Quality Management
Improvement & Accountability
(QMIA)

YOUTH EMPOWERMENT SERVICES
QMIA Quarterly Report

Q3, SFY 2026

June, 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 utilize, and the outcomes of the services. The data in the QMIA-Q tells the story of whether YES is reaching the children, youth, and families who need mental health services and whether those services meet their needs and improve their lives.

The QMIA-Q report compiles data on children, youth, and families accessing mental health care in Idaho, primarily through the Idaho Behavioral Health Plan (IBHP) contractor, Magellan Healthcare, Inc. (Magellan) (former contractor was Optum), and the Division of Behavioral Health's (DBH) Children's Mental Health (CMH) program. The report includes information on children and youth with Medicaid, those without insurance, and those whose family income exceeds the Medicaid Federal Poverty Guideline. Additionally, it provides data on children under court orders for mental health services, including those with Child Protective Act and Juvenile Corrections Act orders.

The QMIA-Q is publicly available on the YES website and is provided to all YES workgroups to support decision-making related to plans for YES system improvement by building collaborative systems, developing new services, and creating workforce training plans. A glossary of YES terms is provided in Appendix A.

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

QMIA-Q report dates for SFY 2026

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

Executive Summary – SFY 2026, Q3

The QMIA-Q report for State Fiscal Year (SFY) 2026, Quarter 3 (Q3) provides information about the delivery of YES services for January, February, and March 2026. 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

Current and Planned Report Enhancements

Current Reporting Period Changes and Enhancements

In response to feedback regarding data clarity and reporting consistency, several enhancements to the QMIA-Q have been implemented during this reporting period:

- Distinct Utilizer Annual Statewide Metrics Provided: Section 2 now presents statewide annual distinct utilizer counts and utilization rates for YES services and supports across a five-year period (SFY 2022 – SFY 2026-Q3) in sub-sections 2c through 2g. This framework utilizes a 12-month rolling average for each current period. For example, data for SFY 2026-Q3 reflect a 12-month span from April 2025 through March 2026. This methodology will be maintained in future quarterly updates to better facilitate the identification of long-term utilization trends and patterns. As the QMIA-Q report is further refined, traditional reporting of discrete three-month quarterly counts may be phased out. However, to ensure near-term reporting continuity, SFY 2026-Q3 counts for all YES services and supports remain available in Appendix C.
- IBHP Claims Payment Reporting Period Modified: Claims payment data will be reported using a 12-month rolling average (April 2025 – March 2026 for SFY 2026-Q3) rather by quarter-specific claims payment. This transition to a 12-month rolling average aligns with the updated annual services and supports reporting framework and will facilitate annual expenditure comparisons over time.
- Standardized Terminology: The terms penetration and utilization have been updated to align with standard conventions to promote clearer communication.
- Enhanced Data Transparency: To eliminate potential confusion from summarized data distributions, we have replaced summarized data distributions (e.g., averages and distribution low and high points) with tables and figures that include all raw data points. Concurrently, rate and percentage calculations have been largely omitted to prevent misinterpretation.
- New Intensive Care Coordination (ICC) Section: A dedicated data section has been introduced, featuring detailed SFY 2025 data for Magellan ICC and Wraparound services.

Enhancement Roadmap

Work to resolve data gaps and ensure long-term reporting integrity is being undertaken. The following initiatives are scheduled for integration in the SFY 2026-Q4 report:

- Regional Distinct Utilizers Annual YES Service and Supports Data: Reporting will be expanded to include regional distinct utilizer annual counts and utilization rates for YES Services and Supports (SFYs 2022–2026).
- Comprehensive Data Source Guide: To minimize confusion and clarify appropriate data comparisons, a centralized Data Source Guide will be introduced. This guide will outline the origin of the data and provide a detailed description of data set(s) used in each section. Where feasible, it will replace data-related footnotes and in-text data explanations.
- Expanded Appendix: Additional data definitions will be added to the existing Key Terms report appendix to enhance reader usability.
- Refined CANS Reporting: Child and Adolescent Needs and Strengths (CANS) data will be presented with greater granularity. The report will break down both total completed CANS and initial CANS completions, alongside statewide and regional Level of Care (LOC) scores.
- Residential Care Tracking: Unduplicated counts of youth in residential care—along with key demographics such as region and age—will be available after receiving granular data from Magellan/IBHP. The new data will be integrated with the currently available request and denial data for Residential Treatment Centers (RTC) and Psychiatric Residential Treatment Facilities (PRTF).

<u>YES Performance Improvement Projects (PIPs) Underway</u>

Many YES PIPs continue to be actively focused on during SFY 2026 Q3. 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, SFY 2026 Q1, and SFY 2026 Q2 due to their scope, complexity, and multi-year implementation requirements. Initiatives for each of these PIPs represent targeted efforts by Department staff to enhance service quality, coordination, and outcomes across the YES system of care.

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 10. However, to ensure transparency and provide access to complete information, three appendices (Appendices D, E, F)—are included to present detailed information on all PIPs.

YES Challenges and Opportunities

<u>Ongoing Child and Adolescent Needs and Strengths (CANS) Data Issues</u>

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.

<u>Interrelated Challenges</u>

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 Q3

https://yes.idaho.gov/wp-content/uploads/2026/06/YES-Rights-and-Resolutions-SFY-2026-Qtr-3.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 period[1]. 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 2c1 are based on claims submissions. Because providers have a 180-day window from the date of service to submit claims for payment, discrepancies between P-CIS data and claims data may occur.

