Youth Empowerment Services

Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES
QMIA Quarterly Report

Q1, SFY 2026

January, 2026

Table of Contents

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 access, 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) (former contractor was 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 provided 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 2026

YES QMIA-Q SFY 2026 Timelines	***Published on YES Website***
1st quarter: July–September + Annual YES projected number	January
2nd quarter: October–December	March
3rd quarter: January–March	June
4th quarter: April–June + Full SFY	October

YES, QMIA Quarterly Report includes data from Q1 of SFY 2026
(July, August, and September 2025),
and trends over the past five years, comparing previous quarters and SFYs.

Executive Summary – SFY 2026, Q1

The QMIA-Q report for State Fiscal Year (SFY) 2026, Quarter 1 (Q1) provides information about the delivery of YES services for July, August, and September 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

Several YES Performance Improvement Projects (PIPs) Underway

Thirteen YES PIPs were actively implemented during SFY 2026 Q1. PIPs are aimed at strengthening service quality, system coordination, and measurable outcomes across the YES system of care. Several of these PIPs were carried forward from SFY 2025 due to their scope, complexity, and multi-year implementation requirements.

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:

- Residential Treatment
- Interagency Clinical Team (ICT) Transition
- Intensive Home and Community Based Services (IHCBS)
- Child and Family Teams (CFT)
- Treatment Foster Care (TFC)
- Wraparound
- Intensive Care Coordination (ICC)
- Mental Health Care for Target Population: Foster Care
- Combined Initiative: Wraparound and Out-of-Home Placements
- Workforce Development
- Youth Crisis Services
- Child and Adolescent Strengths and Needs (CANS) Improvement
- Interagency Governance Team (IGT) and YES Workgroups and Subcommittees
- Out-of-Home and Out-of-State Placements (discontinued)

Updated and Enhanced Methodology Used to Estimate Number of Potential Class Members

The annual estimate of potential class members was completed in December 2025 using a recent Idaho-specific Serious Emotional Disturbance (SED) prevalence estimate from Substance Abuse and Mental Health Services Administration (SAMHSA). This methodology replaces prior insurance-based prevalence estimates, which relied on national-level data and are no longer considered the most accurate or appropriate data sources. Notably, applying the former prevalence rates to the most recent Census data would have yielded a slightly lower estimate of potential class membership than the estimate produced under the updated methodology.

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.

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 2026 Q1

https://yes.idaho.gov/wp-content/uploads/2025/12/YES-Rights-and-Resolutions-SFY-2026-Qtr-1.pdf

Estimated Number of Potential Class Members

Annually, an estimate of the number of potential class members is calculated. The calculation of this year's estimate, completed in December 2025, utilizes a recently available state-level SED prevalence estimate specifically for Idaho provided by SAMHSA[1].

	Type of insurance				
	Employer	**Non-Group**	**Medicaid**	**Uninsured**	Total
Insured Rate Based on 2023 Estimated Census	51.3%	6.5%	33.5%	7.2%	
Population	248,000	31,200	161,600	34,600	
Estimated Prevalence	9%				
Estimated Need	22,320	2,808	14,544	3,114	
Expected Utilization Lower Estimate 15%	3,348	421	14,544	3,114	21,427
Expected Utilization Higher Estimate 18%	4,018	505	14,544	3,114	22,181

**Note: Estimated Insured Rates do not sum to 100%. The category "other public" is not included.*

Insurance Type Definitions:

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) = 3,348 + 421 + 14,544 + 3,114 = 21,427

YES eligible higher (18% Employer, 18% Non-Group, Medicaid, Uninsured) = 4,018 + 505 + 14,544 + 3,114 = 22,181

Data Sources:

2023 Insured Rate and Population:

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 rate:

https://www.samhsa.gov/data/sites/default/files/reports/rpt53158/adults-with-smi-and-children-with-sed-prevalence-in-2023.pdf

[1] Prior estimates of the Number of Potential Class Member utilized prevalence estimates specific to insurance type. However, the data sources for those prevalence estimates are no longer the best available information given the SAMSHA estimate used here is specific to Idaho and previous prevalence rates were based on national information. If the prevalence rates previously used (6% Employer, 6% Non-Group, 8% Medicaid, and 11.9% Uninsured) to calculate the estimated number of potential class members were applied to the updated 2023 Census data, the estimated lower (15%) utilization total would have been 19,558 and the estimated higher (18%) utilization number would have been 20,061.

1. Access to YES

The data presented in this section of the QMIA quarterly report are derived from the Child and Adolescent Needs and Strengths (CANS) assessment tool. The DBH Automation and Analytics Unit is collaborating with the IBHP Governance Bureau and Magellan to ensure the accuracy and completeness of CANS data; this work is ongoing. SFY 2026 Quarter 1 CANS data were not available in time to complete the data preparation and analytical processes required for inclusion in this report.

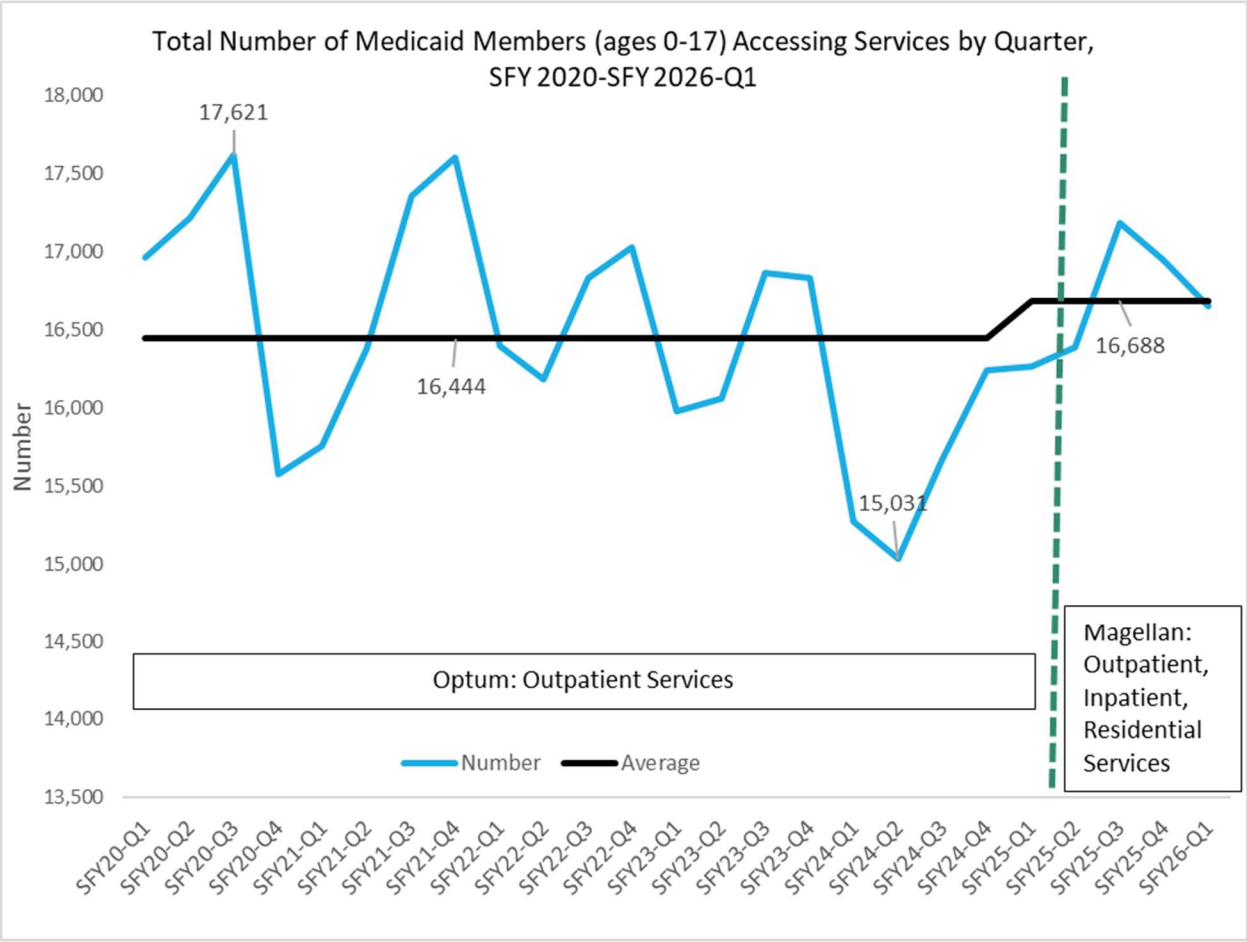
2. IBHP Services and Supports

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 2026-Q1 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-SFY 2026-Q1) 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 2026 Q1 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 2026 (Q1)									
	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	13	8	22	55	75	30	96	0	**299**
	0.1%	0.1%	0.1%	0.2%	0.3%	0.2%	0.4%	0.0%	**0.2%**
Behavior Assessment	55	0	60	82	1	0	4	0	**202**
	0.3%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	**0.1%**
CANS	462	173	1169	2025	640	662	1376	0	**6507**
	2.5%	2.6%	3.4%	6.2%	2.9%	3.8%	5.6%	0.0%	**4.1%**
Psych and Neuropsych Testing	110	15	169	209	108	119	217	0	**947**
	0.6%	0.2%	0.5%	0.6%	0.5%	0.7%	0.9%	0.0%	**0.6%**
Psychiatric Diagnostic Assessment	393	134	859	1120	499	544	889	0	**4438**
	2.1%	2.0%	2.5%	3.4%	2.3%	3.1%	3.6%	0.0%	**2.8%**

