators fully trained. A second cohort of 27 coordinators completed their training in June 2025, while a third cohort of 4 coordinators began their training that same month.

Each Wraparound coordinator is paired with a dedicated CoE coach, receiving individualized one-on-one coaching as well as monthly group coaching sessions to ensure ongoing support and professional development. Since implementation, a total of 316 hours of individualized coaching, 10 hours of group coaching, and 25 hours of in vivo coaching have been provided. In vivo coaching offers real-time feedback during interactions, enhancing learning and skill application compared to post-session debriefs.

#### 4c1a: Number of Wraparound Agencies and Youth Served with Wraparound by Region

Number of Agencies Providing Wraparound Count of Youth Served with Wraparound by Region, SFY 2025(Q1-Q4)									
	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	4	9	29	35	26	9	24	2*	138

\*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 also 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.

### 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, technical assistance, and program implementation support. 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.

<sup>3</sup> CoE data includes all SFY2025, quarters 1 through 4.

When the new IBHP contract launched in July 2024, Magellan selected nine Idaho agencies to offer PLL services. During 2024, two certification trainings were conducted, certifying six agencies as PLL provider teams. These teams have continued to receive twice-monthly consultations from the CoE to support implementation and maintain fidelity to the model. Between April and June 2025, the CoE provided supplemental and refresher trainings to strengthen provider knowledge and practice. These included: PLL Family Coaching Phase 3; Group 1 Venting; PLL Family Coaching Phase 2 Feedback Loops; and PLL Teen Group Co-Facilitator training.

By the end of June 2025, a total of 51 new families had received PLL services. In June 2025, Magellan expanded the PLL provider network by selecting an additional 5–6 agencies to deliver services. New certification trainings are scheduled for August and September 2025 to onboard these providers.

The overarching statewide PLL goals for SFY2026 are to expand the number of certified PLL providers statewide, improve access to services for youth and families, and reach between 150 to 200 families with PLL services.

#### *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.

As of July 31<sup>st</sup> 2025, a total of 1,850 TCOM certifications have been issued to Idaho providers, including 1,510 for the CANS, 72 for the CAT, and the remainder representing a mix of TCOM tools, such as the optional Adult Needs and Strengths Assessment and the Family Advocacy Support Tool in use by Youth Safety and Permanency caseworkers and the Idaho Department of Juvenile Corrections. 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 and the Idaho Department of Juvenile Corrections to ensure continuity of care when youth interact with these child-serving systems.

#### 4d. State Hospital Admissions

The tables below display 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 Monthly Admissions by State Fiscal Year<sup>4</sup>

SHS/SHW Admissions by Month, Average Monthly Admissions, and Unduplicated Total Admissions, SFY 2020–SFY 2025(Q1-Q3)														
State Fiscal Year (Facility)	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Average Monthly Admissions	Total Unduplicated
2020 (SHS)	17	20	18	18	22	21	21	23	25	24	25	21	21.3	101
2021 (SHS&SHW)	28	24	30	N/A	19	20	16	19	17	17	15	11	19.6	72
2022 (SHW)	13	14	15	12	15	14	15	13	14	13	11	13	13.5	60
2023 (SHW)	10	11	5	8	7	11	9	6	10	7	8	9	8.4	44
2024 (SHW)	9	9	11	8	10	13	11	10	9	12	12	11	10.4	61
2025(Q1-Q3) (SHW)	11	12	11	9	9	14	14	15	15				12.0	

Note: Data for October SFY 2021 is not available as there was a change in how data was being collected.

The lower number served at SHW compared to SHS is in part due to the 16-bed capacity of SHW. 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 in state fiscal years 2023 and 2024 were limited due to facility issues (e.g., nursing station) and staffing resources. The corrections to facility and staffing issues have facilitated increased admissions in SFY 2025.

##### 4d2: SHS/SHW Readmission Incidents

SHS/SHW Readmission Incidents Across Readmission Ranges based on Days, SFY 2017–SFY 2025(Q1-Q3) <sup>5</sup>									
Range of Days to Readmission	State Fiscal Year								
	2017	2018	2019	2020	2021	2022	2023	2024	2025 (Q1-Q3)
30 days or less	0	0	0	1	0	2	1	0	1
31 to 90 days	5	6	2	3	0	1	4	1	0
91 to 180 days	4	1	6	2	0	3	0	1	3
181 to 365 days	5	6	7	4	0	2	1	2	3
More than 365 days	11	9	9	7	3	0	0	1	1