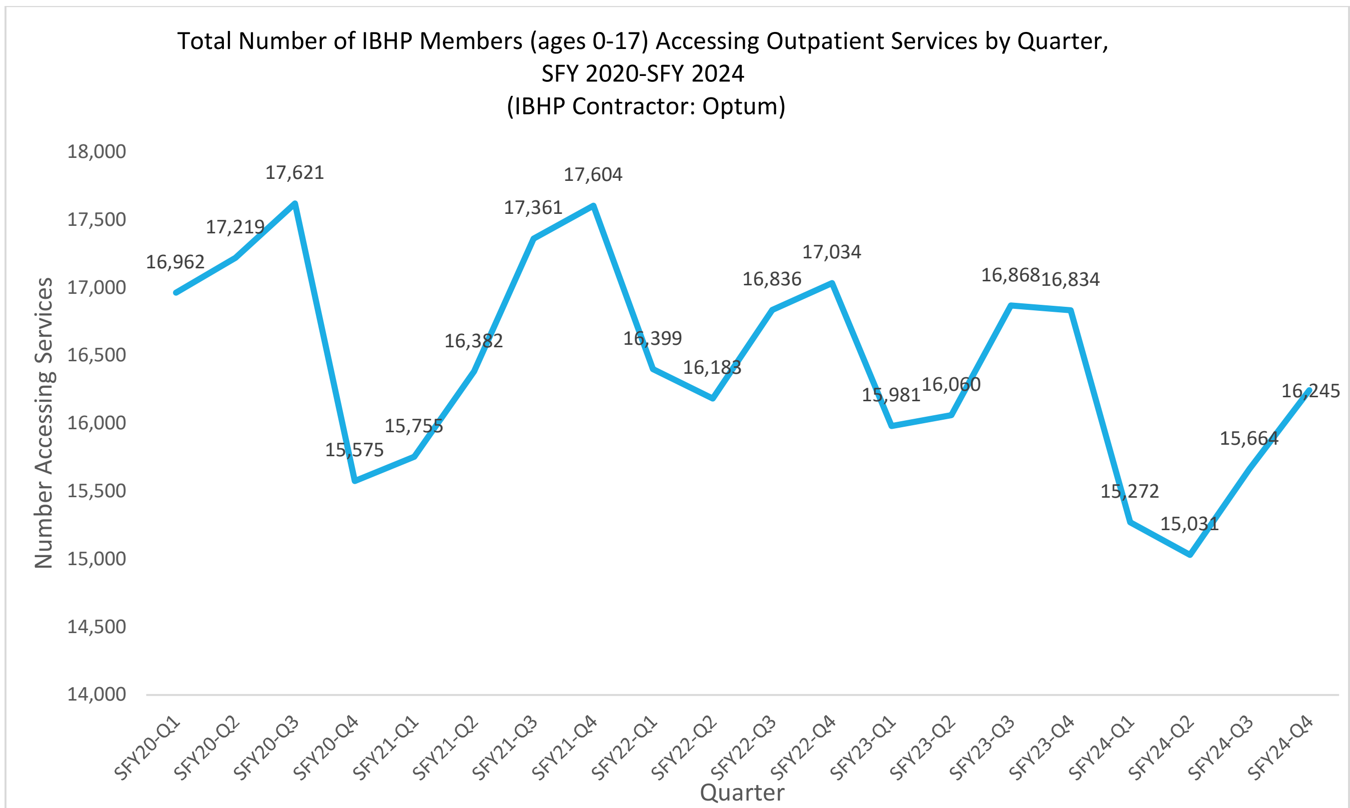
2. IBHP Services and Supports

2a. Overall IBHP Service Utilization

Total youth (ages 0-17) distinct utilizers accessing IBHP Services

Figure 2a1 below provides quarterly statewide distinct utilizer counts of youth who accessed IBHP outpatient services between SFY 2020 and SFY 2024. During this period Optum was the IBHP Contractor. Optum provided *only* outpatient services.

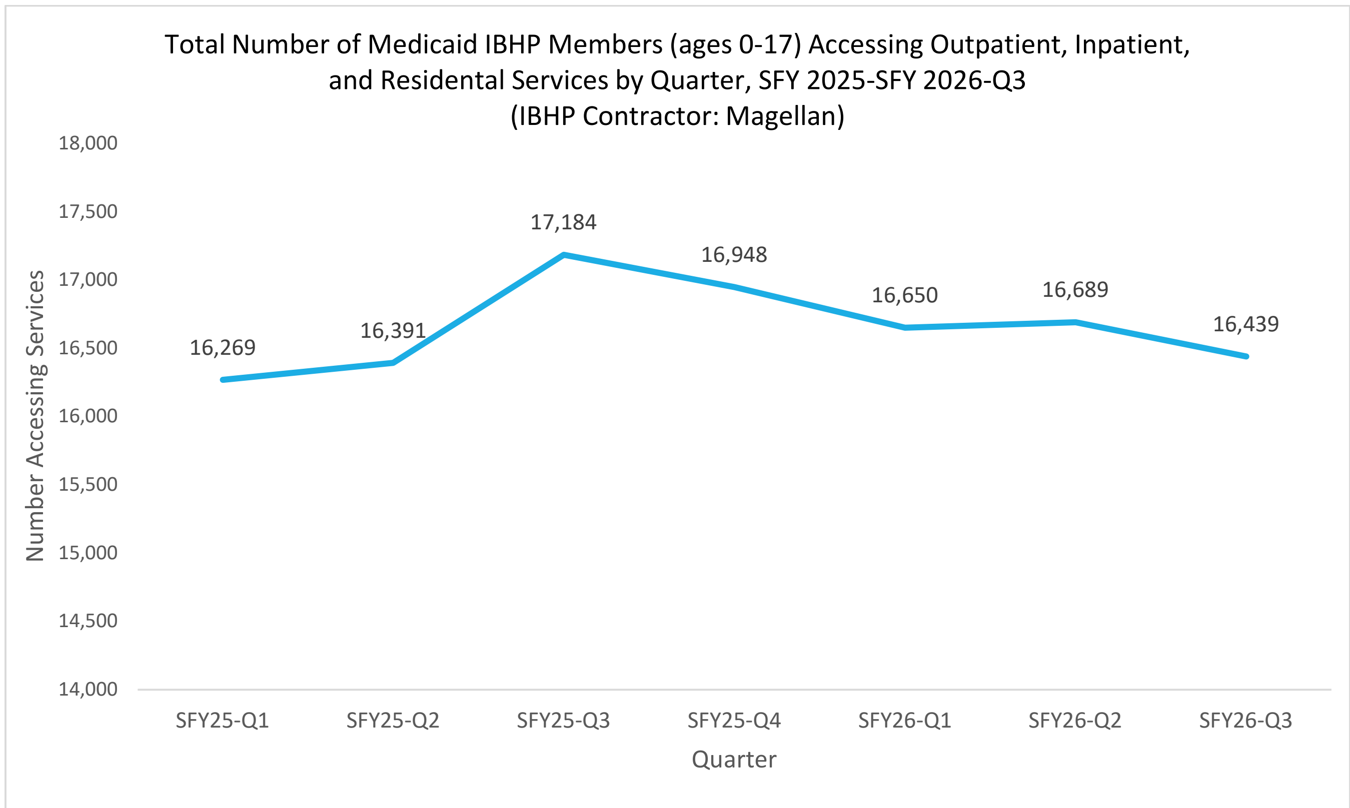
2a1: Quarterly trend of IBHP members accessing outpatient services, SFY 2020-SFY 2024[2]



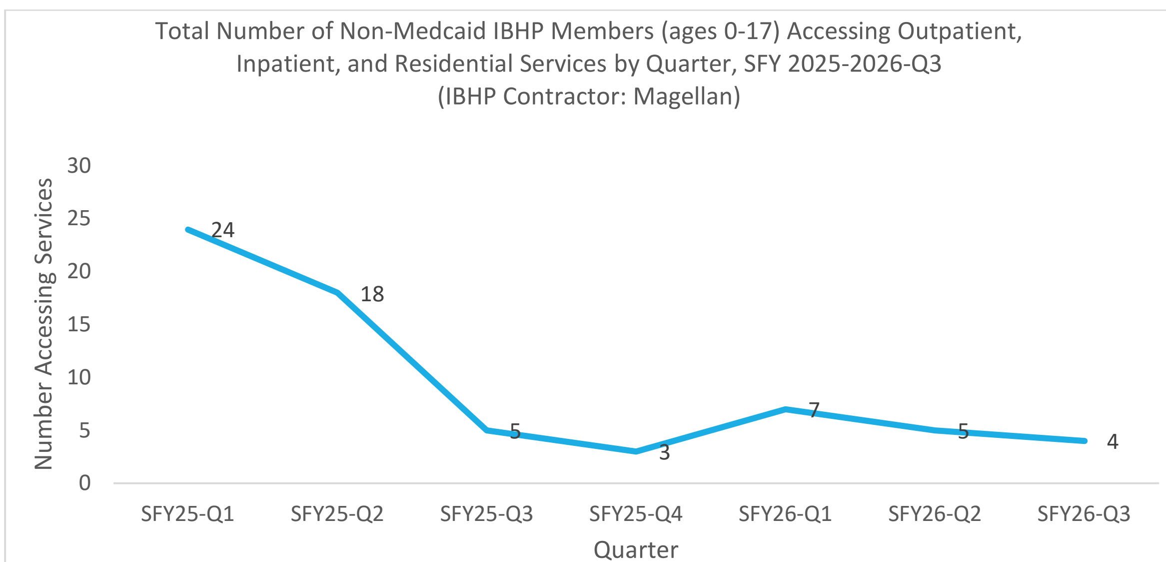
[2] In Figures 2a1 and 2a2 (on Page 10) the vertical axis begins at 14,000 rather than zero to more effectively highlight data variances and trends over time.