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 2026 (Q1)[2]									
	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	65	0	84	125	0	0	8	0	**282**
	0.3%	0.0%	0.2%	0.4%	0.0%	0.0%	0.0%	0.0%	**0.2%**
Case Management	73	58	262	934	216	258	729	0	**2530**
	0.4%	0.9%	0.8%	2.8%	1.0%	1.5%	3.0%	0.0%	**1.6%**
Child and Family Team (CFT)	12	5	17	26	17	18	34	0	**129**
	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	**0.1%**
Medication Management	231	148	776	1102	259	438	895	0	**3849**
	1.2%	2.2%	2.3%	3.4%	1.2%	2.5%	3.6%	0.0%	**2.4%**
Psychotherapy Services	1163	409	2235	2808	1106	1398	2390	0	**11509**
	6.3%	6.2%	6.5%	8.6%	5.1%	8.0%	9.7%	0.0%	**7.3%**
STAD	1	19	5	2	38	33	62	0	**160**
	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.3%	0.0%	**0.1%**
Skills Building/CBRS	91	141	444	1201	195	322	626	0	**3020**
	0.5%	2.1%	1.3%	3.7%	0.9%	1.8%	2.5%	0.0%	**1.9%**

[2] 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 2026 (Q1)									
	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	0	1	53	0	60	0	**114**
	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%	**0.1%**
Crisis Intervention	5	1	4	1	7	14	39	0	**71**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	**0.0%**
Crisis Psychotherapy	18	4	10	31	17	13	33	0	**126**
	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	**0.1%**
Crisis Response	4	1	4	5	1	4	1	0	**20**
	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 2026 (Q1)									
	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	3	7	0	10	1	0	21
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
IHCBS-MST	0	0	7	10	0	0	0	0	17
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS-TBS	0	0	19	30	0	22	4	0	75
	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%
IHDBS – Other EB Modality	53	0	2	0	0	0	0	0	55
	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient Program (IOP)	4	5	60	73	11	5	23	0	181
	0.0%	0.1%	0.2%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%
Parenting with Love and Limits (PLL)	3	6	0	0	14	4	7	0	34
	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Partial Hospitalization	1	1	33	41	1	1	15	0	93
	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%
TASSP	2	0	6	12	0	0	3	0	23
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Wraparound[3]	3	6	26	43	30	17	27	0	152
	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%

[3] 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 2026 (Q1)									
	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	3	0	2	2	15	0	1	0	**23**
	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	**0.0%**
Family Support	1	1	12	23	14	45	87	0	**183**
	0.0%	0.0%	0.0%	0.1%	0.1%	0.3%	0.4%	0.0%	**0.1%**
Respite	3	70	56	61	20	83	110	0	**403**
	0.0%	1.1%	0.2%	0.2%	0.1%	0.5%	0.4%	0.0%	**0.3%**
Youth Support	12	9	51	216	97	18	70	0	**473**
	0.1%	0.1%	0.1%	0.7%	0.4%	0.1%	0.3%	0.0%	**0.3%**

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 2026 (Q1)									
	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	1	0	0	0	0	**4**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Health Behavior Assessment and Intervention (HBAI)	0	0	43	65	118	2	1	0	**229**
	0.0%	0.0%	0.1%	0.2%	0.5%	0.0%	0.0%	0.0%	**0.1%**
Interpretative Services	0	0	99	670	156	1	2	0	**928**
	0.0%	0.0%	0.3%	2.0%	0.7%	0.0%	0.0%	0.0%	**0.6%**

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 2026 (Q1)									
	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	42	15	93	109	29	26	32	0	**346**
	0.2%	0.2%	0.3%	0.3%	0.1%	0.1%	0.1%	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 2026 (Q1)									
	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	11	39	45	23	22	20	0	**183**
	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	**0.1%**
RTC	13	4	10	13	9	11	9	0	**69**
	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	**0.0%**

2e. Non-Medicaid (DBH) Service Utilization

This section presents a summary of YES service utilization among youth who accessed Magellan services during SFY 2026-Q1 without Medicaid coverage. In these cases, services were funded through non-Medicaid sources, specifically DBH funds. Unlike Medicaid service utilization reporting, non-Medicaid utilization does not encompass all service categories. Accordingly, the following subsections include data tables only for those services that were accessed by youth funded through non-Medicaid (DBH) sources. Additionally, penetration rates are omitted. Penetration rates cannot be calculated for non-Medicaid-funded youth because the total population of potentially eligible youth is unknown.

2e1. Non-Medicaid (DBH) Outpatient Services Utilization

Count of Non-Medicaid (DBH) Members Accessing Outpatient Services (of any type) by Region and Statewide, SFY 2026 (Q1)									
	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
Medication Management	0	0	0	1	0	0	0	0	**1**
Psychotherapy Services	0	0	0	1	0	1	2	0	**4**
Crisis Center	0	0	0	0	15	0	0	0	**15**
Youth Support	0	0	0	0	0	1	0	0	**1**
ESMI	0	0	0	0	0	1	0	0	**1**

2e2. Non-Medicaid (DBH) Inpatient Service Utilization

No Inpatient Services were utilized during SFY 2026-Q1 by youth funded through non-Medicaid (DBH) sources.

2e3. Non-Medicaid (DBH) Residential Treatment Service Utilization

Count of Non-Medicaid (DBH) Members Accessing Residential Treatment Services by Region and Statewide, SFY 2026 (Q1)									
	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
RTC	0	0	0	0	1	0	0	0	**1**

3. IBHP Claims Payment

Data in the following table was provided by Magellan and includes the dollar amounts associated with *total* claims paid during Quarter 1 of SFY 2026 as well as the dollars associated with the following claim categories: outpatient, inpatient, and residential.

3a. Medicaid Claims Payment

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

Total Medicaid Claims and Outpatient, Inpatient, and Residential Claims Paid by Region and Statewide, SFY 2026 (Q1)				
	Total Claims Paid	**Outpatient Claims Paid**	**Inpatient Claims Paid**	**Residential Claims Paid**
Region 1	$4,845,229	$3,962,271	$440,736	$442,223
Region 2	$1,667,645	$1,279,002	$79,955	$308,689
Region 3	$7,402,673	$5,822,319	$1,174,311	$406,043
Region 4	$13,403,750	$11,126,633	$1,751,105	$526,012
Region 5	$3,751,935	$3,073,688	$315,534	$362,713
Region 6	$3,644,855	$2,918,221	$344,144	$382,490
Region 7	$5,972,541	$4,920,490	$691,864	$360,187
Region 9/OOS	$160,840	$144,049	$16,791	$0
Total	**$40,849,467**	**$33,246,672**	**$4,814,440**	**$2,788,356**
% of Total Claims Paid	**100%**	**81.4%**	**11.8%**	**6.8%**

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

Regional Comparison of Total Claims Paid by Eligible Medicaid Member, SFY 2026 (Q1)					
	Total Eligible Members	**Total Claims Paid**	**$ per Distinct Eligible Member**	**% Eligible Members**	**% Total Claims Paid**
Region 1	18,602	$4,845,229	$260	11.8%	11.9%
Region 2	6,591	$1,667,645	$253	4.2%	4.1%
Region 3	34,272	$7,402,673	$216	21.7%	18.1%
Region 4	32,824	$13,403,750	$408	20.8%	32.8%
Region 5	21,710	$3,751,935	$173	13.8%	9.2%
Region 6	17,465	$3,644,855	$208	11.1%	8.9%
Region 7	24,565	$5,972,541	$243	15.6%	14.6%
Region 9/OOS	1,743	$160,840	$92	1.1%	0.4%
Total/Average	**157,772**	**$40,849,467**	**$259**		

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 $173 per eligible member in Region 5 and as much as $408 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 three regions. Regions 3 and 5 are under-resourced (red font). In

contrast, Region 4 receives a substantially higher percentage of system-wide expenditures than its distinct member population suggests it should (blue font).

3b. Non-Medicaid (DBH) Claims Payment

3b1: Non-Medicaid (DBH) Claims Paid by Region (All Claim Types)

Total Non-Medicaid (DBH) Claims and Outpatient, Inpatient, and Residential Claims Paid by Region and Statewide, SFY 2026 (Q1)				
	Total Claims Paid	**Outpatient Claims Paid**	**Inpatient Claims Paid**	**Residential Claims Paid**
Region 1	$0	$0	$0	$0
Region 2	-$4,151	$0	$0	-$4,151
Region 3	$59,035	$1,515	$0	$57,520
Region 4	$53,252	$21,427	$0	$31,825
Region 5	$31,341	$0	$0	$31,341
Region 6	$38,892	$8,092	$0	$30,800
Region 7	$28,065	$241	$0	$27,824
Region 9/OOS	$0	$0	$0	$0
Total	**$206,433**	**$31,275**	**$0**	**$175,159**
% of Total Claims Paid	**100%**	**15.1%**	**0.0%**	**84.9%**

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.

