



Quality Management
Improvement & Accountability
(QMIA)

YOUTH EMPOWERMENT SERVICES

QMIA Quarterly Report

Q2, SFY 2026

March, 2026

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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	<i>Published on YES Website</i>
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 Q2 of SFY 2026 (October, November, and December 2025), and trends over the past five years, comparing previous quarters and SFYs.

Executive Summary – SFY 2026, Q2

The QMIA-Q report for State Fiscal Year (SFY) 2026, Quarter 2 (Q2) provides information about the delivery of YES services for October, November, and December 2025. Where comparable data is 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

YES Performance Improvement Projects (PIPs) Underway

Many YES PIPs continue to be actively focused on during SFY 2026 Q2. These 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, and SFY 2026 Q1 due to their scope, complexity, and multi-year implementation requirements. Initiatives for each of these PIPs represent targeted efforts by Department of Health and Welfare (DHW) staff to enhance service quality, coordination, and outcomes across the YES system of care. Key DHW Divisions involved in this work include DBH, the IBHP Governance Bureau, and Child, Youth, & Family Services (CYFS).

The following eight PIPs are the focus of Section 9 (YES PIPs with Updates for the Current Reporting Period):

- Child and Adolescent Strengths and Needs (CANS) Improvement (DBH)
- Combined Initiative: Wraparound and Out-of-Home Placements (DBW, IBHP, Magellan)
- Interagency Governance Team (IGT) and YES Workgroups and Subcommittees (DBH)
- Mental Health Care for Target Population: Foster Care (CYFS)
- Residential Treatment (IBHP/Magellan)
- Workforce Development (DBH)
- Wraparound (DBH)
- Youth Crisis Services (IBHP/DBH)

To maintain a concise and focused report, only PIPs demonstrating substantial progress or with meaningful narrative updates during this reporting period are described in Section 9. However, to ensure transparency and provide access to complete information, three appendices (Appendices E, F, G) — are included to present detailed information on all PIPs.

YES Challenges and Opportunities

Data Quality and Reporting Improvements

Efforts to strengthen the reliability and validity of data presented in the QMIA Quarterly Report are ongoing. DBH continues to collaborate closely with the IBHP and other partners to ensure that reported data are accurate, comprehensive, and reflective of both the strengths and areas for improvement within the YES system of care.

Recent enhancements have focused on improving readability and internal consistency across the report, including the standardization of table and chart titles, section headings, and key terminology.

Looking ahead, DBH will continue to streamline report design and content while preserving the level of detail necessary to support transparency, accountability, and informed decision-making.

Ongoing Child and Adolescent Needs and Strengths (CANS) Data Issues

The CANS data required to complete the “Access to YES” section of the QMIA Quarterly Report were not available at the time of report publication. In collaboration with the IBHP Governance Bureau, which oversees Magellan, DBH continues to work toward validating the accuracy and completeness of these data. Progress has been impacted by limitations within Magellan’s data infrastructure, resulting in ongoing delays.

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 Q2

<https://yes.idaho.gov/wp-content/uploads/2026/03/YES-Rights-and-Resolutions-SFY-2026-Qtr-2.pdf>

1. Access to YES

The data presented in this section of the QMIA Quarterly Report are derived from Magellan's Person-Centered Intelligence Solution (P-CIS) system. The data includes information about all CANS assessments submitted through the P-CIS system during each reporting period¹. DBH is actively collaborating with the IBHP Governance Bureau and Magellan to validate the accuracy and completeness of the CANS data. This effort remains ongoing, with delays related to limitations within Magellan's data infrastructure.

The CANS data required to complete this section of the report was not available at the time of report publication.

¹ The CANS data presented in Table 2b1 are based on claims submissions. Given that providers have a 180-day window from the date of service to submit claims for payment, discrepancies between P-CIS data and claims data are expected.

