Youth Empowerment Services

Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES
QMIA Quarterly Report

Q4, SFY 2025

November, 2025

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YES, QMIA Quarterly Report Q4, 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. A glossary of YES terms is provided in Appendix A.

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

QMIA-Q report dates for SFY 2025

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

[1] Publication of the Q1, Q2, Q3, and Q4 reports would typically occur in January, April, July, and October respectively. Data-related issues have altered the publication schedule for SFY 2025.

YES, QMIA Quarterly Report includes data from Q4 of SFY 2025 (April, May, and June 2025), and trends over the past five years, comparing previous quarters and SFYs.

Executive Summary – SFY 2025, Q4

The QMIA-Q report for State Fiscal Year (SFY) 2025, Quarter 4 (Q4) provides information about the delivery of YES services for April, May, and June 2025. Where comparable data are available, the report also examines trends across the past five years of YES implementation. The report continues to undergo substantial revision as new data from Magellan replaces data that was previously provided by Optum, Medicaid, and DBH.

YES Accomplishments and Updates

2025 YES Family Survey Findings Demonstrated System-Wide Improvement

From 2024 to 2025, family ratings improved on 32 of 34 YES Quality Indicators. Three access-related quality indicators had particularly strong improvement between 2024 and 2025 – ability to easily access services, ability to get services in local community, and ability to access recommended services. The survey also provided evidence that access to mental health services improved for youth with the most intensive needs while simultaneously indicating that substantial room for continued improvement in this area remains. Additional survey findings are provided in Section 8 (YES Quality Monitoring Results) and a link to the full 2025 YES Family Survey report is provided in the YES Reports section below.

Several YES Performance Improvement Projects (PIPs) Underway

Nine YES PIPs, focused on strengthening service quality, system coordination, and outcomes across the YES system of care, were actively implemented in SFY 2025 and many will continue into SFY 2026.

In Section 9 (YES PIPs Summary), the project goal, progress and status, and performance measurement details associated with each PIP are provided.

PIPs span the following wide range of YES-related services, supports, and governance structure:

- Wraparound
- Intensive Care Coordination (ICC)
- Mental Health Care for Target Population: Foster Care
- Out-of-Home and Out-of-State Placement
- Combined Initiative: Wraparound and Out-of-Home/Out-of-State Placement
- CANS Improvement
- Workforce Development
- IGT Workgroups and Subcommittees
- Crisis Services

New and Updated Data

This report introduces new and updated data elements not previously included in the QMIA Quarterly Report for SFY 2025. Specifically, it adds Intensive Care Coordination (ICC) data and utilizes a new reporting approach for Psychiatric Residential Treatment Facility (PRTF) and Residential Treatment Center (RTC) outcome request data. The information

presented in this section is provided in an aggregated format, with plans for more detailed, stratified reporting in future quarters. Further information on these reporting enhancements is outlined in Section 5.

A recent cross-division collaboration between DBH and Child, Youth, and Family Services (CYFS) has produced a new analytic data element: a comparative view of Initial CANS scores for youth removed from home versus those who remained at home. Additional details are provided in the YES Partners section (Section 6).

YES Challenges and Opportunities

Data Quality and Reporting Improvements

Efforts to enhance the reliability and validity of the data presented in the QMIA Quarterly Report are ongoing. DBH continues to collaborate closely with the IBHP and other partners to ensure that the data are accurate, comprehensive, and reflective of the YES system of care's strengths and areas for improvement. Additional work is being undertaken to promote internal consistency across the report, including standardization of table and chart titles, section headings, and terminology. Looking ahead, DBH plans to further streamline future reports while maintaining the depth and detail necessary to support transparency and informed decision-making.

In collaboration with DBH, the IBHP has engaged extensively with Magellan to validate all SFY 2025 QMIA Quarterly Report service and expenditure data. This SFY 2025-Q4 report presents Quarter 4 data only. A separate, stand-alone report containing corrected data for all four quarters will be posted on the YES Website no later than December 31, 2025.

New and Updated Data Elements in SFY 2026

Beginning as early as possible in SFY 2026, the QMIA Quarterly will incorporate YES Screener data and expanded analyses of YES expenditure patterns. The report will also include any reliable year-over-year comparisons of acute psychiatric hospitalizations before and after SFY 2025, to the extent that reporting differences allow for valid analysis. In addition, geographic mapping of initial CANS scores at the county level will resume, with planned enhancements to improve visual clarity and overall presentation.

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, 2025

https://yes.idaho.gov/wp-content/uploads/2025/09/2025-YES-family-survey-results-FINAL-submitted.pdf

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

https://yes.idaho.gov/wp-content/uploads/2024/04/2023_QR-Report_01-Agency-Survey.pdf

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

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

Unmet Need for Mental Health Services among Idaho Youth, 2024

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

YES Rights and Resolutions, SFY 2025 Q4

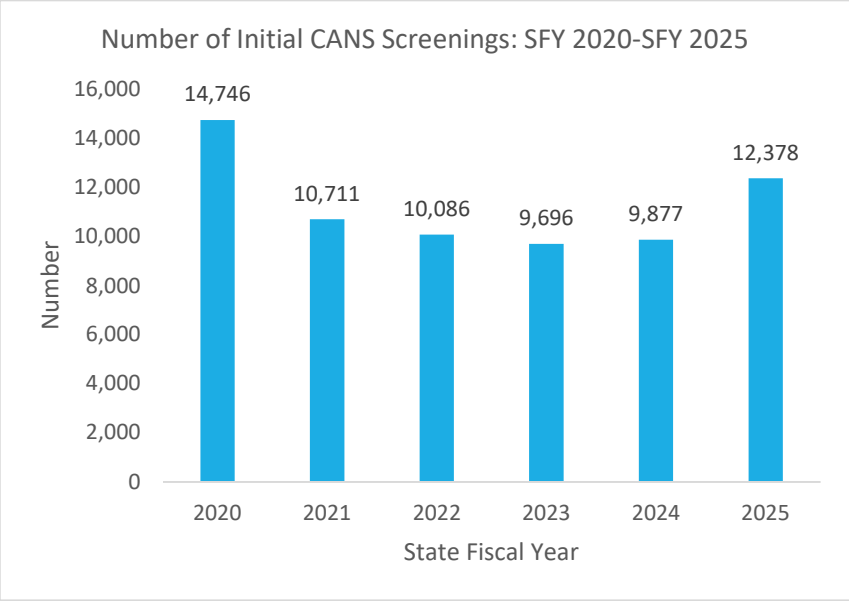
https://yes.idaho.gov/wp-content/uploads/2025/10/YES-Rights-and-Resolutions-SFY-2025-Qtr-4.pdf

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 during SFY 2025 was 12,378. 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 grew 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.



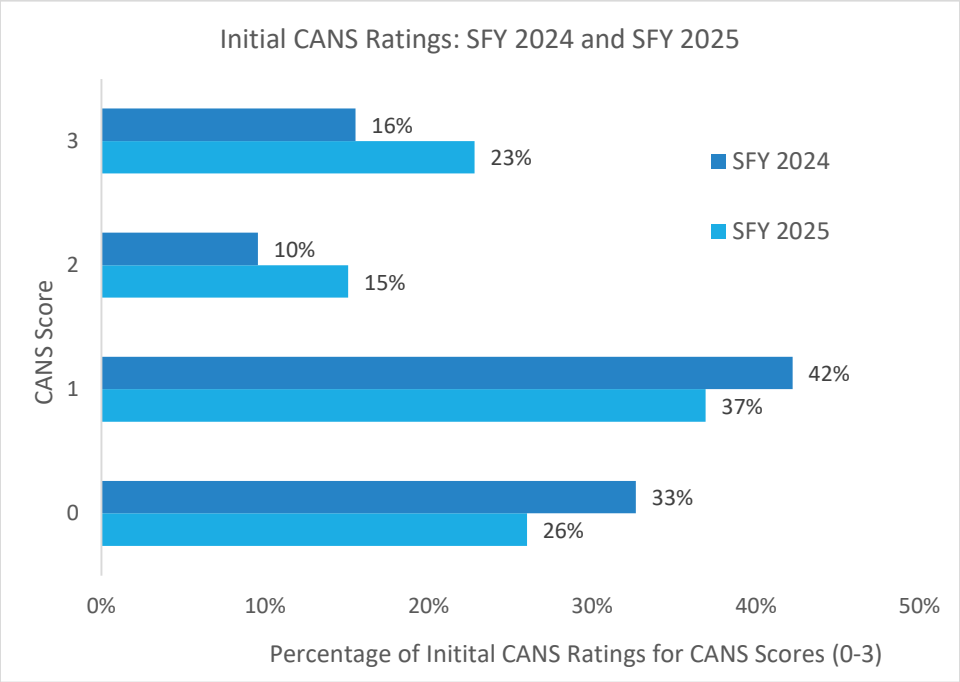
1a2: Percentage of Initial CANS Completed By Medicaid Providers and Liberty in the Current Fiscal Year

92.8% of initial CANS were conducted by Medicaid Providers during 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.

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

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 SFY2025, there were higher percentages of initial CANS scores of 2 and 3 and lower percentages of initial CANS score of 0 and 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, SFY 2025

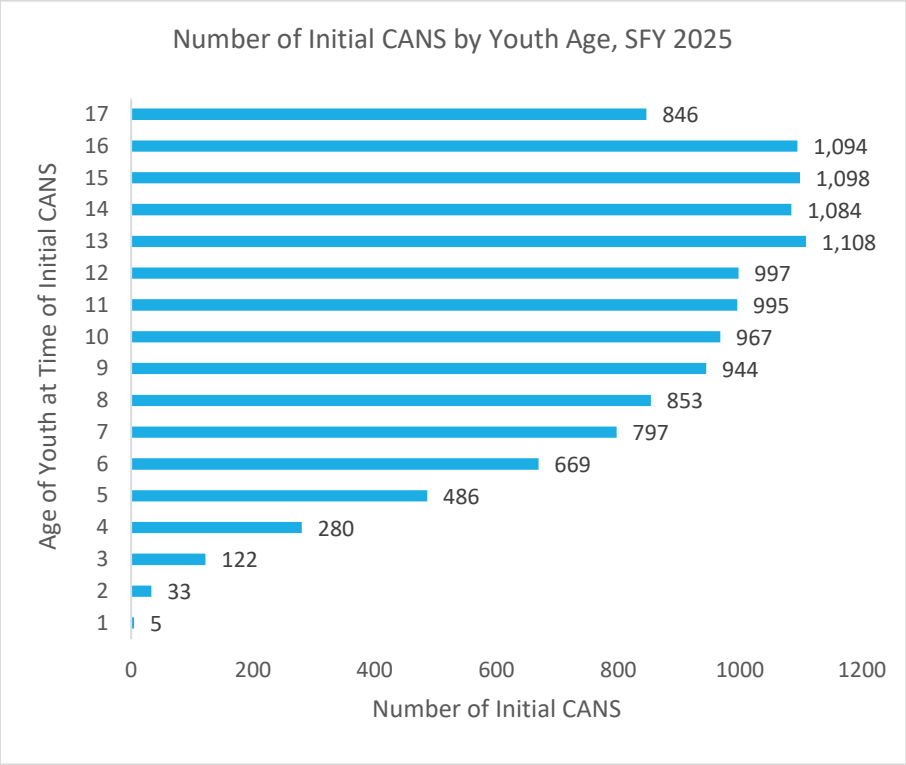
	Medicaid Providers		Liberty	
CANS SCORE	**# of CANS**	**% of total CANS**	**# of CANS**	**% of total CANS**
0	3,186	28%	4	0%
1	4,361	38%	163	18%
2	1,563	14%	263	30%
3	2,312	20%	460	52%
Total CANS Completed	11,422		890	

What is this data telling us?

Of the initial CANS completed during SFY 2025, approximately 74% met the eligibility criteria for YES class membership (CANS 1, 2, or 3 ratings), and 26% 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 82% 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



1c2: Race/Ethnicity of Children and Youth who Received an Initial CANS[2]

Race/Ethnicity Among Children and Youth who Received an Initial CANS, SFY 2025		
Child's Race/Ethnicity	**Count**	**Percentage**
White (Non-Hispanic)	8,787	71.1%
Hispanic	2,213	17.9%
Black	532	4.3%
Unknown	430	3.5%
American Indian Or Alaska Native	297	2.4%
Asian Or Pacific Islander	43	0.3%
Other Pacific Islander	26	0.2%
Native Hawaiian	9	0.1%
Other Race Or Ethnicity	9	0.1%
Asian Pacific American	8	0.1%
Subcontinent Asian American	4	0.0%

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 SFY 2025.

