

<b>Date/Time of Meeting</b>	Wednesday, October 8, 2025, 10:00am - 12:30pm MT Dial: 415-527-5035 Meeting number (access code): 2819 623 9424 Meeting password: Tb7Mmi5QHM8 (82766457 when dialing from a phone or video system) Webex: <a href="https://idhw.webex.com/idhw/j.php?MTID=ma77f45aa3390a33a20a23f53d9a1468f">https://idhw.webex.com/idhw/j.php?MTID=ma77f45aa3390a33a20a23f53d9a1468f</a> In-person Location: PTC, 450 W State Street, Boise, ID 83702, 3 <sup>rd</sup> Floor, Conference Room 3A
<b>Meeting Purpose</b>	Interagency Governance Team (IGT)
<b>Host</b>	Brittany Shipley: Chair, Ross Edmunds: Co-Chair, Vice-Chair: Patrick Gardner, & Co-Vice-Chair: Juliet Charron
<b>Reference Materials</b>	<a href="#">IGT Guiding Principles</a>

Voting Members	Att'd	Voting Members	Att'd	Voting Members	Att'd
Ross Edmunds - DBH	x	Cody Ward - Ada County Juvenile Justice		Ivy Smith - Youth Representative	x
Brittany Shipley - Parent Representative	x	Kim Hokanson - Parent Representative	x	Laura Scuri - Provider	x
Adam Panitch - IBHP Bureau	x	Marquette Hendrickx - Tribal Representative	x	Shannon Dunstan - IDE	x
Patrick Gardner - Child Advocate	x	Brenda Willson - Family Advocacy Agency (FYIdaho)	x	Director Ashley Dowell - IDJC	x
Howard Belodoff - Child Advocate	x	Allison Highley - Family Advocacy Agency (IPUL)		TBD - Parent Representative	
Val Johnson - DBH CMH Representative	x	Jean Fisher - Child, Youth, & Family Services			

## MEETING MINUTES

#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
1	5 mins (All times are aspirational & subject to change.)	Welcome, Roll Call, & Approve Minutes	IGT Voting Members	<b>Attendees:</b>  <b>VOTE:</b> Approve IGT Meeting Notes from August 8, 2025, which were sent to the IGT voting membership prior to this meeting.	<i>Motion to approve minutes from 8/8/25 meeting minutes: Laura Scuri</i>  <i>Motion seconded: Allison Highley</i>  <i>Motion carried</i>
2	45 mins	2025 Family Survey Presentation	Dr. Nate Williams	<a href="#">Idaho YES Family Survey Results Report 2025</a>	

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		<p><i>Dr. Nate Williams discussed the Family Survey Results. When a child comes into services in Idaho they receive a survey. Families are asked to share their experiences with care. We want to monitor the quality of care and identify areas that need to be improved. Some of the content of the survey is used every year and sometimes we change things.</i></p> <p><i>The topics cover:</i></p> <ul style="list-style-type: none"> <li>• YES Quality Indicators (YES Principles &amp; Practice Model)</li> <li>• Adequacy of Child and Family Teaming</li> <li>• Youth &amp; Family Outcomes</li> <li>• Service Effectiveness</li> </ul> <p><i>There were 1,109 responses this year which is slightly more than last year.</i></p> <p>from Falsetti, Candace - CO 3rd to everyone: 10:12 AM</p> <p>Link to full report: <a href="https://yes.idaho.gov/wp-content/uploads/2025/09/2025-YES-family-survey-results-FINAL-submitted.pdf">https://yes.idaho.gov/wp-content/uploads/2025/09/2025-YES-family-survey-results-FINAL-submitted.pdf</a></p> <p><i>Dr. Williams mentioned that there were no statistically significant differences in response rate by region. Youth outcomes were better on average when caregivers rated their family's mental health services higher on YES Quality Indicators. There is data that shows that children receiving services are improving in their day-to-day life. There is a continued trend in a positive direction.</i></p> <p><i>The goal is to have 80% of quality indicators to meet the performance benchmark. This helps us to identify areas that need improvement. There is evidence that access to mental health services improved for youths with the most intensive needs, however, significant gaps still exist. Families with children with high needs tend to feel that their children may not receive the services they need.</i></p> <p><i>More families are being offered child and family team meetings; however, further improvement is needed, particularly for youths with high needs. This year we looked at the relation between the CANS score and whether the family was offered a child and family team meeting. The trend shows that the higher the severity of needs the more likely the family was offered a child and family meeting.</i></p> <p><u>Discussion:</u></p> <p><i>Howard Belodoff wondered about the relationship of the results compared to the CANS score.</i></p> <p><i>Dr. Williams mentioned that when the random sample is drawn, they ensure that it represents the percentage of the population of the whole. This can be found in the full report.</i></p> <p><i>Mr. Belodoff wondered if other questions were analyzed based on the CANS score.</i></p> <p><i>Dr. Williams mentioned that they don't do this on every question. He recommended anyone interested should review the full report.</i></p> <p>from Smutny, Gayla - CO 3rd to everyone: 10:46 AM</p> <p><i>The heat map by CANS score is on Page 43 of the report.</i></p>			