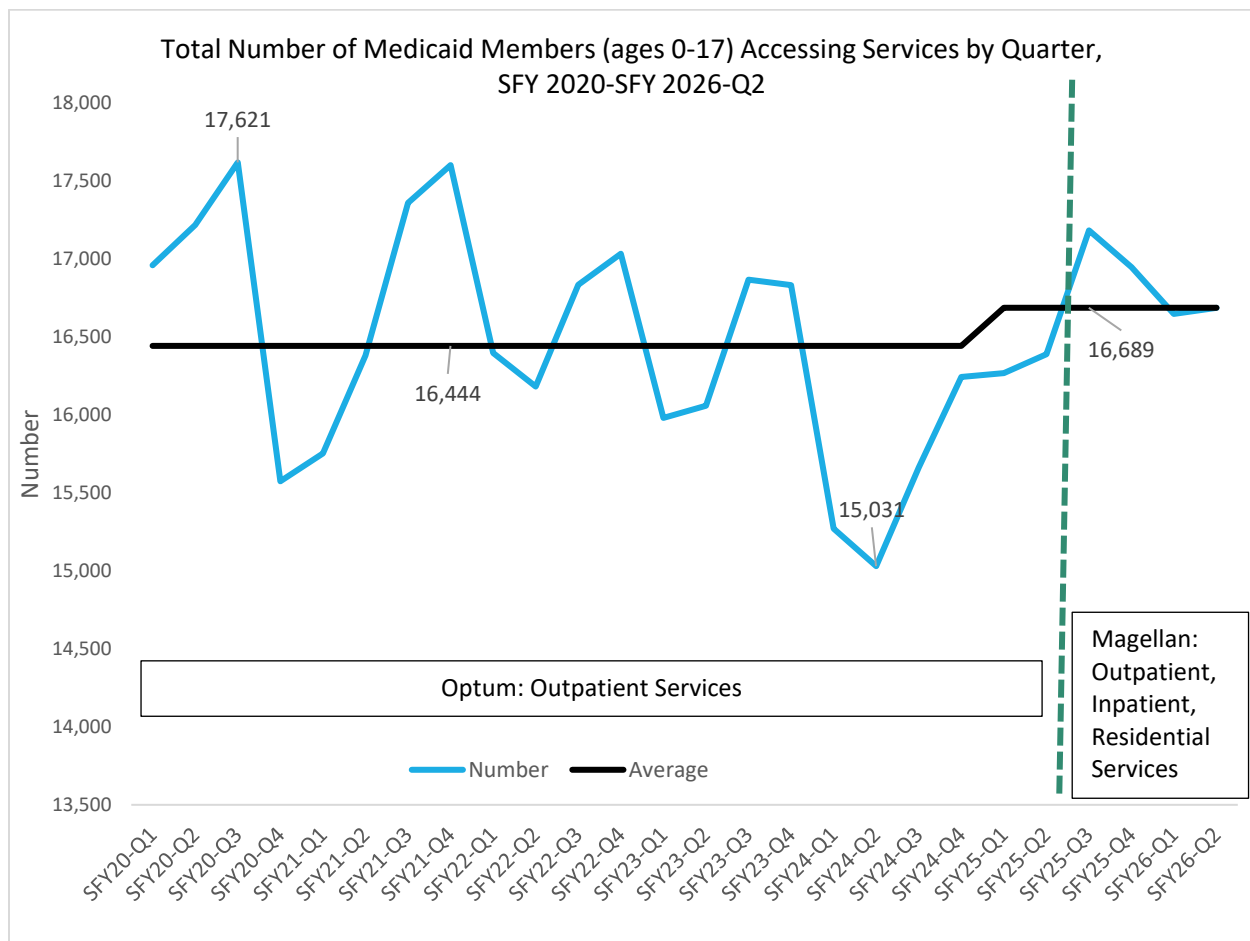
2. IBHP Services and Supports

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-Q2 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-Q2) 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 (Q2)									
	Distinct Utilizers and Penetration Rate by Region								ID Total
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	
Assessments	15	8	37	68	78	27	84	0	317
	0.1%	0.1%	0.1%	0.2%	0.4%	0.2%	0.3%	0.0%	0.2%
Behavior Assessment	27	0	36	55	1	0	4	0	123
	0.1%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
CANS	442	216	1135	1881	642	698	1403	23	6440
	2.4%	3.3%	3.3%	5.8%	3.0%	4.0%	5.8%	2.2%	4.1%
Psych and Neuropsych Testing	94	21	173	195	95	160	186	4	928
	0.5%	0.3%	0.5%	0.6%	0.4%	0.9%	0.8%	0.4%	0.6%
Psychiatric Diagnostic Assessment	405	153	819	1178	431	503	857	17	4363
	2.2%	2.4%	2.4%	3.6%	2.0%	2.9%	3.5%	1.6%	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 (Q2)²									
	Distinct Utilizers and Penetration Rate by Region								Total
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	
Behavior Modification and Consultation	54	0	73	114	1	1	7	0	250
	0.3%	0.0%	0.2%	0.4%	0.0%	0.0%	0.0%	0.0%	0.2%
Case Management	62	47	300	1010	267	250	691	14	2641
	0.3%	0.7%	0.9%	3.1%	1.3%	1.4%	2.8%	1.3%	1.7%
Child and Family Team (CFT)	15	10	16	39	14	20	39	2	155
	0.1%	0.2%	0.0%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%
Medication Management	234	161	755	1046	226	426	896	10	3754
	1.3%	2.5%	2.2%	3.2%	1.1%	2.5%	3.7%	1.0%	2.4%
Psychotherapy Services	1199	407	2291	2888	1149	1384	2331	40	11689
	6.4%	6.3%	6.7%	8.9%	5.4%	8.0%	9.6%	3.8%	7.5%
STAD	0	12	5	1	13	35	57	3	126
	0.0%	0.2%	0.0%	0.0%	0.1%	0.2%	0.2%	0.3%	0.1%
Skills Building/CBRS	84	111	439	1252	213	315	598	8	3020
	0.5%	1.7%	1.3%	3.9%	1.0%	1.8%	2.5%	0.8%	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 (Q2)									
	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 Center³	0	0	51	34	67	1	74	0	224
	0.0%	0.0%	0.2%	0.1%	0.3%	0.0%	0.3%	0.0%	0.1%
Crisis Intervention	3	1	7	6	11	5	49	0	82
	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%	0.1%
Crisis Psychotherapy	19	4	21	20	14	14	33	0	125
	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%
Crisis Response	1	1	0	2	1	1	0	0	6
	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 (Q2)									
	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	6	0	14	0	0	23
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
IHCBS-MST	0	0	11	9	0	0	0	0	20
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IHCBS-TBS	0	0	13	34	0	24	8	1	80
	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%
IHDBS – Other EB Modality	63	0	0	0	0	0	0	0	63
	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient Program (IOP)	9	11	58	73	15	8	21	1	196
	0.0%	0.2%	0.2%	0.2%	0.1%	0.0%	0.1%	0.1%	0.1%
Parenting with Love and Limits (PLL)	17	4	0	0	18	0	10	0	49
	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Partial Hospitalization	0	3	32	40	1	1	11	1	89
	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%
TASSP	0	0	1	1	0	0	0	0	2
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Wraparound⁴	4	6	34	51	34	17	28	3	177
	0.0%	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%	0.1%

³ Regional crisis center data may not sum precisely to the reported overall total due to the deduplication process. A single member may access services in multiple regions and, as a result, may be counted once within each region where services were utilized. However, for the overall total, each member is counted only once after deduplication.

⁴ The number of Wraparound utilizers presented here is based on claims submission 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 (Q2)									
	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	0	2	7	0	0	0	12
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Family Support	3	1	20	56	10	60	71	2	223
	0.0%	0.0%	0.1%	0.2%	0.0%	0.3%	0.3%	0.2%	0.1%
Respite	2	48	38	53	11	69	90	2	313
	0.0%	0.7%	0.1%	0.2%	0.1%	0.4%	0.4%	0.2%	0.2%
Youth Support	11	9	61	292	107	22	68	2	572
	0.1%	0.1%	0.2%	0.9%	0.5%	0.1%	0.3%	0.2%	0.4%

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 (Q2)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Early Serious Mental Illness (ESMI)	0	0	3	0	0	0	0	0	3
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Behavior Assessment and Intervention (HBAI)	0	0	54	68	101	2	0	0	225
	0.0%	0.0%	0.2%	0.2%	0.5%	0.0%	0.0%	0.0%	0.1%
Interpretative Services	0	0	104	765	167	1	2	1	1040
	0.0%	0.0%	0.3%	2.4%	0.8%	0.0%	0.0%	0.1%	0.7%

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 (Q2)									
	Distinct Utilizers and Penetration Rate by Region								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Inpatient	41	24	72	115	29	24	29	1	335
	0.2%	0.4%	0.2%	0.4%	0.1%	0.1%	0.1%	0.1%	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 (Q2)									
	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	19	11	44	52	19	21	21	3	190
	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.3%	0.1%
RTC	9	3	14	11	9	9	9	1	65
	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	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 (Q2)									
	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
Psychiatric Diagnostic Assessment	0	0	0	1	0	0	0	0	1
Psychotherapy Services	0	0	0	1	0	0	1	0	2
Skills Building/CBRS	0	0	0	0	0	1	0	0	1
Crisis Center	0	0	12	35	4	0	0	0	52
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-Q2 by youth funded through non-Medicaid (DBH) sources.

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

No Residential Services were utilized during SFY 2026-Q2 by youth funded through non-Medicaid (DBH) sources.

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 2 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 (Q2)				
	Total Claims Paid	Outpatient Claims Paid	Inpatient Claims Paid	Residential Claims Paid
Region 1	\$3,972,226	\$2,629,607	\$163,582	\$1,179,037
Region 2	\$1,741,164	\$677,379	\$359,905	\$703,880
Region 3	\$6,852,258	\$3,840,086	\$594,602	\$2,417,570
Region 4	\$12,359,749	\$8,742,963	\$1,063,532	\$2,553,254
Region 5	\$3,761,234	\$2,295,271	\$221,864	\$1,244,100
Region 6	\$3,636,306	\$2,070,078	\$293,023	\$1,273,205
Region 7	\$4,859,995	\$3,634,353	\$192,403	\$1,033,239
Region 9/OOS	\$199,042	\$94,163	\$9,614	\$95,265
Total	\$37,381,974	\$23,983,899	\$2,898,525	\$10,499,550
% of Total Claims Paid	100%	64.2%	7.6%	28.1%

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

Regional Comparison of Total Claims Paid by Eligible Medicaid Member, SFY 2026 (Q2)					
	Total Eligible Members	Total Claims Paid	\$ per Distinct Eligible Member	% Eligible Members	% Total Claims Paid
Region 1	18,664	\$3,972,226	\$213	12.0%	10.6%
Region 2	6,463	\$1,741,164	\$269	4.2%	4.7%
Region 3	33,976	\$6,852,258	\$202	21.8%	18.3%
Region 4	32,448	\$12,359,749	\$381	20.9%	33.1%
Region 5	21,329	\$3,761,234	\$176	13.7%	10.1%
Region 6	17,263	\$3,636,306	\$211	11.1%	9.7%
Region 7	24,358	\$4,859,995	\$200	15.7%	13.0%
Region 9/OOS	1,039	\$199,042	\$192	0.7%	0.5%
Total/Average	155,540	\$37,381,974	\$240		

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 \$176 per eligible member in Region 5 and as much as \$381 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 (Q2)				
	Total Claims Paid	Outpatient Claims Paid	Inpatient Claims Paid	Residential Claims Paid
Region 1	\$0	\$0	\$0	\$0
Region 2	\$0	\$0	\$0	\$0
Region 3	-\$15,759	\$191	\$0	-\$15,950
Region 4	\$344	\$344	\$0	\$0
Region 5	\$0	\$0	\$0	\$0
Region 6	\$5,493	\$5,493	\$0	\$0
Region 7	\$80	\$80	\$0	\$0
Region 9/OOS	\$0	\$0	\$0	\$0
Total	-\$9,842	\$6,108	\$0	-\$15,950⁵
% of Total Claims Paid	% of Total Claims Paid Metric is not appropriate given overall credit			

⁵ Incorrect billing in a previous period was corrected in SFY 2026-Q2, resulting in a credit balance.

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.

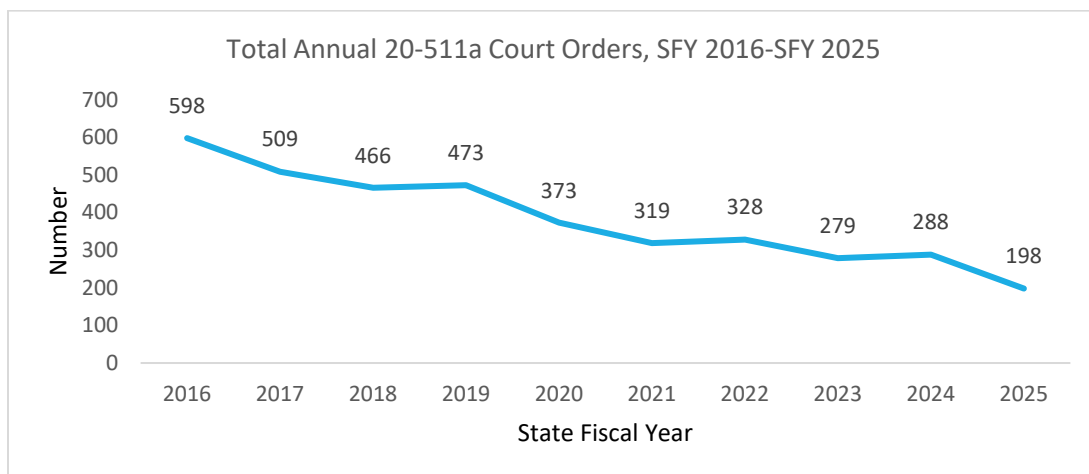
4a1: Number of 20-511A Court Orders and Associated Monthly Averages

Annual Total 20-511a Court Orders with Associated Monthly Averages, SFY 2016-SFY 2026 (Q1-Q2) ⁶										
	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-Q2)	22	3	1	12	36	1	18	93		16

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 two quarters of SFY 2026. Reflective of the general decline in the number of 20-511a court orders that began in SFY 2017, during the first two quarters of SFY 2026, there were 93 20-5011a court orders (an average of 16 per month – down substantially from the 2016 and 2017 monthly averages of 50 and 42, respectively).