During SFY 2025 28.9% of initial CANS were completed among children and youth who were races/ethnicities other than White (Non-Hispanic).

[2] 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.

1d. CANS Assessment Location

1d1. Initial CANS by Region

Initial CANS Count and Percentage by Region, SFY 2025		
Region	**Count**	**Percentage**
1	902	7.3%
2	419	3.4%
3	2,281	18.4%
4	3,003	24.3%
5	1,295	10.5%
6	1,385	11.2%
7	3,093	25.0%

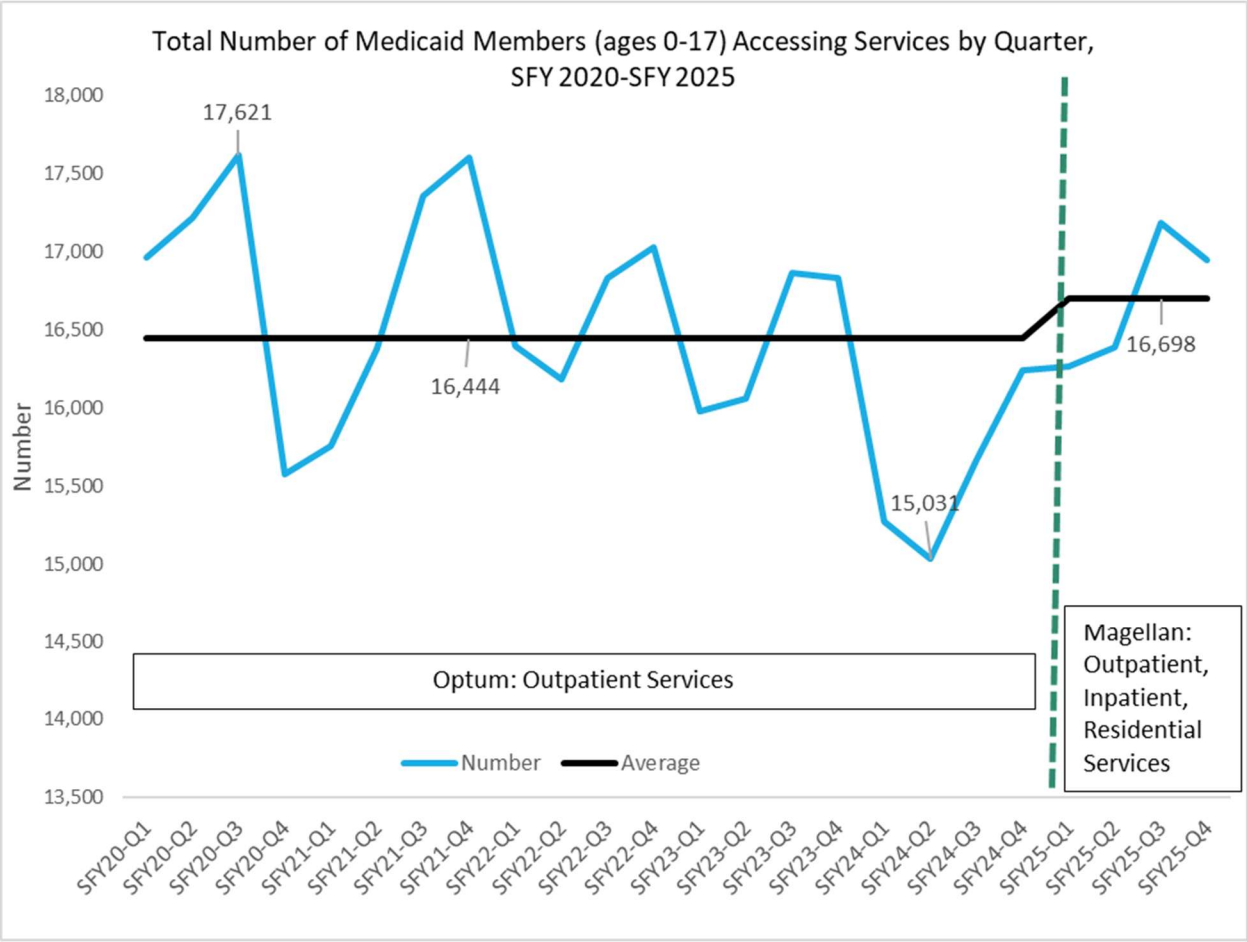
2. Medicaid Services and Supports

2a. Overall Medicaid Utilization

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

As demonstrated in the figure below, the number of children and youth who received Medicaid services between SFY 2020 and SFY 2025 ranged from a low of 15,031 to a high of 17,621. During SFY 2020 through SFY 2024 Medicaid utilization counts involved *only* outpatient services. As of SFY 2025, Medicaid utilization includes inpatient services and residential services as well as outpatient services. As such, *average* utilization counts for the two periods (SFYs 2020-2024 and SFY 2025) have been calculated separately. Appendix B provides statewide quarterly Medicaid services utilization counts along with quarterly Medicaid youth eligibility counts and utilization rates. Further, Appendix C visually represents the count of Medicaid eligible members to facilitate an understanding of how youth Medicaid-eligible members may be changing over time

2a1: Quarterly trend of Medicaid members accessing services



2b. Medicaid Outpatient Services Utilization

The Medicaid claims data in the following tables show the services and supports provided to Medicaid members ages 0-17 by type of service and region in which the service was delivered. The number served is unduplicated within the specific category of services (i.e., the number of children and youth who received that specific service). The tables also include penetration rates.

The **penetration rate tells us what percentage *of the eligible population* received a given service** and is calculated by dividing the number of youth Medicaid beneficiaries served (numerator) by the total number of youth Medicaid-eligible members (denominator). Appendix D includes SFY 2025 Q1-Q4 Medicaid eligible members by region.

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

Count of Medicaid Members Accessing Screening and Assessment Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	ID Total
Assessments	26	6	31	45	78	29	86	0	**301**
	0.1%	0.1%	0.1%	0.1%	0.4%	0.2%	0.3%	0.0%	**0.2%**
Behavior Assessment	45	0	39	65	0	1	4	0	**154**
	0.2%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	**0.1%**
CANS	458	196	1125	1875	632	672	1495	16	**6469**
	2.4%	2.9%	3.2%	5.6%	2.9%	3.8%	6.0%	0.8%	**4.0%**
Psych and Neuropsych Testing	87	13	141	180	97	155	241	5	**919**
	0.5%	0.2%	0.4%	0.5%	0.4%	0.9%	1.0%	0.2%	**0.6%**
Psychiatric Diagnostic Assessment	359	135	754	1160	475	464	927	10	**4284**
	1.9%	2.0%	2.2%	3.5%	2.2%	2.6%	3.7%	0.5%	**2.7%**

2b2: Number of Medicaid Members Accessing YES Outpatient Treatment Services (and associated Penetration Rates) by Region

Count of Medicaid Members Accessing Outpatient Treatment Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)[3]									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Behavior Modification and Consultation	66	0	61	114	0	2	9	0	**252**
	0.3%	0.0%	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	**0.2%**
Case Management	73	76	213	839	151	263	709	14	**2338**
	0.4%	1.1%	0.6%	2.5%	0.7%	1.5%	2.9%	0.7%	**1.5%**
Child and Family Team (CFT)	14	6	18	25	10	23	33	0	**129**
	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	**0.1%**
Medication Management	248	130	792	1124	267	469	966	16	**4012**
	1.3%	2.0%	2.3%	3.4%	1.2%	2.6%	3.9%	0.8%	**2.5%**
Psychotherapy Services	1200	446	2322	3014	1232	1446	2573	41	**12274**
	6.4%	6.7%	6.7%	9.1%	5.6%	8.1%	10.4%	1.9%	**7.7%**
STAD	0	8	8	9	56	26	52	1	**160**
	0.0%	0.1%	0.0%	0.0%	0.3%	0.1%	0.2%	0.0%	**0.1%**
Skills Building/CBRS	89	148	415	1145	142	308	629	10	**2886**
	0.5%	2.2%	1.2%	3.4%	0.6%	1.7%	2.5%	0.5%	**1.8%**

[3] Historically, some Substance Use Disorder (SUD) services were reported as standalone outpatient treatment services. Under the Jeff D. lawsuit, however, SUD services must be integrated with mental health services. The data provided by Magellan reflects this requirement. For example, all case management activities are reported in a single category that includes individuals receiving services for SUD, mental health conditions, or both. Optum's data generally followed the same integrated reporting approach. However, a subset of SUD services within the Optum data were reported separately.

2b3: Number of Medicaid Members Accessing YES Crisis Services (and associated Penetration Rates) by Region

Count of Medicaid Members Accessing Crisis Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Crisis Center	0	0	46	29	40	2	76	0	**193**
	0.0%	0.0%	0.1%	0.1%	0.2%	0.0%	0.3%	0.0%	**0.1%**
Crisis Intervention	2	2	9	6	10	18	51	0	**98**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	**0.1%**
Crisis Psychotherapy	26	3	14	38	14	17	30	1	**143**
	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	**0.1%**
Crisis Response	5	0	5	8	0	0	1	0	**19**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**

2b4: Number of Medicaid Members Accessing YES Intensive Outpatient Treatment Services (and associated Penetration Rates) by Region

Count of Medicaid Members Accessing Intensive Outpatient Treatment Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Day Treatment	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
IHCBS-MDFT	0	0	1	4	0	13	0	1	**19**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	**0.0%**
IHCBS-MST	0	0	4	4	0	0	0	0	**8**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
IHCBS-TBS	0	0	18	35	0	20	2	0	**75**
	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	**0.0%**
IHDBS – Other EB Modality	49	0	2	5	0	0	0	0	**56**
	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Intensive Outpatient Program (IOP)	4	3	57	64	19	11	19	1	**178**
	0.0%	0.0%	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	**0.1%**
Parenting with Love and Limits (PLL)	0	5	0	2	11	9	7	0	**34**
	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	**0.0%**
Partial Hospitalization	1	1	36	55	0	3	15	1	**112**
	0.0%	0.0%	0.1%	0.2%	0.0%	0.0%	0.1%	0.0%	**0.1%**
TASSP	0	0	2	4	1	0	3	0	**10**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Wraparound[4]	5	9	24	40	27	8	22	1	**136**
	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	**0.1%**

[4] The number of Wraparound utilizers presented here is based on claims payment information – not Wraparound enrollment.

2b5: Number of Medicaid Members Accessing YES Support Services (and associated Penetration Rates) by Region

Count of Medicaid Members Accessing Support Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Family Psychoeducation	8	2	0	3	11	0	0	0	**24**
	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	**0.0%**
Family Support	0	1	6	13	18	35	83	1	**157**
	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.3%	0.0%	**0.1%**
Respite	2	69	54	51	19	88	107	1	**391**
	0.0%	1.0%	0.2%	0.2%	0.1%	0.5%	0.4%	0.0%	**0.2%**
Youth Support	10	10	44	193	60	17	57	0	**391**
	0.1%	0.2%	0.1%	0.6%	0.3%	0.1%	0.2%	0.0%	**0.2%**

2b6: Number of Medicaid Members Accessing YES Miscellaneous Services (and associated Penetration Rates) by Region

Count of Medicaid Members Accessing Miscellaneous Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Early Serious Mental Illness (ESMI)	0	0	3	0	0	0	0	0	**3**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Health Behavior Assessment and Intervention (HBAI)	1	0	41	57	105	1	0	0	**205**
	0.0%	0.0%	0.1%	0.2%	0.5%	0.0%	0.0%	0.0%	**0.1%**
Interpretative Services	0	0	65	623	95	1	2	1	**787**
	0.0%	0.0%	0.2%	1.9%	0.4%	0.0%	0.0%	0.0%	**0.5%**

2c. Medicaid Inpatient Service Utilization

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

Count of Medicaid Members Accessing Inpatient Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Inpatient	41	23	89	100	45	28	41	1	**368**
	0.2%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.0%	**0.2%**

2d. Medicaid Residential Treatment Utilization

2d1: Number of Medicaid Members Accessing YES Residential Treatment (and associated Penetration Rates) by Region

Count of Medicaid Members Accessing Residential Treatment Services (and Associated Penetration Rate) by Region and Statewide, SFY 2025(Q4)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
PRTF	23	8	38	38	16	14	14	0	**151**
	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	**0.1%**
RTC	10	4	9	13	10	9	8	0	**63**
	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	**0.0%**

3. YES Medicaid Claims Payment

Data in the following table was provided by Magellan and includes the dollar amounts associated with *total* claims paid during Quarter 4 of SFY 2025 as well as the dollars associated with the following claim categories: outpatient, inpatient, and residential.