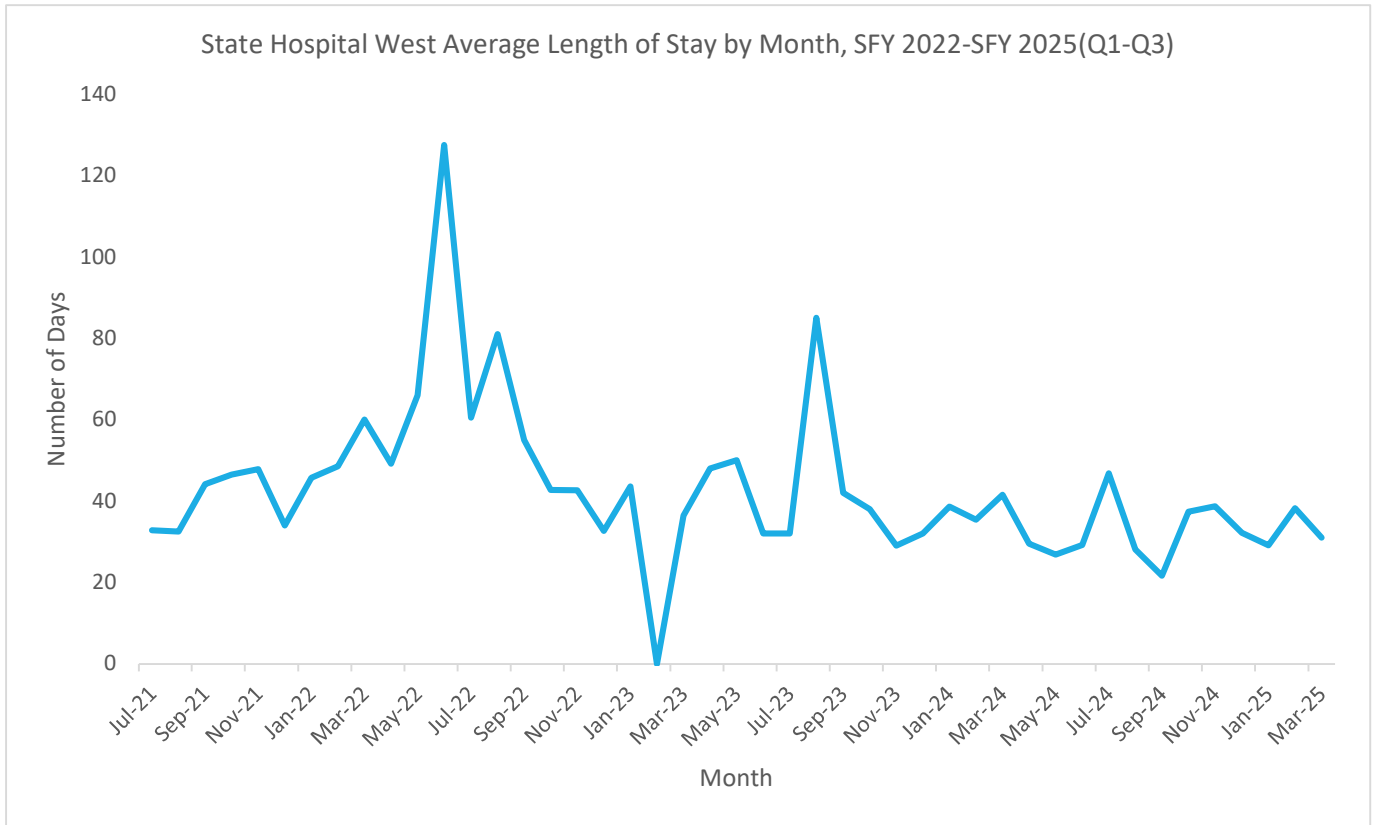
DBH has tracked the trend of readmission incidents for SHS/SHW since SFY2017. Notably, the number of incidents within 30 days has been extremely low. There were no readmissions within 30 days in SFY 2024 and just one during the first three quarters of SFY 2025.

<sup>4</sup> In February 2025, the operation of SHW was transferred from DBH to the newly established Division of State Care Facilities (DSCF). DSCF was created to align all state-operated facilities, residential programs, and inpatient resources for children and youth into a single division to better address their unique needs and to facilitate safe, appropriate, and healthy placements for children entering or at risk of entering foster care.

<sup>5</sup> Data is not unduplicated. Counts do not always reflect a unique individual youth.



4d3: SHW Average Length of Stay in Days



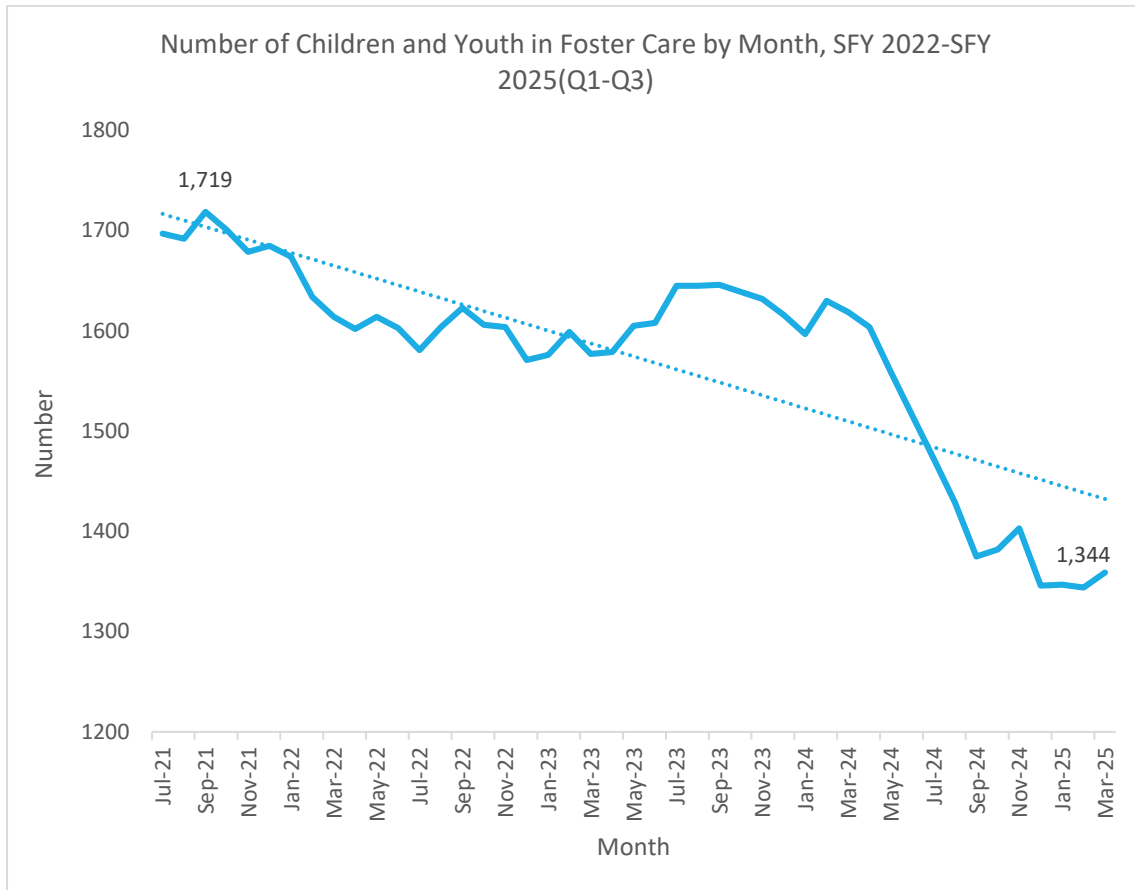
Notes: The average length of stay is calculated based on the length of stay for patients during the reporting month. No patients were discharged from SHW in February of 2023.