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



⁶ 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.

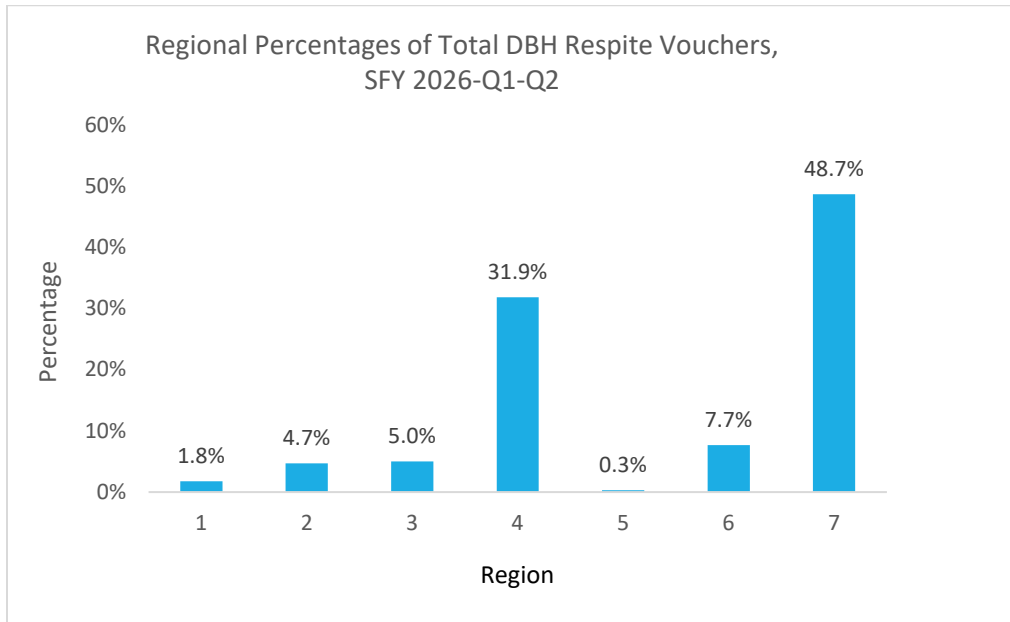
4b. DBH Vouchered Respite

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-Q2)								
	Region							Statewide Total
	1	2	3	4	5	6	7	
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-Q2)	6	16	17	108	1	26	165	339

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 Year⁷

SHS/SHW Admissions by Month, Average Monthly Admissions, and Unduplicated Total Admissions, SFY 2020–SFY 2026 (Q1-Q2)														
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-Q2 (SHW)	12	9	7	6	5	6							7.5	

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 half of SFY 2026.

⁷ 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.

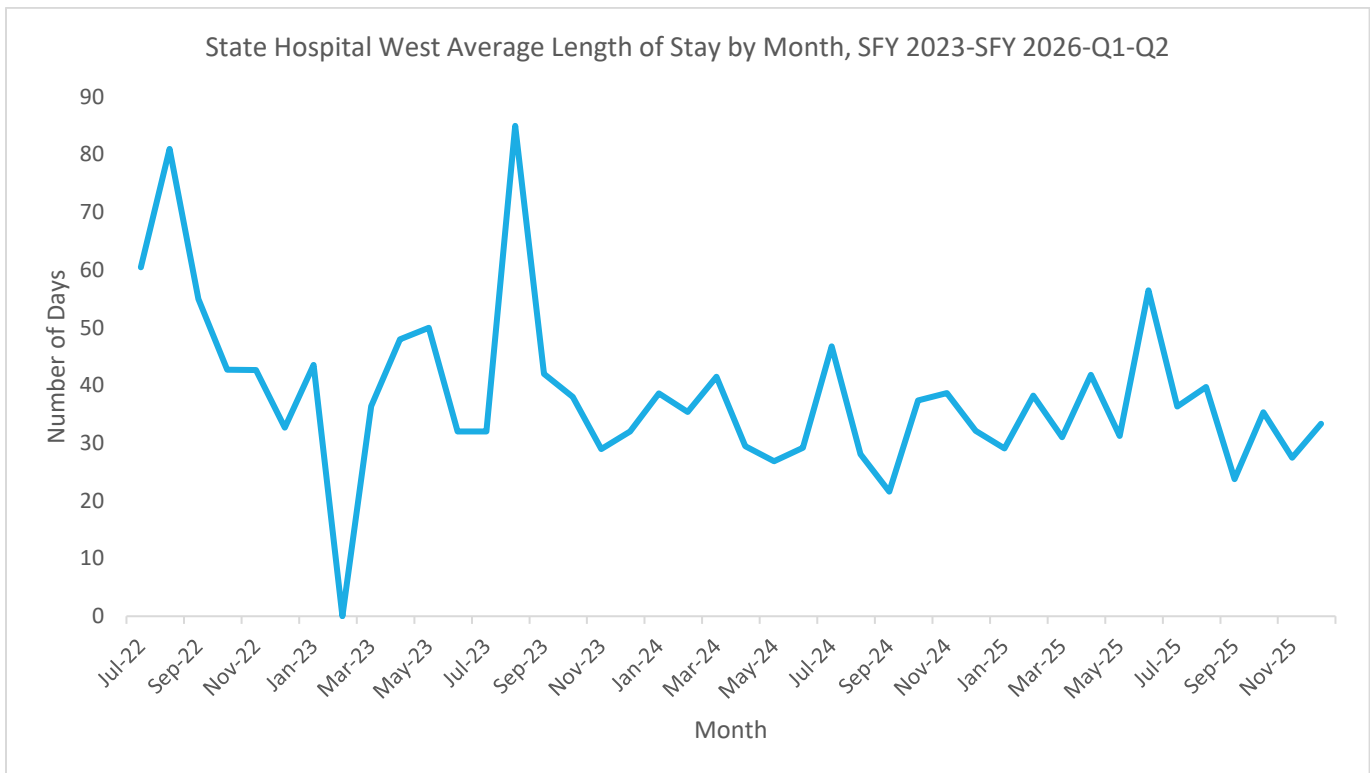
4c2: SHS/SHW Readmission Incidents

SHS/SHW Readmission Incidents Across Readmission Ranges based on Days, SFY 2017–SFY 2026-Q1-Q2 ⁸										
Range of Days to Readmission	State Fiscal Year									
	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026-Q1-Q2
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. During the second quarter of SFY 2026, there were no readmission incidents across any range of days – the four readmissions in SFY 2026 all occurred during the first quarter.

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.

⁸ Data is not unduplicated. Counts do not always reflect a unique individual youth.

5. New Data for SFYs 2025 and 2026

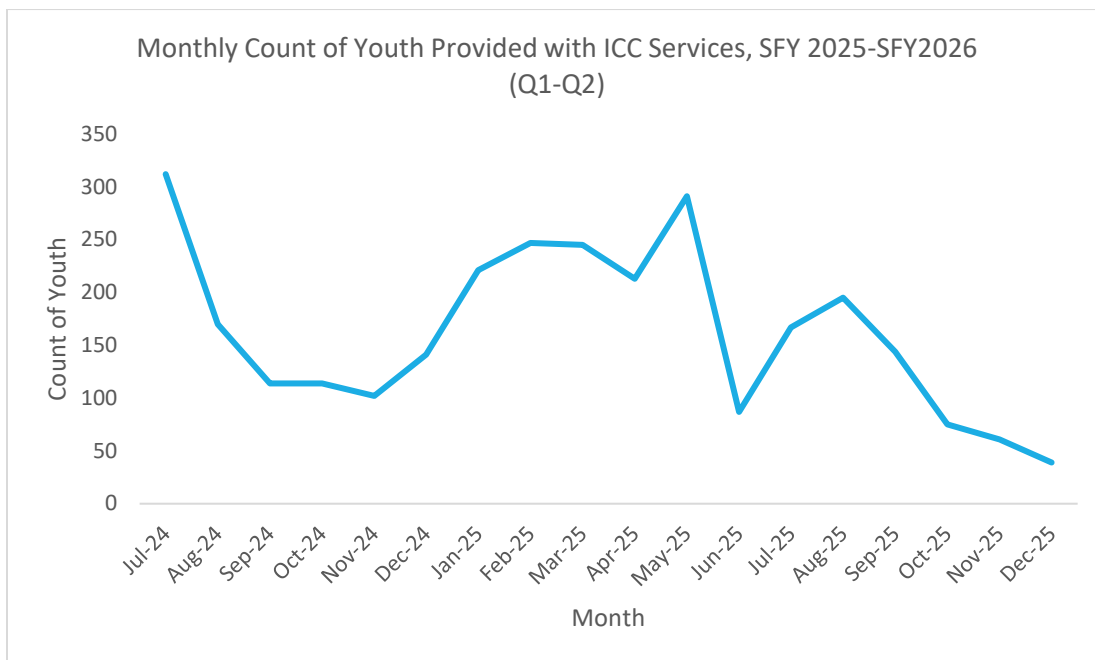
This section presents information not included in the QMIA Quarterly Report until SFY 2025, specifically the Intensive Care Coordination (ICC) data. It also reintroduces data that is being reported differently than in QMIA Quarterly Reports prior to SFY 2025, specifically, the Psychiatric Residential Treatment Facility (PRTF)/Residential Treatment Center (RTC) outcome request data.