3a1: Medicaid Claims Paid by Region (All Claim Types)

Total Medicaid Claims and Outpatient, Inpatient, and Residential Claims Paid by Region and Statewide, SFY 2025 (Q4)				
	Total Claims Paid	**Outpatient Claims Paid**	**Inpatient Claims Paid**	**Residential Claims Paid**
Region 1	$5,575,860	$3,646,831	$643,260	$1,285,769
Region 2	$1,553,065	$757,355	$401,141	$394,569
Region 3	$7,557,469	$3,846,065	$1,812,828	$1,898,577
Region 4	$12,485,265	$8,444,335	$2,105,767	$1,935,164
Region 5	$2,850,766	$1,556,004	$547,172	$747,590
Region 6	$3,345,274	$2,268,092	$426,752	$650,430
Region 7	$5,260,420	$4,249,248	$438,217	$572,956
Region 9/OOS	$94,877	$90,433	$4,444	$0
Total	**$38,722,996**	**$24,858,362**	**$6,379,581**	**$7,485,054**
% of Total Claims Paid	**100%**	**64.2%**	**16.5%**	**19.3%**

3a2: Regional Comparison of Total Claims Paid by Eligible Medicaid Member

Regional Comparison of Total Claims Paid by Eligible Medicaid Member, SFY 2025 (Q4)					
	Total Eligible Members	**Total Claims Paid**	**$ per Distinct Eligible Member**	**% Eligible Members**	**% Total Claims Paid**
Region 1	18,868	$5,575,860	$295.52	11.8%	14.4%
Region 2	6,659	$1,553,065	$233.23	4.2%	4.0%
Region 3	34,622	$7,557,469	$218.29	21.6%	19.5%
Region 4	33,297	$12,485,265	$374.97	20.8%	32.2%
Region 5	22,092	$2,850,766	$129.04	13.8%	7.4%
Region 6	17,780	$3,345,274	$188.15	11.1%	8.6%
Region 7	24,807	$5,260,420	$212.05	15.5%	13.6%
Region 9/OOS	2,120	$94,877	$44.75	1.3%	0.2%
Total/Average	160,245	$38,722,996	$241.65		

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 $129 per eligible member in Region 5 and as much as $375 per eligible member in Region 4. Ideally, regional percentages of distinct utilizers should be very close to regional expenditure percentages. However, there are substantial mismatches (defined for the purposes of this report as greater than a 3% difference between percentages of distinct members and expenditures) in two regions. Region 5 is under-resourced (red font). In contrast, Region 4 receives a *much* higher percentage of system-wide expenditures than its distinct member population suggests it should (blue font).

4. DBH YES-Related Services and Supports

4a. DBH 20-511A

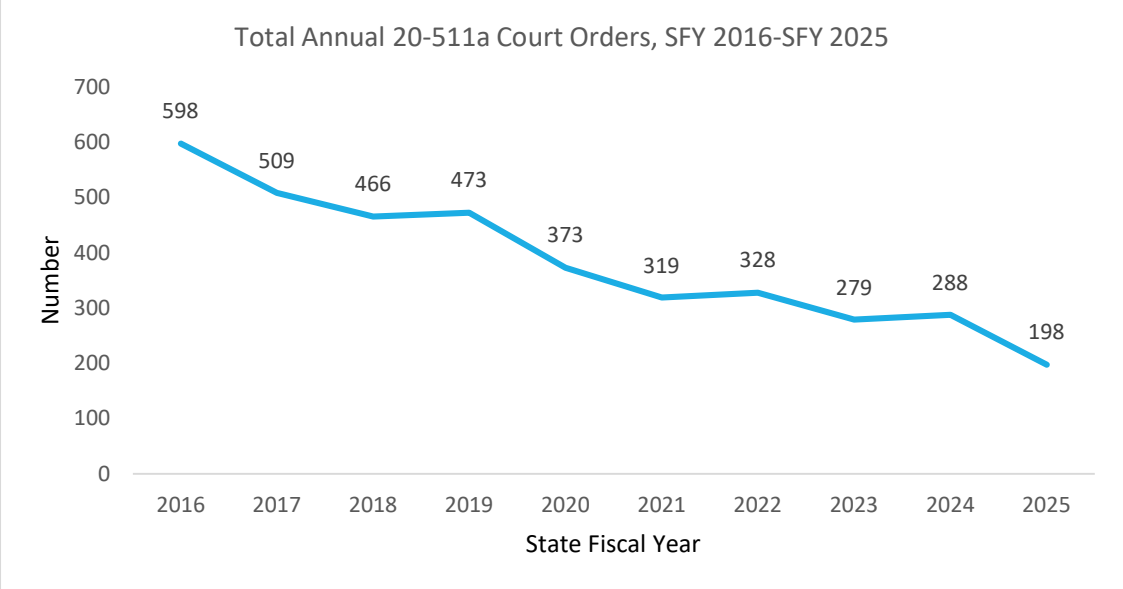
A 20-511a court order requires DBH to complete a mental health assessment and a treatment plan to provide needed mental health services to a juvenile.

Reflective of the general decline in the number of 20-511a court orders that began in SFY 2017, during SFY 2025, there were 198 20-5011a court orders (an average of 17 per month – down substantially from the 2016 and 2017 monthly averages of 50 and 42, respectively).

4a1: Number of 20-511A Court Orders and Associated Monthly Averages

Annual Total 20-511a Court Orders with Associated Monthly Averages, SFY 2016-SFY 2025[5]										
	Region							Annual Total	Annual % Change	Annual Monthly Average
	1	2	3	4	5	6	7			
SFY 2016	57	24	59	131	114	57	156	598		50
SFY 2017	46	41	47	127	84	38	126	509	-14.9%	42
SFY 2018	57	10	67	95	78	38	121	466	-8.4%	39
SFY 2019	39	8	53	158	62	26	127	473	1.5%	39
SFY 2020	45	12	33	108	55	14	106	373	-21.1%	31
SFY 2021	41	6	38	84	52	19	79	319	-14.5%	27
SFY 2022	36	4	44	68	69	18	89	328	2.8%	27
SFY 2023	44	4	33	53	50	14	81	279	-14.9%	23
SFY 2024	42	8	27	65	71	11	64	288	3.2%	24
SFY 2025	37	17	12	30	58	13	31	198	-31.3%	17

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



[5] The 20-511a Court Order count data have been updated using a single standardized data source. As a result of this alignment, some figures have shifted modestly. Previous reports relied on batch data compiled by quarter.

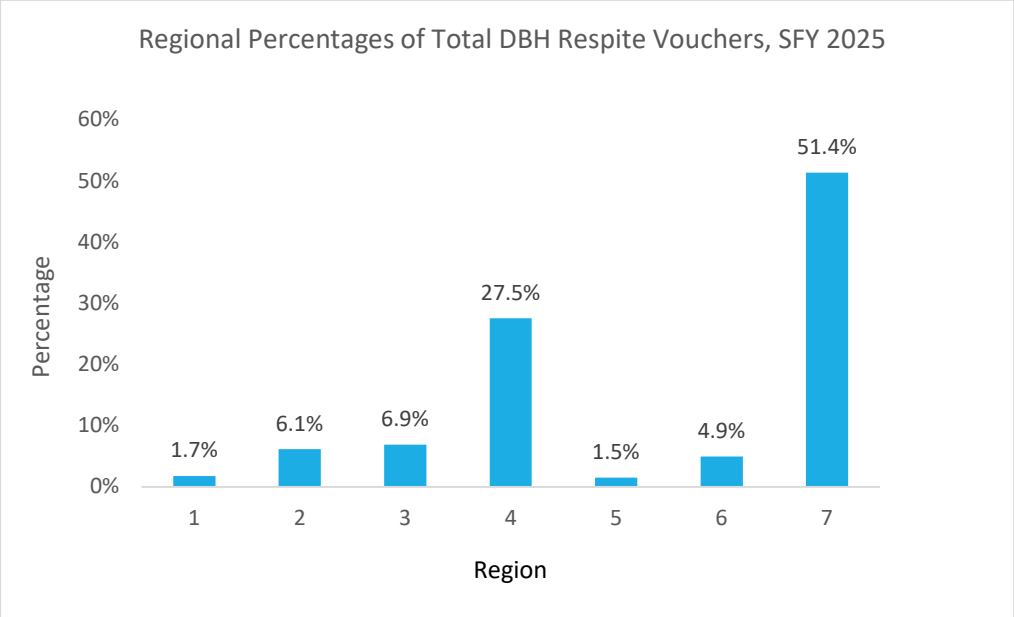
4b. DBH Vouchered Respite

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								
	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	7	25	28	112	6	20	209	407

4b2: Vouchered Respite Percentages by Region



4c. 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).

4c1. SHS/SHW Monthly Admissions by State Fiscal Year[6]

SHS/SHW Admissions by Month, Average Monthly Admissions, and Unduplicated Total Admissions, SFY 2020–SFY 2025														
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 (SHW)	11	12	11	9	9	14	14	15	15	13	13	10	12.2	72

Note: Data for October SFY 2021 is not available as there was a change in how data was 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 inadequacy) and staffing resources. Corrections to facility and staffing issues have facilitated increased admissions in SFY 2025.

4c2: SHS/SHW Readmission Incidents

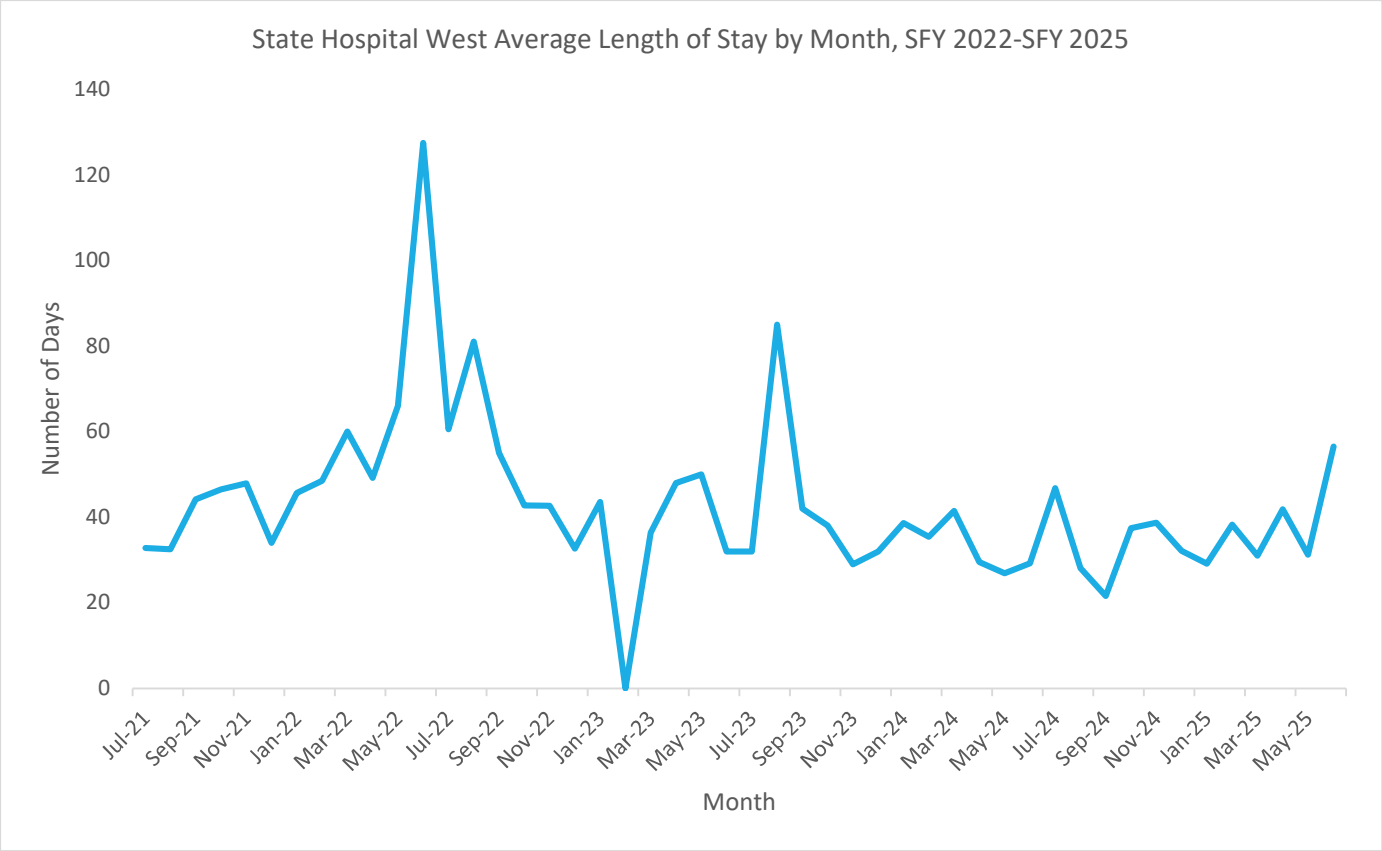
SHS/SHW Readmission Incidents Across Readmission Ranges based on Days, SFY 2017–SFY 2025[7]									
	State Fiscal Year								
Range of Days to Readmission	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
30 days or less	0	0	0	1	0	2	1	0	1
31 to 90 days	5	6	2	3	0	1	4	1	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	5
More than 365 days	11	9	9	7	3	0	0	1	4

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 in SFY 2025.