## 5. YES Partners Information

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

#### 5a: Number of Children Active in Foster Care by Month Since July 2021

Since reaching a peak in September 2021, the monthly number of children and youth in foster care has shown a steady decline. This downward trend is evident in both the solid line in the figure below, which represents the monthly count, and the dotted line, which indicates the overall trend. In February 2025, the number had fallen to a new low of 1,344.



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 variation 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.

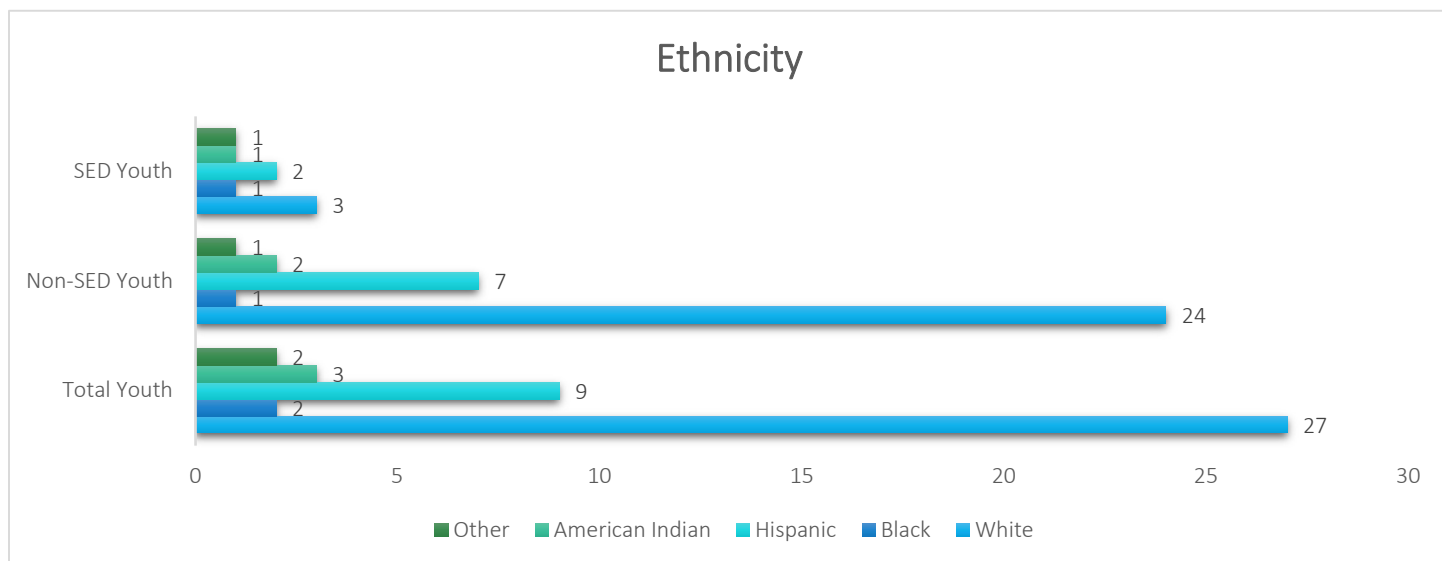
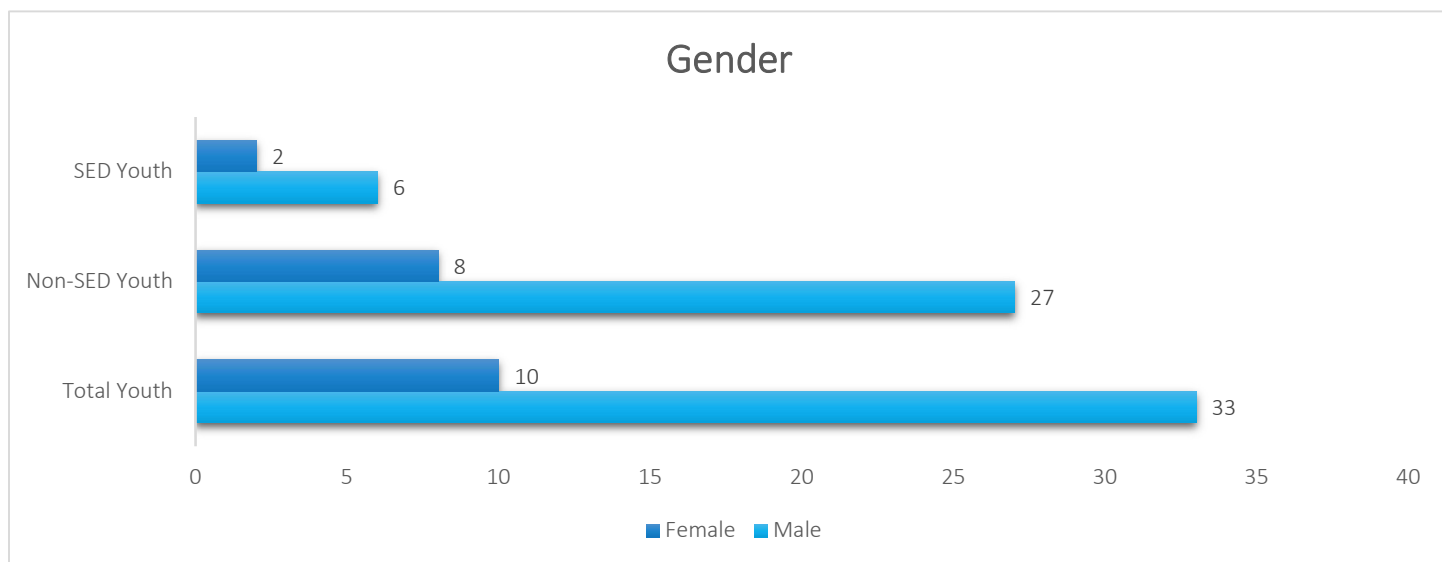
IDJC provides services to meet the needs of youth defined in individualized assessments and treatment plans. Specialized programs are used for juveniles with sex-offending behavior, serious substance use disorders, mental health