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.

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 Intensive Care Coordination (ICC) services, with a monthly average of 188 youth served. An upward trend beginning in January 2025 coincided with the phase-out of TCC, which likely contributed to increased utilization of ICC services. While there is no clear, documented explanation for the sharp decline in ICC service counts between May and June 2025, service volume rebounded substantially in the first quarter of SFY 2026. During this period, the average monthly number of youth receiving ICC services rose to 169. However, in the second quarter of SFY 2026, the average monthly number of youth served declined significantly to 58, reducing the overall SFY 2026 average to 114 youth per month. Magellan continues to address every ICC referral they receive and maintains no waitlist for ICC. Additionally, during initial program implementation, there was a high volume of unmet need, resulting in rapid growth in ICC enrollment. Magellan expects ICC enrollment rates will begin to stabilize as those immediate needs are addressed. Magellan also reported that many families start ICC for immediate support and then transition into Wraparound for long-term support.

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 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-Q2)		
	SFY 2025 (All Quarters) Count (Percent) of Initial Requests	SFY 2026 (Q1-Q2) Count (Percent) of Initial Requests
Initial Requests Approved	572 (72%)	208 (63%)
Initial Requests Denied	124 (16%)	72 (22%)
Initial Requests Withdrawn	95 (12%)	52 (16%)
Total Initial Requests	791 (100%)	332 (100%)
	SFY 2025 (All Quarters) Count (Percent) of Concurrent Requests	SFY 2026 (Q1-Q2) Count (Percent) of Concurrent Requests
Concurrent Request Approvals	1259 (94%)	987 (96%)
Concurrent Request Denials	30 (2%)	10 (1%)
Concurrent Request Withdrawals	52 (4%)	32 (3%)
Total Concurrent Requests	1,341 (100%)	1,029 (100%)
Total Residential Requests (Initial and Concurrent)	2,132	1,361

What is this data telling us?

Denial rates for PRTF/RTC *initial* requests increased by 6% in the first two quarters of SFY 2026 compared to SFY 2025. In contrast, the denial rate for concurrent requests in SFY 2026 (Q1-Q2) remained notably low, at just 1%. This may suggest that once services are initiated, there is strong continuity of care and that ongoing treatment is largely meeting criteria for continued stay, reflecting appropriate service utilization.

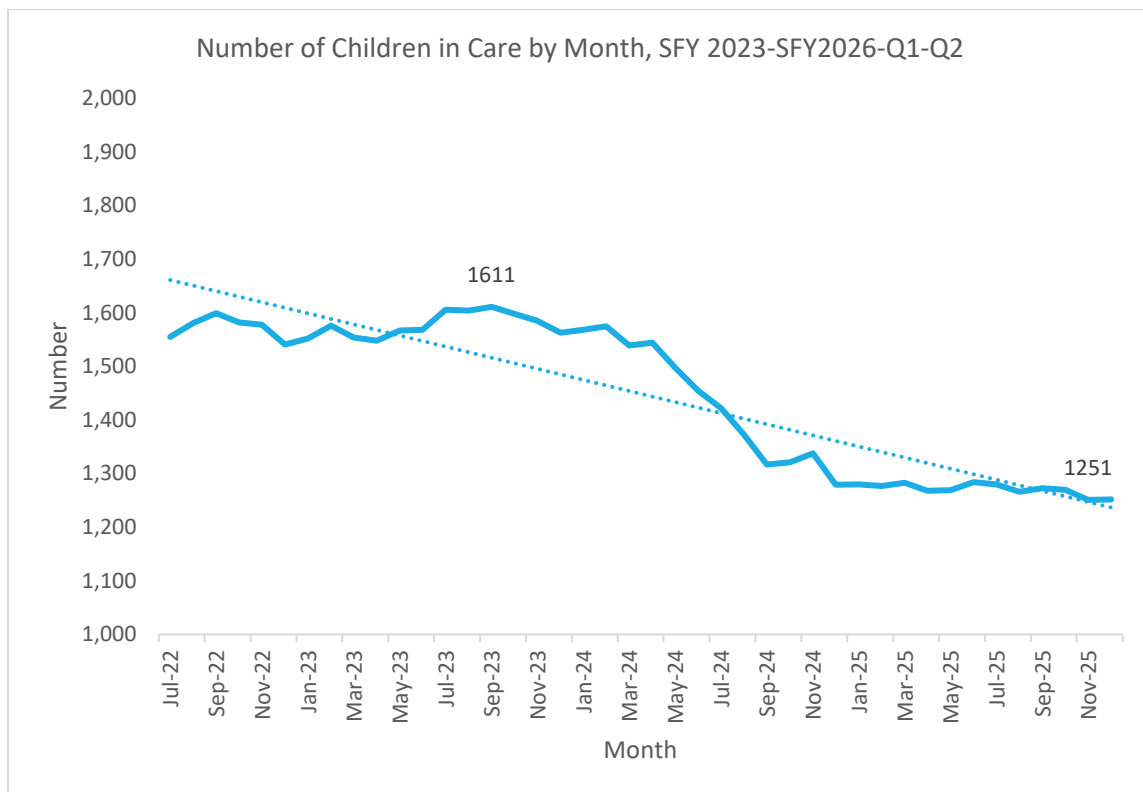
Due to differences in data reporting methods, SFYs 2025 and 2026 PRTF/RTC request outcomes may not be directly comparable to PRTF request data from prior years. These reporting differences will be fully evaluated in SFY 2026, and any additional valid year-over-year comparisons will be included in the QMIA Quarterly Report. It is possible, however, that SFY 2025 data may have 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.⁹

6a1: Number of Children in Care by Month Since July 2022¹⁰



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?

The monthly number of children and youth removed from home has declined steadily since September 2023. 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 November 2025, the number fell to a new low of 1,251.

⁹ Although CYFS provided the necessary data for this analysis in a timely manner, the analysis could not be completed for inclusion in this report due to the unavailability of CANS data.

¹⁰ 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

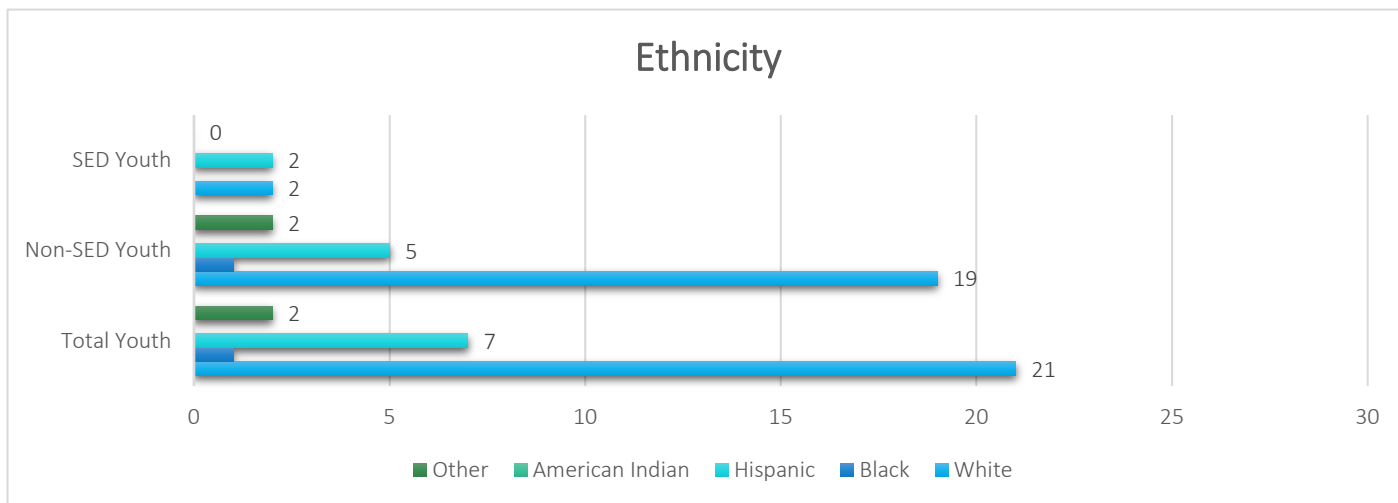
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided by system partners) determine the risks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