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				<p><i>Sam Moore asked if there is a view of racial and ethnic disparity. Dr. Williams shared that he believes she might want to look at the unmet need report. This would show the children who didn't receive services. The one we are reviewing today is for families whose child received services.</i></p> <p><i>from Brittany Shipley to everyone: 10:55 AM Some questions I have for the follow up include: With the survey data being collected regarding youth who received services in the last 6 months, does this include youth who became institutionalized or incarcerated during this time due to an inability to access the needed level of care in their local community and if so, how is that factored in, and if not, how can we include that for consideration as transition back to home and community would be critical and relevant to the survey data.</i></p> <p><i>from Megan to everyone: 10:56 AM On the Quality Indicator section - How do you account for youth who have aged out over that time span? When kids with a CANS of 3 are placed out of state, are families able to provide feedback on the survey?</i></p> <p><i>from Falsetti, Candace - CO 3rd to everyone: 10:57 AM Race/ethnicity analysis is on page 15 of report</i></p> <p><i>Kim Hokanson wondered if there is a correlation with the CANS 3 kids and those who had a Quick Reaction Team (QRT). Dr. Williams mentioned that that type of question has not been asked on this survey. Candace Falsetti confirmed that we don't have that kind of data. This survey is more generalized and there are not questions asked that might be narrower for a specific population. Kim Hokanson mentioned that there is some specific questions regarding kids with high needs that don't receive the services they need. Candace Falsetti mentioned that there could be a survey in the future that might target higher need children but this one targets all children with mental health needs.</i></p> <p><i>from Brittany Shipley to everyone: 11:04 AM Additionally I am curious about the YES Quality Indicators Chart as there is an increase in family agreement of items such as "assessment accurately represents" however, families are not provided a copy of their CDA from Liberty nor a provider, limiting their ability to confirm accurate representation of the circumstances and furthermore the item "able to access recommended services" when the CANS and CDA is conducted by Liberty the family has no way of cross referencing and additionally is unable to see what the recommendations were in regards to services or what potential diagnoses were recommended to seek for ruling in/out by a clinician, etc. the family is not aware to request these documents and often times does not understand a second "assessment" was conducted, so how are they able to confirm accuracy without all of the information or documentation on their child?</i></p>	