2a2: Quarterly trend of Medicaid IBHP members accessing outpatient, inpatient, and residential services, SFY 2025-SFY 2026-Q3

As of SFY 2025, Magellan is the IBHP Contractor. Magellan provides inpatient and residential services in addition to outpatient services. The figure below provides quarterly statewide distinct utilizer counts of youth who accessed IBHP outpatient, inpatient, and residential services between SFY 2025 and the current reporting period.



2a3: Quarterly trend of Non-Medicaid IBHP members accessing outpatient, inpatient, and residential services, SFY 2025-SFY 2026-Q3



2b. IBHP Services Penetration Rate

Penetration rate measures the extent to which a program, service, or plan has reached an enrolled or target population. In this report, the penetration rate measures the proportion of Medicaid-eligible youth using IBHP services. This metric indicates whether service delivery is keeping pace with fluctuations in the eligible youth population. It is calculated by dividing the total distinct utilizer count of youth served by the Medicaid eligible youth population.[3]

Due to the transition of the IBHP contract from Optum to Magellan at the start of SFY 2025, and resulting differences in service provision, distinct utilizer counts of children and youth accessing services under each vendor have been isolated in tables 2b1 (below) and 2b2 (page 12).

2b1: Statewide quarterly trend of IBHP members accessing outpatient services and associated penetration rates, SFY 2020-SFY 2024

Statewide Total Distinct Utilizers of Outpatient Services and Medicaid Eligible Youth Counts with Corresponding Penetration Rates by Quarter, SFY 2020 – SFY 2024				
IBHP Contractor	**SFY and Quarter**	**Total Distinct Utilizers**	**Total Medicaid Eligible Youth**	**Penetration Rate**
Optum	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%

[3] It is not possible to calculate penetration rate for Non-Medicaid IBHP services because the target population (denominator) cannot be defined.

2b2: Statewide quarterly trend of IBHP members accessing outpatient, inpatient, and residential services and associated penetration rates, SFY 2025-SFY 2026-Q3

Statewide Total Distinct Utilizers of Outpatient, Inpatient, and Residential Services and Medicaid Eligible Youth Counts with Corresponding Penetration Rates by Quarter, SFY 2025 – SFY 2026-Q3				
IBHP Contractor	**SFY and Quarter**	**Total Distinct Utilizers**	**Total Medicaid Eligible Youth**	**Penetration Rate**
	SFY2025-Q1	16,269	164,905	9.9%
	SFY2025-Q2	16,391	163,147	10.0%
	SFY2025-Q3	17,184	163,556	10.5%
Magellan	SFY2025-Q4	16,948	160,245	10.6%
	SFY2026-Q1	16,650	157,775	10.6%
	SFY2026-Q2	16,689	155,540	10.7%
	SFY2026-Q3	16,439	153,582	10.7%

2c. Statewide Annual Medicaid Outpatient Services Utilization, SFY 2022 - SFY 2026-Q3

The following tables provide annual statewide distinct utilizer counts of Medicaid members ages 0-17 who used YES services and supports from SFY 2022 through SFY 2026-Q3. The tables also include annual utilization rates. The utilization rate tells us what percentage *of the eligible population* used a given service and is calculated by dividing the distinct utilizer count of youth who accessed a specific service (numerator) by the total unduplicated number of youth Medicaid-eligible members (denominator).

Data notes:

- SFY 2026-Q3 counts are based on a 12-month distinct utilizer rolling average (April 2025 - March 2026).
- SFY 2024 distinct utilizer count data is not available for many YES services and supports due to the transition of the IBHP contract from Optum to Magellan.
- Regional distinct utilizer annual counts and utilization rates for SFYs 2022-2026 are scheduled to be included in the SFY 2026-Q4 QMIA-Q report.
- Appendix B includes statewide and regional Medicaid-eligible member counts from SFY 2022 through SFY 2026-Q3. These numbers serve as the denominators used to calculate service utilization rates.

2c1: Statewide distinct utilizer annual counts of Medicaid members accessing YES screening and assessment services (and associated utilization rates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Screening and Assessment Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Assessments	Service not included in Optum's QMIA report			867	992
				0.5%	0.6%
Behavior Modification and Consultation Assessment[4]	160	229	--	349	338
	0.1%	0.1%	--	0.2%	0.2%
CANS	13,008	12,626	--	12,511	12,880
	5.9%	5.6%	--	6.8%	7.5%
Psych and Neuropsych Testing	2,526	2,201	--	3,272	3,385
	1.2%	1.0%	--	1.8%	2.0%
Psychiatric Diagnostic Assessment	Service not included in Optum's QMIA report			15,971	15,589
				8.6%	9.1%

[4] As of December 1, 2025, the billing code associated with Behavior Modification and Consultation Assessment was no longer authorized or reimbursable through Magellan. After SFY 2026, data for this service will no longer be available. Additional details about this change are provided in footnote 6.

2c2: Statewide distinct utilizer annual counts of Medicaid members accessing YES Outpatient Treatment Services (and associated utilization rates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Outpatient Treatment Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)[5]					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Behavior Modification and Consultation[6]	155	264	--	383	373
	0.1%	0.1%	--	0.2%	0.2%
Case Management	Billing code grouping differences between Optum and Magellan QMIA reports			3,853	4,188
				2.1%	2.4%
Child and Family Team (CFT)	408	446	--	415	386
	0.2%	0.2%	--	0.2%	0.2%
Medication Management	Billing code grouping differences between Optum and Magellan QMIA reports			7,096	6,942
				3.8%	4.0%
Psychotherapy Services	Billing code grouping differences between Optum and Magellan QMIA reports			19,280	19,795
				10.4%	11.5%
STAD	259	267	--	258	294
	0.1%	0.1%	--	0.1%	0.2%
Skills Building/CBRS	Billing code grouping differences between Optum and Magellan QMIA reports			5,084	4,930
				2.8%	2.9%

2c3: Statewide distinct utilizer annual counts of Medicaid members accessing YES Crisis Services (and associated utilization rates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Crisis Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Crisis Center	Service not included in Optum's QMIA report			602	1,247
				0.3%	0.7%
Crisis Intervention	345	343	--	312	350
	0.2%	0.2%	--	0.2%	0.2%
Crisis Psychotherapy	472	528	--	512	488
	0.2%	0.2%	--	0.3%	0.3%
Crisis Response	110	115	--	57	65
	0.1%	0.1%	--	0.0%	0.0%

[5] Historically, some Substance Use Disorder (SUD) services were reported as standalone outpatient treatment services. Under the Jeff D. Settlement Agreement, 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.

[6] The Jeff D. Settlement Agreement requires Idaho to provide a service called "Behavioral/Therapeutic Aide Services (including mentoring)". Medicaid had two services—Behavior Modification and Consultation (BMC) within the IBHP, and Behavioral Intervention (BI) within the Children's Habilitative Intervention Services (CHIS) program. Both BMC and BI are Behavioral/Therapeutic Aide-like services. As of December 1, 2025, Medicaid transitioned all BMC services to BI rather than have two Behavioral/Therapeutic Aide-like benefits operating concurrently. After SFY 2026, data for BMC will no longer be available. Data for BI is provided by CHIS and will be available in future QMIA-Q reports.