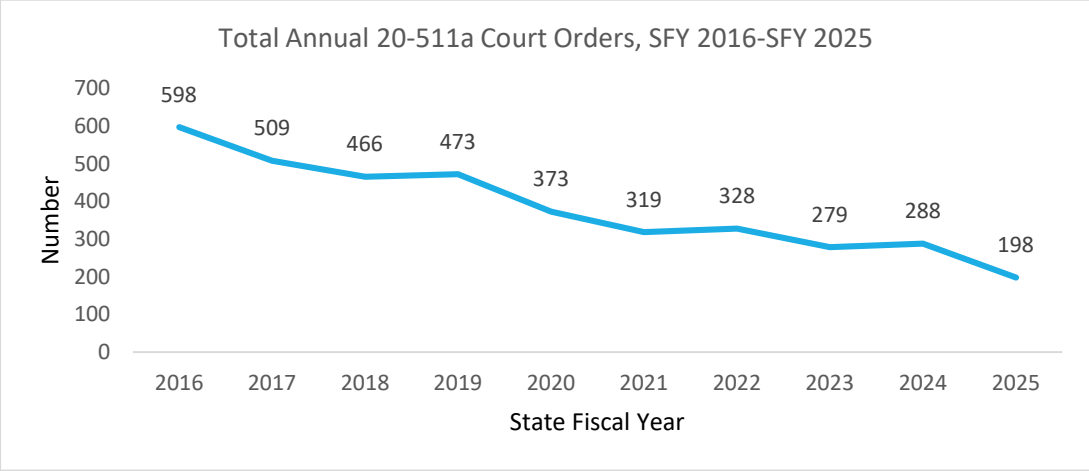
4a1: Number of 20-511A Court Orders and Associated Monthly Averages

Annual Total 20-511a Court Orders with Associated Monthly Averages, SFY 2016-SFY 2026 (Q1)[4]										
	Region							Total for Period	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
SFY 2026-Q1	8	2	0	3	10	1	7	31		10

What is this data telling us?

The number of 20-511a court orders is trending downward, with pronounced reductions in SFY 2025 and in the first quarter of SFY 2026. Reflective of the general decline in the number of 20-511a court orders that began in SFY 2017, during the first quarter of SFY 2026, there were just 31 20-5011a court orders (an average of 10 per month – down substantially from the 2016 and 2017 monthly averages of 50 and 42, respectively).

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



[4] 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.

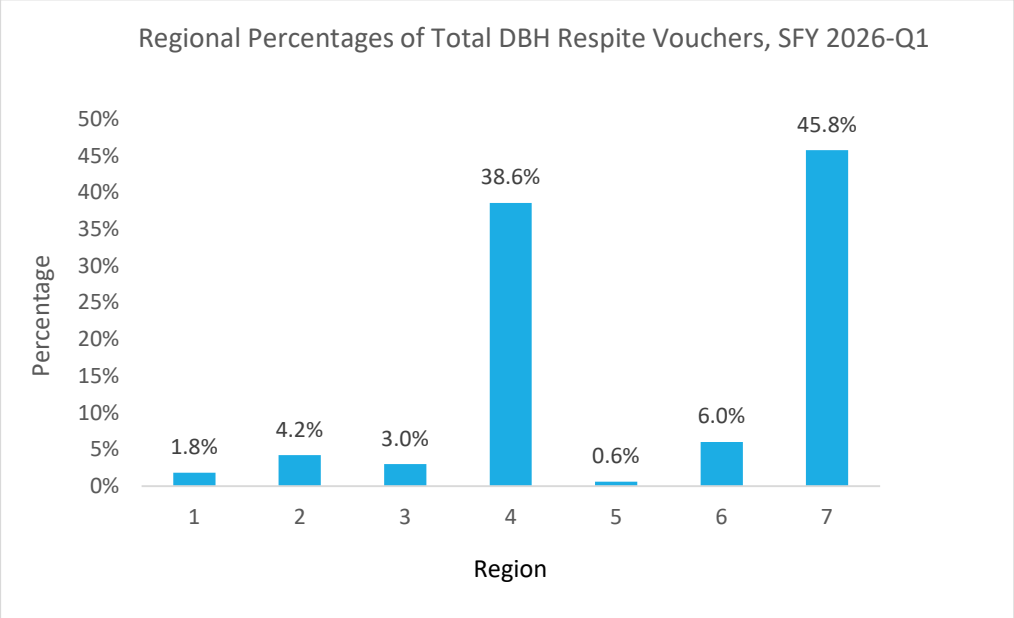
4b. DBH Vouchered Respite

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 2026 (Q1)								
	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
SFY 2026-Q1	3	7	5	64	1	10	76	166

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[5]

SHS/SHW Admissions by Month, Average Monthly Admissions, and Unduplicated Total Admissions, SFY 2020–SFY 2026 (Q1)														
State Fiscal Year (Facility)	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Average Monthly Admissions**	**Total Annual 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
2026-Q1 (SHW)	12	9	7										9.3	

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

What is this data telling us?

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 facilitated increased admissions in SFY 2025. However, those gains were not maintained in the first quarter of SFY 2026.

[5] 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.

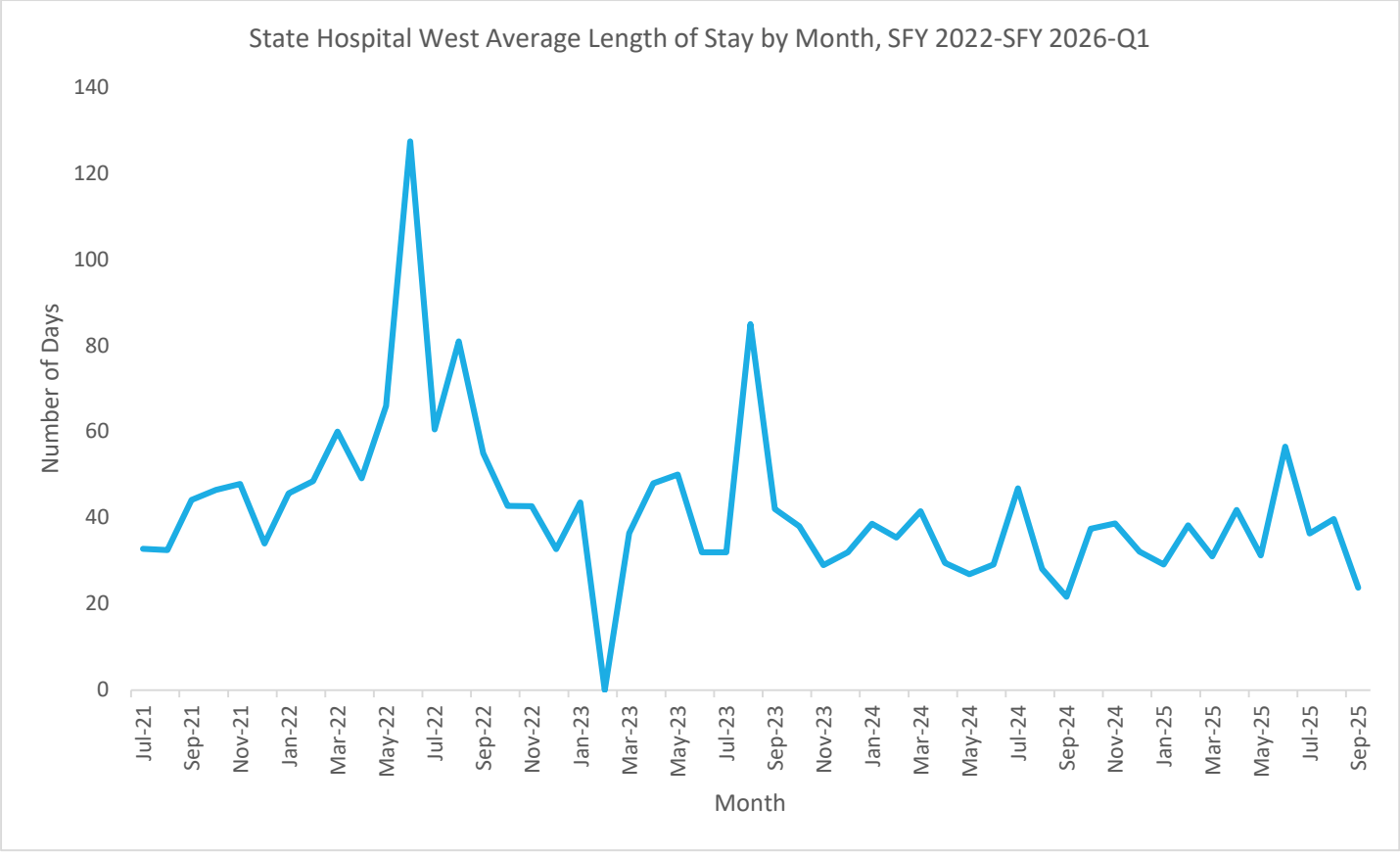
4c2: SHS/SHW Readmission Incidents

SHS/SHW Readmission Incidents Across Readmission Ranges based on Days, SFY 2017–SFY 2026-Q1[6]										
	State Fiscal Year									
Range of Days to Readmission	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026-Q1
30 days or less	0	0	0	1	0	2	1	0	1	1
31 to 90 days	5	6	2	3	0	1	4	1	0	0
91 to 180 days	4	1	6	2	0	3	0	1	3	1
181 to 365 days	5	6	7	4	0	2	1	2	5	0
More than 365 days	11	9	9	7	3	0	0	1	4	2

What is this data telling us?

The number of re-admission incidents within 30 days has been extremely low since tracking began in 2017 which is likely indicative of high-quality care that promotes stabilization during hospitalization and effective discharge planning that is successfully preventing rapid relapse or crisis. There were no readmissions within 30 days in SFY 2024 and just one during SFY 2025 and during the first quarter of SFY 2026, respectively.

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.

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

5. New Data for SFYs 2025 and 2026

This section presents information not included in the QMIA Quarterly Report until SFY 2025, specifically the Intensive Care Coordination (ICC) data. It also reintroduces 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 aggregated information provided here may lend itself to more detailed disaggregated analysis as more detailed data becomes available.