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<p>Patrick Gardner if there is a way to tell what type of CFT is being offered since there is more than one type.  Dr. Williams mentioned that the idea on the survey was to ensure that families are OFFERED a child and family team meeting (CFT). If a family doesn't want to participate in a meeting, they don't have to. We measure if they are offered a CFT.  Patrick Gardner would like to see if families who were offered to have the meeting accessed that service.  He also wondered if families fill out the demographics such as ethnicity, race, etc.  Dr. Williams mentioned that there are several demographic questions.  Candace Falsetti mentioned that there is not a method to identify which services the child received based on the survey questions.</p> <p>from Marquette Hendrickx to everyone: 11:22 AM  YES survey question: almost 3 x's as many surveys were sent to caregivers of AI/AN youth. Based on explanations about sampling, does this mean more AI/AN youth received YES services in 2024 than in prior years, or were there other factors in that decision?</p>					
3	10 mins	Update on Recording IGT Meetings	IGT Executive Committee		
<p>Brittany Shipley mentioned that during the August meeting we discussed recording the meeting. After further discussion with the DAG, it was decided to not record these meetings. The meeting has notes that can be reviewed if someone is not able to attend. She encourages everyone to send a proxy who can communicate the discussions if you aren't able to attend.  Ashley Dowell asked if this meeting is part of an open meeting act?  Alan Foutz mentioned that it is a meeting that is subject to the open meeting law.  Megan Schuelke mentioned that other YES meetings are also being looked at regarding recording a meeting.  Currently meetings are only recorded for the admin reference.  Ashley Dowell mentioned that any recordings should be open to public record requests.  Adam Panitch would like to have a list of any meetings that are being recorded regarding the subcommittee or workgroup meetings related to this meeting.  Alan Foutz mentioned that a meeting that is not part of the open meeting law may be creating documents that would be subject to the public records act. This will be taken into account when considering whether to record meetings.</p> <p>Brittany mentioned that one of the issues with not having a meeting recorded is that people who do not want to have their voice recorded might not share their thoughts, which is very important to this process.</p> <p>from Marquette Hendrickx to everyone: 11:22 AM  YES survey question: almost 3 x's as many surveys were sent to caregivers of AI/AN youth. Based on explanations about sampling, does this mean more AI/AN youth received YES services in 2024 than in prior years, or were there other factors in that decision?</p> <p>from Marquette Hendrickx to everyone: 11:29 AM</p>					

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<p><i>YES Survey Question: With a larger sample size of caregivers of AI/AN youth, responses are more reliable than previous years. With that, AI/AN caregiver responses were lowest in 16 out of 31 questions and second to only the Unknown group an additional 6 times. I appreciate the comment of "These findings suggest additional attention may be beneficial to meet the needs of this population." I would be interested to know in what ways this team can help address these findings and improving services for AI/AN youth.</i></p>					
4	10 mins	Vote on New IGT Membership	IGT Voting Members	<p><b>VOTE:</b> Adam Panitch as new IGT Executive Committee Co-Vice-Chair</p> <p><b>VOTE:</b> Megan Comstock as new IGT Parent Representative</p>	<p>Motion for Megan: Kim Hokanson</p> <p>Motion Seconded for Megan: Ashley Dowell</p> <p>Motion carried.</p>
<p><i>Brittany Shipley mentioned that the voting for Adam is to add him as an Executive Committee. She also mentioned that there is a new person who would like to represent the parent representative.</i></p> <p><i>Megan Comstock shared that she has worked through the system in Idaho to get services for her son. She is grateful for the opportunity to collaborate with everyone.</i></p> <p><i>Kim Hokanson mentioned how grateful she is to have Megan Comstock joining the IGT.</i></p> <p><i>Patrick Gardner shared that Adam would not need to be voted in as an Executive Committee Co-Vice-Chair.</i></p> <p><i>Brittany Shipley mentioned that we do not need a vote for the Executive Committee Co-Vice-Chair. Ross Edmunds confirmed that no vote is needed for that role.</i></p>					
5	10 mins	Vote on Updated IGT Bylaws	IGT Voting Members		<p>Motion to approve the language added to the Bylaws: Ross Edmunds</p> <p>Motion seconded by Patrick Gardner</p> <p>Motion carried.</p>