[6] 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.

[7] Data is not unduplicated. Counts do not always reflect a unique individual youth.

4c3: 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. New Data for SFY 2025

This section presents new information not previously included in the QMIA Quarterly Report, specifically the Intensive Care Coordination (ICC) data. It also introduces data that is being reported differently than in QMIA Quarterly Reports prior to SFY 2025, specifically, the Psychiatric Residential Treatment Facility (PRTF)/Residential Treatment Center (RTC) outcome request data. In both cases—the ICC data and the PRTF/RTC outcome request data—the information provided here is presented in a more aggregated form than will be used in future reports. Additional details regarding future reporting enhancements are provided in the corresponding sub-sections.

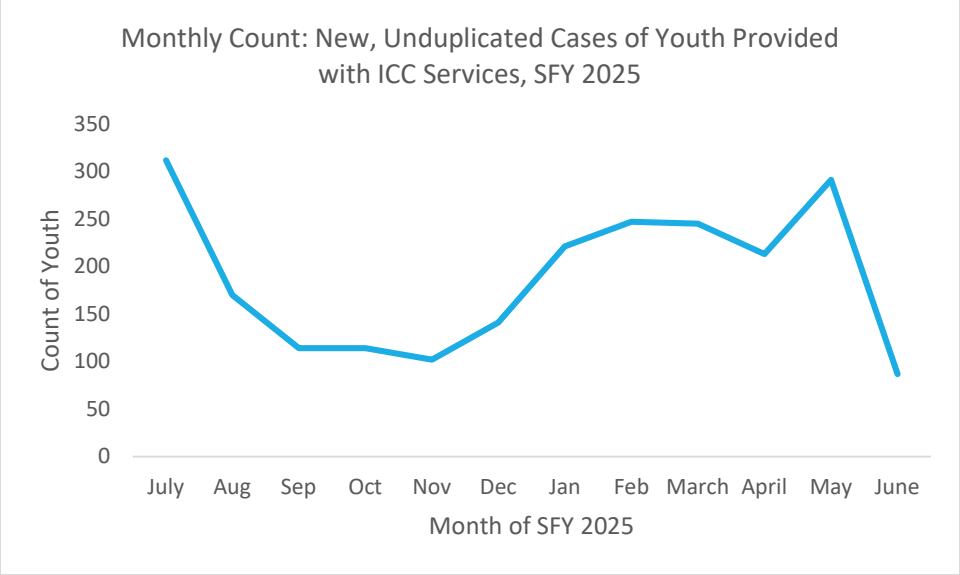
5a. Intensive Care Coordination (ICC)

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

Figure 5a1 below provides statewide monthly unduplicated counts of *new* ICC cases opened each month. As such, the counts do not represent the entire case load carried each month.

Currently, regionally stratified ICC new case data are not available. Once regional data become available, they will be incorporated into future QMIA Quarterly Reports.

5a1. Monthly (Unduplicated) Count of New Cases of Youth Provided with ICC, SFY 2025



What is this data telling us?

During SFY 2025, a total of 2,586 (unduplicated) youth were provided ICC services. Monthly counts varied considerably, ranging from a high of 312 in July, 2024 to a low of 87 in June, 2025. The monthly average number of youths provided with ICC services was 188. The upward shift that began in January, 2025 coincided with the phase out of TCC. There is not a readily available explanation for the sharp decrease in new youth receiving ICC services between May and June, 2025. As additional data become available over the coming quarters and fiscal years, ICC new case data trends will emerge and can be used to better understand these important services.

5b. Statewide PRTF/RTC Initial and Concurrent Request Outcomes

Table 5b1 below presents combined data for all PRTF and RTC requests, encompassing both initial and concurrent request types. The table also aggregates data for youth funded through Medicaid and those funded through DBH. As reporting processes are further refined, future reports will stratify this information by residential type (PRTF versus RTC) and by funding source (Medicaid versus DBH) to allow for more detailed analysis.

Initial requests refer to new applications for residential services, whereas *concurrent* requests represent applications to extend an existing residential stay for a youth.

5b1. PRTF and RTC Initial and Concurrent Request Outcome Counts and Associated Percentages

PRTF and RTC Initial and Concurrent Request Outcome Counts and Associated Percentages, SFY 2025		
	Count of Initial Requests	**Percentage of Initial Requests**
Initial Requests Approved	572	72%
Initial Requests Denied	124	16%
Initial Requests Withdrawn	95	12%
Total Initial Requests	**791**	
	Count of Concurrent Requests	**Percentage of Concurrent Requests**
Concurrent Request Approvals	1259	94%
Concurrent Request Denials	30	2%
Concurrent Request Withdrawals	52	4%
Total Concurrent Requests	**1341**	
Total Residential Requests (Initial and Concurrent)	**2,132**	

What is this data telling us?

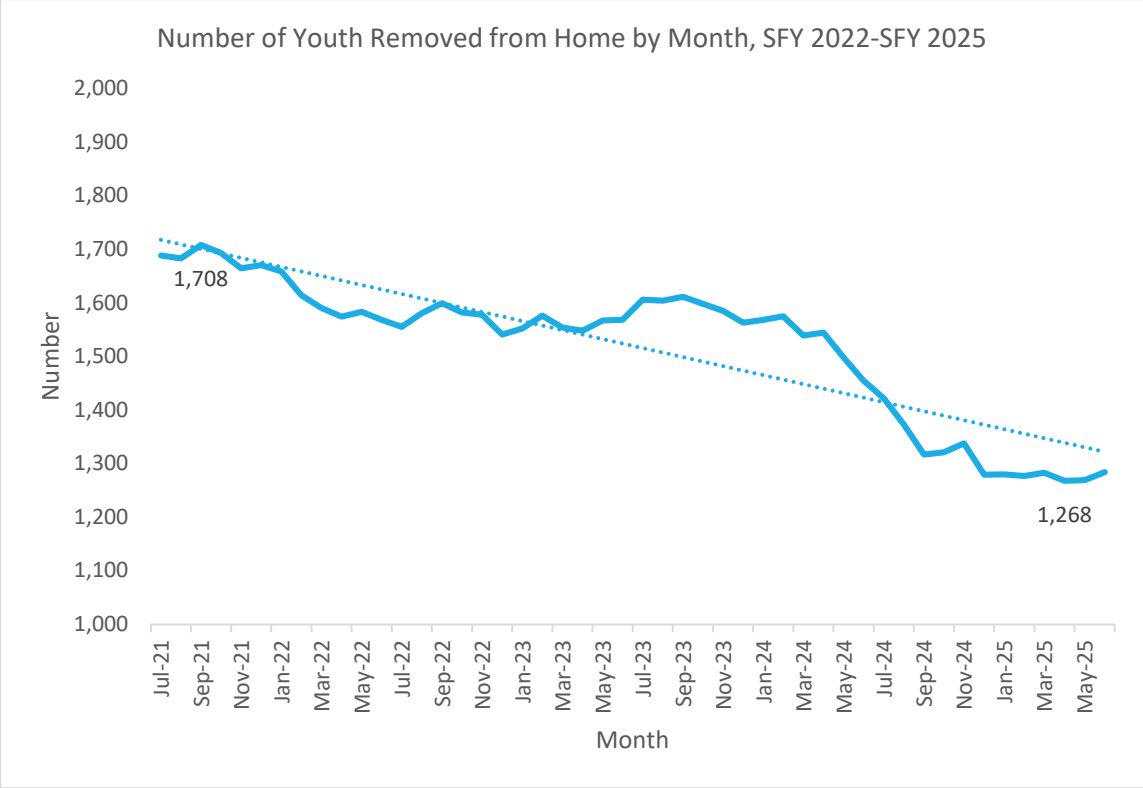
Denial rates for PRTF/RTC requests remained low in SFY 2025. Only 16% of initial PRTF/RTC requests and 2% of concurrent requests were denied. Due to differences in data reporting methods, SFY 2025 PRTF/RTC request outcomes may not be directly comparable to PRTF request data from prior years. These reporting differences will be fully evaluated in SFY 2026, and any valid year-over-year comparisons will be included in the QMIA Quarterly Report. It is possible, however, that SFY 2025 data may need to serve as a new baseline for assessing trends in PRTF/RTC initial and concurrent request outcomes over time.

6. YES Partners Information

6a. Child, Youth, & Family Services (CYFS)

Recent collaboration between CYFS and DBH has strengthened data sharing between the two divisions, supporting the creation of consistent quarter-by-quarter comparisons of initial CANS scores for youth removed from home and youth not removed from home. These analyses will now be integrated into the QMIA-Quarterly report, providing a foundation for ongoing trend assessment as additional data becomes available.

6a1: Number of Children in Care by Month Since July 2021[8]



Data notes: The chart above illustrates the total number of youth removed from home, rather than those specifically with SED. Additionally, the y-axis starts at 1,000 to highlight variation in the data that would otherwise be obscured if the axis began at zero.

What is this data telling us?

Since reaching a peak in September 2021, the monthly number of children and youth removed from home 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 April 2025, the number fell to a new low of 1,268.

[8] The numbers presented here may vary slightly from those in prior QMIA-Quarterly reports. These minor discrepancies result from joint efforts between CYFS and DBH to standardize data retrieval processes.

6a2. Initial CANS Scores for Youth Removed from Home and Youth Not Removed from Home

Initial CANS Scores: Youth Removed from Home and Youth Not Removed from Home, SFY 2025 (Q4)				
	Youth Removed from Home		**Youth NOT Removed from Home**	
Initial CANS Score	Count of Youth	Percentage of Youth	Count of Youth	Percentage of Youth
0	35	19.6%	762	28.8%
1	44	24.6%	974	36.9%
2	9	5.0%	375	14.2%
3	91	50.8%	532	20.1%
Total	**179**		**2643**	

What is this data telling us?

179 youth who were removed from home during SFY 2025-Q4 received an Initial CANS. Not surprisingly, youth removed from home were substantially more than likely than youth not removed from home to have an initial CANS score of 3 with over 50% of youth removed from home having an initial CANS score of 3 compared to just 20% of youth not removed from home.