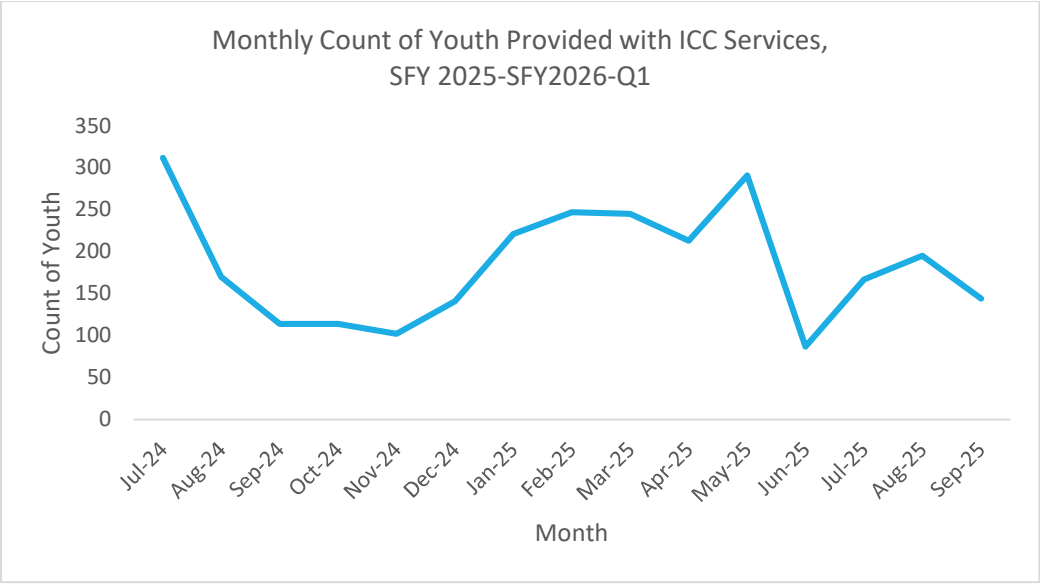
5a. Intensive Care Coordination (ICC)

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



What is this data telling us?

During SFY 2025, a total of 2,586 unduplicated youth received ICC services, with a monthly average of 188 youth served. The upward trend that began in January 2025 aligned with the phase-out of TCC, which likely contributed to increased utilization of ICC services. Although there is no readily available explanation for the sharp decline in ICC service counts between May and June 2025, service volume recovered substantially in the first quarter of SFY 2026. During this period, the monthly average number of youth receiving ICC services increased to 169**,** indicating a substantial rebound in service engagement.

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, in future reports it may be possible to 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.

Previously reported SFY 2025 data have purposely been intentionally retained in the table to support comparisons of approval, denial, and request withdrawal rates over time.

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 (All Quarters) and SFY 2026 Year-to-Date (Q1)		
	SFY 2025 (All Quarters) Count (Percent) of Initial Requests	**SFY 2026 (Q1) Count (Percent) of Initial Requests**
Initial Requests Approved	572 (72%)	100 (63%)
Initial Requests Denied	124 (16%)	37 (23%)
Initial Requests Withdrawn	95 (12%)	23 (14%)
Total Initial Requests	**791 (100%)**	**160 (100%)**
	SFY 2025 (All Quarters) Count (Percent) of Concurrent Requests	**Percentage of Concurrent Requests**
Concurrent Request Approvals	1259 (94%)	486 (95%)
Concurrent Request Denials	30 (2%)	4 (1%)
Concurrent Request Withdrawals	52 (4%)	20 (4%)
Total Concurrent Requests	**1341 (100%)**	**510 (100%)**
Total Residential Requests (Initial and Concurrent)	**2,132**	**670**

What is this data telling us?

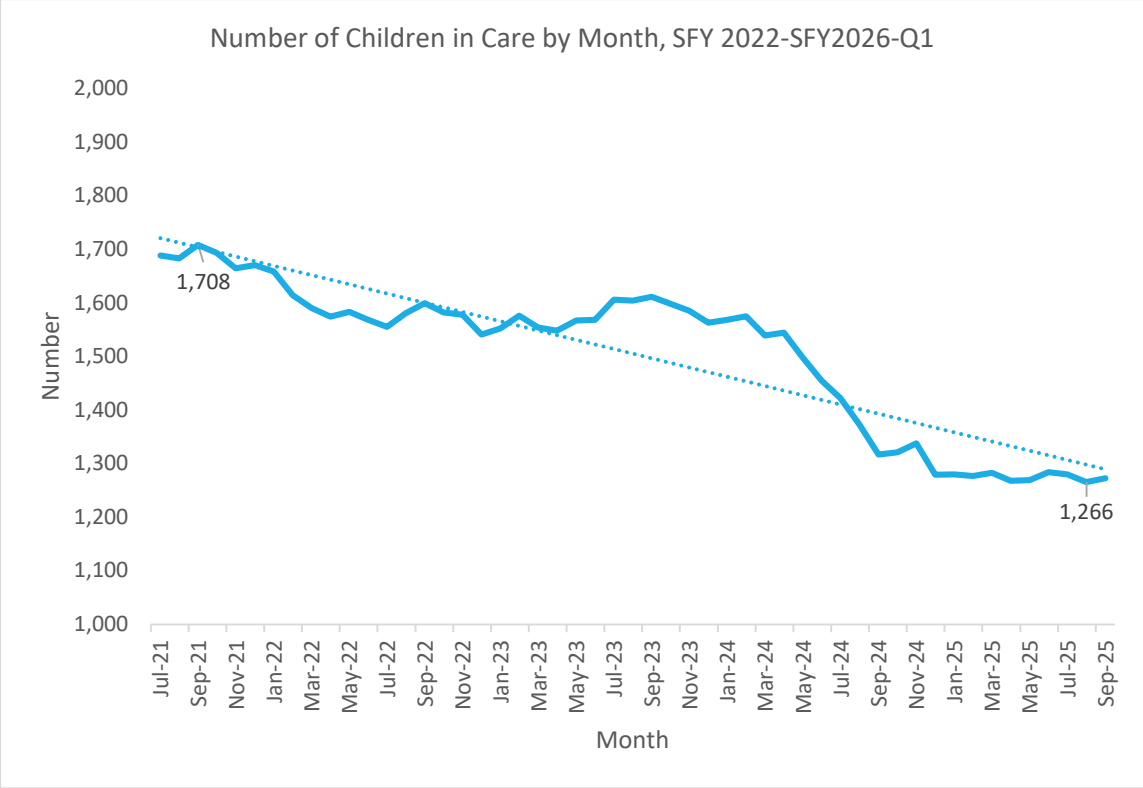
Denial rates for PRTF/RTC *initial* requests increased by 7% in the first quarter of SFY 2026 compared to SFY 2025. In contrast, the denial rate for concurrent requests in SFY 2026 (Q1) remained minimal, at just 1%. Due to differences in data reporting methods, SFYs 2025 and 2026 PRTF/RTC request outcomes may not be directly comparable to PRTF request data from prior years. These reporting differences will be fully evaluated in SFY 2026, and any additional 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[7]



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 August 2025, the number fell to a new low of 1,266.

[7] 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.

6b. Idaho Department of Juvenile Corrections (IDJC)

About IDJC

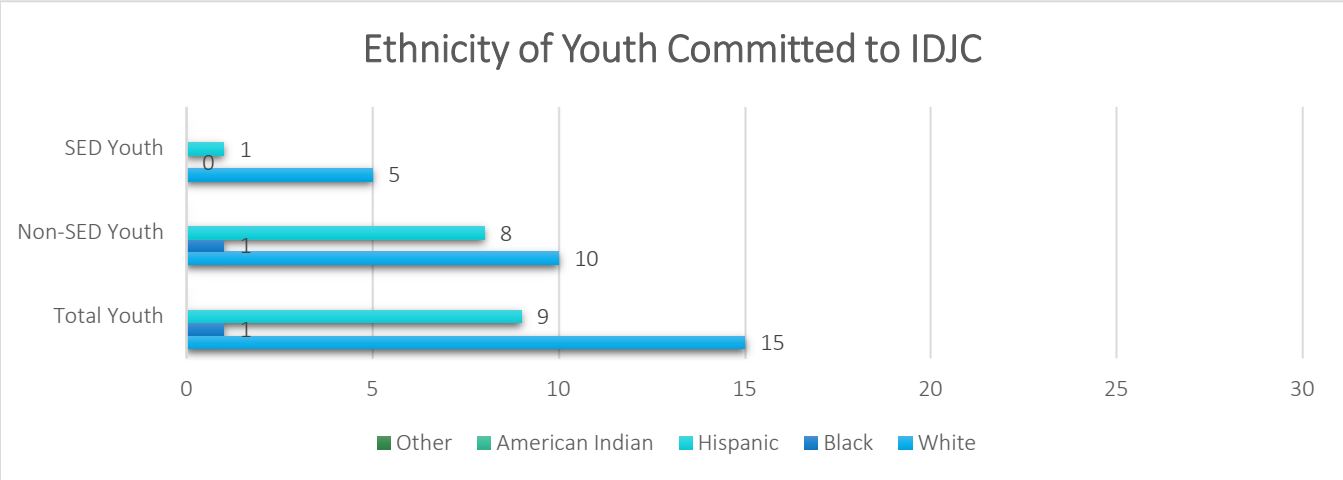
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided by system partners) determine the risks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