#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
<p>Megan Schuelke shared the Bylaws on screen. There are two items needing to be changed.</p> <ul style="list-style-type: none"> <li>Specific to IGT membership, Class Members are also referred to as youth representatives, the majority of whom are under the age of 23.</li> <li>Specific to IGT membership, former Class Members are also referred to as young adult representative, the majority of whom are between the ages of 23 - 28.</li> </ul> <p>There was a concern that others might read this and be confused about who falls within the Class Membership.</p> <p>Brittany Shipley mentioned that this is why we are discussing this and seeking feedback.</p> <p>The feedback indicates positive impressions of this change.</p> <p>There was a question regarding how often the meeting is supposed to take place.</p> <p>Brittany Shipley shared that this meeting is required to meet quarterly but can meet more often if needed.</p>					
6	10 mins	Discuss QMIA-Q Update	Candace Falsetti		
<p>Candace Falsetti updated the IGT regarding the results from the QMIA Quarterly. She would like to do a more thorough review at the next meeting to include the service utilization. The report is about three months delayed due to data not being available. The report should be available by the end of October 2025 which will cover Quarter four of Fiscal Year 2025.</p> <p>Patrick Gardner is concern that the report to the court will not have current data if the QMIA-Q report is too late.</p> <p>Alan Foutz will discuss this with Candace. He will report back to Patrick.</p> <p>Patrick Gardner would like to know the status of the Quality Management Plan.</p> <p>Candace Falsetti mentioned that it has been shared with the IWG members, and they are awaiting feedback.</p> <p>Brittany Shipley mentioned that this is something we could work on off-line between meetings.</p> <p>Patrick Gardner suggested that the QMIA Council could provide some feedback.</p>					
7	10 mins	Update on ICAT Reporting & Recommendation Structure	Laura Scuri		
<p>Laura Scuri reported that the membership roster is looking good. They will be exploring CANS access across the network. They are also focusing on parental education. They will request documents to help them understand what is available. They want to improve provider communication.</p> <p>Ashley Porter updated one of the items that Laura mentioned regarding access to the Availity/P-CIS system where CANS are entered. It is now possible in this system for out of network providers and IDJC Assessment Centers to enter CANS, and Magellan is working with IDJC to get this set up for them</p> <p>Laura Scuri shared that they are excited to work on these new items and make recommendations to the IGT.</p>					
8	20 mins	IBHP Update (Standing agenda item)	Magellan		
<p>David Welsh explained that there have been some difficulties with the data that Magellan has provided but those difficulties are being addressed. Magellan is aiming to have all the reports updated and working in December 2025. He recognizes the difficulties this has placed on the department and stakeholders.</p>					

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<p><i>Laura Scuri wondered what the specific difficulties were.</i></p> <p><i>David Welsh shared that reports are difficult to match the needs of the department and how the data is gathered and compiled. We need to interpret the needs and sometimes they don't always match. There was quite a bit of collaboration over the last few months that has helped to clarify the data needs.</i></p> <p><i>David Welsh shared that this is the second year of collaboration. We are now able to provide baseline data. They are actively working on Quick Reaction Teams (QRT) and Child and Family Team (CFT's) to try to improve the reaction to crisis situations. They want to support the clinical array of services and have hired a Clinical Director to assist with this. They are looking at the facilities they can use with Medicaid funding and are improving on placing children in the appropriate level of care.</i></p> <p><i>Patrick Gardner wondered about the decrease in rates for partial hospitalization and intensive outpatient. Those services have been needed in the State of Idaho for quite some time. How can you grow those services with an increase in rates?</i></p> <p><i>David Welsh mentioned that this is a difficult time. They are trying to grow services to ensure children get the services they need.</i></p> <p><i>from Brittany Shipley to everyone: 12:07 PM</i></p> <p><i>I have a request regarding data for out of home placements. As we move forward in data collection, we need to include youth in our data collection who are in placements including PACC, SWITC, QRTs, and the like that have not historically been captured in our current data for out of home placements</i></p> <p><i>Patrick Gardner is worried that rate reductions will affect Class Members access to services.</i></p> <p><i>Adam Panitch mentioned that the information that has been shared is the information that is available.</i></p> <p><i>Patrick Gardner mentioned that the reduction in rates will affect the services that Class Members receive.</i></p> <p><i>Ross Edmunds mentioned that the goal is to reduce the rate of services not eliminating services. The department is not eliminating YES services.</i></p> <p><i>Laura Scuri mentioned that reducing the rate is directly related to providers not providing services. It will decrease the services because providers cannot afford to provide services without reimbursement.</i></p> <p><i>David Welsh mentioned that this is one of the challenges, especially because the rate reduction is across the board. Providers may decide not to provide services to Medicaid kids, but the hope is that they will want to continue to provide services.</i></p> <p><i>Patrick Gardner wondered if there is a differentiation between adult and child services.</i></p> <p><i>David Welsh does not believe there is a differentiation. The fee schedule is something that applies to the entire program. The one area that was not reduced is the residential treatment facilities.</i></p> <p><i>Brittany Shipley mentioned that there is the potential for children's psychiatric hospitals to have a rate reduction. She worries about this reduction and the impact on our children.</i></p> <p><i>David Welsh shared that those rates have not been affected.</i></p>					
9	20 mins	Implementation Update (Standing agenda item)	Plaintiffs' Counsel & Defendants		