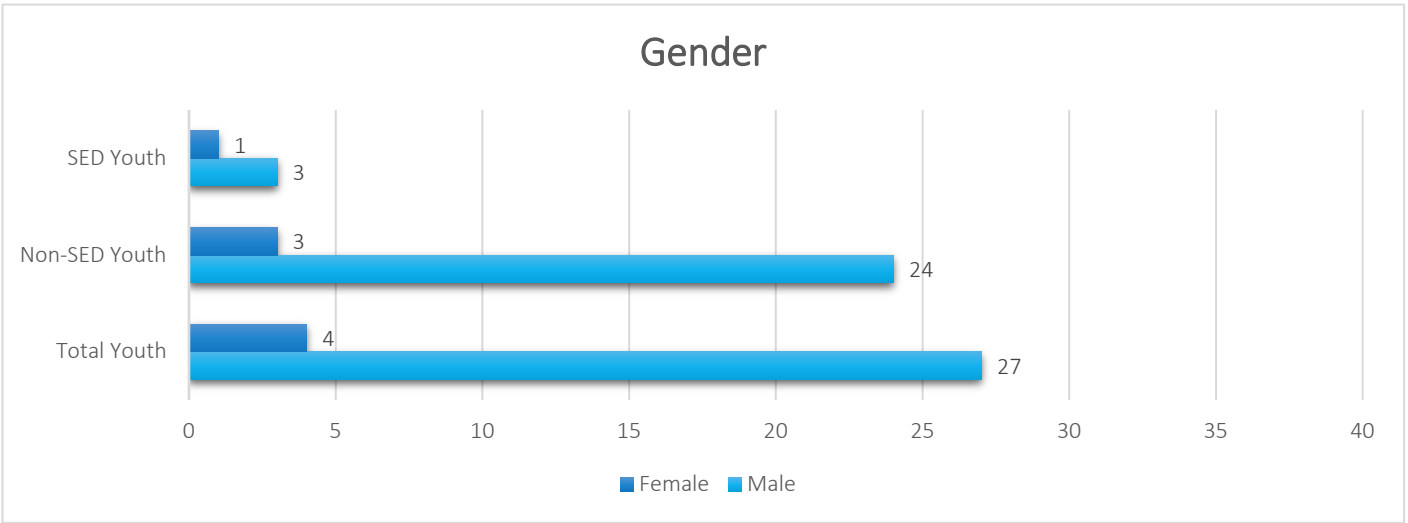
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile’s return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from 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 Report¹¹

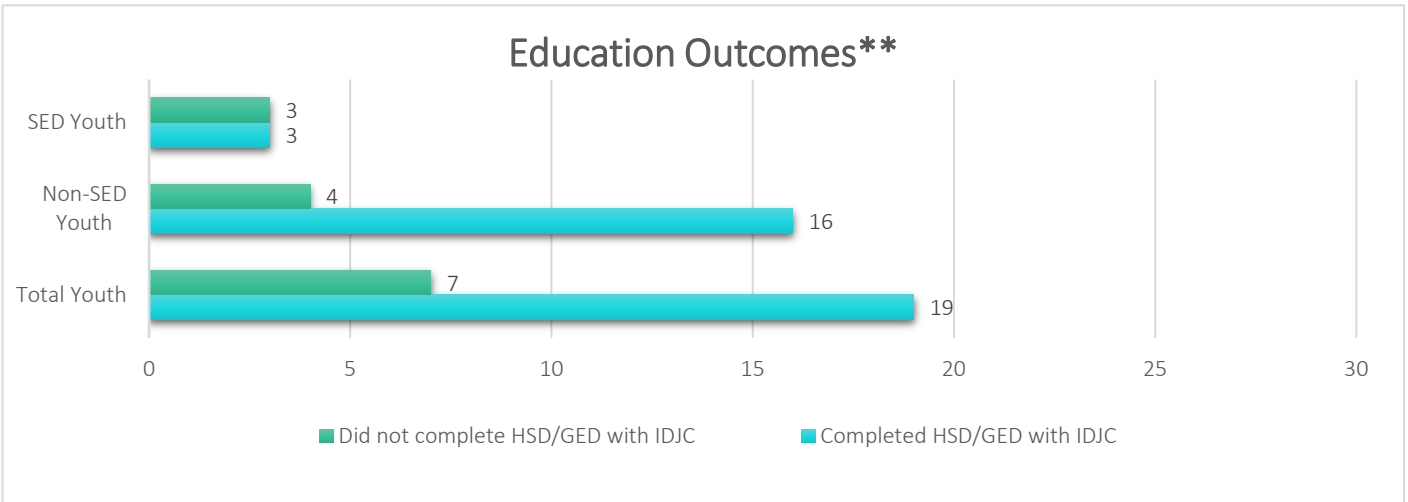
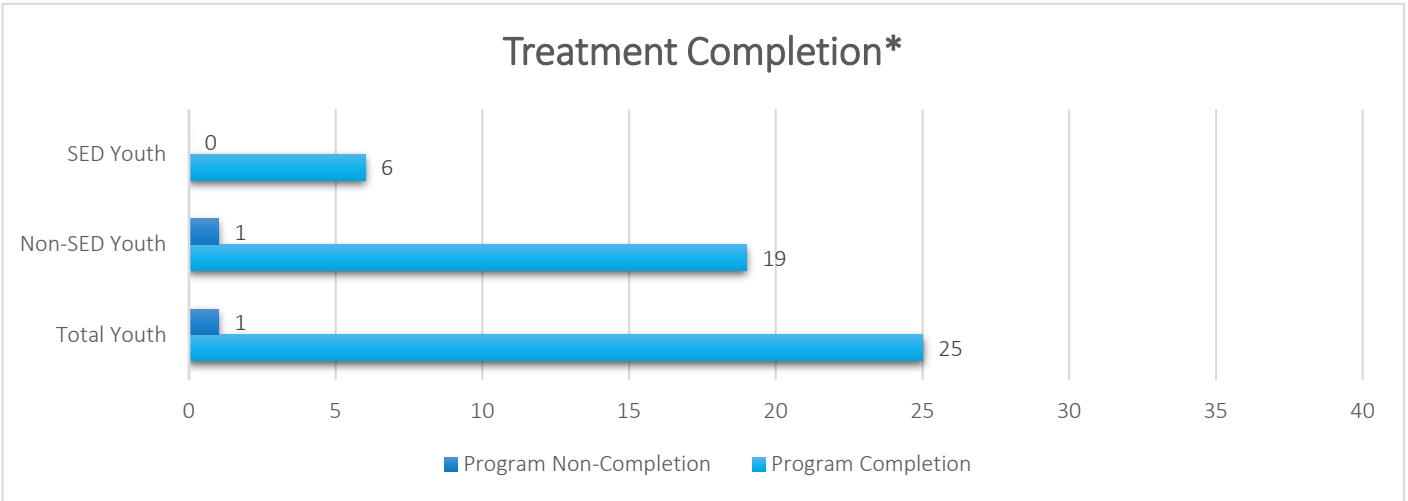
The graphs below compare ethnicity and gender between all youth and SED youth committed to IDJC from October 1, 2024–December 31, 2025.



¹¹ 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 October 1 – December 30, 2025.



* 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24-hour services: Hospitals/Residential	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 Entity¹²

YES Complaints by Entity, SFY 2022-SFY 2026 (Q1-Q2)											
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-Q2)	7 ^d	2 ^d	10 ^d	^c	^c	51	0	7	0	-	77 ^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. In SFY 2026-Q2 two complaints were reported to both YES CCT and Magellan. They are counted in both entities and in the overall total.

¹² 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).

2026 Family Experience Survey Update

The YES Family Survey is conducted annually to evaluate the quality and outcomes of mental health services provided to youth within Idaho’s YES system. Conducted by Boise State University in collaboration with DBH, the survey is mailed to a population-representative sample of caregivers whose children received mental health services during the previous calendar year.

Data collection for the 2026 Family Survey began in late February and will conclude in mid-May 2026. The survey includes a set of Key Quality Performance Measures (KQPMs)—core questions that remain consistent year over year to allow for reliable tracking of trends and system performance. Additional survey items are rotated periodically, with some questions included only in odd or even years.

The 2026 survey reintroduced questions about crisis and safety planning, which were last asked in 2024. It also maintained a set of three questions, introduced in the 2025 survey, designed to assess the perceived impact of mental health services on youth across three key areas: development of strengths, emotional regulation, and overall mental health.

9. YES PIPs with Updates for the Current Reporting Period

PIPs span a wide range of YES-related services, supports, and structures. PIPs occur across all divisions within the DHW. While numerous PIPs are active throughout the Department at any given time, administrative and reporting variables mean that not every individual project can be captured in this quarterly update.

Reporting Note: The following section provides a summary of the YES PIPs specifically submitted for the QMIA-Q for SFY 2026 Quarter 2. To ensure this report remains concise and impactful, only those PIPs with substantial progress or narrative updates during this period are detailed below. However, a comprehensive list of all PIPs for this State Fiscal Year—including their specific goals and measures of success is available for review in Appendix E.