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.

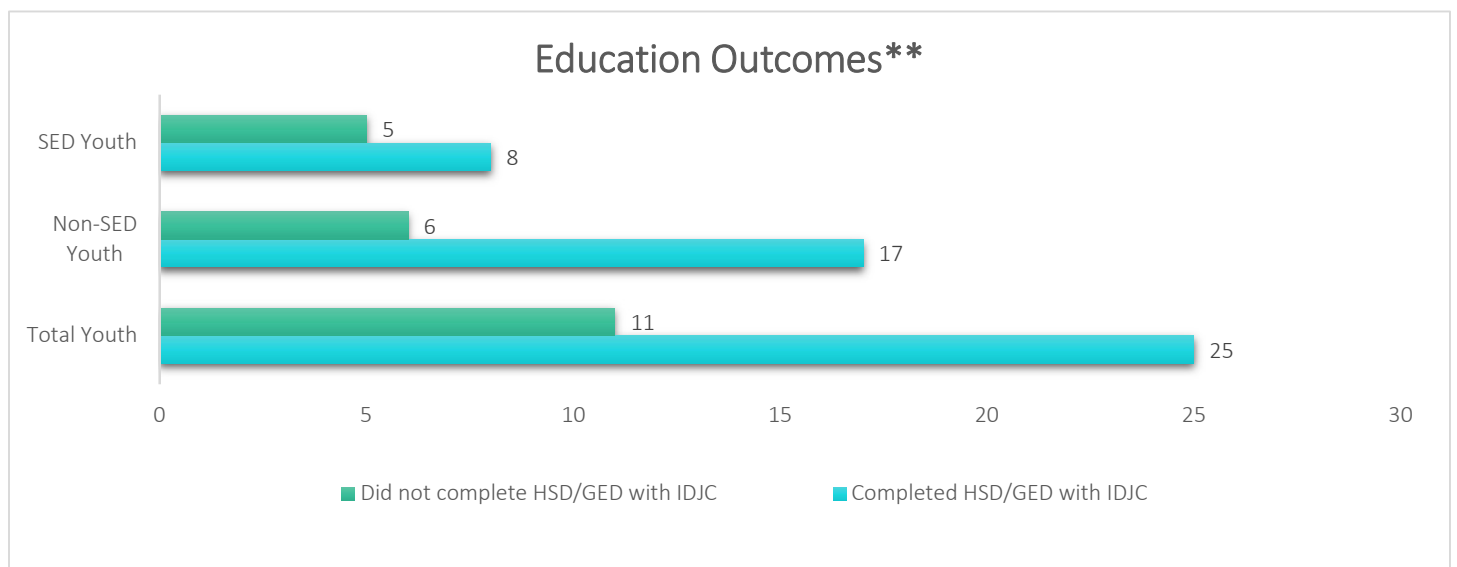
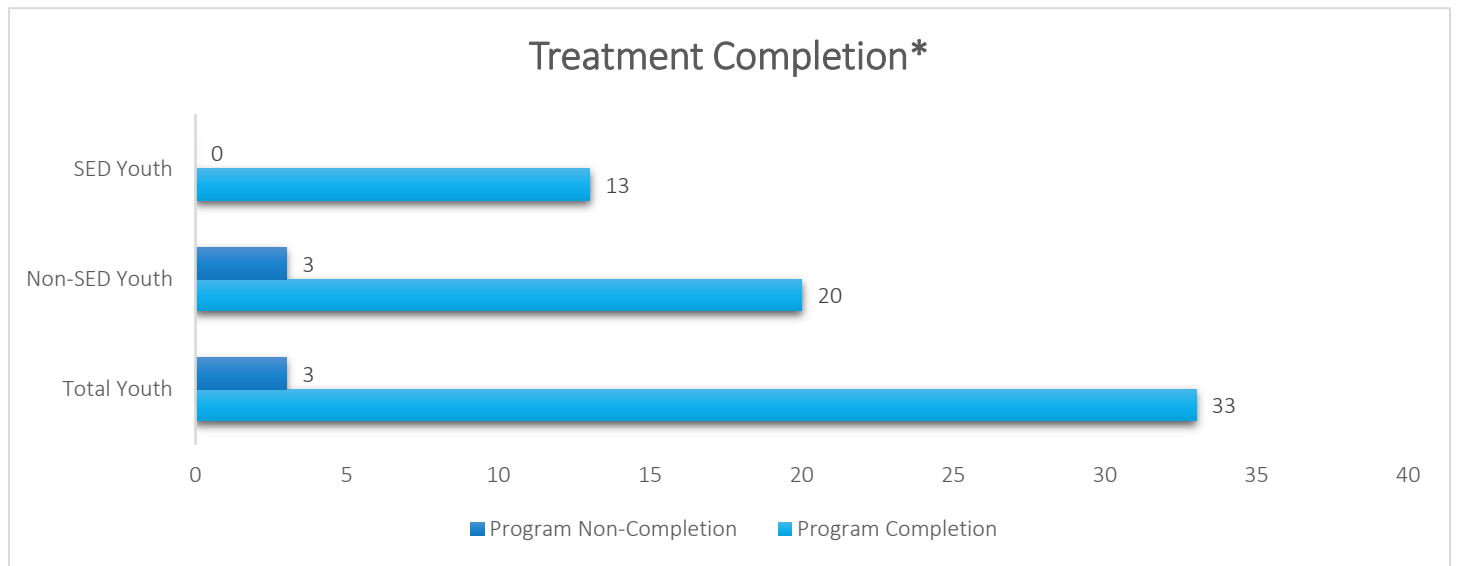
#### IDJC SFY2025 Third Quarter Report<sup>6</sup>