#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
<i>Patrick Gardner mentioned that he sent some IAP updates via email this morning. He suggests we look at what has been presented if you want to know what has been accomplished.</i>					
<i>from Val Johnson-SDI CMH to everyone: 12:26 PM</i>					
<i>The Departments slide deck was sent out in advance. It was created in a way that if we are not able to present, you should still get a great update. We plan to do this quarterly. Please give us feedback on this method.</i>					
<i>Patrick Gardner agrees that anyone wanting an update can refer to the slide deck Val mentioned in the chat.</i>					
10	5 mins	New Business Items	IGT Members		
<i>Brittany Shipley mentioned that all the chat questions have been captured. She asked for any comments or feedback.</i>					
11	5 mins	Public Comments	IGT Members		
<i>No public comment was heard.</i>					
12	--	Dismissal	IGT Members		

The IGT will track action items and their status from the meetings here:

#	Follow-up Items	Opened	Owner	Status
21	Access to Care Discussion Updates Admission Criteria Clarifications: Schedule a meeting with Kootenai Health, DHW, and additional stakeholders to discuss admission criteria.	8/8/25	Val Johnson	<b>9/29/25, In Progress.</b> Working to coordinate schedules so all members can attend the meeting.
20	Access to Care Discussion Updates IGT - SED/DD JJ Meeting Update: Schedule meetings to discuss lack of services and supports leading to incarceration in IDJC/detention to include numbers of youth with SED/DD in detention and IDJC.	8/8/25	Val Johnson	<b>9/29/25, In Progress.</b> First meeting occurred on Friday, August 29. Second meeting is in the process of being scheduled.
19	Have an offline conversation regarding the potential formation of an ICC/Wraparound subcommittee. Share this decision with the IGT members.	12/11/24	IGT Executive Committee	<b>12/11/24, New.</b>
1	Get together later to discuss the CANS and the exemption from the CANS assessments for tribal members.	10/11/23	Karol Dixon & Juliet Charron	<b>9/20/24, In Progress.</b> Ashley Porter gathering updates.

# Interagency Governance Team (IGT) Meeting Questions & Answers

Wednesday, October 8, 2025

Provided to the IGT on Wednesday, December 10, 2025.

## 2025 Family Survey Presentation Questions & Answers:

1. Some questions I have for the follow up include: With the survey data being collected regarding youth who received services in the last 6 months, does this include youth who became institutionalized or incarcerated during this time due to an inability to access the needed level of care in their local community and if so, how is that factored in, and if not, how can we include that for consideration as transition back to home and community would be critical and relevant to the survey data.

**Answer:** The survey is sent to 6,000 randomly chosen families whose youth had a CANS within the last 6 months prior to survey being distributed- typically this would be a CANS that was completed between July and December. It is possible that the youth may have become institutionalized or incarcerated as that is not factored into the method for random selection. We do attempt to get input from every region but do not use any other criteria per se in the choice.

2. On the Quality Indicator section - How do you account for youth who have aged out over that time span? When kids with a CANS of 3 are placed out of state, are families able to provide feedback on the survey?

**Answer:** As noted above the selection of families is based on completion of a CANS. We do not remove youth who have aged out. Families with a child who is placed out of state – no matter their CANS score- may receive a survey. They are not removed from the list of 6,000 randomly chosen families, nor are these specific families targeted to receive a survey. BSU does not have access to any data about the child's services, only that they did have a CANS. I will also note that the only information BSU gets identifies the youth as a number they do not receive names or addresses.

3. Additionally I am curious about the YES Quality Indicators Chart as there is an increase in family agreement of items such as "assessment accurately represents" however, families are not provided a copy of their CDA from Liberty nor a provider, limiting their ability to confirm accurate representation of the circumstances and furthermore the item "able to access recommended services" when the CANS and CDA is conducted by Liberty the family has no way of cross referencing and additionally is unable to see what the recommendations were in regards to services or what potential diagnoses were recommended to seek for ruling in/out by a clinician, etc. the family is not aware to request these documents and often times does not understand a second "assessment" was conducted, so how are they able to confirm accuracy without all of the information or documentation on their child?