2c4: Statewide distinct utilizer annual counts of Medicaid members accessing YES Intensive Outpatient Treatment Services (and associated utilization rates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Intensive Outpatient Treatment Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)[7]					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Day Treatment	74	55		1	0
	0.0%	0.0%		0.0%	0.0%
IHCBS-MDFT	Billing code grouping differences between Optum and Magellan QMIA reports			24	41
				0.0%	0.0%
IHCBS-MST	Billing code grouping differences between Optum and Magellan QMIA reports			27	32
				0.0%	0.0%
IHCBS-TBS	0	7	--	114	132
	0.0%	0.0%	--	0.1%	0.1%
IHCBS – Other EB Modality	Billing code grouping differences between Optum and Magellan QMIA reports				
IHCBS – All	60	87	195	Billing code grouping differences between Optum and Magellan QMIA reports[8]	
	0.0%	0.0%	0.1%		
Intensive Outpatient Program (IOP)	354	640	--	538	530
	0.2%	0.3%	--	0.3%	0.3%
Parenting with Love and Limits (PLL)	Service not billed through Optum			56	122
				0.0%	0.1%
Partial Hospitalization	Billing code grouping differences between Optum and Magellan QMIA reports			302	291
				0.2%	0.2%
TASSP	52	51	--	138	57
	0.0%	0.0%	--	0.1%	0.0%
Wraparound	Service not billed through Optum			138	243
				0.1%	0.2%

[7] 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.

[8] Magellan reports each IHCBS modality separately and unduplicated, enabling precise tracking over time. Conversely, Optum aggregated IHCBS services into a single, unduplicated category. Because aggregating Magellan's individual services could introduce duplicate counts, a direct comparison between "All IHCBS" categories would not be accurate.

2c5: Statewide distinct utilizer annual counts of Medicaid members accessing YES Support Services (and associated utilization rates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Support Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Family Psychoeducation	212	148	--	122	90
	0.1%	0.1%	--	0.1%	0.1%
Family Support	Billing code grouping differences between Optum and Magellan QMIA reports			242	451
				0.1%	0.3%
Respite	715	656	--	585	506
	0.3%	0.3%	--	0.3%	0.3%
Youth Support	574	475	--	640	910
	0.3%	0.2%	--	0.3%	0.5%

2c6: Statewide distinct utilizer annual counts of Medicaid members accessing YES Miscellaneous Services (and associated utilization rates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Miscellaneous Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Early Serious Mental Illness (ESMI)	Service not billed through Optum			8	5
				0.0%	0.0%
Health Behavior Assessment and Intervention (HBAI)	Service not included in Optum's QMIA report			711	676
				0.4%	0.4%
Interpretative Services	Service not included in Optum's QMIA report			1,194	1,335
				0.6%	0.8%

2d. Statewide Annual Medicaid Inpatient Service Utilization, SFY 2022 – SFY 2026-Q3

2d1: Statewide distinct utilizer annual counts of Medicaid members accessing YES Inpatient Services (and associated utilization dates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Inpatient Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Inpatient	Service not billed through Optum			8	5
				0.0%	0.0%

2e. Statewide Annual Medicaid Residential Treatment Utilization, SFY 2022 – SFY 2026-Q3

2e1: Statewide distinct utilizer annual counts of Medicaid members accessing YES Residential Services (and associated utilization rates)

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Residential Services (and Associated Utilization Rates), SFY 2022 – SFY 2026 (Q3)					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
PRTF	Service not billed through Optum			239	311
				0.1%	0.2%
RTC	Service not billed through Optum			101	138
				0.1%	0.1%

2f. Statewide Annual Non-Medicaid (DBH) Outpatient Service Utilization, SFY 2025 - SFY 2026-Q3

This section presents a summary of IBHP service use among youth without Medicaid coverage. In these cases, services were funded through non-Medicaid sources, specifically DBH funds.

Data notes:

- Because non-Medicaid service use does not encompass all YES service and support categories, only those services that were used by youth funded through non-Medicaid (DBH) sources are included in this section.
- Utilization rates are omitted. Utilization rates cannot be calculated for non-Medicaid-funded youth because the total population of potentially eligible youth (denominator of utilization rate calculation) is unknown.
- Because non-Medicaid YES services were delivered outside the IBHP network during SFYs 2022–2024, historic data is incompatible with SFY 2025–2026 metrics. Accordingly, SFY 2025 serves as the new baseline year for monitoring non-Medicaid IBHP utilization trends.

2f1. Statewide distinct utilizer annual counts of non-Medicaid members accessing YES Outpatient Services

Statewide Distinct Utilizer Counts of Non-Medicaid Members Accessing Outpatient Services (of any type, SFY 2025 – SFY 2026 Q3		
	SFY 2025	**SFY 2026**
Assessment	1	0
CANS	0	1
Psychiatric Diagnostic Assessment	1	2
Case Management	1	2
Child and Family Team (CFT)	0	1
Medication Management	1	1
Psychotherapy Services	2	4
Skills Building/CBRS	1	1
Crisis Center[9]	208	699
Crisis Intervention	0	1
Parenting with Love and Limits (PLL)	0	1
Partial Hospitalization	0	1

[9] DBH, in close coordination with the IBHP Governance Bureau, is actively investigating the on-the-ground factors contributing to the substantial use of the Crisis Centers among non-Medicaid IBHP members. A detailed explanation of the findings should be available in the SFY 2026-Q4 QMIA-Q report.

Wraparound	0	1
Youth Support	1	2
ESMI	3	1

2g. Statewide Annual Non-Medicaid (DBH) Inpatient Service Utilization, SFY 2025 - SFY 2026-Q3

No Inpatient Services were utilized during SFY 2025 or SFY 2026 (through Q3) by youth funded through non-Medicaid (DBH) sources.

2h. Statewide Annual Non-Medicaid (DBH) Residential Service Utilization, SFY 2025 - SFY 2026-Q3

2e3. Statewide distinct utilizer annual counts of non-Medicaid members accessing YES Residential Services

Statewide Distinct Utilizer Counts of Non-Medicaid Members Accessing Residential Services, SFY 2025 – SFY 2026 Q3		
	SFY 2025	SFY 2026
PRTF	7	3
RTC	16	1

3. IBHP Claims Payment

The tables in this section utilize claims payment data based on the 12-month SFY 2026-Q3 rolling average (April 2025–March 2026). Depending on the specific table, the metrics presented feature total claims paid as well as expenditures across service categories (outpatient, inpatient, and residential). While previous QMIA-Q reports provided quarter-specific expenditure data, this transition to a 12-month rolling average aligns with the updated annual service and support reporting framework and will facilitate annual comparisons in future QMIA-Q reports.

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 Q3 Rolling 12 Month Average				
	Total Claims Paid	**Outpatient Claims Paid**	**Inpatient Claims Paid**	**Residential Claims Paid**
Region 1	$18,636,534	$11,676,455	$1,830,615	$5,129,464
Region 2	$6,574,757	$2,834,064	$1,056,583	$2,684,109
Region 3	$28,779,797	$14,975,728	$4,657,414	$9,146,655
Region 4	$51,562,006	$34,215,004	$6,517,499	$10,829,503
Region 5	$14,188,186	$8,308,813	$1,427,257	$4,452,116
Region 6	$14,552,916	$8,604,148	$1,319,064	$4,629,704
Region 7	$20,822,644	$15,423,439	$1,631,898	$3,767,307
Region 9/OOS	$965,497	$451,193	$209,804	$304,500
Total	**$156,082,337**	**$96,488,845**	**$18,650,134**	**$40,943,358**
% of Total Claims Paid	**100.0%**	**61.8%**	**11.9%**	**26.2%**

3a2: Regional comparison of total claims paid by eligible Medicaid member

Regional Comparison of Total Claims Paid by Eligible Medicaid Member, SFY 2026 Q3 Rolling 12 Month Average					
	Total Eligible Members	**Total Claims Paid**	**$ per Distinct Eligible Member**	**% Eligible Members**	**% Total Claims Paid**
Region 1	20,553	$18,636,534	$907	12.0%	11.9%
Region 2	7,135	$6,574,757	$921	4.1%	4.2%
Region 3	37,226	$28,779,797	$773	21.7%	18.4%
Region 4	35,636	$51,562,006	$1,447	20.7%	33.0%
Region 5	23,452	$14,188,186	$605	13.6%	9.1%
Region 6	18,769	$14,552,916	$775	10.9%	9.3%
Region 7	26,715	$20,822,644	$779	15.5%	13.3%
Region 9/OOS	2,454	$965,497	$393	1.4%	0.6%
Total/Average	171,940	$156,082,337	$908	100.0%	100.0%

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 $605 per eligible member in Region 5 and as much as $1,447 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 Q3 Rolling 12 Month Average				
	Total Claims Paid	**Outpatient Claims Paid**	**Inpatient Claims Paid**	**Residential Claims Paid**
Region 1	$126,377	$3,779	$0	$122,598
Region 2	-$4,151	$0	$0	-$4,151
Region 3	$237,601	$3,449	$0	$234,152
Region 4	$127,199	$0	$0	$127,199
Region 5	$31,341	$0	$0	$31,341
Region 6	$47,684	$16,884	$0	$30,800
Region 7	$209,395	$9,051	$0	$200,344
Region 9/OOS	$0	$0	$0	$0
Total	**$775,445**	**$33,163**	**$0**	**$742,282**
% of Total Claims Paid	**100.0%**	**4.3%**	**0.0%**	**95.7%**

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.