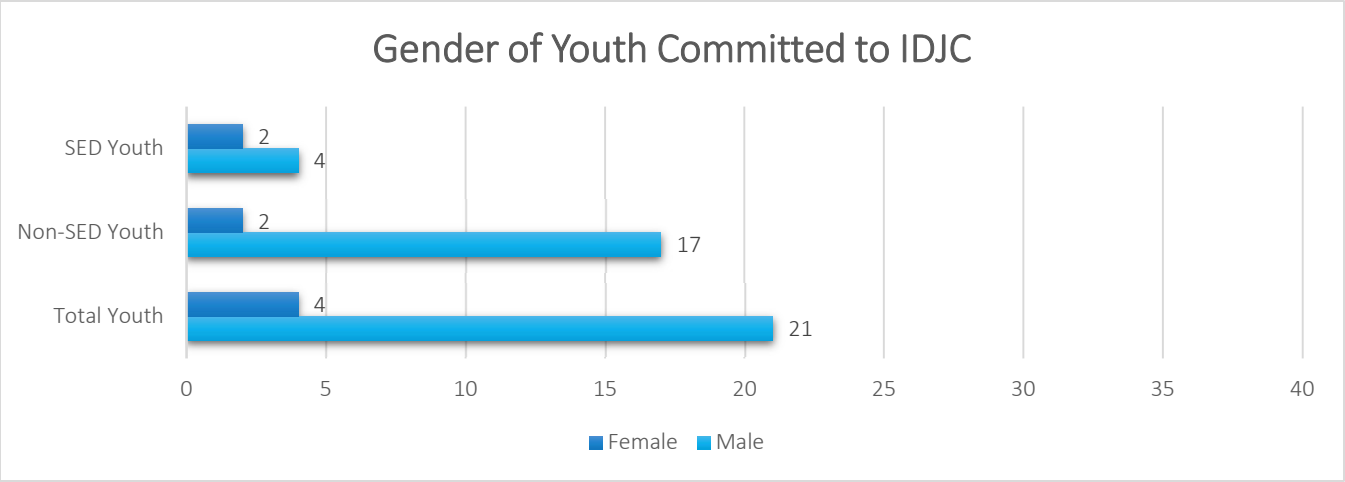
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from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

IDJC SFY2026 First Quarter Report[8]

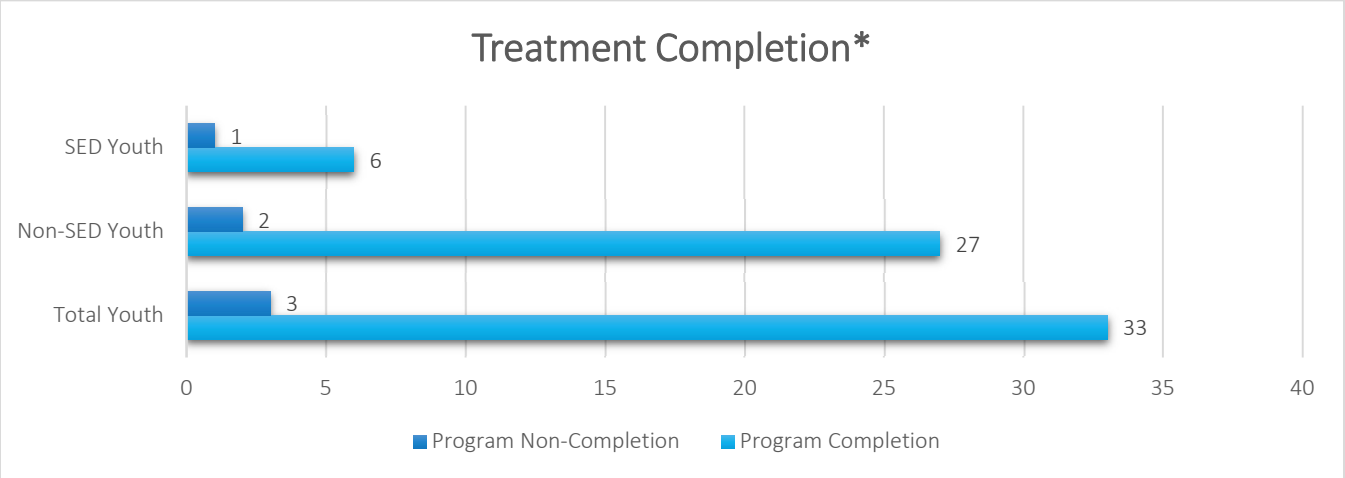
The graphs below compare ethnicity and gender between all youth and SED youth committed to IDJC from July 1, 2024–June 30, 2025.

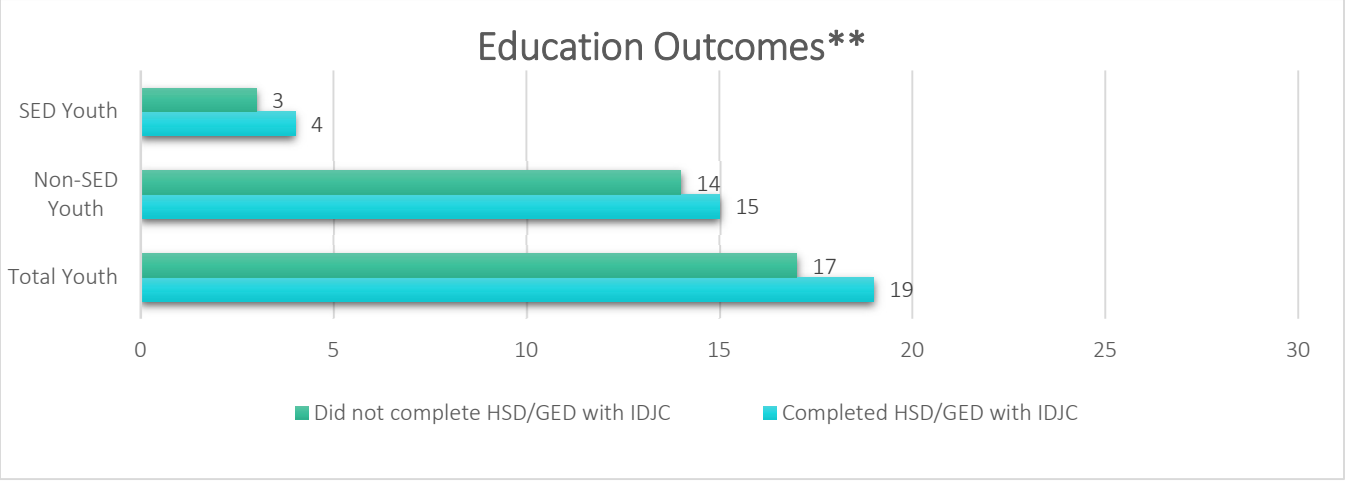


[8] Graphs in this portion of the report are provided by IDJC.



The graphs below compare positive youth outcomes between all youth and SED youth released from IDJC between July 1 – September 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 deal with to access 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 Number 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 46 YES complaints were received during the first quarter of SFY 2026.

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[9]

YES Complaints by Entity, SFY 2022-SFY 2026 (Q1)											
SFY	**YES CTT[a]**	**DBH**	**Magellan**	**EPSDT**	**Telligen**	**MTM**	**Liberty**	**IDJC**	**CYFS**	**IDE[b]**	**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	[c]	[c]	141	0	29	0	-	206
2026 (Q1)	5[d]	1[d]	2	[c]	[c]	37	0	1	0		46[d]

Data and Table Notes:

[a] YES CTT (formerly reported here as YES) is the YES Centralized Complaints Team (CTT).

[b] IDE complaints are analyzed and presented by school year rather than SFY. No complaint information was reported between SFY 2022 and SFY 2026-Q1.

[c] 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.

[d] In SFY 2026-Q1 one complaint was reported to both the YES CCT and DBH. It has been counted in both entities and in the overall total.

[9] 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). No new data is available to present in this reporting cycle.

9. YES PIPs

The following section provides a summary of YES Performance Improvement Projects (PIPs) that were in progress during SFY 2026 Quarter 1, with many continuing from SFY 2025. These initiatives represent targeted efforts to enhance service quality, coordination, and outcomes across the YES system of care.

PIP Focus Areas

- Residential Treatment
- Interagency Clinical Team (ICT) Transition
- Class Membership
- Intensive Home and Community Based Services (IHCBS)
- Child and Family Teams (CFT)
- Treatment Foster Care (TFC)
- Wraparound
- Intensive Care Coordination (ICC)
- Mental Health Care for Target Population: Foster Care
- Combined Initiative: Wraparound and Out-of-Home Placements
- Workforce Development
- Youth Crisis Services
- Child and Adolescent Strengths and Needs (CANS) Improvement
- Interagency Governance Team (IGT) and YES Workgroups and Subcommittees
- Out-of-Home and Out-of-State Placements

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.

Residential Treatment PIP

New in SFY 2026-Q1

Project Goal

The goal of this project is to ensure that residential care—including Psychiatric Residential Treatment Facilities (PRTFs) and Residential Treatment Centers (RTCs)—is used only when it is the least restrictive and most clinically appropriate level of care to meet a youth's behavioral health needs. The project also aims to ensure that each youth's length of stay is appropriate and aligned with their individualized treatment plan.

A core, ongoing objective is to ensure that residential treatment is utilized as a last resort, after all available and appropriate community-based services and supports have been explored and exhausted. This approach is designed to minimize out-of-home, out-of-community, and out-of-state placements whenever possible. When residential treatment is determined to be the least restrictive environment, youth progress is closely monitored to ensure treatment effectiveness, support reintegration into the community, and promote family engagement throughout the duration of care.