**Answer:** The response families provide is based on their personal perception and experience of care.

4. Almost 3 x's as many surveys were sent to caregivers of AI/AN youth. Based on explanations about sampling, does this mean more AI/AN youth received YES services in 2024 than in prior years, or were there other factors in that decision?

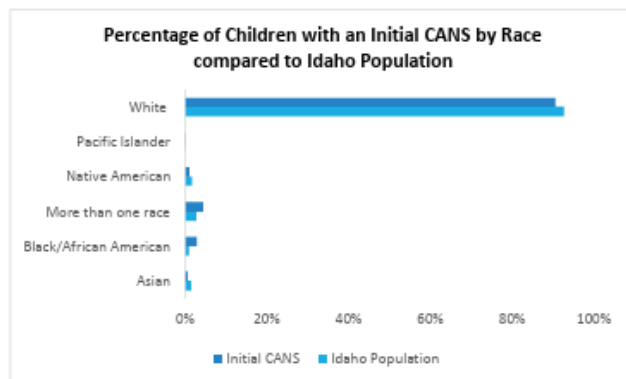
**Answer:** The families are chosen randomly – race and ethnicity are not part of the criteria used to identify who will receive a survey.

**Additional Questions & Answers:**

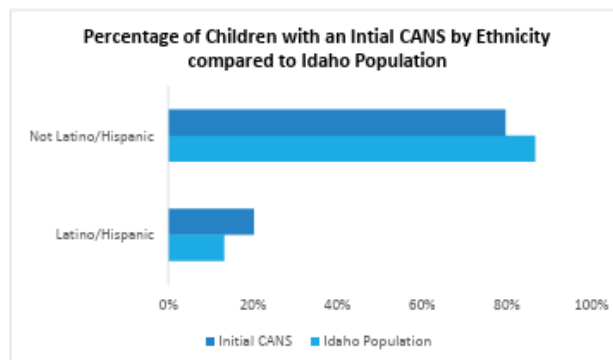
5. Disparity Monitoring: Has the YES System or Department of Health and Welfare identified any racial or ethnic disparities in access to SED-related services or supports across Idaho? If so, what specific populations are underrepresented or overrepresented relative to their demographic makeup, and what methods are used to monitor and analyze this data?

**Answer:** This data is collected in the [QMIA-Q reports](#), specifically on page 11 of the [SFY 2024 Q4 QMIA-Q Report](#).

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



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



**What is this data telling us?**

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

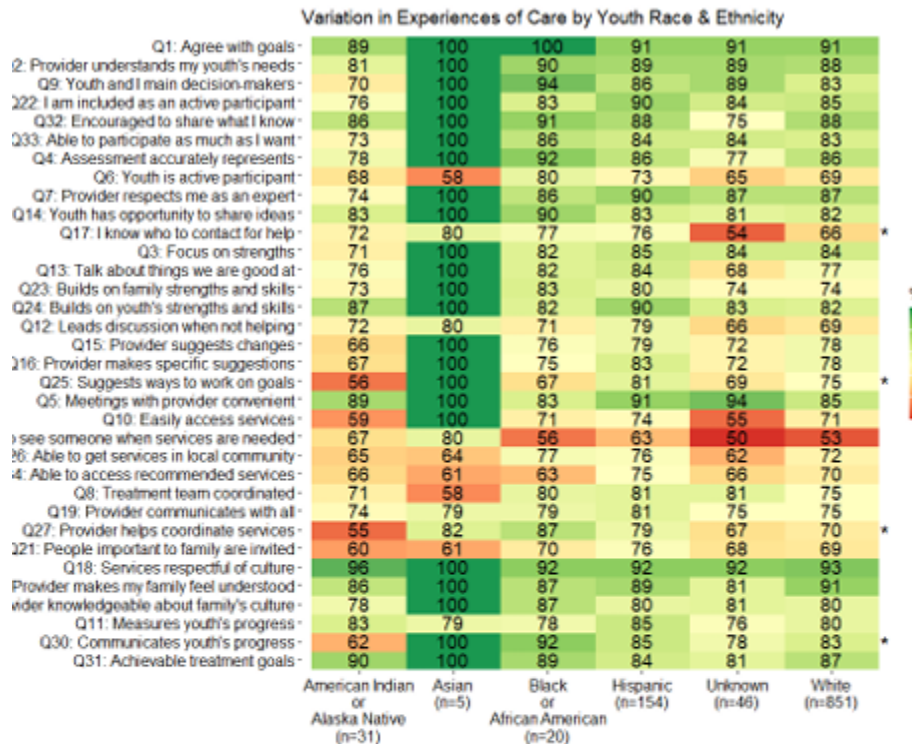
6. Data Disaggregation & Transparency: Is demographic data related to CANS assessments, eligibility determinations, or service utilization disaggregated by race/ethnicity, language spoken, or region? Are there plans to release such data to support community-led advocacy and collaboration?