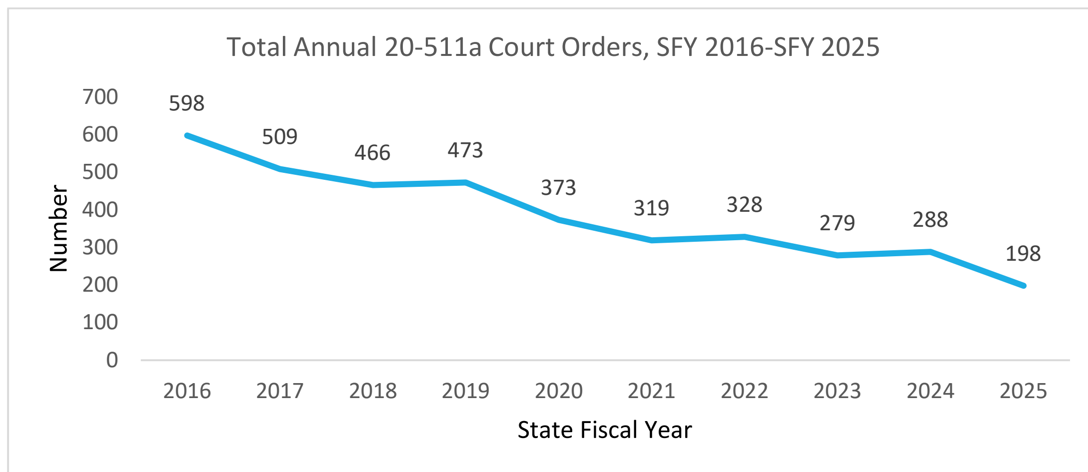
4a1: Number of 20-511A Court Orders and Associated Monthly Averages

Annual Total 20-511a Court Orders with Associated Monthly Averages, SFY 2016-SFY 2026 (Q1-Q3)[10]										
	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-Q3)	33	9	2	21	56	1	29	151		17

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 three 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 three quarters of SFY 2026, there were 151 20-5011a court orders (an average of 17 per month—down substantially from the 2016 and 2017 monthly averages of 50 and 42, respectively).

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



[10] 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.

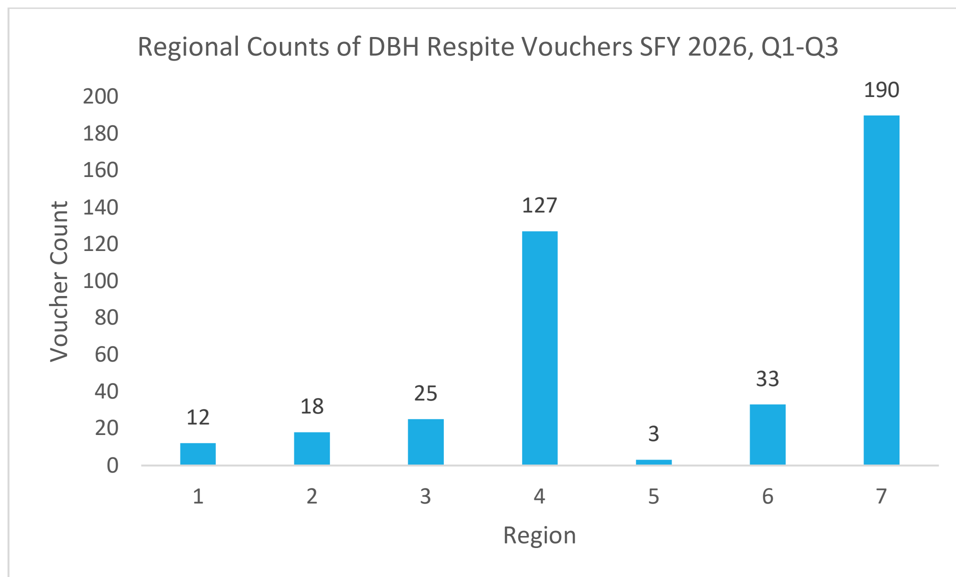
4b. DBH Vouchered Respite

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-Q3)								
	Region							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**Statewide Total**
SFY 2023	26	31	26	107	4	20	195	409
SFY 2024	12	39	22	107	2	27	233	442
SFY 2025	7	25	28	112	6	20	209	407
SFY 2026 (Q1-Q3)	12	18	25	127	3	33	190	408

4b2: Vouchered Respite Percentages by Region



4c. State Hospital Admissions

The tables below display DBH state hospital youth admissions from two facilities. Youth admitted to an Idaho state hospital between July 2019 (the start of SFY 2020) and April 2021 were placed at the State Hospital South (SHS) Adolescent Unit. Starting in May 2021, youth admitted to an Idaho state hospital were placed at State Hospital West (SHW).

4c1. SHS/SHW Monthly Admissions by State Fiscal Year[11]

SHS/SHW Admissions by Month, Average Monthly Admissions, and Unduplicated Total Admissions, SFY 2020–SFY 2026 (Q1-Q3)														
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-Q3 (SHW)	12	9	7	6	5	6	7	7	11				7.8	

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 have not been maintained during the first three quarters of SFY 2026.

[11] 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.