Progress and Current Status

Effective July 1, 2024, all residential placements for youth transitioned to management under Magellan Health. Before this transition, multiple child-serving agencies managed placements independently.

Progress in SFY 2025

Residential Referral Process Streamlining
Increased coordination among key system partners—including Magellan (care coordination), CYFS, Juvenile Probation and Juvenile Justice, community providers, acute hospitals, SHW, and families—to streamline referrals and fully consider supports identified by families in the child and family teaming process.

Standardized Access to Residential Treatment
Magellan created and published a Residential Request Form, available on the Magellan website, which can be submitted by families, guardians, or providers to initiate review for residential treatment.

Intensive Care Coordination
Following submission of the Residential Request Form, an Intensive Care Coordination Care Manager (ICC-CM) is assigned by Magellan to support youth, families, and providers through the process.

Admission Coordination for Approved Youth
When a youth member meets criteria for residential treatment, Magellan's Care Coordination team assists with scheduling a Child and Family Team (CFT) meeting and manages all aspects of admission. This includes facilitating required documentation, referrals, bed searches, transportation, and communication among youth, families, and providers.

Ongoing Oversight During Treatment
Youth admitted to residential care are assigned a PRTF Care Manager (PRTF-CM) who:

- Participates in all treatment team meetings
- Reviews clinical records and utilization
- Ensures family involvement
- Tracks treatment progress
- Facilitates transition planning and step-down to less restrictive services once goals are met

This approach ensures youth receive care in the least restrictive, most appropriate environment and are connected efficiently to the next level of care once treatment goals have been met.

Support for Youth Not Meeting Criteria
If a youth does not meet criteria for residential care, the ICC-CM convenes a CFT meeting to support the youth and family, facilitate referrals to alternative services, assist with safety planning, and coordinate care between the family and provider(s).

Quality Oversight and Support
When Magellan went live in July 2024, the IBHP Clinical and Quality team supported ICC-CMs in conducting CFTs to

ensure fidelity to the YES Principles of Care. Due to strong ICC-CM performance, IBHP now primarily supports initial CFTs and CFTs involving highly complex situations.

Network Expansion
Prior to Magellan's go-live, Medicaid had contracts with 19 Psychiatric Residential Treatment Facilities. Between July 2024 and June 2025, Magellan expanded the network to **9 RTCs and 30 PRTFs**, including one in-state PRTF. In building the network, Magellan put substantial focus on residential facilities in neighboring states. Several facilities operate across multiple locations.

SFY 2026-Q1 Updates

Magellan continues to refine and strengthen processes and procedures developed during the first year of the contract related to residential treatment requests, placements, and care coordination. Due to demonstrated ICC-CM proficiency, IBHP Clinical and Quality staff now attend only CFTs involving more complex cases.

Families and providers have reported that the CFT process has been highly beneficial and has improved coordination and support.

From July to September 2025, Magellan added five additional RTCs, increasing the network to 14 RTCs and 30 PRTFs.

Performance Measurement

Implementation of Processes and Procedures
Magellan will fully implement streamlined processes for residential treatment requests, placements, and care coordination during the first contract year (SFY 2025).

Network Expansion
Magellan will continue building and strengthening the provider network—with a focus on expanding in-state options—throughout the first two years of the contract (SFY 2025–SFY 2026).

Interagency Clinical Team (ICT) Transition PIP

New in SFY 2026-Q1

Project Goal

Continue to strengthen and refine the process formerly known as the Quick Reaction Team (QRT), now the Inter-agency Clinical Team (ICT), as part of DHW's response to Idaho Code 16-2526a.

Progress and Current Status

Work in progress:

As of June 30, 2025, the QRT process has been formally transitioned from DHW's CMH Team to the IBHP Clinical and Quality Team. Following this transition, the Magellan Clinical Team and the IBHP Clinical and Quality Team collaborated to define a unified process for responding to referrals and communicating with both Medicaid and non-Medicaid referents.

The IBHP Clinical and Quality Team is actively updating program materials to reflect this transition. These updates include revisions to the referral form, Release of Information (ROI), and website content to ensure alignment with the updated ICT structure and processes.

Performance Measurement

The success of this project will be measured by the following indicators:

- Updated materials that reflect the transition from QRT to the ICT.
- Data demonstrating a reduced need for ICT interventions (previously QRT), as more needs are effectively addressed through Child and Family Teams (CFTs).
- Positive feedback from participating families, including the following examples:
    - *“We just want to tell everyone how grateful we are for all the help to get [our youth into treatment]. I know that there are many others (including doctors, hospital staff and others with Magellan and Idaho Dept H&W) who worked countless hours to help us find solutions for [our youth]. Our last 18 months, and particularly the last 7 or 8, have been insane. We can't even begin to express our feelings over that time - everything from frustration to fear to sadness to hope at what we were facing. But the core team has been a source of support and hope for us and finally got us where we all needed to be. I know that this is, at best, an inadequate thank you, but we are so very grateful for all that was done and the hope that we found as we worked through this! Thank you, thank you, thank you!"*
    - *"Thank you everyone for working together, not just for this youth, but in working to fix the larger systemic issues at hand."*

Intensive Home and Community-Based Servies (IHCBS) PIP

New in SFY 2026-Q1

Project Goal

The goal of this PIP is to increase access to IHCBS for eligible children and youth. IHCBS provide individualized, strengths-based, and culturally responsive supports delivered in home and community settings. These services are designed to address emotional and behavioral health needs through interventions such as behavior management, therapeutic supports, crisis intervention, and parent education. IHCBS primarily serve youth who are at risk of out-of-home placement, those transitioning back to their families or communities, and those with significant behavioral health needs.

Progress and Current Status

In SFY 2025, six IHCBS service modalities were identified statewide, serving a total of 275 youth. DBH, IBHP, and Magellan continue to collaborate on strategies to increase access to these services.

Collaborative discussions have focused on the following strategies:

- Provider education and outreach
- Service promotion and awareness
- Identification of service development priorities and regional service shortages

One IHCBS modality, Therapeutic Behavioral Services (TBS), has been identified as a priority focus for expansion. TBS is experiencing natural growth across the state and has been identified as a cost-effective service option, making it well-positioned for targeted access expansion efforts.

Performance Measurement

The success of this PIP will be evaluated through measurable changes in service utilization across IHCBS modalities, as reflected in Magellan and IBHP data.

Child and Family Teams (CFT) PIP

New in SFY 2026-Q1

Project Goal

Magellan will provide training to its provider network on the CFT model to support consistent, high-quality implementation statewide.

Progress and Current Status

Magellan's Intensive Care Coordination Care Managers (ICC-CMs) have implemented Child and Family Teams across the ICC program in alignment with the YES Principles of Care and Practice Model. Implementation fidelity has been observed and validated by the IBHP Governance Bureau's Clinical and Quality Team.

Additionally, Magellan's Clinical Team initiated development of a comprehensive CFT training curriculum in SFY 2026, Quarter 1. In SFY 2026, Quarter 2, Magellan will seek feedback on the training from key stakeholders, including interagency clinical staff, the IBHP Governance Bureau, and the Interagency Clinical and Training Team (ICAT) Subcommittee, to ensure alignment with system expectations and best practices.

The overarching goal of this effort is to ensure that all youth in Idaho who may benefit from a CFT have access to providers with the knowledge and skills necessary to support youth and families in exercising voice and choice by building and sustaining effective CFTs.

Performance Measurement

The success of this project will be measured by Magellan's completion and delivery of the CFT training, resulting in increased provider understanding and competency in the Child and Family Teaming process across the provider network.

Treatment Foster Care (TFC) PIP

New in SFY 2026-Q1

Project Goal

The goal of this PIP is to continue efforts to build and sustain a high-quality TFC program. This includes clearly and consistently communicating program information to youth, parents, providers, and relevant stakeholders, including program expectations, participant roles, and pathways for accessing TFC services.

Progress and Current Status

Over the past year, the Department has focused on strengthening TFC program operations and advancing quality improvement efforts, including the following activities:

- Draft materials currently undergoing internal leadership review, including an updated referral form, acceptance and denial notification letters, appeals process documentation, informational flyer, and revisions to the CYFS TFC webpage.
- Development of an automated referral process remains in progress; however, an estimated implementation timeline has not yet been established due to ongoing IT assessments.
- Collaboration with CYFS to expand the number of TFC agencies operating within the state. This initiative is in the early stages of planning and development.

Performance Measurement

The effectiveness of these operational improvements will be measured through feedback from parents, providers, and stakeholders. This includes analysis of inquiries received that indicate areas where program information or expectations may not have been communicated clearly.

Additional measures include feedback from parents and youth admitted to the TFC program regarding the clarity, usefulness, and effectiveness of the materials provided at admission, particularly as they relate to understanding the program and participant roles.

Wraparound PIP

In Progress, First Reported in SFY 2025-Q4, Update Provided

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.

Update: Since July 2025, a total of 196 unduplicated youth have been served. Currently, 152 youth are actively receiving Wraparound services.

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.

Update: The process of adding additional providers in the northern region of the state is currently underway to ensure the delivery of Wraparound services in accordance with best practices, within the homes and communities of eligible youth.

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 WDL 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

Update: The Wraparound CoE has implemented a structured, quarterly feedback loop by administering surveys to Wraparound Coordinators to inform and strengthen ongoing coaching efforts.

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. When 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.

Update: Fidelity Monitoring will begin in January 2026.

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.

   Update: The QSR period spans November 2025 through February 2026, with results anticipated by the end of the third quarter of SFY 2026.

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

Intensive Care Coordination (ICC) PIP

In Progress, First Reported in SFY 2025-Q4, Update Provided

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.