**Answer:** Some of this information is reported. We review outcomes of the Family Surveys by race/ethnicity, as seen below on page 15 and page 45 of the [Idaho Youth Empowerment Services \(YES\) Family Survey Results, 2025](#). Additionally, the [SFY 2025 Q3 QMIA-Q Report](#) includes demographic data of youth assessed on page 10. We appreciate these suggestions and will take them under consideration.

## SURVEY SAMPLE

Youths whose caregivers responded to the survey were similar to youths whose caregivers did not respond in terms of the distribution of youth gender, age, and most recent CANS score; however, a significant difference was observed on youth race/ethnicity, such that caregivers of Hispanic and Black/African American youths were less likely to respond ( $p=.045$ ). Adjustments were made to the statistical analyses to account for these differences in response rates.

	Caregiver Responded (N=1,109)		Caregiver Did Not Respond (N=4,281)	
	n	%	n	%
<b>YOUTH GENDER</b>				
Female	568	51.2	2,121	49.5
Male	534	48.2	2,122	49.6
Unknown/ Not reported	7	0.6	38	0.9
<b>YOUTH AGE</b>				
Under 5 years	16	1.4	77	1.8
5 to 9 years	301	27.1	1,258	29.4
10 to 14 years	514	46.4	1,876	43.8
15 years and older	278	25.1	1,070	25.0
<b>YOUTH CANS</b>				
0	331	29.9	1,329	31.0
1	445	40.1	1,706	39.9
2	137	12.4	550	12.9
3	196	17.7	696	16.3
<b>YOUTH RACE/ETHNICITY</b>				
American Indian/ Alaska Native	31	2.8	93	2.2
Asian	5	0.5	11	0.3
Black or African American	20	1.8	130	3.0
Hispanic	154	13.9	712	16.6
Native Hawaiian/ Other Pacific Islander	1	0.1	7	0.2
Other	1	0.1	4	0.1
White	851	76.7	3,128	73.1
Unknown/ Not reported	46	4.2	196	4.6
<b>MONTHS IN SERVICES</b>				
0-6 months	142	12.8		
7-12 months	200	18.0		
13-24 months	251	22.6		
25 months or more	449	40.5		
Not reported	67	6.0		



Analyses of caregiver responses to the YES Quality Indicators broken out by youth race/ethnicity revealed statistically significant differences in levels of caregiver agreement on four items. Information on youth race/ethnicity was provided by the sampling database from the Department. These analyses can be difficult to interpret because some of the groups are very small, which can lead to unstable results, and because one group includes youths whose race/ethnicity was "Unknown/ Not Reported." Nonetheless, based on the four items that exhibited statistically significant differences across race/ethnicity groups, the most consistent pattern of findings was that caregivers of youths who identified as American Indian or Alaskan Native were significantly less likely than average to agree with the YES Quality Indicators compared to other caregivers (3 of 4 items). These findings suggest additional

7. Decision Support Model & Equity Integration: With the transition to the new Decision Support Model separating youth into Standard Outpatient, SED, and Intensive tiers, how has equity been embedded into the logic or application of eligibility standards—especially for youth from marginalized backgrounds who may face systemic mistrust or be under-assessed due to environmental or historical factors?

**Answer:** Culture and development are one of the key principles of the CANS and ensuring all families are able to honestly express needs is a crucial part of any assessment process. For further information see the [Idaho CANS reference guide](#) introduction, particularly the portion on page 6 that addresses validity.