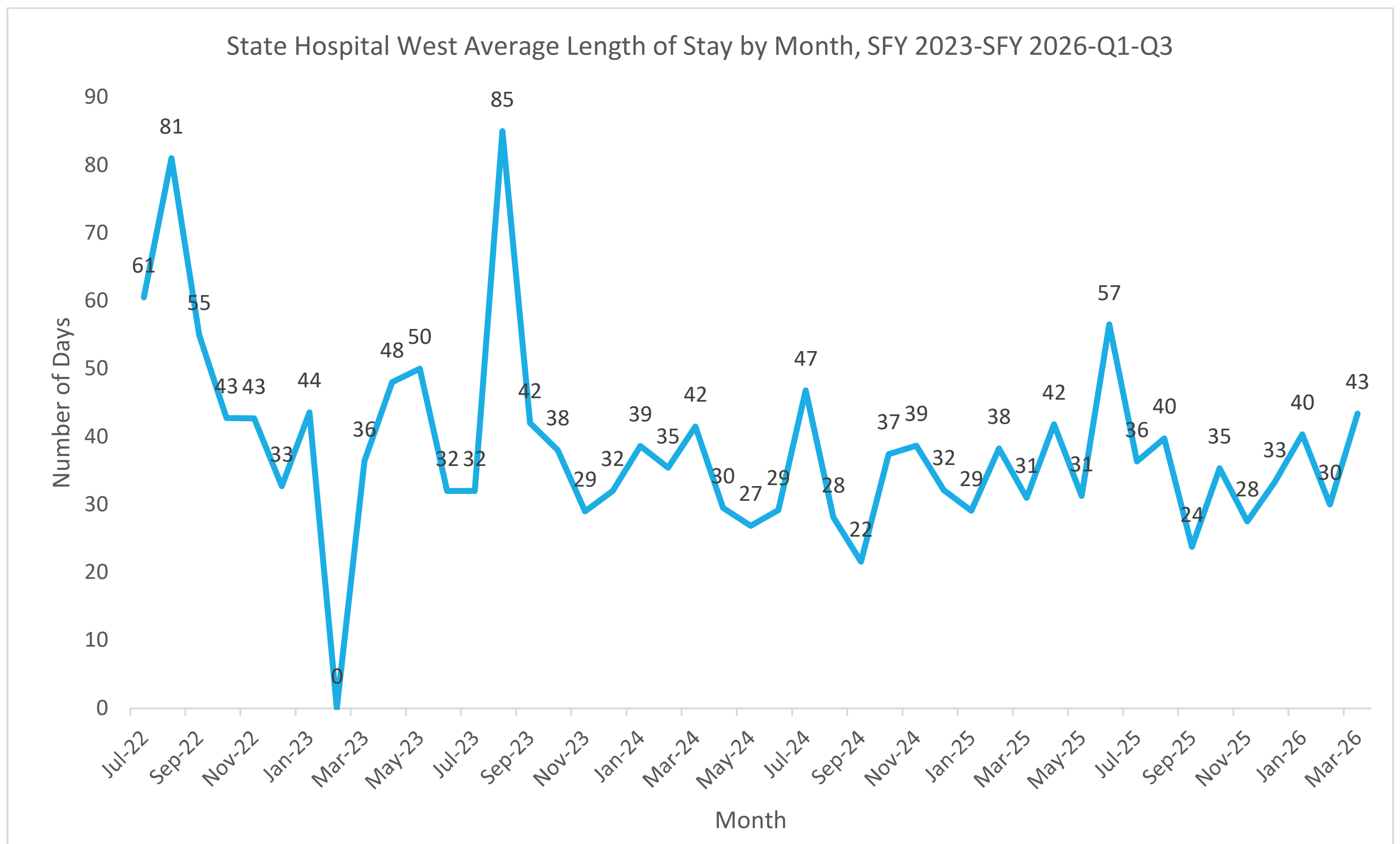
4c2: SHS/SHW Readmission Incidents

SHS/SHW Readmission Incidents Across Readmission Ranges based on Days, SFY 2017–SFY 2026-Q1-Q3[12]										
	State Fiscal Year									
Range of Days to Readmission	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026-Q1-Q3**
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	3

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, just one during SFY 2025, and one during the first three quarters of SFY 2026. During the first three quarters of SFY 2026, there were just five readmission incidents across all range of days with readmissions occurring more frequently at the over one-year mark than during any other time period.

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.

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

5. Intensive Care Coordination (ICC)

This section of the QMIA has been updated for SFY 2026-Q3 to include newly available data. The section now includes utilization data for Magellan ICC, delivered by Magellan clinical staff, and Wraparound, delivered via the Magellan provider network.[13]

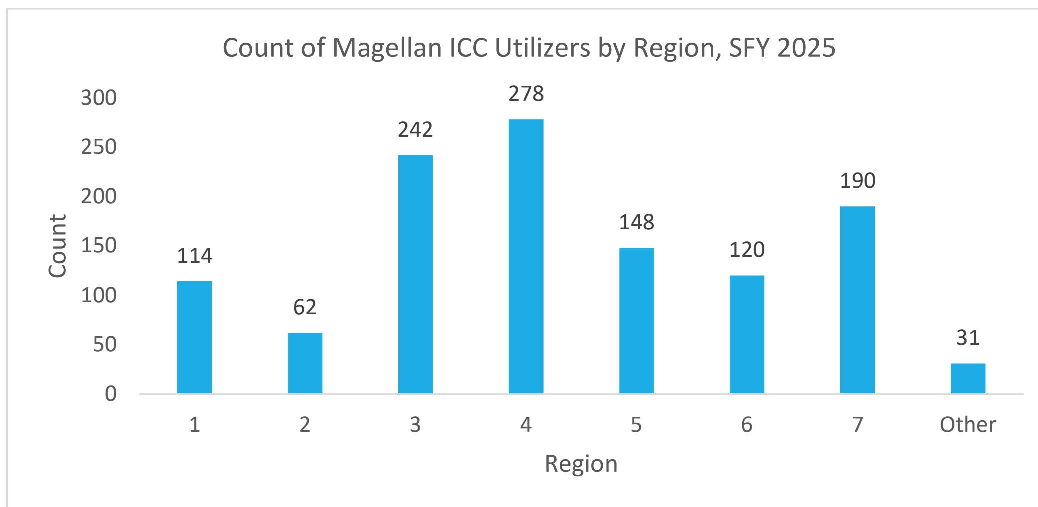
5a. Magellan ICC

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.

Previously only monthly aggregated ICC case count data was available for this portion of the QMIA-Q report. Recently, disaggregated data for SFY 2025 became available facilitating the reporting below. The IBHP anticipates all SFY 2026 ICC data will be available by SFY 2026-Q4 which will allow year-over-year comparisons in future QMIA-Q reports.

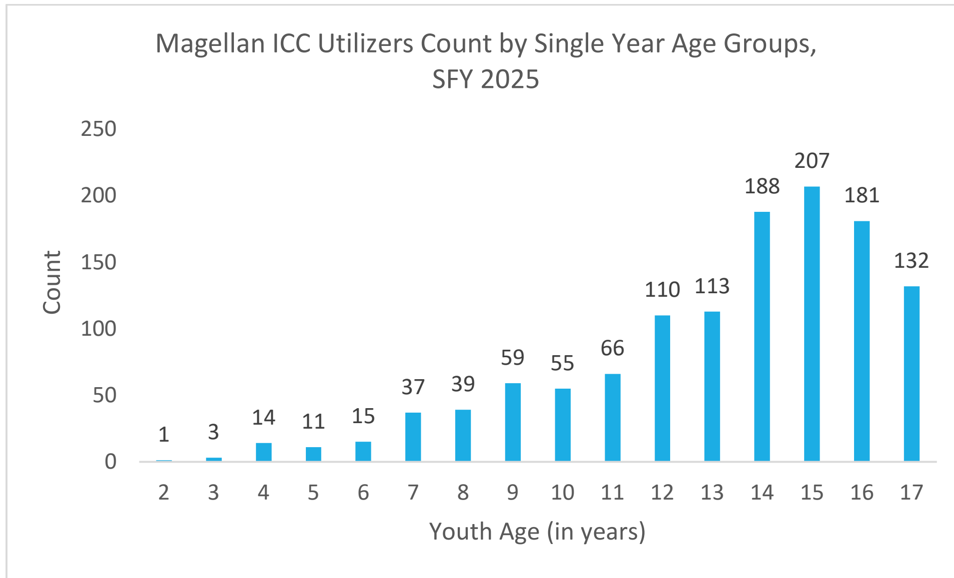
SFY 2025 Magellan ICC Key Metrics
Deduplicated Statewide Count of Youth Utilizing ICC: 1,184
Average Length of Service: 101 days (calculated only for 618 youth with a closed ICC case)

5a1. Magellan ICC Utilizers by Region



[13] Youth may be represented in multiple categories within each figure in this section (Figures 5a1, 5a2, 5b1, and 5b2). For example, in Figure 5a1, a youth who received Magellan ICC in both Region 3 and Region 4 is deduplicated within each respective region but counted in both. Consequently, summing individual category totals will not equal aggregate number of unique, unduplicated youth utilizing these services.