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



<sup>6</sup> Graphs in this portion of the report are provided by IDJC and presented with their original formatting.

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



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

## 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 154 YES complaints were received during the first three quarters of SFY 2025. In addition to complaints, the DHW team also tracks general YES inquiries. The team has noted 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 State Fiscal Year and Entity

YES Complaints by Entity, SFY 2022-SFY 2025(Q1-Q3)											
SFY	YES	DBH	Magellan	EPSDT	Telligen	MTM	Liberty	IDJC	CYFS	SDE*	Total
2022	22	1	27	-	0	25	1	16	0	-	92
2023	35	0	24	3	4	10	6	11	0	-	93
2024	25	0	17	1	0	81	0	16	0	-	140
2025 (Q1-Q3)	16	0	13	**	**	107	0	18	0	0	154

\*SDE complaints are analyzed and presented by school year rather than SFY. No complaint information was reported between SFY 2022 and SFY 2025-Q3.

\*\*As of SFY 2025, behavioral health services previously managed by EPSDT and Telligen are now managed by Magellan. Complaints related to these services are now captured in the Magellan portion of the table.

## 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 YES Family Survey concluded 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.

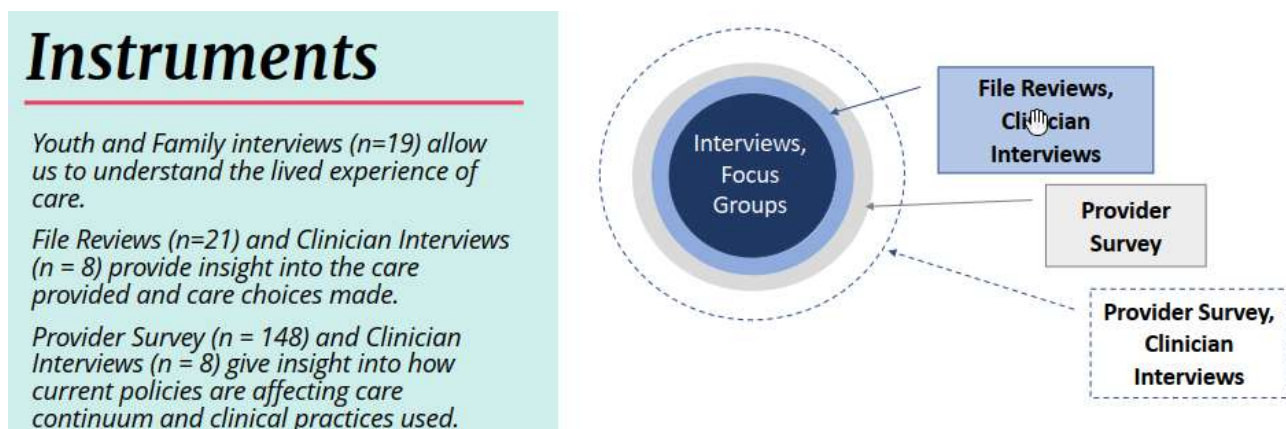
The 2025 survey reintroduced questions about child and family team experiences, which were last asked in 2023. It also introduced a new set of three questions designed to assess the impact of mental health services on youth across three key areas: development of strengths, emotional regulation, and overall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

Key 2025 YES Family Survey findings will be highlighted in the SFY2025-Q4 QMIA report and the full 2025 YES Family Survey Results report will be available on the YES website in the fall of 2025.

### 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<sup>7</sup>.

- **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.