8. Community Voice & Partnerships: Are there any ongoing partnerships with culturally specific or community-based organizations (particularly those serving Latino/a/x, Native, Black, or immigrant families) who are involved in reviewing or co-designing YES materials, outreach strategies, or engagement practices?

**Answer:** At this time, some YES workgroups and subcommittees have representation from individual stakeholders and stakeholder organizations of diverse backgrounds. Additional

recommendations for membership may be submitted to the relevant YES workgroup or subcommittee for consideration.

9. Geographic & Cultural Access: In rural and frontier counties with increasing racial diversity, are there particular strategies in place to improve access to linguistically and culturally appropriate YES services? Do current service access rates reflect equitable reach across these regions?

**Answer:** Ensuring equitable access to linguistically and culturally appropriate Youth Empowerment Services (YES) in diverse rural and frontier counties is achieved through a multi-faceted approach that extends beyond the Managed Care Organization (MCO).

Magellan addresses this by launching revamped Cultural Competency/Humility trainings, informed by the ICAT Subcommittee. This MCO effort is supplemented by external professional standards, as many YES providers (e.g., LCSWs, LPCs) are required to complete Continuing Education (CE) hours mandated by state licensing boards, which often include topics on ethics and diversity. Furthermore, local provider agencies conduct their own specialized trainings and utilize external learning opportunities such as conferences to build culturally responsive capacity tailored to their specific community needs.

To overcome linguistic barriers, interpretation services are billable through the IBHP, ensuring financial access for professional medical interpreters in remote areas, and key service materials are provided in both English and Spanish.

Lastly, the expansion of telehealth services improves geographic access to specialized and culturally competent providers. Service access is continuously monitored by Magellan and the state by disaggregating utilization data by race, ethnicity, and language to proactively identify and close any disparities in equitable reach.

10. Structural Equity Accountability (IGT/EPIST): How are equity outcomes prioritized within the current IGT or EPIST structures? Are there benchmarks, performance indicators, or review mechanisms that track progress toward reducing racial and ethnic disparities in access, eligibility, or service quality?

**Answer from the IGT Executive Committee:**

Thank you for the question regarding how structural equity is addressed within the IGT and EPSDT components of Idaho's YES System of Care.

The IGT, established under the Jeff D. Settlement Agreement, is intentionally structured to include diverse stakeholder representation, including but not limited to, Tribal partners, youth and young adults with lived experience, parents and caregivers, providers, and regional voices from across Idaho. This design ensures that equity considerations and the experiences of families most affected by system barriers are central to governance. Equity-related issues are further identified through the work of groups that report to the IGT, including ICAT, FAM, OKOC, Due Process-related processes, and QMIA.

EPSDT is a federally funded entitlement. As such, it is subject to federal (and state) laws requiring nondiscrimination and equitable access for all Medicaid-eligible children. While Idaho does not use a formal equity scorecard, quarterly QMIA reporting provides

disaggregated data on access to CANS, YES services, and EPSDT-related care across racial and ethnic groups, supporting ongoing monitoring of disparities.

In summary, equity is integrated into the IGT through its mandated multi-stakeholder structure and ongoing review of system barriers, while EPSDT equity expectations are grounded in federal requirements and supported by statewide data monitoring.

**Additional Information on EPSDT from DHW:**

If by “EPIST” you mean EPSDT, Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a Medicaid spending authority, rather than a program that would have performance outcomes. Medicaid and MCOs cannot discriminate based on race, color, national origin, sex, age, or disability. See, [42 CFR Part 441 Subpart B](#) and [IDAPA 16.03.26.005.21 and 16.03.26.350-354](#) (relating to EPSDT). See also, 45 CFR 92.10(a)(1)(i). That being said, the race/ethnicity of an applicant is not considered when a request for services is being reviewed. In fact, EPSDT services were formerly administered directly by the Department prior to July 2024. However, as of July 2024, Magellan administers EPSDT as part of the IBHP. Because EPSDT is a federally mandated entitlement, the primary equity expectation is nondiscrimination and equitable access under federal law rather than specific state-defined benchmarks. However, quarterly QMIA reporting provides disaggregated data showing access to CANS, the YES system of care, and EPSDT related services across race and ethnicity, supporting oversight of equitable access. Nevertheless, race and ethnicity are not delineated by CANS scores, regions, or specific EPSDT services.