5a2. Magellan ICC Utilizers by Single Year Age Groups

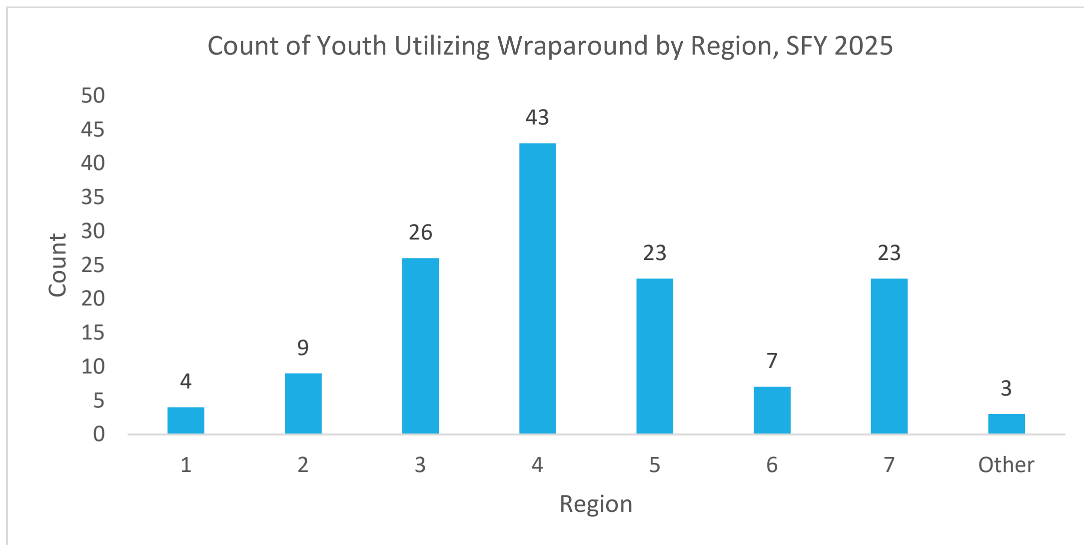


5b. Wraparound

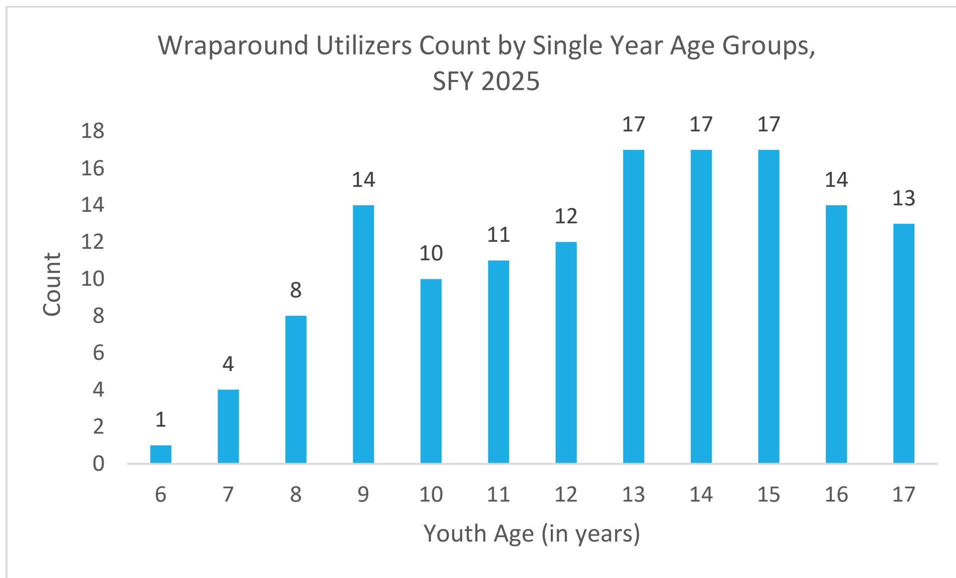
Newly available, disaggregated SFY 2025 Wraparound data enable the detailed reporting below. The IBHP and Magellan anticipate all SFY 2026 Wraparound data will be available by SFY 2026-Q4 which will allow year-over-year comparisons in future QMIA-Q reports.

SFY 2025 Wraparound Key Metrics
Deduplicated Statewide Count of Youth Utilizing Wraparound: 138
Average Length of Service: 133 days (calculated only for 57 youth with a discharged Wraparound case)
Count of Youth Authorized for Wraparound but not Currently Utilizing: 17

5b1. Wraparound Utilizers by Region



5b2. Wraparound Utilizers by Single Year Age Groups



6. Out of Home Placements

6a. Statewide PRTF/RTC Initial and Concurrent Request Outcomes

This section 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.

Table 6a1 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.

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.

6a1. 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-Q3)		
	SFY 2025 (All Quarters) Count (Percent) of Initial Requests	**SFY 2026 (Q1-Q3) Count (Percent) of Initial Requests**
Initial Requests Approved	572 (72%)	312 (59%)
Initial Requests Denied	124 (16%)	133 (25%)
Initial Requests Withdrawn	95 (12%)	81 (15%)
Total Initial Requests	**791 (100%)**	**526 (100%)**
	SFY 2025 (All Quarters) Count (Percent) of Concurrent Requests	**SFY 2026 (Q1-Q3) Count (Percent) of Concurrent Requests**
Concurrent Request Approvals	1259 (94%)	1510 (94%)
Concurrent Request Denials	30 (2%)	28 (2%)
Concurrent Request Withdrawals	52 (4%)	61 (4%)
Total Concurrent Requests	**1,341 (100%)**	**1,599 (100%)**
Total Residential Requests (Initial and Concurrent)	**2,132**	**2,125**

What is this data telling us?