Update: Since the implementation of this PIP, Magellan's ICC program has achieved national accreditation through the National Committee for Quality Assurance (NCQA), reflecting a high standard of quality of care delivered statewide in Idaho. In addition, Magellan has collaborated closely with YES stakeholders and the IBHP Governance Bureau to ensure alignment with the YES Principles of Care and Practice Model and to strengthen program processes. During the first quarter of SFY 2026, 957 unduplicated youth were served through Magellan's ICC program.

Update: Measures of Success

1. **Achievement of NCQA Accreditation:** Obtaining NCQA accreditation to ensure adherence to nationally recognized standards for care coordination, quality management, and outcomes measurement, thereby strengthening accountability and service quality statewide.
2. **Expanded Utilization and Capacity of ICC:** Increasing utilization of Intensive Care Coordination services and enhancing staffing resources to effectively meet the needs of eligible youth.
3. **Implementation of YES-Compliant Program Processes:** Establishing and maintaining policies, procedures, and operational practices that fully align with YES program requirements.

Mental Health Care for Target Population: Foster Care PIP

In Progress, First Reported in SFY 2025-Q4, Update Provided

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.

  Update: Clinicians will begin training in Brief Strategic Family Therapy (BSFT) on December 15, 2025. BSFT is an evidence-based treatment modality that will be implemented statewide to support family functioning and promote placement stabilization in both prevention and legal custody cases.

- 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.

- **Update:** Facility Case Management (FCM):

  The FCM Unit will provide specialized, intensive oversight for youth placed in residential treatment settings, both in-state and out-of-state.

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.

Combined Initiative: Wraparound and Out-of-Home Placements PIP

In Progress, First Reported in SFY 2025-Q4, Substantial Revision Provided[10]

Project Goal

The principal aim of this PIP is to reduce need for out-of-home and out-of-state placement. The PIP is organized around answering the central question “For adolescents with an inpatient psychiatric admission, does discharge to and

[10] This PIP was included in the SFY2025-Q4 QMIA-Q report. However, the information provided at that time was not portrayed with sufficient accuracy and precision. Because the content provided here varies substantially from the previous report, specific updates are deliberately not called out.

engagement with the Wraparound program reduce the overall percentage of adolescents in out-of-home and/or out-of-state placement?"

This PIP is a Magellan-led PIP conducted in accordance with the requirements set forth by the Centers for Medicare & Medicaid Services (CMS) under 42 CFR § 438.330. The IBHP was implemented on July 1, 2024. As specified in the IBHP contract:

> **Section 50.1.7 – Preventing Institutionalized Care:**
> The Contractor shall implement a Performance Improvement Project (PIP) to reduce the need for out-of-home and out-of-state placements, utilizing a process consistent with the requirements of 42 CFR § 438.330.

Guided by this contractual requirement, members of the IBHP Clinical and Quality Team collaborated with Magellan Quality staff, the IDHW DBH Quality Director, and the Medicaid Quality Improvement Director to develop a coordinated approach to reducing need for out-of-home and out-of-state placements. In addition to contractual obligations, the IDHW Strategic Plan for SFYs 2024–2028 was referenced to ensure alignment between the overarching goals of the Department and IBHP contractor.

Key considerations in the selection of the PIP focus and methodology included the availability and accessibility of relevant data sources, including demographic data, claims data, treatment record reviews, and utilization management information. PIP methodological development oversight was provided by the Magellan Quality Team, which collaborated internally with Magellan Network, Clinical and Utilization Management, and Analytics, as well as with members of the IBHP Clinical and Quality Team to support data integrity and methodological rigor.

Data collection activities commenced in January 2025. An initial status update was presented to the Magellan Quality Improvement Committee on April 24, 2025, providing an overview of the PIP framework and preliminary data collection efforts. Ongoing updates have been incorporated into routine Quality Improvement Committee meetings. State Fiscal Year 2025 has been designated as the baseline measurement period; therefore, no conclusions or outcome determinations have been made at this time due to the limited duration and scope of available data.

Progress and Current Status

Progress in SFY 2025

During SFY 2025, primary efforts were focused on establishing the PIP framework and defining the operational steps necessary for implementation. SFY 2025 served as a foundational year to initiate the project under a new contract and within a newly implemented program structure. Building on the work initiated during this period, the Magellan team, in collaboration with the IBHP and the CoE, will continue to expand Wraparound services in alignment with contractual requirements. As anticipated for a first-year PIP under a new contract, the sample size for SFY 2025 was limited.

Magellan Quality will continue to collaborate closely with the Magellan Clinical and Network teams to review and assess available data. These analyses will inform the development of targeted action steps for Year Two of the PIP. Implementation of improvement strategies will be intentionally phased to ensure that changes are meaningful, applicable, and measurable. This structured approach will also allow for timely course correction as needed. With a year of maturity, the PIP is poised for the realistic planning of next steps, a benefit not available at the outset of SFY 2025.

Wraparound and Out-Home-Placement PIP Findings to Date (SFY 2025 Q4)						
	Report cut 2/20/25	Report cut 3/31/25	Report cut 4/24/25	Report cut 5/23/25	Report cut 6/23/25	Report cut 7/24/25
Adolescents aged 12-17…..	Jul 2024 - Jan 2025	Aug 2024 - Feb 2025	Sep 2024 - Mar 2025	Oct 2024 - Apr 2025	Nov 2024 - May 2025	Dec 2024 - Jun 2025
Discharged from Inpatient	208	189	201	211	217	215
Discharged to Residential*	22 (11%)	14 (7%)	17 (8%)	9 (4%)	18 (8%)	18 (8%)
With enrollment into Wraparound*	29 (4)	61 (2)	89 (3)	87 (3)	119 (5)	63 (3)
With enrollment into PLL	163 (1)	153 (2)	151 (3)	150 (2)	152 (1)	165 (3)
With enrollment into IHCBS	147 (4)	152 (3)	166 (2)	166 (3)	170 (4)	175 (3)
With enrollment into ICC**	(New)	47 (6)	114 (18)	113 (17)	114 (17)	120 (16)
Readmitted within 90 days	19 (9%)	7 (4%)	10 (5%)	13 (3%)	16 (7%)	14 (7%)
With OOH placement***	248	316	219	139	239	245
With OOH, in-state placement:	33	26	20	19	39	43
With OOH and OOS placement (a.k.a. adolescents remaining out of state)	215	290	199	120	200	202

*-Within 30 days of discharge
**-Magellan Intensive Care Coordination (ICC)
*** - OOH placement is defined as RTC/PRTF
Engagement is defined as 90 days of in the program with at least one contact per month

SFY 2026 Q1 Updates
Updates for this PIP will be provided in the 2026-Q2 QMIA quarterly report.

Measures of Success

The success of the PIP will be evaluated by the project team at regular intervals as data become available and are systematically reviewed. This initiative is designed as a long-term PIP, with an anticipated completion at the end of SFY 2029. Upon completion of the PIP, data monitoring and analysis will continue at reduced but ongoing intervals to assess sustainability and ensure the continued effectiveness of the interventions implemented. This sustained oversight will support the maintenance of system and practice changes intended to reduce the need for out-of-home and out-of-state placements.

Workforce Development PIP

In Progress, First Reported in SFY 2025-Q4, Update Provided

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

DHW 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 but not limited to:

- Clinical Quality & Expertise: Advancing training for required Evidence-Based Practices (EBPs) and clinical models (e.g., Wraparound, Trauma-Informed Care) to improve outcomes and provider retention.
- Compliance & Consistent Practice: Establishing mechanisms to track adherence to the YES Practice Manual and the consistent application of designated assessment tools across the network.
- Service Access & Expansion: Providing technical assistance to help the provider network implement new service modalities and close gaps in intensive home and community-based services.
- 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.

Update: The YES Workforce Development Plan has been drafted and is currently under review by multiple teams to gather feedback. The plan is anticipated to be finalized and implemented in early 2026. The YES Workforce Development Steering Committee will continue to convene to monitor the progress of workforce development initiatives, report on project outcomes, and provide guidance and resources to support implementation.

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:

- Provider Capacity: Growth in the number and geographic distribution of behavioral health providers and crisis services.
- Practice Fidelity: Increased adherence to the Practice Manual and participation in statewide coaching initiatives.
- System Impact: Improved timeliness of service delivery and increased caregiver/family engagement in treatment.

Youth Crisis Services PIP

In Progress, First Reported in SFY 2025-Q4, Update Provided

Project Goal

Increase youth and family awareness of and engagement with Idaho's crisis system (988, Mobile Response Teams [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.

Updates:

- **Crisis Center Public Awareness:** Work continues within this subgroup in collaboration with Magellan. The group is developing public-facing messaging, with dissemination anticipated in December 2025 or January 2026.
- **Youth Crisis Centers:** This subgroup is actively meeting with youth crisis centers and youth assessment centers to gather information and inform future planning and recommendations.
- **Crisis Center Operations:** This subgroup is primarily focused on adult services and is not expected to significantly impact youth-specific crisis services.

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.

Child and Adolescent Needs and Strengths (CANS) Improvement PIP

Active, No Update in Current Reporting Period, First Reported in SFY 2025-Q4

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).

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

Active, No Update in Current Reporting Period, First Reported in SFY 2025-Q4

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.

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

Discontinued, First Reported in SFY 2025-Q4

This PIP was discontinued because its scope substantially overlapped with the Residential Treatment PIP described above. Retaining this separate PIP would have resulted in unnecessary duplication and potential confusion.