6b. Idaho Department of Juvenile Corrections (IDJC)

About IDJC

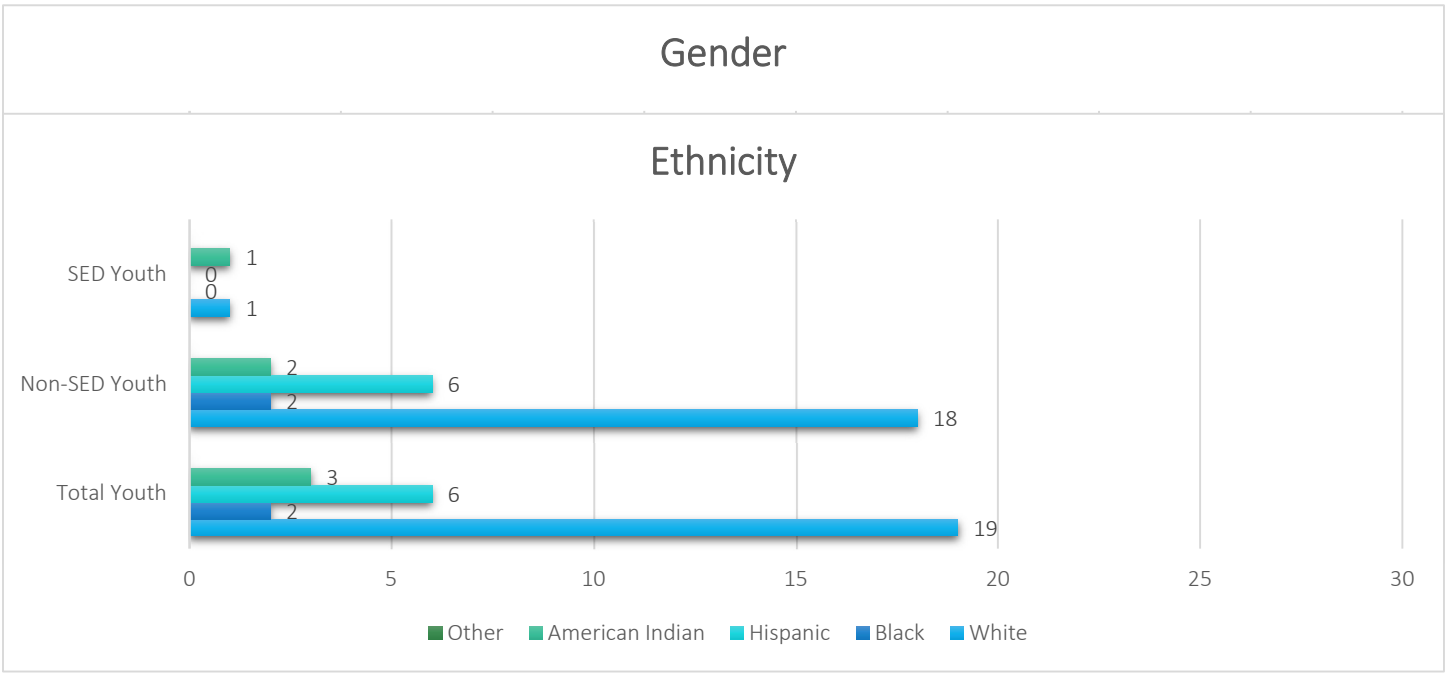
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided by system partners) determine the risks 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.

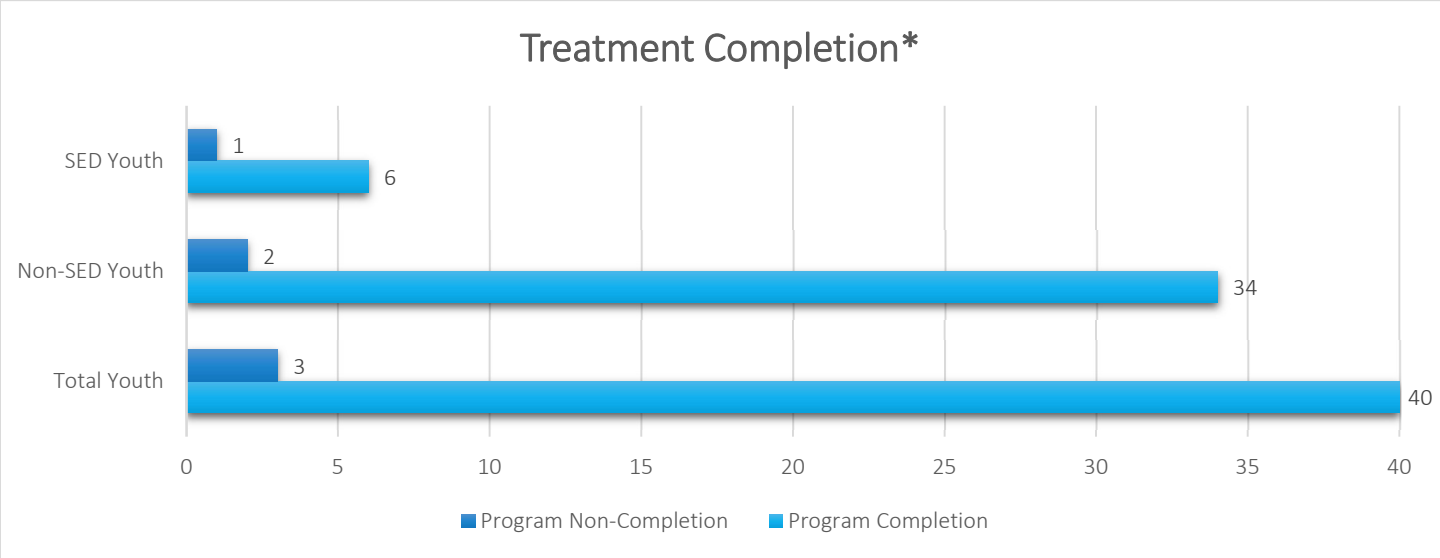
IDJC SFY2025 Fourth Quarter Report[9]

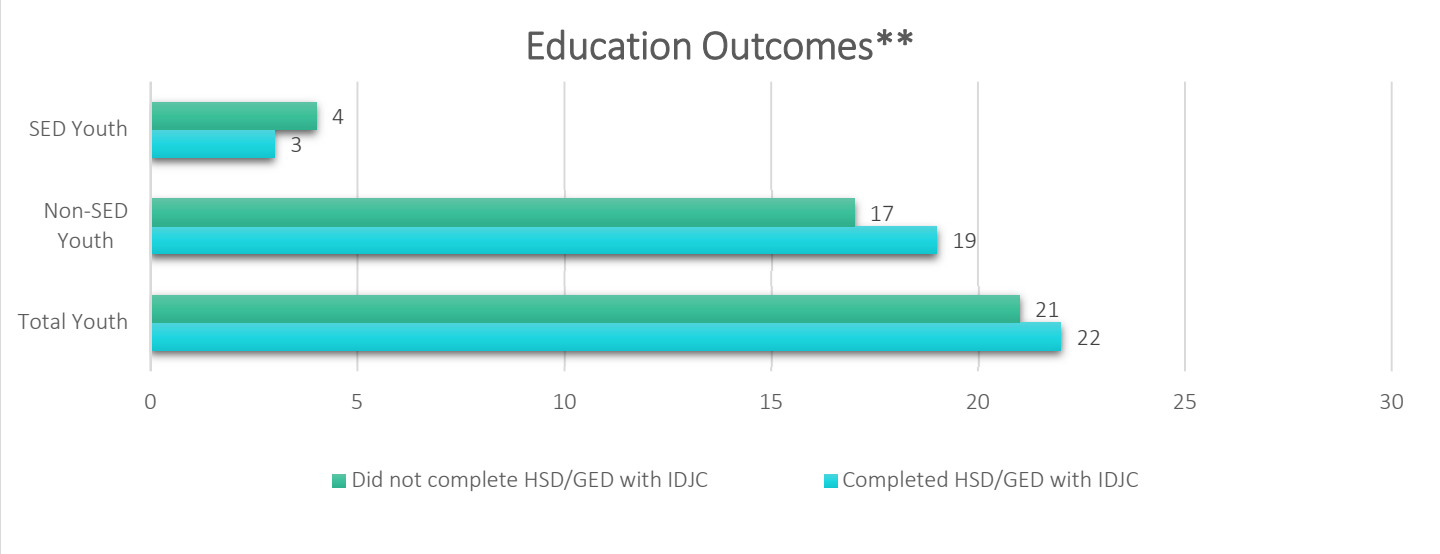
The graphs below compare gender and ethnicity between all youth and SED youth committed to IDJC from April 1 – June 30.



[9] 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 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 are under 18 that did not complete their High School Diploma (HSD) or General Education Development (GED) while attending the accredited school at IDJC.*

6c. Idaho Department of Education (IDE)

On an annual basis, the Idaho Department of Education (IDE) 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

7. Quality Monitoring Processes

7a. 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.

7a: 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)

	Noted Issues
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

7b. 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 206 YES complaints were received during SFY 2025.

Complaints are claims that a situation is unsatisfactory and may be about anything. When a youth or family member is not satisfied with any part of their care within the YES system of care, they may file a complaint. Complaints may be about the quality of care received, services, a provider, an employee of a provider or state agency, or the benefit plan through the Department of Health and Welfare.

7b. Yes Complaints by State Fiscal Year and Entity[10]

YES Complaints by Entity, SFY 2022-SFY 2025											
SFY	**YES**	**DBH**	**Magellan**	**EPSDT**	**Telligen**	**MTM**	**Liberty**	**IDJC**	**CYFS**	**IDE***	**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	20	0	16	**	**	141	0	29	0	-	206

*SDE complaints are analyzed and presented by school year rather than SFY. No complaint information was reported between SFY 2022 and SFY 2025-Q4.

**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.

[10] The most recent YES Rights and Resolutions report, available on the YES website and referenced in the Executive Summary, provides a detailed summary of complaints received during the last quarter.

8. 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 (KQPM), b) Family Experience Survey, and c) YES Quality Review (QR). In this reporting cycle, trends for KQPMs associated with the YES Family Experience Survey are provided.

8a. 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 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.

The following table lists the Family Experience quality measures that the QMIA Council determined would be the YES KQPMs. The final column indicates the 2025 status of each measure according to the following Quality Targets for YES practice for Family Survey KQPMs:

- 85 - 100% Established (6 measures fit criteria in 2025 / 4 measures fit criteria in 2024)
- 75 - 84% Evolving (9 measures fit criteria in 2025 / 10 measures fit criteria in 2024)
- 65 - 74% Emerging (4 measures fit criteria in 2025 / 5 measure fit criteria in 2024)
- < 65% Needs Improvement (0 measures fit criteria in 2025 / 2 measures fit criteria in 2024)

YES Family Survey KQPMs 2023-2025 Results with 2025 Quality Target Status					
Performance Metric	**Family Survey Measure**	**Annual Results**			**Status (2025)**
		2023	**2024**	**2025**	
Are services available timely?	Family can easily access the services child needs	65%	69%	72%	Emerging
	Meetings occur at times and locations that are convenient	83%	85%	87%	Established
Are children getting access to care in the scope, duration and intensity needed?	Provider makes suggestions about what services might benefit child/youth	74%	77%	78%	Evolving
	Provider suggests changes when things aren't going well	73%	74%	77%	Evolving
	Provider leads discussion of how to make things better when services are not working	64%	69%	72%	Emerging
	Provider helped make a safety/crisis plan	-	63%	-	*N/A*
	I feel confident that child/youth's safety/crisis plan will be useful	-	63%	-	*N/A*
Are services provided with fidelity to YES Principles of Care?	Provider encourages me to share what I know about my child/youth	-	87%	87%	Established
	The goals we are working on are the ones I believe are most important	89%	91%	91%	Established
	My child and I are the main decision makers	80%	83%	83%	Evolving
	Provider respects me as an expert on my child/youth	-	88%	87%	Established
	The assessment completed by the provider accurately represents my child/youth	81%	82%	85%	Established
	My youth/child is an active participant in planning services	67%	67%	71%	Emerging
	My child/youth has the opportunity to share his/her own ideas when decisions are made	81%	82%	83%	Evolving
	I know who to contact if I have a concern or complaint about my provider	65%	68%	68%	Emerging
	Services focus on what my child/youth is good at, not just problems	81%	84%	85%	Established
	Provider discusses how to use things we are good at to overcome problems	74%	76%	77%	Evolving
	Collaborative/Team -Based Care	70%	75%	77%	Evolving
	Care is outcome-based	69%	75%	80%	Evolving
Are services provided through Child and Family Teaming?	Families were able to participate in child's mental health services as much as they want	-	82%	83%	Evolving
	The provider communicates as much as needed with others involved in my child's care	70%	75%	76%	Evolving

9. YES PIPs

The following section provides a summary of selected YES PIPs that were in progress during SFY 2025, with many continuing in SFY 2026. These initiatives represent targeted efforts to enhance service quality, coordination, and outcomes across the YES system of care.

PIP Focus Areas

- Wraparound
- Intensive Care Coordination (ICC)
- Mental Health Care for Target Population: Foster Care
- Out-of-Home and Out-of-State Placement
- Combined Initiative: Wraparound and Out-of-Home/Out-of-State Placement
- CANS Improvement
- Workforce Development
- IGT Workgroups and Subcommittees
- Crisis Services

For each PIP, the following information is provided:

1. **Project Goal:** A concise description of the primary purpose and objectives of the project.
2. **Progress and Current Status:** A summary of work completed to date, activities currently underway, and, where applicable, the projected timeline for completion.
3. **Performance Measurement:** Identification of the quantitative and/or qualitative measures that will be utilized to evaluate the effectiveness, outcomes, and overall success of the project.