---

<sup>7</sup> 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 January 1 2025 - March 31 2025

Sessions 4,966	Views 9,776
Total users 2,977	New users 2,589



Visits by Device



Type of Visitors



Top 10 Landing Pages from 01/01/2025 - 03/31/2025

Page title	Total users *	New users
Welcome to YOUTH EMPOWERMENT SERVICES	1,841	1,476
Child and Adolescent Needs and Strengths (CANS)   YOUTH EMPOWERMENT SERVICES	434	322
Contact Us   YOUTH EMPOWERMENT SERVICES	361	57
Wraparound Intensive Services   YOUTH EMPOWERMENT SERVICES	269	143
Guide to YES: A Practice Manual   YOUTH EMPOWERMENT SERVICES	268	140
Quick Start Guide   YOUTH EMPOWERMENT SERVICES	264	3
Parents   YOUTH EMPOWERMENT SERVICES	198	28
YES Training   YOUTH EMPOWERMENT SERVICES	192	28
Crisis Resources   YOUTH EMPOWERMENT SERVICES	174	78
Getting Started   YOUTH EMPOWERMENT SERVICES	174	19

Device category	Sessions	Bounce rate
desktop	3,752	40.86%
mobile	1,147	48.91%
tablet	21	33.33%

Visits by Location

City	Sessions *
Boise	674
Los Angeles	527
Nampa	340
Seattle	219
Idaho Falls	207
(Not Set)	205
Phoenix	166
Chicago	143
Salt Lake City	141
Palo Alto	128

Traffic Type

Session default channel group	Sessions
Direct	3,055
Organic Search	1,491
Referral	332

Bounce rate  
43.35%

Views per user  
3.30

Average session duration  
00:03:42

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

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

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

## YES Website Analytics

Reporting Period January 1 2025 - March 31 2025

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4,966	9,776
Total users	New users
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### Visits by Device



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## YES Website Analytics

**Reporting Period: July 1 2021 - March 31 2025**

### Files downloaded

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

File name	Event count
GettingStartedYES.pdf	2,518
YES101_online.pdf	1,603
YESPracticeManualFinal.pdf	1,181
MentalHealthCrisisDefinitionandExpectation...	612
MHChecklist.pdf	605
MHChecklistforYOUTH.pdf	596
YESOverviewInfold.pdf	530
YES-Contacts.pdf	508
YouthCrisisSafetyPlan.pdf	409
YOUTHFAQ_yerFinal.pdf	356

### 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	354	15,520
yes idaho	257	3,282
yes program	221	6,416
youth empowerment servic...	168	4,218
youth empowerment servic...	154	7,843
cans assessment idaho	152	346
idaho yes program	118	5,129
cans certification	94	1,139
cans assessment	86	2,488
safety plan for adolescents ...	76	423

### Site activity

Number of times a user event occurred\*

Event name	Event count
page_view	83,589
scroll	64,504
user_engagement	49,513
session_start	43,031
file_download	31,510
first_visit	24,815
click	11,679
form_start	1,561
form_submit	355
mailto	194

### 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	19,660
Child and Adolescent Needs and Strengths (CANS)   YOUTH ...	3,413
Guide to YES: A Practice Manual   YOUTH EMPOWERMENT S...	1,924
YES History and Current Development   YOUTH EMPOWERM...	1,693
Wraparound Intensive Services   YOUTH EMPOWERMENT SE...	1,645
Contact Us   YOUTH EMPOWERMENT SERVICES	1,394
Parents   YOUTH EMPOWERMENT SERVICES	884
Crisis Resources   YOUTH EMPOWERMENT SERVICES	872
Quick Start Guide   YOUTH EMPOWERMENT SERVICES	738
YOUTH EMPOWERMENT SERVICES	643

### 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
Idaho Prescription Drug Monitoring Program Data Dashboard  ...	100%
About - Eastern Idaho Public Health	100%
Idaho Personnel Commission   Division of Human Resources	100%
"Hunt the Good Stuff" Journal Project   Military Division	100%
Idaho Military Historical Society   Military Museum	100%
Quick Start Guide   YOUTH EMPOWERMENT SERVICES	100%
Idaho Malting Industry   Bailey Commission	100%
Guide to YES: A Practice Manual   YOUTH EMPOWERMENT SE...	100%
Idaho Local EO Officer Directory   Division of Human Resources	100%
العمل منا   برنامج تعزيز خدماتنا العزم	100%

## SEARCH

### Top Search Results for "Youth Empowerment Services"

#### Google

1. Welcome to YOUTH EMPOWERMENT SERVICES
2. Youth Empowerment Services (YES) | Idaho Department of Health and Welfare
3. FYIdaho
4. Youth Empowerment Services (YES) System of Care - Magellan of Idaho
5. FindHelp.org Youth Empowerment Services (YES) | Idaho Department of Health and Welfare

#### Bing

1. Welcome to YOUTH EMPOWERMENT SERVICES
2. Youth Empowerment Services (YES) Idaho Department of Health and Welfare
3. Youth | YOUTH EMPOWERMENT SERVICES
4. FYIdaho
5. Getting Started - YOUTH EMPOWERMENT SERVICES



## Appendices

### Appendix A: Glossary of Terms *(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 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%22states%22:%7B%22idaho%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

##### Prevalence rates:

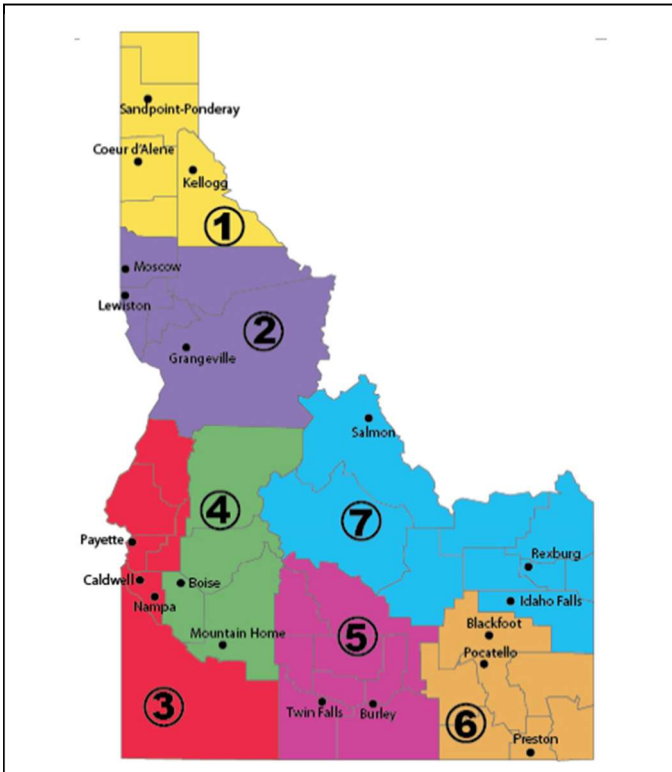
Medicaid: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=7>