9a. PIP Focus Areas

- Child and Adolescent Strengths and Needs (CANS) Improvement (DBH)
- Combined Initiative: Wraparound and Out-of-Home Placements (DBW, IBHP, Magellan)
- Interagency Governance Team (IGT) and YES Workgroups and Subcommittees (DBH)
- Mental Health Care for Target Population: Foster Care (CYFS)
- Residential Treatment (IBHP/Magellan)
- Workforce Development (DBH)
- Wraparound (DBH)
- Youth Crisis Services (IBHP/DBH)

9b. Child and Adolescent Needs and Strengths (CANS) Improvement PIP

Active, In Progress, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q4

SFY 2026-Q2: Current improvement efforts within the Person-Centered Intelligence Solution (P-CIS) system include:

- Development of an offline version of the CANS, allowing completion in settings without reliable internet access. Implementation date to be determined.
- Expanded explanations of levels of care within CANS reports to support clinical interpretation and decision-making to be implemented on 7/1/26

P-CIS system enhancements outlined below.

- Improvements completed on 1/27/26: (see [Magellan Blast](#))
- Enhancement of narrative fields for actionable items to promote more meaningful and individualized documentation
- Documentation System alerts for incomplete CANS submissions, ensuring accuracy and completion prior to submission

In addition to above system enhancements, two new trainings for providers are now available statewide: CANS in Practice and Consensus-Based Assessment. More information and registration can be found on the Idaho TCOM [website](#).

9c. Combined Initiative: Wraparound and Out-of-Home Placements PIP

Active, In Progress, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q4

SFY 2026-Q2:

Magellan does not have any further data for this PIP as they are working through reporting adjustments, and the data will be updated when the specific reports are made available.

9d. Interagency Governance Team (IGT) and YES Workgroups/Subcommittees PIP

Active, In progress, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q4

SFY 2026-Q2:

- The updated IGT Bylaws with role and representation clarification were voted on and approved by the IGT voting members at the IGT Meeting on October 8, 2025. The updated IGT Bylaws can be located on the YES website at: https://yes.idaho.gov/wp-content/uploads/2025/10/IGTBylaws_Updated10.8.2025_BSRESigned.pdf.
- The IGT Strategic Planning Sub-group, which consists of IGT Executive Committee and IGT voting members, has been meeting and continues to work on writing an updated IGT Strategic Plan.
- The IGT Executive Committee is in the process of reviewing and providing feedback on an updated IGT recommendation process, as a way to increase the transparency and accountability in how recommendations are reviewed, acted upon, and communicated back to IGT members and stakeholders.

- The YES Workgroup & Subcommittee Quarterly Review Reports continue to be completed, distributed, and reviewed. These reports can be located on the YES website at: <https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/?target=4>.
- Transitioned volunteer reimbursement administration to Idaho Parents Unlimited (IPUL), with enhanced processes that streamline reimbursement for volunteers while strengthening transparency, consistency, and program impact tracking.
- Renamed and updated the FYIdaho Nuts & Bolts Training Manual to the IPUL Advisor Orientation Packet, improving clarity, accessibility, and alignment with current program practices.

9e. Mental Health Care for Target Population: Foster Care PIP

Active, In Progress, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q4

SFY 2026-Q2:

Clinicians have completed their first Brief Strategic Family Therapy (BSFT) Workshop and are implementing joining and tracking strategies, per the BSFT model. Additionally, clinicians have started the BSFT supervision process. Workshop 2 is scheduled for February 2,3, and 4. Facility case managers have been hired in the North and West Hubs throughout the state. They will be completing their first round of facility visits in February for Regions 1,2, 3, and 4. Program resources became available July 1, 2025, and all services are in various stages of implementation.

9f. Residential Treatment PIP

Active, In Progress, Update Provided for Current Reporting Period, First Reported in SFY 2026-Q1

SFY 2026-Q2:

Magellan continues to work with residential facilities to increase their provider network. Magellan continues to review all requests for residential and psychiatric residential treatment facility (PRTF) levels of care, ensuring youth are in the least restrictive level of care needed to meet a youth's behavioral health needs. Magellan continues to monitor the length of stay for youth admitted to these facilities, ensuring it is appropriate to meet the youth's needs. From October to December 2025, Magellan added two residential treatment center facilities to their network. The total is now 14 PRTF/RTC in Idaho and 48 PRTF/RTC out of state.

9g. Workforce Development PIP

Active, In Progress, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q4

SFY 2026-Q2:

The Workforce Development Plan is being reviewed by the Implementation Workgroup, and revisions will be made based on their feedback. The plan is anticipated to be finalized and implemented in early 2026. The YES Workforce Development Steering Committee is also formulating the annual workforce development report to summarize progress on YES specific workforce initiatives and ongoing system improvements. 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.

9h. Wraparound PIP

Active, In Progress, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q4

SFY 2026-Q2:

Region 2 providers experienced some attrition losing coordinators. End of Q1 SFY 2026. New R2 coordinator started at the end of Q2. 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.

The DBH Wraparound Competency Center has implemented a structured, quarterly feedback loop by administering surveys to Wraparound Coordinators to inform and strengthen ongoing coaching efforts. Provided ad-hoc training for coordinators. The ad-hoc coordinators started training and will join a full training cohort in February 2026. In order to support the workforce and get coordinators going before the Department could initiate a full training, 10 coordinators were trained in Q2 SFY 26 in module 1 & 2 in order to start billing. 10 of 14 coordinators involved with ad-hoc training started at that time with the coaching support. There are currently 36 active coordinators in the state, meaning they hold cases. The Department has trained a total of 54 coordinators.

A total of 263 children have received Wraparound services through the IBHP since July 2024 to present* Note, this count* is based on claims data. Providers have up to 180 days to submit claims; therefore, totals may change as additional claims are received.

Fidelity Monitoring will begin in January 2026. The Quality Service Review (QSR) period spans November 2025 through February 2026, with results anticipated by the end of the third quarter of SFY 2026.

9i. Youth Crisis Services PIP

Active, In Progress, Update Provided for Current Review Period, First Reported in SFY 2025-Q4

SFY 2026-Q2:

- **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.

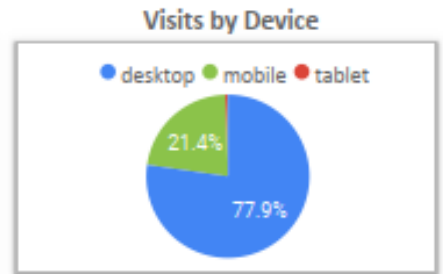
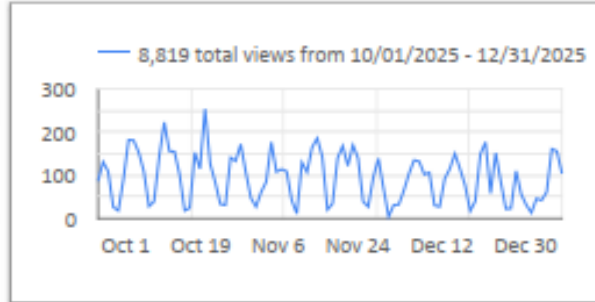
10. YES Communications

10. YES Website

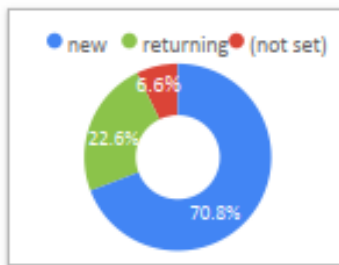
YES Website Analytics

Reporting Period October 1 2025 - December 31 2025

Sessions 4,664	Views 8,819
Total users 2,782	New users 2,483



Type of Visitors



Top 10 Landing Pages from 10/01/2025 - 12/31/2025

Page title	Total users *	New users
Welcome to YOUTH EMPOWERMENT SERVICES	1,546	1,278
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	491	385
Contact Us YOUTH EMPOWERMENT SERVICES	282	62
Quick Start Guide YOUTH EMPOWERMENT SERVICES	250	11
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	223	105
Wraparound Intensive Services YOUTH EMPOWERMENT SERVICES	190	107
Parents YOUTH EMPOWERMENT SERVICES	180	39
Parents YOUTH EMPOWERMENT SERVICES	173	19
YES History and Current Development YOUTH EMPOWERMENT SERVICES	147	55
Getting Started YOUTH EMPOWERMENT SERVICES	132	30

Device category	Sessions...	Bounce rate
desktop	3,642	43.49%
mobile	1,002	48.4%
tablet	29	41.38%

Visits by Location

City	Sessions *
Los Angeles	637
Boise	601
(Not Set)	316
Nampa	253
Seattle	229
Idaho Falls	183
Meridian	163
Phoenix	151
Denver	131
Salt Lake City	111

Traffic Type

Session default channel group	Sessions...
Direct	2,809
Organic Search	1,480
Referral	284

Bounce rate
44.49%

Views per user
3.19

Average session duration
00:03:35

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: October 1 2025 - December 31 2025