Wraparound PIP

Project Goal

The goal of this PIP is to expand access to Wraparound services for children and youth with SED across all regions of the state. The project focuses on strengthening the Wraparound workforce to ensure high-fidelity, high-quality implementation statewide. This includes:

- Development of the Wraparound workforce through coordination, training, and coaching, through the IBHP contract;
- Initiation of a System of Care Institute (SOCI) Workforce Development License (WDL) to ensure fidelity and quality in Wraparound practice; and
- Implementation of system levers for accountability to sustain and monitor quality.

Progress and Current Status

In SFY 2025, the Wraparound Center of Excellence (CoE), in collaboration with Magellan, identified nine Wraparound providers statewide. Through three provider forums, the CoE and Magellan offered education, orientation, and technical assistance to support agencies in integrating Wraparound into their service arrays.

Regional Wraparound Providers

Wraparound Providers by Region, SFY 2025	
Region	**Agency or Agencies**
1	BPA Health (telephonic Wraparound)
2	Sequoia Counseling; Scott Community Cares
3	Access Behavioral Health Services
4	BPA Health; Noble Intent
5	Positive Connections Plus; Crosspointe
6	Center Counseling
7	A Penney for Your Thoughts

A strong partnership between the IBHP Bureau at Medicaid, the Wraparound CoE, and Magellan has established the foundation for system accountability as the Wraparound service network expands. These partners have worked collaboratively to implement the IBHP contract requirements for Wraparound while maintaining ongoing coordination and communication.

Workforce Development and Training

A primary responsibility of the CoE is to deliver ongoing, standardized training for the Wraparound Coordinator workforce. Using the SOCI WDL, the Wraparound CoE has implemented a structured training and coaching model to develop a highly skilled workforce of Coordinators, Coaches, and Trainers.

In accordance with the IBHP contract with Magellan, the goal for SFY 2025 was to increase the Wraparound Coordinator workforce by 30 trained practitioners. In support of this goal the CoE launched three training cohorts during the fiscal year:

Wraparound Coordinator Training Cohorts, SFY 2025		
Cohort	**Training Period**	**Number of Coordinators Trained**
#1	September 2024	10
#2	February 2025	25
#3	June 2025	4
Total		**29**

Since July 2024, 10 trained Coordinators have exited the workforce. To address this, the CoE will provide an ad hoc training for three new Coordinators and will initiate additional cohorts following the execution of the next annual WFD license in January 2026.

Coaching Workforce

The coaching workforce, composed of CoE staff, continues to build expertise based on benchmark progression standards outlined in the WFD license. Coaches advance through three levels of certification, each reflecting mastery of increasingly advanced coaching competencies.

Regular and consistent coaching—recognized as a best practice by the National Wraparound Initiative—is provided through:

- Monthly group coaching sessions
- Individual (1:1) coaching sessions at least monthly
- In-vivo observation and feedback sessions

Training Workforce

The CoE's training workforce focuses on building the capacity of Wraparound coaches to deliver the Wraparound Foundational Curriculum. Trainers progress through two certification levels, based on demonstrated skills and competency assessments.

Ongoing System Collaboration

The CoE, Magellan, and the IBHP Bureau continue to collaborate on addressing system-level challenges, including:

- Clarification of Wraparound versus ICC roles and expectations;
- Integration of Wraparound documentation within Magellan's Person-Centered Intelligence Solutions (PCIS) system; and
- Ensuring network adequacy in alignment with IBHP contractual requirements.

Measures of Success

1. Workforce Expansion

The CoE remains focused on increasing the number of trained and certified Wraparound Coordinators statewide. Foundation Training will continue to be offered up to twice annually under the WFD license. As training staff achieve the second-level certification, additional cohorts will be launched to scale workforce capacity.

The most recent (June 2025) annual estimate of need for ICC report, produced by Boise State University in cooperation with DBH, estimates 1,541 youth require Intensive Care Coordination through Wraparound. To meet this need, approximately 130–150 Wraparound Coordinators will be required statewide.

2. Fidelity to the Wraparound Model

Fidelity will be assessed using two standardized instruments:

- Team Observation Measure 2.0 (TOM 2.0):
  Evaluates, through direct observation of team meetings, the degree to which Wraparound is implemented with fidelity. TOM 2.0 data is used to guide coaching, professional development, and skill building for Coordinators. Key process indicators include:
  - Parent/caregiver and youth participation in team meetings;
  - Team understanding of the Wraparound process and roles;
  - Active contribution of family members to planning; and
  - Regular review of progress toward the youth's and family's goals.

- Wraparound Fidelity Index – Short Form (WFI-EZ):
  Collects youth and caregiver feedback on the Wraparound process, focusing on teamwork, planning, participation, and collaboration.
  Sample indicators include:
    - The family is part of a multi-member Wraparound team;
    - A written Plan of Care is developed collaboratively;
    - Teams meet at least every 30–45 days;
    - Family input informs team decisions; and
    - Families identify and focus on their highest-priority needs.

Target: By the end of the first year of service implementation, 50% of Coordinators are expected to demonstrate adequate to high fidelity, with continued improvement anticipated as experience increases.

3. Youth and Family Outcomes and Satisfaction

Outcomes and satisfaction will be measured through multiple sources:

1. WFI-EZ Tool:
   A 20% random sample of enrolled youth will be surveyed quarterly. Measures include:
    - Access to needed community services and supports;
    - Confidence in managing future challenges;
    - Crisis preparedness;
    - Satisfaction with youth progress; and
    - Family confidence in caring for the youth at home.
      Additionally, the WFI-EZ will monitor reductions in:
    - Institutional placements (e.g., detention, psychiatric hospitalization, treatment centers);
    - Psychiatric emergency room visits;
    - Police contact; and
    - School suspensions or expulsions.
2. Transition Survey:
   Administered to all youth and caregivers exiting Wraparound services, assessing engagement, satisfaction, fidelity, and perceived outcomes.
3. Quality Service Review (QSR):
   Conducted annually on a 20% sample of enrolled youth. Following record reviews, voluntary caregiver and youth interviews provide qualitative feedback on service quality and experience.

Target: At least 80% of families and youth will report satisfaction.

ICC PIP

Project Goal

The goal of this PIP is to increase access to ICC for eligible children and youth. ICC is a critical component of the continuum of care designed to ensure that youth with complex behavioral health needs receive coordinated, individualized, and community-based services that promote stability and positive outcomes.

Progress and Current Status

As of July 1, 2024, Magellan implemented ICC statewide under the IBHP. Through this initiative, Magellan established a team of ICC Care Managers dedicated to providing comprehensive, family-centered coordination for eligible youth.

The ICC program:

- Accepts referrals for youth identified as needing intensive care coordination;
- Assigns ICC Care Managers for all youth referred for a Residential Level of Care (RLOC) to support navigation of that process; and
- Facilitates CFT meetings, ensuring that youth and families receive ongoing support from their natural supports, providers, and community systems.

The focus of these activities is to prevent or minimize the need for out-of-home placements by improving care coordination, communication, and individualized planning.

Measures of Success

In support of its efforts to ensure eligible youth receive appropriate intensive care coordination in their communities to meet treatment needs and prevent worsening symptoms, Magellan's ICC program is undergoing national accreditation through the National Committee for Quality Assurance (NCQA). This process will ensure adherence to nationally recognized standards for care coordination, quality management, and outcome measurement, further strengthening accountability and service quality across the state.

Mental Health Care for Target Population: Foster Care PIP

Project Goal

Increase access to mental health care for children and youth in foster care.

Progress and Current Status

In spring 2025, the Idaho Legislature approved the addition of new positions within the CYFS system—including clinicians, clinical supervisors, and support staff—to strengthen the behavioral health support available to children and youth in foster care. The CYFS Continuum of Care Bureau in Youth Safety and Permanency is using those positions in multiple ways to provide comprehensive and responsive support for children, youth, and families:

- Family Support Helpline:
  A helpline for foster, adoptive, and biological parents involved in the foster care system provides immediate support for in-the-moment stabilization and de-escalation.
- Clinical Assessment Services:
  CYFS clinicians conduct behavioral health assessments for children and youth in foster care to identify needs and make recommendations for appropriate levels of care.

- In-Home Clinical Support:
  Clinicians provide in-home services to foster parents and biological families involved in prevention cases, helping families manage behavioral challenges and maintain children safely in their homes.
- Family Meeting Facilitation:
  CYFS support staff facilitate family meetings focused on developing individualized discharge and permanency plans for children who have been or are in congregate care.

Program resources became available July 1, 2025, and all services are in various stages of implementation.

Measures of Success

Success indicators include:

1. Reduction in Congregate Care Utilization:
   - Decrease in the number of children placed in congregate care settings.
   - Reduction in the average length of stay in congregate care.
2. Improved Placement Stability:
   - Decrease in the number of placement moves for children in foster care, reflecting improved stability and continuity of care.
3. Enhanced Family Support and Prevention Outcomes:
   - Increase in the number of post-adoptive and post-guardianship families participating in prevention.
   - Decrease in the number of children entering foster care due to behavioral health crises or lack of available community-based resources.

Out-of-Home and Out-of-State Placements PIP

Project Goal

The goals of this PIP are to:

1. Reduce the need for out-of-home and out-of-state placements by ensuring youth receive services in the least restrictive, most appropriate environment to meet their mental health needs; and
2. Decrease the number of youth placed in out-of-state residential facilities, supporting their treatment and permanency within Idaho whenever possible.

This initiative is guided by the principle that residential treatment should be used only when clinically necessary, and when required, should be effective, facilitating each youth's successful return to their home community.

Progress and Current Status

As of July 1, 2024, all residential placements for youth are managed under the IBHP by Magellan Health. The IBHP contract outlines a specific requirement under Section *50.1.7, Preventing Institutionalized Care*, stating that:

"The Contractor shall implement a Performance Improvement Project (PIP) to reduce the need for out-of-home and out-of-state placements using a process in accordance with 42 CFR 438.330."

Using this directive as a foundation, representatives from the IBHP Clinical and Quality Team, Magellan Quality Department, Department of Health and Welfare (DHW) Division of Behavioral Health, and Medicaid Quality Improvement Director collaboratively developed an approach for reducing the need for out-of-home and out-of-state placements.

This approach was further aligned with the DHW Strategic Plan (SFY 2024–2028) to ensure consistency with statewide priorities.

Residential Placement Review Process

The Magellan Utilization Management (UM) team reviews all requests for residential treatment to determine medical necessity based on standardized care guidelines. Each request undergoes clinical review by the UM team and Medical Director to ensure appropriateness of placement.

Upon approval for residential care:

- A Care Manager is assigned to the youth.
- A CFT meeting is initiated to coordinate services and ensure family involvement.
- The Care Manager assists in identifying the most appropriate residential placement and ensures ongoing monitoring through continued stay reviews to ensure the placement remains clinically necessary, the youth's treatment plan includes active family engagement, and discharge planning and reintegration supports are in place.

The overarching goal remains to utilize residential treatment only after all appropriate community-based interventions have been exhausted and to ensure any residential episode is as brief, effective, and family-inclusive as possible.

Data and Quality Oversight

Key considerations guiding the PIP methodology included ensuring access to relevant data sources, such as demographic information, claims data, treatment record reviews, and utilization management metrics. This process was overseen by the Magellan Quality Team, in collaboration with internal Magellan departments (Network, Clinical/UM, Analytics) and members of the IBHP Clinical and Quality Team.

Data collection for this PIP began in January 2025. The first status update was presented to the Magellan Quality Improvement Committee (QIC) on April 24, 2025, providing an overview of baseline data and methodology. Ongoing updates are presented regularly to the Quality Improvement Committee (QIC) to track progress, identify trends, and guide quality improvement activities. SFY 2025 serves as the baseline year, and no conclusions have been drawn at this time due to limited information.

Measures of Success

Magellan will measure the success of this project by demonstrating youth are having their treatment needs met in the least restrictive environment possible. Youth, families, and Magellan care managers will engage in CFT's, review that all other levels of care have been explored and will collaborate to support the youth returning to their community after residential treatment.

Magellan and the IBHP Quality Team will review PIP progress and data at regular intervals as information becomes available. This is a long-term PIP, with an anticipated completion and comprehensive evaluation date of SFY 2029. Following completion, data monitoring and analysis will continue periodically to ensure sustained improvements and to prevent regression in outcomes related to out-of-home and out-of-state placements.

Wraparound and Out-of-Home Placements PIP

Project Goal

The goal of this PIP is to evaluate whether engagement in the Wraparound program following an inpatient psychiatric admission reduces the percentage of adolescents requiring out-of-home or out-of-state placements.

Progress and Current Status

SFY 2025 marked the establishment and initial development of this PIP. During this foundational year, Magellan, in collaboration with the IBHP and the Wraparound CoE, focused on designing the project framework and defining the implementation methodology.