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

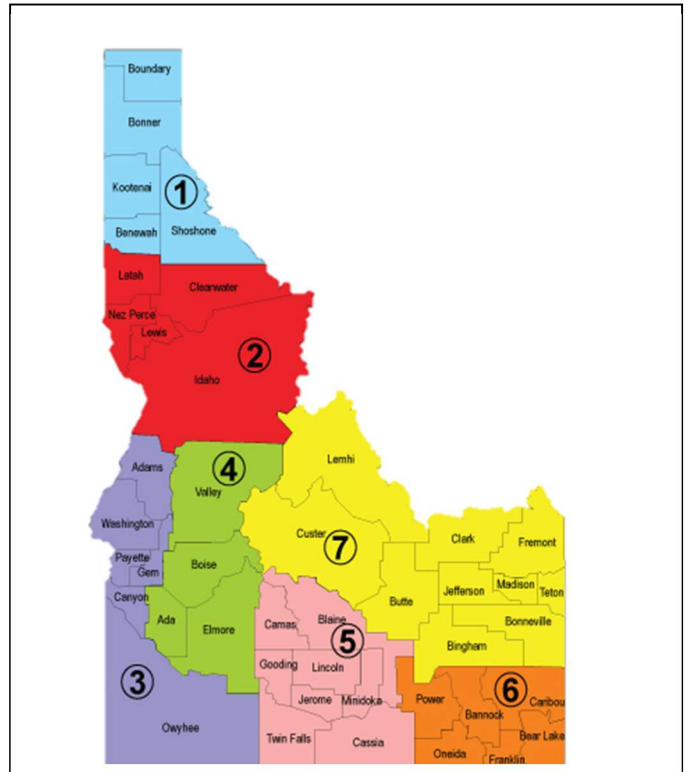
Private insurance: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805472/>

## Appendix C- Regional Maps

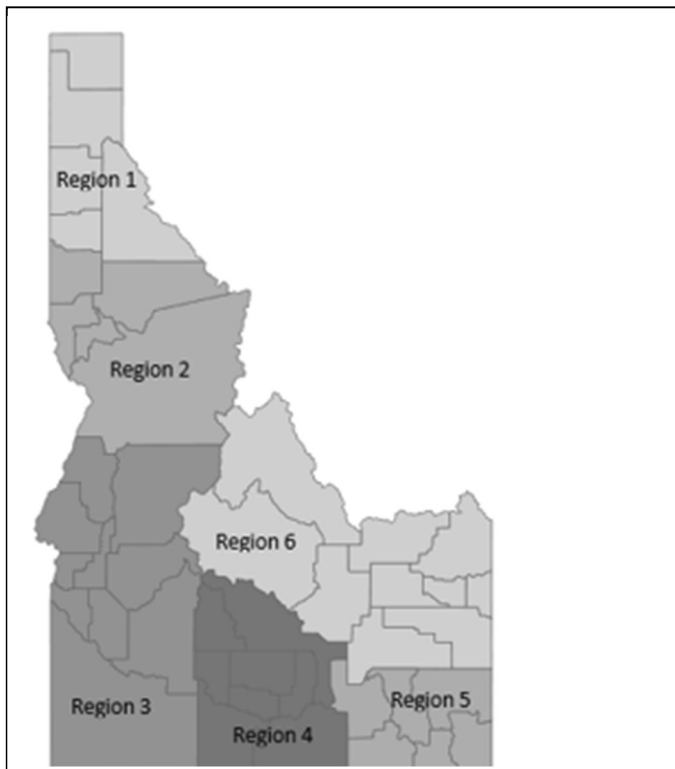
### Idaho Department of Health and Welfare: Medicaid,



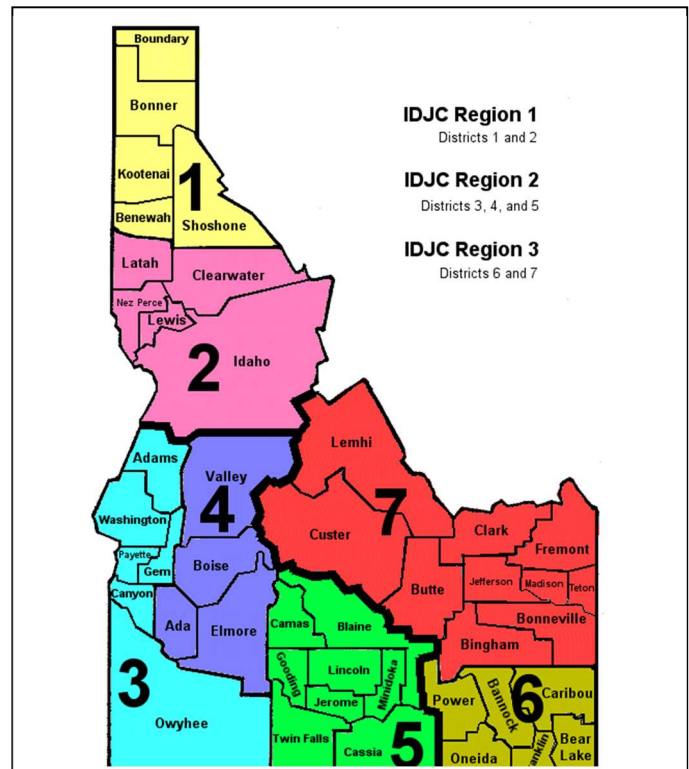
### Idaho Department of Health and Welfare: DBH