10. YES Communications

10. YES Website

YES Website Analytics

Reporting Period July 1 2025 - September 30 2025

Sessions	Views	Total users	New users
4,412	8,598	2,626	2,312

Visits by Device

Device category	Sessions...	Bounce rate
desktop	3,439	41.99%
mobile	963	50.88%
tablet	16	62.5%

Type of Visitors

Top 10 Landing Pages from 07/01/2025 - 09/30/2025

Page title	Total users	New users
Welcome to YOUTH EMPOWERMENT SERVICES	1,529	1,278
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	333	296
Contact Us | YOUTH EMPOWERMENT SERVICES	268	55
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	241	12
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	215	129
Crisis Resources YOUTH EMPOWERMENT SERVICES	161	80
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	159	63
Parents | YOUTH EMPOWERMENT SERVICES	158	27
YES Training | YOUTH EMPOWERMENT SERVICES	149	21
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	134	52

Traffic Type

Session default channel group	Sessions...
Direct	2,731
Organic Search	1,330
Referral	285

Visits by Location

City	Sessions
Los Angeles	669
Boise	504
(Not Set)	294
Seattle	253
Nampa	222
Phoenix	156
Idaho Falls	152
Meridian	120
West Sacramento	96
Salt Lake City	87

Bounce rate

44.11%

Views per user

3.29

Average session duration

00:03:11

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 2025 - September 30 2025

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

File name	Event count...
GettingStartedYES.pdf	3,010
YES101_online.pdf	1,901
YESPracticeManualFinal.pdf	1,458
MentalHealthCrisisDe nitionandExpectation...	725
MHChecklist.pdf	719
MHChecklistforYOUTH.pdf	694
YESOverviewbifold.pdf	644
YES-Contacts.pdf	620
YouthCrisisSafetyPlan.pdf	494
YOUTHF.sQ_yerFinal.pdf	425

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	235	14,172
yes idaho	232	3,087
youth empowerment servic...	158	3,910
safety plan for adolescents ...	133	779
cans assessment idaho	116	251
youth empowerment servic...	114	10,120
idaho yes program	100	4,738
cans assessment	99	3,456
yes program	89	4,958
cans certification	67	1,042

Site activity
Number of times a user event occurred*

Event name	Event count ▾
page_view	101,429
scroll	78,635
user_engagement	60,223
session_start	52,184
file_download	38,427
first_visit	29,578
click	13,903
form_start	1,727
form_submit	355
mailto	221

Where do visitors enter the site?
Count of each page where a visitor session started

Page title and screen class	Event count
Welcome to YOUTH EMPOWERMENT SERVICES	19,650
Child and Adolescent Needs and Strengths (CANS) | YOUTH ...	3,413
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT S...	1,924
YES History and Current Development | YOUTH EMPOWERM...	1,693
Wraparound Intensive Services | YOUTH EMPOWERMENT SE...	1,545
Contact Us | YOUTH EMPOWERMENT SERVICES	1,394
Crisis Resources | YOUTH EMPOWERMENT SERVICES	884
Parents | YOUTH EMPOWERMENT SERVICES	872
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	738
| YOUTH EMPOWERMENT SERVICES	643

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

Page title and screen class	Bounce rate ▾
Idaho 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. **Positive Youth Development | Youth Engagement Methods**
3. **Youth Empowering Services**
4. **What is YES - FYIdaho**
5. **Youth Work & Leadership Course | Thousands Of Certified Courses**

Bing

1. **Welcome to YOUTH EMPOWERMENT SERVICES**
2. **Youth Empowering Services**
3. **Help feeding america - Feeding America**
4. **Positive Youth Development - Forging Positive Relationships**
5. **Youth Work & Leadership Course - Thousands Of Certified Courses**

YES Website Analytics

Trends since site launch: June 21 2021 - September 30 2025

Sessions	Views
52,975	101,435

Total users	New users
30,076	29,578

Visitors and Pages

Views per user	Average session duration
3.37	00:03:30

Visits by Device

Device category	Sessions	Bounce rate
desktop	40,377	43.1%
mobile	12,352	49.21%
tablet	255	42.75%

Type of Visitors

Top 10 Landing Pages from 6/21/2021 - 09/30/2025

Page title	Total users	New users
Welcome to YOUTH EMPOWERMENT SERVICES	16,127	14,393
Contact Us | YOUTH EMPOWERMENT SERVICES	3,520	674
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	3,392	2,699
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	2,648	148
Guide to YES: A Practice Manual | YOUTH EMPOWERMENT SERVICES	2,119	1,081
Parents | YOUTH EMPOWERMENT SERVICES	1,950	412
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	1,608	1,049
YES Training | YOUTH EMPOWERMENT SERVICES	1,475	189
YES History and Current Development | YOUTH EMPOWERMENT SERVICES	1,389	775
YES Overview | YOUTH EMPOWERMENT SERVICES	1,341	214

Traffic Type

Session default channel group	Sessions
Direct	29,243
Organic Search	18,648
Referral	3,574

Visits by Location

City	Sessions
Boise	7,930
Los Angeles	6,225
Nampa	3,363
(Not Set)	3,344
Seattle	2,471
Idaho Falls	2,073
Salt Lake City	1,473
Phoenix	1,270
Meridian	1,185
Twin Falls	1,060

Bounce rate

44.51%

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

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

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

Appendices

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

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

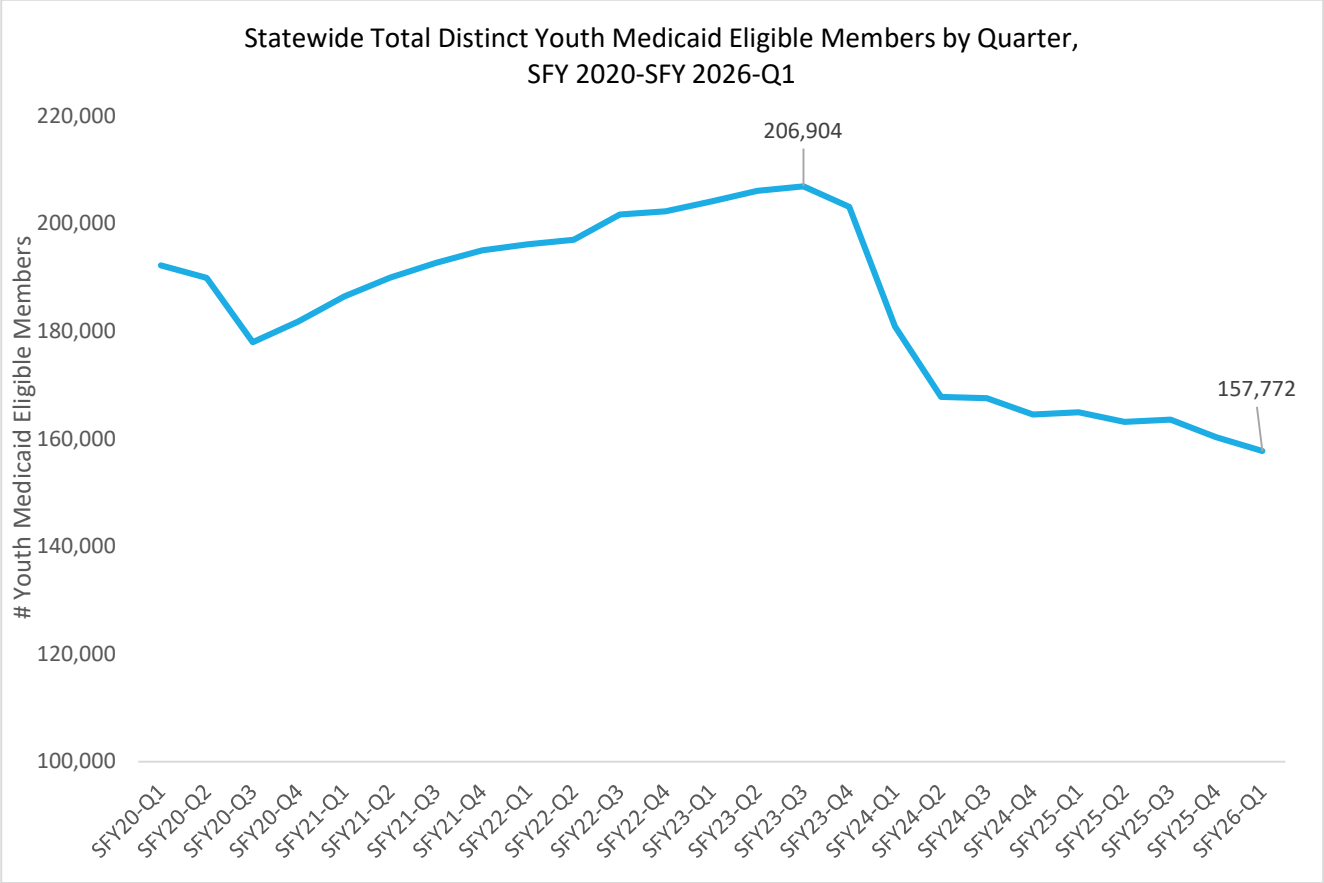
Appendix B – Medicaid Youth Utilizers, Eligible Members and Utilization Rates by Quarter, SFY 2020–SFY2026-Q1

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%
SFY2026-Q1	16,650	157,775	10.6%

Appendix C – Statewide Medicaid Eligible Members by Quarter, SFY 2020–SFY 2026-Q1, Visualization

The figure below 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 2026-Q1

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 2026 (Q1)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
SFY 2026 Q1	18,602	6,591	34,272	32,824	21,710	17,465	24,565	1,743	157,772