Key activities completed in SFY 2025 included:

- Defining the project scope and goals to align with contractual expectations and system priorities;
- Identifying the data sources and indicators necessary to track engagement and outcomes for youth discharged from inpatient care to Wraparound services; and
- Establishing cross-functional collaboration between Magellan's Quality, Clinical, and Network teams to coordinate data collection and analysis.

As anticipated, the initial data sample for SFY 2025 was nominal, reflecting the early phase of contract implementation and the emerging status of the PIP. This initial year provided the opportunity to refine processes, test data collection methods, and establish a strong foundation for full implementation in subsequent years.

Looking ahead, Magellan—working in partnership with the IBHP and Wraparound CoE—will continue to expand Wraparound services statewide and further integrate data analysis into quality improvement activities. The next phase of the PIP will focus on:

- Comprehensive data analysis to assess correlations between Wraparound engagement and out-of-home placement rates;
- Action plan development based on early findings to guide targeted improvements; and
- Intentional rollout of practice changes, ensuring they are both measurable and sustainable.

This phase of the PIP also allows for course correction, as data trends become clearer and as the Wraparound program matures under the current contract.

Measures of Success

The success of this PIP will be assessed based on reductions in out-of-home and out-of-state placements among adolescents who are discharged from inpatient care and subsequently engage in Wraparound services. Progress and performance data will be reviewed regularly by the Magellan Quality and Clinical teams, in coordination with IBHP and the CoE. Interim findings will inform ongoing refinements to the project's implementation strategy.

This is a long-term PIP with an anticipated completion and evaluation date of SFY 2029. Upon conclusion, data analysis will continue periodically to ensure the sustainability of improvements and to monitor for ongoing reductions in out-of-home and out-of-state placements.

Child and Adolescent Needs and Strengths (CANS) Improvement PIP

Project Goal

Implement a streamlined version of the CANS assessment and improve user experience for providers and families.

Progress and Current Status

A streamlined version of the CANS assessment was successfully implemented on July 1, 2024. To address enhancing the user experience, the One Kid, One CANS Workgroup continues to collaborate with Magellan and system partners to improve both the functionality and application of the PCIS platform, where the CANS is administered and documented.

Current improvement efforts within PCIS include:

- Development of an offline version of the CANS, allowing completion in settings without reliable internet access;
- Enhancement of narrative fields for actionable items to promote more meaningful and individualized documentation;
- System alerts for incomplete CANS submissions, ensuring accuracy and completion prior to submission; and
- Expanded explanations of levels of care within CANS reports to support clinical interpretation and decision-making.

In addition to system enhancements, two new provider training modules are being implemented statewide: CANS in Practice and Consensus-Based Assessment.

Measures of Success

Outcomes of these efforts will be monitored by the YES Family Survey results on CANS related questions and a provider survey from the Praed Foundation called the Collaborative Helping Inquiry (CHQ-IN).

Workforce Development PIP

Project Goal

The goal of this PIP is to develop and implement a comprehensive Workforce Development Plan to strengthen the availability, accessibility, and quality of services and supports within the YES system. This plan will focus on building the behavioral health workforce through structured education, training, performance feedback, and ongoing coaching of providers across Idaho.

Progress and Current Status

The YES Coordination Team established a YES-Specific Workforce Development Steering Committee, which convened its first meeting on August 6, 2025. The committee's mission is to address statewide workforce challenges and develop strategies that promote growth, competency, and retention within the provider network serving youth and families.

The Steering Committee will oversee several major initiatives, including:

- Gaps and Needs Analysis: Identifying workforce shortages, regional disparities, and priority service areas.
- Statewide Training and Development Programs: Expanding education, training, and coaching opportunities for providers.
- Performance Management and Feedback: Establishing mechanisms for quality improvement, evaluation, and professional support.
- Creation of the YES Workforce Development Plan: A strategic framework that integrates statewide workforce data, service capacity goals, and performance metrics.

The development of the Workforce Development Plan is the committee's immediate priority, with a first draft targeted for completion in late 2025. The plan will incorporate deliverables from the Implementation Assurance Plan (IAP) and the Jeff D. Settlement Agreement and service capacity targets.

Once the plan is completed, the Steering Committee will continue to meet regularly to monitor ongoing workforce initiatives, collect and review data, and coordinate statewide efforts. Continuing activities will include:

- Collaboration with Magellan to support and align with the Annual Network Development and Maintenance Plan (ANDMP);
- Coordination with the Implementation Workgroup (IWG);
- Annual Workforce Development Reporting, summarizing outcomes, workforce growth, and progress toward goals; and

- Quarterly Stakeholder Meetings with external partners to maintain transparency and shared accountability.

Measures of Success

The Workforce Development PIP will measure success through indicators that demonstrate growth in provider capacity, training participation, and service accessibility across Idaho.

Key outcome measures include:

1. Provider Network Growth:
    - Increase in the number and geographic distribution of behavioral health providers statewide.
    - Expansion of services available to youth, such as Mobile Response and Crisis Services.
2. Training and Competency Development:
    - Growth in the number of provider trainings and certifications completed.
    - Increase in participation in statewide training and coaching initiatives.

Potential additional outcome measures:

- Timeliness of Service Delivery:
    - Percentage of youth who receive their first therapeutic service within 30 days of assessment.
- Treatment Engagement (Treatment Dose):
    - Percentage of youth receiving the targeted number of treatment contacts within 30 days of the first service (e.g., two psychotherapy sessions).
- Caregiver Involvement (Supporters Enlisted):
    - Percentage of sessions attended by caregivers or family members, reflecting engagement and family-driven care.
- Clinical Outcomes:
    - Percentage of youth demonstrating improved strengths and/or reduced needs after at least four therapeutic sessions, as measured by the CANS

Interagency Governance Group (IGT) and YES Workgroups/Subcommittees PIP

Project Goal

Strengthen communication, coordination, and accountability between the IGT, its subcommittees, and YES Workgroups.

Background and Identified Need

It was identified that IGT Subcommittees and YES Workgroups—including **FAM, ICAT, Due Process, QMIA Council, QFAS, YES Communications and Strategic Planning Workgroup,** and **One Kid One CANS**—were experiencing communication challenges with the IGT.

Key issues identified included:

- Limited opportunities for meaningful information exchange: Workgroups and subcommittees primarily reported during full IGT meetings, which often had full agendas, resulting in delayed or postponed discussions.
- Lack of clarity on purpose and follow-through: Subcommittees and workgroups were uncertain about how their recommendations were being received, prioritized, or implemented.
- Duplication of efforts and strategic gaps: Department staff observed overlap among groups and inconsistencies in aligning their work with strategic priorities under the Jeff D. Settlement Agreement and the IAP.

- Volunteer frustration**:** Parent, caregiver, and youth participants—who dedicate significant time to these efforts—expressed concern that their contributions were not being acknowledged or utilized.

This problem was identified through:

- Qualitative feedback from subcommittee/workgroup facilitators, chairs, co-chairs, and members;
- Input from Department staff and IGT members; and
- Observed inefficiencies in capturing, tracking, and integrating workgroup recommendations into operational and strategic processes.

Specific Objectives

This PIP is designed to:

1. Strengthen and streamline the flow of feedback from YES workgroups and subcommittees into the Department's decision-making and quality improvement processes;
2. Ensure alignment between subcommittee/workgroup activities and the IGT Strategic Plan; and
3. Increase transparency and accountability in how recommendations are reviewed, acted upon, and communicated back to stakeholders.

Progress and Current Status

Earlier Efforts

- 2021: The IGT Executive Committee was created with YES Chairpersons meeting to strengthen communication and ensure recommendations were aligned with the IGT Strategic Plan before going to the full IGT.
- 2022: The IGT Project Coordinator position was created (fulfilling an IAP deliverable), furthering efforts to strengthen communication.
- 2024: The IGT Project Coordinator launched the *YES Workgroup & Subcommittees Quarterly Review Report* to capture and share updates, highlight roadblocks, and capture/follow-up on requested support from the IGT and IGT Executive Committee

Efforts Related to Training and Support Enhancements

- Development of group-specific onboarding materials to support new members' understanding of purpose, roles, and responsibilities.
- Through the YES Advocacy, Education, and Support contract, FYIdaho enhanced the Nuts & Bolts Training for parent and youth representatives to prepare them for effective participation and reimbursement in subcommittee and workgroup meetings.

Efforts in 2025

In 2025, the Department conducted a structured review of all seven YES-related workgroups and subcommittees (One Kid One CANS, YES Communications, QMIA Council, QFAS, FAM, ICAT, and Due Process). Feedback was gathered on group purpose, participation, membership, and attendance.

Based on this feedback, the Department is:

- Continuing and improving the volunteer reimbursement process through streamlined work order procedures;
- Updating FYIdaho's Nuts & Bolts Training Manual for improved clarity and usability;

- Revising IGT Bylaws to clarify the role and representation of Parent and Youth Representatives;
- Developing a Feedback Flow Chart to visually document how workgroup input progresses through the system to decision-makers; and
- Ensuring CMH team representation at FAM and ICAT meetings to align system improvement projects with data-driven decision-making.

Measures of Success

Structural Measures

- Regular completion, distribution, and review of the YES Workgroup & Subcommittees Quarterly Review Report.
- Implementation and consistent use of a Feedback Flow Chart to document communication pathways and actions taken.

Process Measures

- Evidence that feedback from workgroups is systematically captured, documented, and shared during YES Coordination meetings.
- Improved clarity and accessibility of training materials for parents, youth, and providers.

Outcome Measures

- Reduction in reported communication gaps and duplication of efforts between subcommittees/workgroups and the Department.
- Increased confidence among volunteer members that their input is acknowledged and acted upon.
- Implementation of a Spring 2026 survey to assess member perceptions of Department support, communication effectiveness, and workgroup clarity.
- Improved capacity to collect, analyze, and present trend data and recommendations during YES Coordination and IGT meetings.

Youth Crisis Services PIP

Project Goal

Increase youth and family awareness of and engagement with Idaho's crisis system (988, MRTs, Youth Crisis Centers).

Work in Progress

In 2025, the Idaho Behavioral Health Council (IBHC) established three workgroups to advance youth crisis services:

1. Crisis Center Public Awareness
2. Youth Crisis Centers
3. Crisis Center Operations

Staff from DBH, IBHP, and Magellan are actively participating in and supporting these workgroups, contributing to a cross-agency Crisis Team overseeing the workgroup's initiatives.

Additionally, Magellan has implemented processes to track and report utilization of youth crisis services:

- Quarterly and annual reporting: Utilization data, including trends and regional metrics, are shared with stakeholders;

- Site reviews: Magellan conducts periodic reviews of Youth Crisis Centers to ensure compliance with minimum operational standards established by DHW.

Success Measures

The success of this PIP will be evaluated based on measurable utilization and engagement indicators, including:

- Number of calls to 988 from youth and families;
- Number of MRT interventions; and
- Utilization of Youth Crisis Centers.