### Idaho State Department of Education



### Idaho Department of Juvenile Corrections

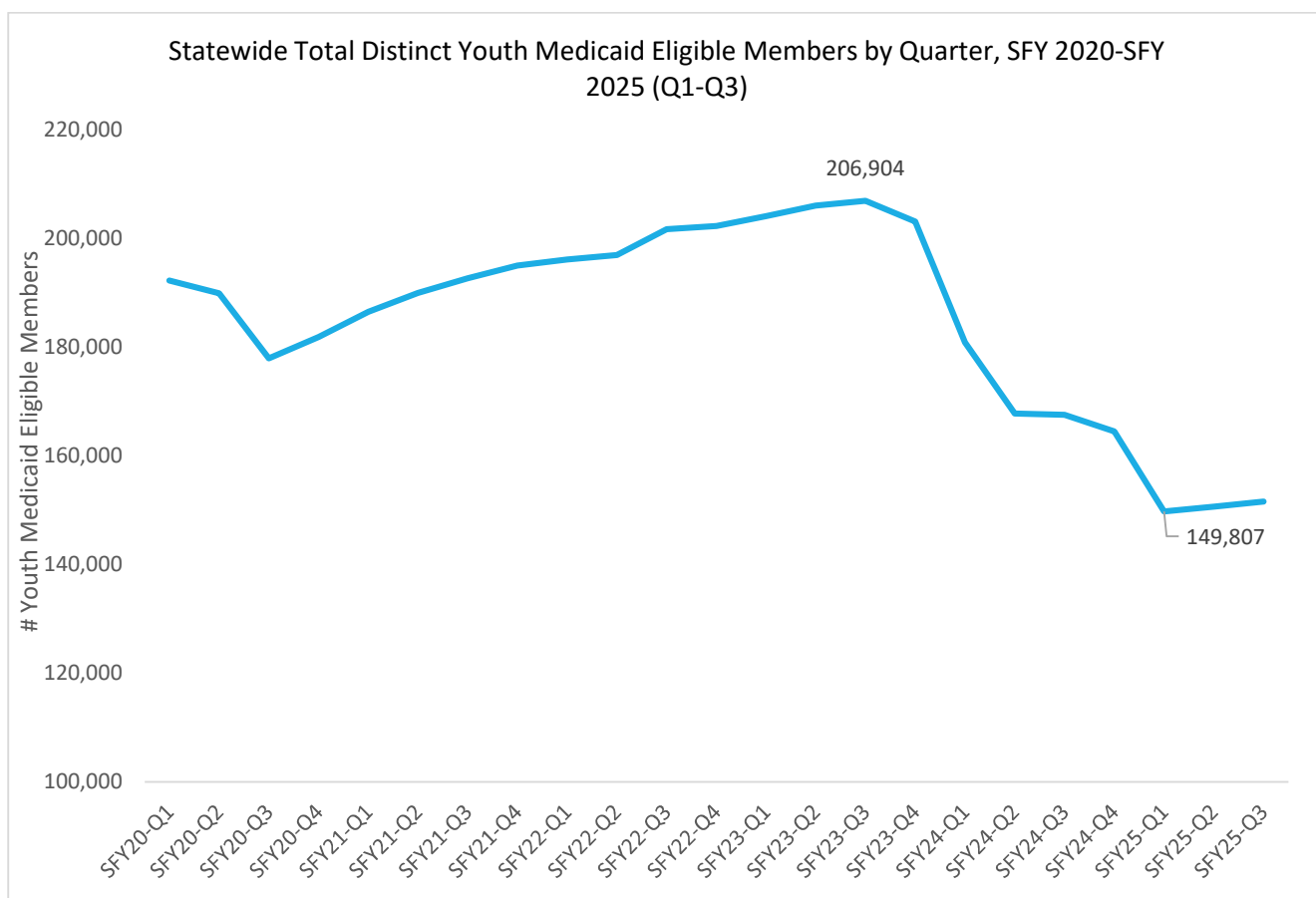


## Appendix D – Statewide Medicaid Eligible Youth Members by Quarter, SFY 2020–SFY 2025(Q1-Q3)

Statewide eligible Medicaid members by quarter data are 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 by Quarter, SFY 2020–SFY 2025(Q1-Q3)						
Quarter	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Q1	192,236	186,467	196,131	204,078	180,873	149,807
Q2	189,891	189,933	196,951	206,038	167,762	150,623
Q3	177,908	192,659	201,654	206,904	167,552	151,556
Q4	181,826	195,019	202,282	203,079	164,484	





## Appendix E – Medicaid Eligible Members by Region, SFY 2025(Q1-Q3)

Medicaid eligible members by region data are used in the calculations of regional penetration rates presented in Section 2 (Medicaid Services and Supports).<sup>8</sup>

Medicaid Eligible Members by Region, SFY 2025(Q1-Q3)									
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
<b>SFY 2025 Q1</b>	17,742	6,287	32,276	26,325	20,622	17,087	27,103	2,365	149,807
<b>SFY 2025 Q2</b>	18,003	6,326	32,642	26,815	20,753	17,187	27,427	1,470	150,623
<b>SFY 2025 Q3</b>	18,146	6,399	33,022	27,058	21,079	17,265	27,763	824	151,556

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<sup>8</sup> Regional penetration rates were not calculated for the SFY2025-Q3 report because all necessary data was not available at the time of report publication.