Files downloaded

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

File name	Event count...
GettingStartedYES.pdf	272
YES101_online.pdf	159
YESPracticeManualFinal.pdf	153
YESOverviewtrifold.pdf	77
MHChecklist.pdf	69
MHChecklistforYOUTH.pdf	64
MentalHealthCrisisDefinitionandExpectation...	61
YES-Contacts.pdf	54
YouthCrisisSafetyPlan.pdf	53
YOUTHFAQ_yerFinal.pdf	41

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	335	14,172
yes idaho	232	3,087
cans assessment idaho	158	3,910
youth empowerment servic...	133	779
safety plan for adolescents ...	116	261
idaho yes program	114	10,120
idaho cans	100	4,738
cans assessment	99	3,458
icans idaho	89	4,958
youth empowerment servic...	67	1,042

Site activity

Number of times a user event occurred*

Event name	Event count
page_view	8,819
scroll	7,180
user_engagement	5,380
session_start	4,660
file_download	3,481
first_visit	2,483
click	1,258
form_start	80
tel	21
mailto	16

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	2,168
Child and Adolescent Needs and Strengths (CANS) YOUTH ...	686
Guide to YES: A Practice Manual YOUTH EMPOWERMENT S...	253
YES History and Current Development YOUTH EMPOWERM...	219
Wraparound Intensive Services YOUTH EMPOWERMENT SE...	215
Contact Us YOUTH EMPOWERMENT SERVICES	143
Crisis Resources YOUTH EMPOWERMENT SERVICES	112
YES Quality Management Improvement and Accountability (...)	100
Parents YOUTH EMPOWERMENT SERVICES	89
Quick Start Guide YOUTH EMPOWERMENT SERVICES	82

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
Appeals and Complaints YOUTH EMPOWERMENT SERVICES	67.06%
Idaho Prescription Drug Monitoring Program Data Dashboard (...)	63.38%
Appeals YOUTH EMPOWERMENT SERVICES	50%
Wraparound Intensive Services YOUTH EMPOWERMENT SER...	45.29%
Wraparound Intensive Services YOUTH EMPOWERMENT SER...	41.54%
Comments and Questions YOUTH EMPOWERMENT SERVIC...	36.67%
YES Quality Management Improvement and Accountability (Q...	35.61%
Child and Adolescent Needs and Strengths (CANS) YOUTH E...	34.69%
Welcome to YOUTH EMPOWERMENT SERVICES	33.87%
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SE...	33.6%

SEARCH

Top Search Results for "Youth Empowerment Services"

Google

1. Welcome to YOUTH EMPOWERMENT SERVICES
2. Homepage - Western Idaho Youth Support Center
3. Home- YouthROC Idaho
4. What is YES - FYIdaho
5. Wraparound Intensive Services - BPA Health

Bing

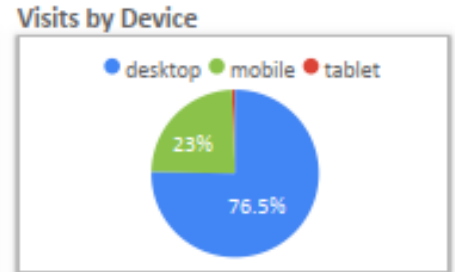
1. Welcome to YOUTH EMPOWERMENT SERVICES
2. Homepage - Western Idaho Youth Support Center
3. Home- YouthROC Idaho
4. What is YES - FYIdaho
5. Wraparound Intensive Services - BPA Health

YES Website Analytics

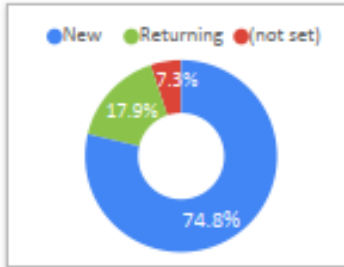
Trends since site launch: June 21 2021 - December 31 2025

Sessions 58,503	Views 110,254
Total users 32,485	New users 32,061

Visitors and Pages	
Views per user 3.4	Average session duration 00:03:27



Type of Visitors



Top 10 Landing Pages from 6/21/2021 - 12/31/2025

Page title	Total users *	New users
Welcome to YOUTH EMPOWERMENT SERVICES	17,537	15,671
Child and Adolescent Needs and Strengths (CANS) YOUTH EMPOWERMENT SERVICES	3,818	3,084
Contact Us YOUTH EMPOWERMENT SERVICES	3,781	736
Quick Start Guide YOUTH EMPOWERMENT SERVICES	2,871	159
Guide to YES: A Practice Manual YOUTH EMPOWERMENT SERVICES	2,317	1,186
Parents YOUTH EMPOWERMENT SERVICES	2,115	451
Wraparound Intensive Services YOUTH EMPOWERMENT SERVICES	1,783	1,156
YES Training YOUTH EMPOWERMENT SERVICES	1,629	208
YES History and Current Development YOUTH EMPOWERMENT SERVICES	1,505	830
YES Overview YOUTH EMPOWERMENT SERVICES	1,444	220

Device category	Sessions	Bounce rate
desktop	44,194	43.48%
mobile	13,288	48.89%
tablet	284	42.61%

Visits by Location

City	Sessions *
Boise	8,508
Los Angeles	6,865
(Not Set)	3,643
Nampa	3,607
Seattle	2,701
Idaho Falls	2,257
Salt Lake City	1,585
Phoenix	1,422
Meridian	1,347
Twin Falls	1,164

Traffic Type

Session default channel group	Sessions
Direct	32,060
Organic Search	20,227
Referral	3,865

Bounce rate 45.05%

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/

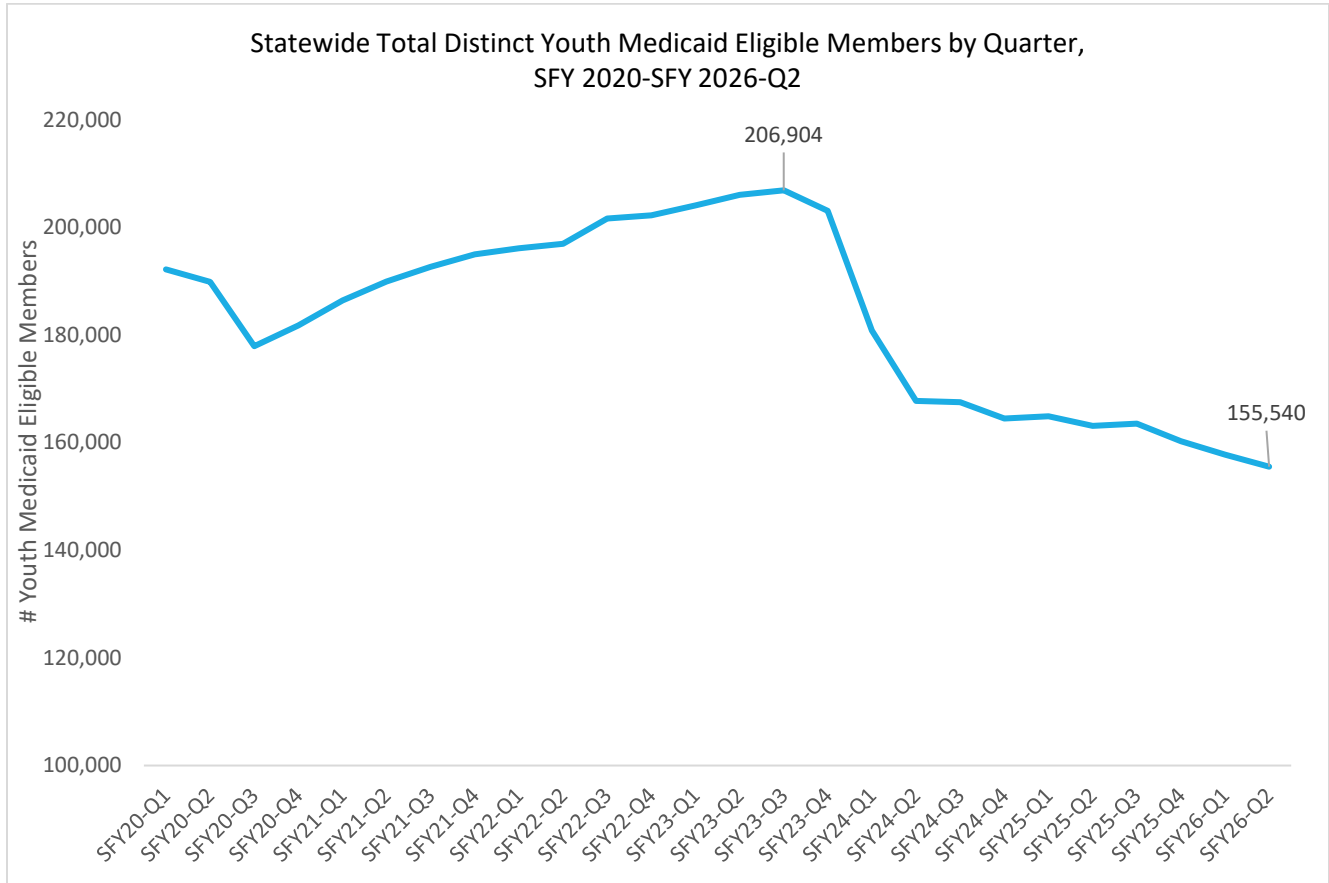
Appendix B – Medicaid Youth Utilizers, Eligible Members and Utilization Rates by Quarter, SFYs 2020–2026 (Q1-Q2)

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 and 2026 Q1-Q2 data were provided by the Idaho Medicaid program (data below green dotted line).