10. YES Communications

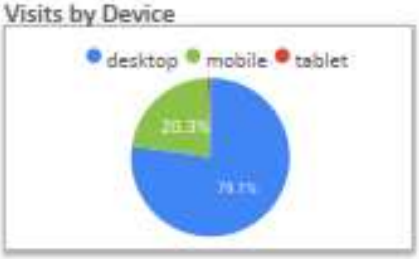
10. YES Website

YES Website Analytics

Reporting Period April 1 2025 - June 30 2025

Sessions	Views	Total users	New users
4,753	9,248	2,826	2,451

Visits by Device



Device category	Sessions...	Bounce rate
desktop	3,780	41.3%
mobile	972	50.93%
tablet	26	38.46%

Type of Visitors

Top 10 Landing Pages from 04/01/2025 - 06/30/2025

Page title	Total users	New users
Welcome to YOUTH EMPOWERMENT SERVICES	1,556	1,248
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	438	307
Contact Us | YOUTH EMPOWERMENT SERVICES	370	99
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	232	112
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	219	5
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	199	99
Parents | YOUTH EMPOWERMENT SERVICES	197	40
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	193	103
YES Training | YOUTH EMPOWERMENT SERVICES	177	28
Crisis Resources | YOUTH EMPOWERMENT SERVICES	172	79

Traffic Type

Session default channel group	Sessions...
Direct	2,932
Organic Search	1,575
Referral	264

Visits by Location

City	Sessions
Los Angeles	674
Boise	618
Nampa	342
(Not Set)	282
Seattle	200
Idaho Falls	198
Phenix	176
Ashburn	169
Salt Lake City	138
Palo Alto	128

Bounce rate
43.26%

Views per user
3.29

Average session duration
00:03:48

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

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

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

YES Website Analytics

Reporting Period: July 1 2021 - June 30 2025

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

File name	Event count...
GettingStartedYES.pdf	2,772
YES101_online.pdf	1,745
YESPracticeManualFinal.pdf	1,368
MentalHealthCrisisDe nitionandExpectation...	672
MHChecklist.pdf	665
MHChecklistforYOUTH.pdf	655
YESOverviewtrifold.pdf	584
YES-Contacts.pdf	566
YouthCrisisSafetyPlan.pdf	455
YOUTHFAQ yerFinal.pdf	397

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	15,322
yes idaho	269	3,302
youth empowerment servic...	174	4,163
yes program	163	5,909
cans assessment idaho	142	312
youth empowerment servic...	133	9,700
idaho yes program	117	5,131
safety plan for adolescents ...	107	609
cans assessment	101	3,077
cans certification	82	1,153

Site activity
Number of times a user event occurred*

Event name	Event count
page_view	92,837
scroll	71,820
user_engagement	55,125
session_start	47,788
file_download	35,154
first_visit	27,266
click	12,828
form_start	1,628
form_submit	355
mailto	206

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	21,841
Child and Adolescent Needs and Strengths (CANS) | YOUTH...	3,956
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT S...	2,205
YES History and Current Development | YOUTH EMPOWERM...	1,965
Wraparound Intensive Services | YOUTH EMPOWERMENT SE...	1,893
Contact Us | YOUTH EMPOWERMENT SERVICES	1,565
Crisis Resources | YOUTH EMPOWERMENT SERVICES	1,015
Parents | YOUTH EMPOWERMENT SERVICES	989
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	814
| YOUTH EMPOWERMENT SERVICES	724

Where do visitors enter then immediately leave the site?
Count of each page where a visitor entered then immediately left thefisite

Page title and screen class	Bounce rate
Idaho State Bar Admissions Application | State Bar	100%
Idaho Prescription Drug Monitoring Program Data Dashboard |...	100%
Contact Us | YOUTH EMPOWERMENT SERVICES	100%
Idaho Personnel Commission | Division of Human Resources	100%
Contact Us | State Board of Pharmacy	100%
Idaho Military Historical Society | Military Museum	100%
Child and Adolescent Needs and Strengths (CANS) | YOUTH E...	100%
Idaho Malting Industry | Barley Commission	100%
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SE...	100%
Idaho Local EO Officer Directory | Division of Human Resources	100%

SEARCH
Top Search Results for "Youth Empowerment Services"

Google

1. **Welcome to YOUTH EMPOWERMENT SERVICES**
2. **Child and Family Empowerment Services**
3. **FYIdaho**
4. **Youth Empowerment Services (YES) I Department of Health and Welfare**
5. **Youth Service Officers**

Bing

1. **Welcome to YOUTH EMPOWERMENT SERVICES**
2. **Youth Empowerment Services (YES) Idaho Department of Health and Welfare**
3. **Compassionate Psychiatric Services for Caldwell Residents**
4. **Youth Empowerment Services - Putting Yourself First**
5. **Youth Empowerment Services (YES) - Community HealthCORE**

Appendices

Appendix A: Glossary of Terms *(updated September 2022)*

Child and Adolescent Needs and Strengths (CANS)	A tool used in the assessment process that provides a measure of a child's or youth's needs and strengths.
Class Member	Idaho residents with SED who are under the age of 18, have a diagnosable mental health condition, and have a substantial functional impairment.
Distinct Number of Clients	Child or youth is counted once within the column or row but may not be unduplicated across the regions or entities in the table.
EPSDT	Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which is now referred to as Children's Medicaid, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. (National website Medicaid.gov).
IEP	The Individualized Education Plan (IEP) is a written document that spells out a child or youth's learning needs, the services the school will provide, and how progress will be measured.
Intensive Care Coordination (ICC)	A case management service that provides a consistent single point of management, coordination, and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that such services are coordinated and delivered consistent with the Principles of Care and Practice Model.
Jeff D. Class Action Lawsuit Settlement Agreement	The Settlement Agreement that ultimately will lead to a public children's mental health system of care that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles.
QMIA	A quality management, improvement, and accountability program.
Serious Emotional Disturbance (SED)	The mental, behavioral, or emotional disorder that causes functional impairment and limits the child's functioning in family, school, or community activities. This impairment interferes with how the youth or child needs to grow and change on the path to adulthood, including the ability to achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills.
SFY	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
SFYTD	The acronym for State Fiscal Year to Date.
System of Care	An organizational philosophy and framework that involves collaboration across agencies, families, and youth for improving services and access, and expanding the array of coordinated community-based, culturally, and linguistically competent services and supports for children.
TCOM	The Transformational Collaborative Outcomes Management (TCOM) approach is grounded in the concept that the different agencies that serve children all have their own perspectives, and these different perspectives create conflicts. The tensions that result from these conflicts are best managed by keeping a focus on common objectives — a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.
Unduplicated Number of Clients	Child or youth is counted only once in the column or row
Youth Empowerment Services (YES)	The name chosen by youth groups in Idaho for the new System of Care that will result from the Children's Mental Health Reform Project.
Other YES Definitions	System of Care terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-system-of-care-terms-to-know/ YES Project Terms to know: https://yes.idaho.gov/youth-empowerment-services/resources/terms-to-know/yes-project-terms-to-know/

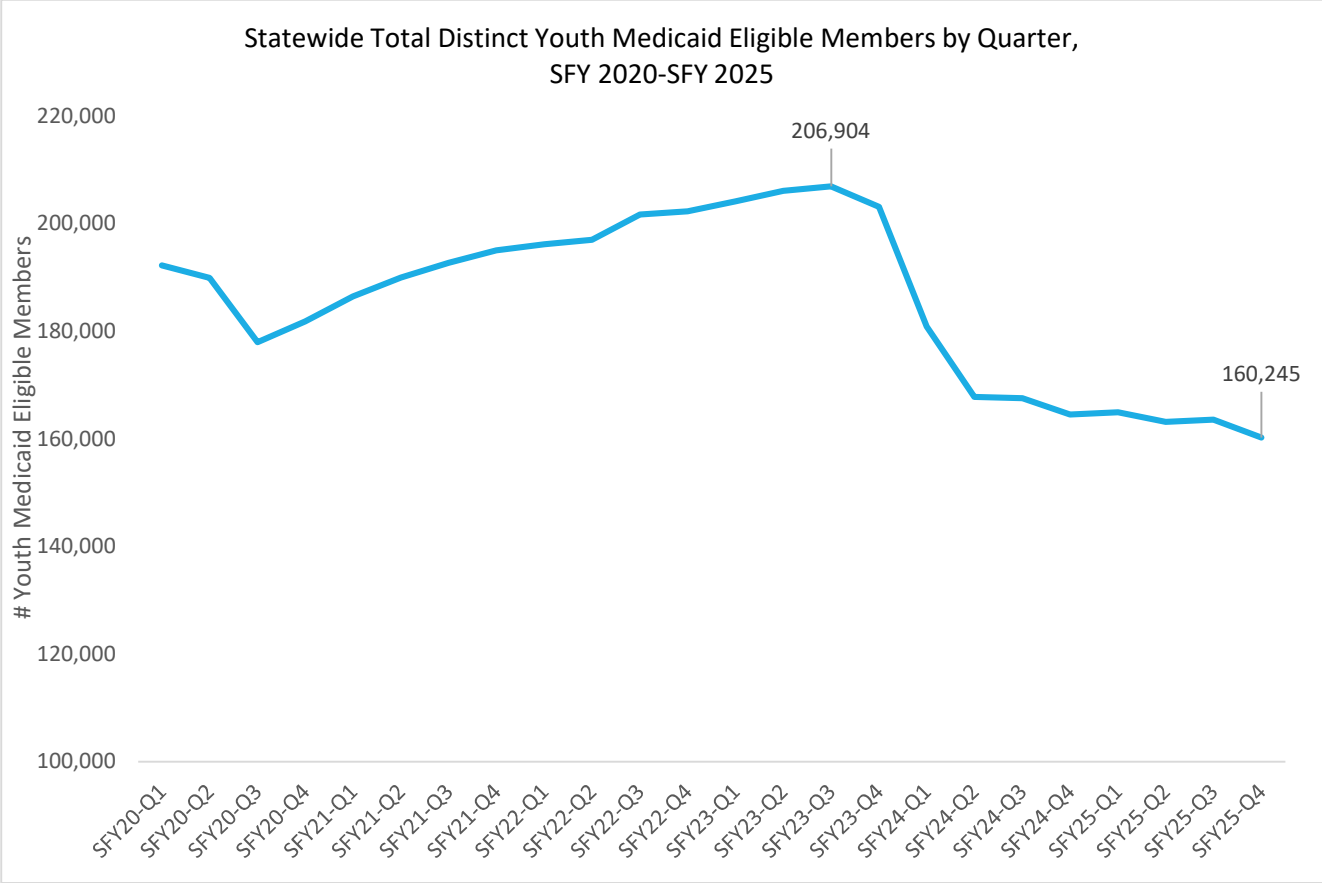
Appendix B – Medicaid Youth Utilizers, Eligible Members and Utilization Rates by Quarter, SFY 2020–SFY2025

Statewide eligible Medicaid members by quarter data are provided by the IBHP contractor. SFY 2020 through SFY 2024 data was provided by Optum (data above green dotted line). SFY 2025 data was provided by the Idaho Medicaid program and will be provided Magellan in future reports (data below green dotted line).

Statewide Medicaid Youth Utilizer and Eligible Member Counts with Corresponding Utilization Rates by Quarter, SFY 2020 – SFY 2025			
SFY and Quarter	**Total Youth Medicaid Service Utilizers**	**Total Medicaid Eligible Youth Members**	**Utilization Rate**
SFY2020-Q1	16,962	192,236	8.8%
SFY2020-Q2	17,219	189,891	9.1%
SFY2020-Q3	17,621	177,908	9.9%
SFY2020-Q4	15,575	181,826	8.6%
SFY2021-Q1	15,755	186,467	8.4%
SFY2021-Q2	16,382	189,933	8.6%
SFY2021-Q3	17,361	192,659	9.0%
SFY2021-Q4	17,604	195,019	9.0%
SFY2022-Q1	16,399	196,131	8.4%
SFY2022-Q2	16,183	196,951	8.2%
SFY2022-Q3	16,836	201,654	8.3%
SFY2022-Q4	17,034	202,282	8.4%
SFY2023-Q1	15,981	204,078	7.8%
SFY2023-Q2	16,060	206,038	7.8%
SFY2023-Q3	16,868	206,904	8.2%
SFY2023-Q4	16,834	203,079	8.3%
SFY2024-Q1	15,272	180,873	8.4%
SFY2024-Q2	15,031	167,762	9.0%
SFY2024-Q3	15,664	167,552	9.3%
SFY2024-Q4	16,245	164,484	9.9%
SFY2025-Q1	16,269	164,905	9.9%
SFY2025-Q2	16,391	163,147	10.0%
SFY2025-Q3	17,184	163,556	10.5%
SFY2025-Q4	16,948	160,245	10.6%

Appendix C – Statewide Medicaid Eligible Members by Quarter, SFY 2020–SFY 2025, Visualization

The figure below include visually represents the count of Medicaid eligible members included in Appendix B. It 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.*



Appendix D – Medicaid Eligible Members by Region, SFY 2025

The Medicaid eligible members courts in the table below represent unique eligible members under 18 during each period. These counts are used as the denominator of the regional penetration rates presented in Section 2 (Medicaid Services and Supports).

Medicaid Eligible Members by Region, SFY 2025 Quarters 1-4									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
SFY 2025 Q1	19,228	6,860	35,484	34,041	22,651	18,419	25,477	2,745	164,905
SFY 2025 Q2	19,047	6,766	35,214	33,871	22,305	18,153	25,202	2,589	163,147
SFY 2025 Q3	19,141	6,772	35,323	33,802	22,473	18,093	25,176	2,776	163,556
SFY 2005 Q4	18,868	6,659	34,622	33,297	22,092	17,780	24,807	2,120	160,245

Appendix E – Annual Estimation of Potential Class Members 2024 (for SFY 2025)

Annual Estimated Number of Ptential Class Member – 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) = 2,086+224+14,528 +3,035 = 20,860

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

Resources for data:

Population numbers:

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

Prevalence rates:

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

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

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