Statewide Medicaid Youth Utilizer and Eligible Member Counts with Corresponding Utilization Rates by Quarter, SFY 2020 – SFY 2026 (Q1-Q2)			
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%
SFY2026-Q2	16,689	155,540	10.7%

Appendix C – Statewide Medicaid Eligible Members by Quarter, SFY 2020–SFY 2026-Q2, 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 (Q2)

The Medicaid eligible members counts 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 (Q2)									
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
SFY 2026 Q2	18,664	6,463	33,976	32,448	21,329	17,263	24,358	1,039	155,540

Appendix E: YES Performance Improvement Project Goals and Performance Measure Specifics

This appendix provides reference for project goal and performance measures for each identified DHW Performance Improvement Project (PIP). If an update is provided for the relevant quarter, that information will be included within the body of the QMIA-Q report under the section pertaining to YES PIP updates.

1. **Project Goal:** A concise description of the primary purpose and objectives of the project.
2. **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.

Child and Adolescent Needs and Strengths (CANS) Improvement PIP

Project Goal

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

Performance Measurement

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).

Child and Family Teams (CFT) PIP

Project Goal

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

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

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 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.

Performance Measurement

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.

Intensive Care Coordination (ICC) PIP¹³

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. 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.

Performance Measurement

1. **Achievement of National Committee for Quality Assurance (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.

Intensive Home and Community-Based Services (IHCBS) PIP

¹³ Additional details related to the ICC PIP are provided in Appendix F (ICC PIP Project Full Report).

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.

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.

Interagency Clinical Team (ICT) Transition PIP

Project Goal

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

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.

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

Project Goal

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

Background and Identified Need

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

Key issues identified included:

- Limited opportunities for meaningful information exchange: Workgroups and subcommittees primarily reported during full IGT meetings, which often had full agendas, resulting in delayed or postponed discussions.
- Lack of clarity on purpose and follow-through: Subcommittees and workgroups were uncertain about how their recommendations were being received, prioritized, or implemented.
- Duplication of efforts and strategic gaps: Department staff observed overlap among groups and inconsistencies in aligning their work with strategic priorities under the Jeff D. Settlement Agreement and the IAP.
- Volunteer frustration: Parent, caregiver, and youth participants—who dedicate significant time to these efforts—expressed concern that their contributions were not being acknowledged or utilized.

This problem was identified through:

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

Specific Objectives

This PIP is designed to:

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

Performance Measurement

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.

Mental Health Care for Target Population: Foster Care PIP

Project Goal

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

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

- **In-Home Clinical Support:**
Clinicians provide in-home services to foster parents and biological families involved in prevention cases, helping families manage behavioral challenges and maintain children safely in their homes.
- **Family Meeting Facilitation:**
CYFS support staff facilitate family meetings focused on developing individualized discharge and permanency plans for children who have been or are in congregate care.
- **Facility Case Management (FCM) Unit** will provide specialized, intensive oversight for youth placed in residential treatment settings, both in-state and out-of-state.

Performance Measurement

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.

Residential Treatment PIP

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.

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).

Treatment Foster Care (TFC) PIP

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.

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.

Workforce Development PIP

Project Goal

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

Performance Measurement

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.

Wraparound PIP¹⁴

Project Goal

The goal of this PIP is to expand access to Wraparound services for children and youth with serious emotional disturbance (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 (SOC) Workforce Development License (WDL) to ensure fidelity and quality in Wraparound practice; and
- Implementation of system levers for accountability to sustain and monitor quality.

¹⁴ Additional details related to the Wraparound PIP are provided in Appendix G (Wraparound PIP Project Full Report).

Workforce Development and Training

A primary responsibility of the DBH Wraparound Competency Center is to deliver ongoing, standardized training for the Wraparound Coordinator workforce. Using the SOCI WDL, the DBH Wraparound Competency Center 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 DBH Wraparound Competency Center launched three training cohorts during the fiscal year.

Coaching Workforce

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

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

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

Training Workforce

The DBH Wraparound Competency Center 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 DBH Wraparound Competency Center, 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.

Performance Measurement

1. Workforce Expansion

The DBH Wraparound Competency Center 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 WFL. 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.

3. Youth and Family Outcomes and Satisfaction

Outcomes and satisfaction will be measured through multiple sources:

1. WFI-EZ Tool:

A 20% random sample of enrolled youth will be surveyed quarterly. Measures include:

- Access to needed community services and supports;
- Confidence in managing future challenges;
- Crisis preparedness;
- Satisfaction with youth progress; and
- Family confidence in caring for the youth at home.

Additionally, the WFI-EZ will monitor reductions in:

- Institutional placements (e.g., detention, psychiatric hospitalization, treatment centers);
- Psychiatric emergency room visits;
- Police contact; and
- School suspensions or expulsions.

2. Transition Survey:

Administered to all youth and caregivers exiting Wraparound services, assessing engagement, satisfaction, fidelity, and perceived outcomes.

3. Quality Service Review (QSR):

Conducted annually on a 20% sample of enrolled youth. Following record reviews, voluntary caregiver and youth interviews provide qualitative feedback on service quality and experience.

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

Youth Crisis Services PIP

Project Goal

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

Performance Measurement

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.

Appendix F: Intensive Care Coordination Performance Improvement Project Full Report

Intensive Care Coordination (ICC) PIP

Active, In Progress,

Last Update Provided for Reporting Period SFY 2026-Q1, First Reported in SFY 2025-Q4

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 Child and Family Team (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.

SFY 2026-Q1 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.

SFY 2026-Q2 Update: None.

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.

Appendix G: Wraparound Performance Improvement Project Full Report

Wraparound PIP

Active, In Progress,

Last Update Provided for Reporting Period SYF 2026-Q2, First Reported in SFY 2025-Q4

Note: The Wraparound Center of Excellence (CoE) has been renamed the DBH Wraparound Competency Center. Beginning with SFY2026 Q2 reports, the updated name will be used.

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 (SOC) 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 DBH Wraparound Competency Center, in collaboration with Magellan, identified nine Wraparound providers statewide. Through three provider forums, the DBH Wraparound Competency Center and Magellan offered education, orientation, and technical assistance to support agencies in integrating Wraparound into their service arrays.

SFY 2026 -Q1 Update: Since July 2025, a total of 196 unduplicated youth have been served. Currently, 153 youth are actively receiving Wraparound services

SFY 2026-Q2 Update: Region 2 providers experienced some attrition losing coordinators. End of Q1 SFY 2026. New R2 coordinator started at the end of Q2. 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.

A total of 263 children have received Wraparound services through the IBHP since July 2024 to present* Note, this count* is based on claims data. Providers have up to 180 days to submit claims; therefore, totals may change as additional claims are received.

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

Current Regional Wraparound Providers

Wraparound Providers by Region, SFY 2026 -Q2	
Region	Agency or Agencies
1	Prism Psychology
2	Sequoia Counseling; Scott Community Cares

3	Access Behavioral Health Services
4	BPA Health; Noble Intent
5	Proactive Connections; Crosspointe Family Services
6	Center Counseling
7	A Penney for Your Thoughts

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

Workforce Development and Training

A primary responsibility of the DBH Wraparound Competency Center is to deliver ongoing, standardized training for the Wraparound Coordinator workforce. Using the SOCI WDL, the DBH Wraparound Competency Center 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 DBH Wraparound Competency Center 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.

SFY 2026-Q2 Updates: Ad-hoc training for coordinators. The ad-hoc coordinators started training and will join a full training cohort in February 2026. In order to support the workforce and get coordinators going before the Department could initiate a full training, 10 coordinators were trained in Q2 SFY 26 in module 1 & 2 in order to start billing.

Coaching Workforce

The coaching workforce, composed of DBH Wraparound Competency Center 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

SFY 2026-Q2 Updates: The DBH Wraparound Competency Center has implemented a structured, quarterly feedback loop by administering surveys to Wraparound Coordinators to inform and strengthen ongoing coaching efforts. 10 of 14 coordinators involved with ad-hoc training started at that time with the coaching support.

Training Workforce

The DBH Wraparound Competency Center’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 DBH Wraparound Competency Center, 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 DBH Wraparound Competency Center 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.

Update SFY2026, Q2: Per the DBH Wraparound Competency Center, there are currently 36 active coordinators, meaning they hold cases, in the state. The Department has trained a total of 54.

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.

SFY 2026-Q2 Updates: 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.

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

SFY 2026-Q2 Updates: The QSR period spans November 2025 through February 2026, with results anticipated by the end of the third quarter of SFY 2026.