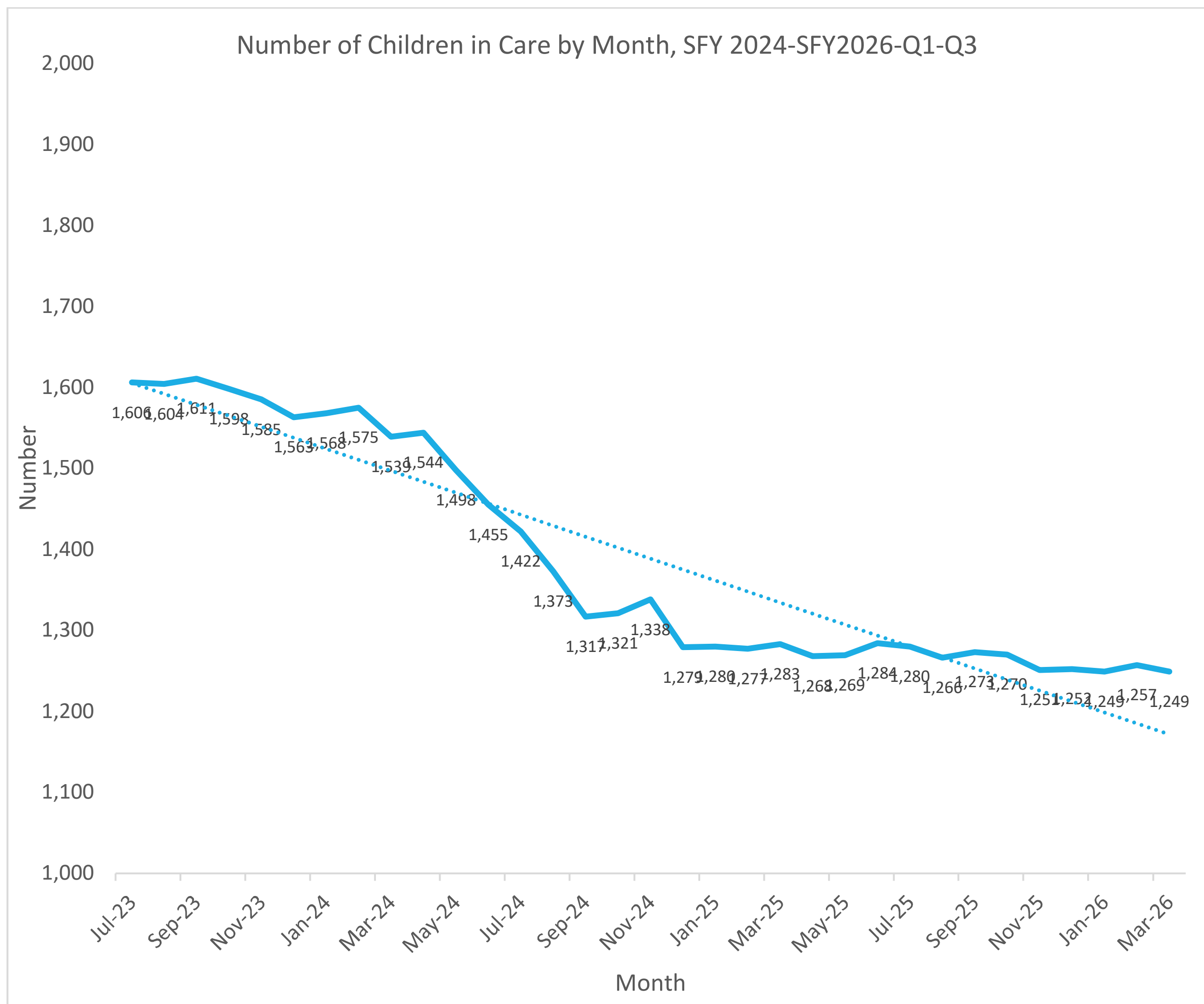
Denial rates for PRTF/RTC *initial* requests increased by 9% in the first three quarters of SFY 2026 compared to SFY 2025. In contrast, the denial rate for concurrent requests in SFY 2026 (Q1-Q3) remained notably low, at just 2%. This may suggest that once services are initiated, there is strong continuity 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.

7. YES Partners Information

7a. Child, Youth, & Family Services (CYFS)[14]

7a1: Number of Children in Care by Month Since July 2023[15]



Data note: 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 July 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 March 2026, the number fell to a new low of 1,249.

[14] Collaboration between CFFY and DBH has strengthened data sharing between the two divisions. When CANS data becomes available, it will be possible to report and track the initial CANS scores for youth removed from home and youth in each quarter.
[15] 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.

7b. Idaho Department of Juvenile Corrections (IDJC)

About IDJC

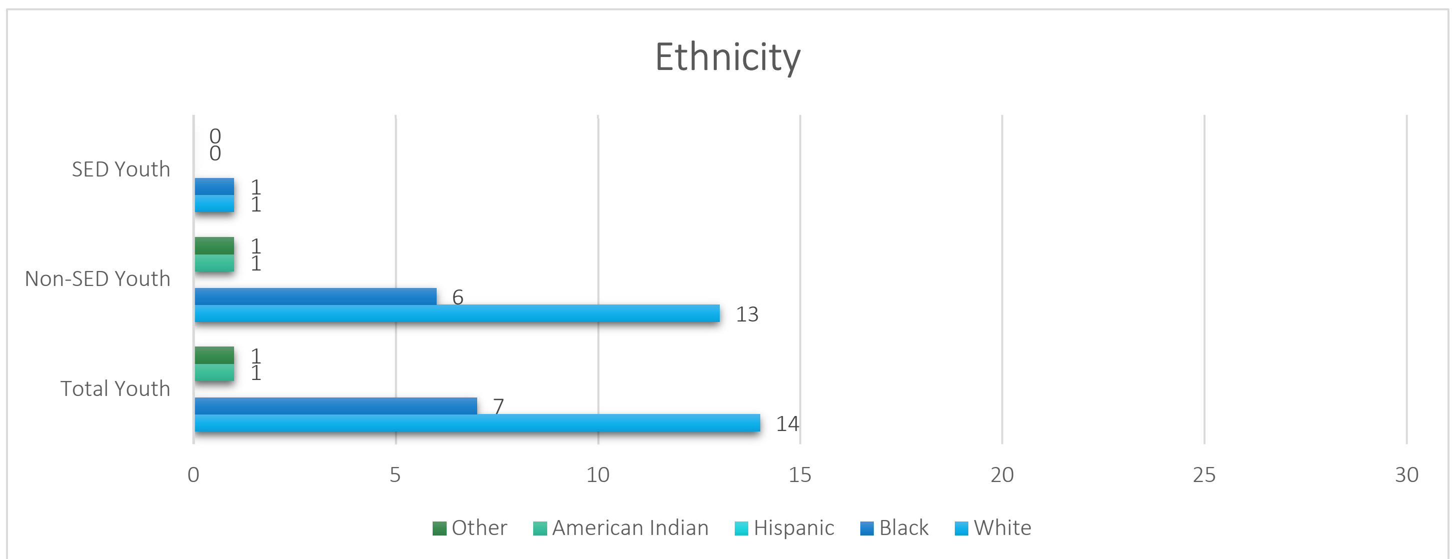
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided by system partners) determine the risks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

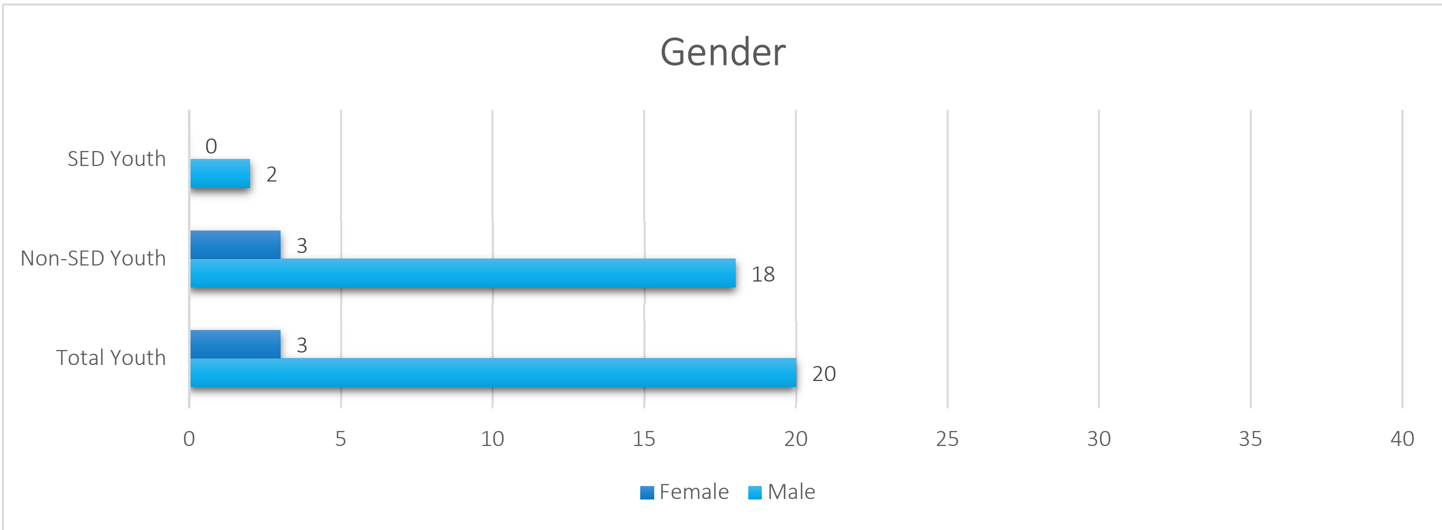
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from 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 Q3 Report[16]

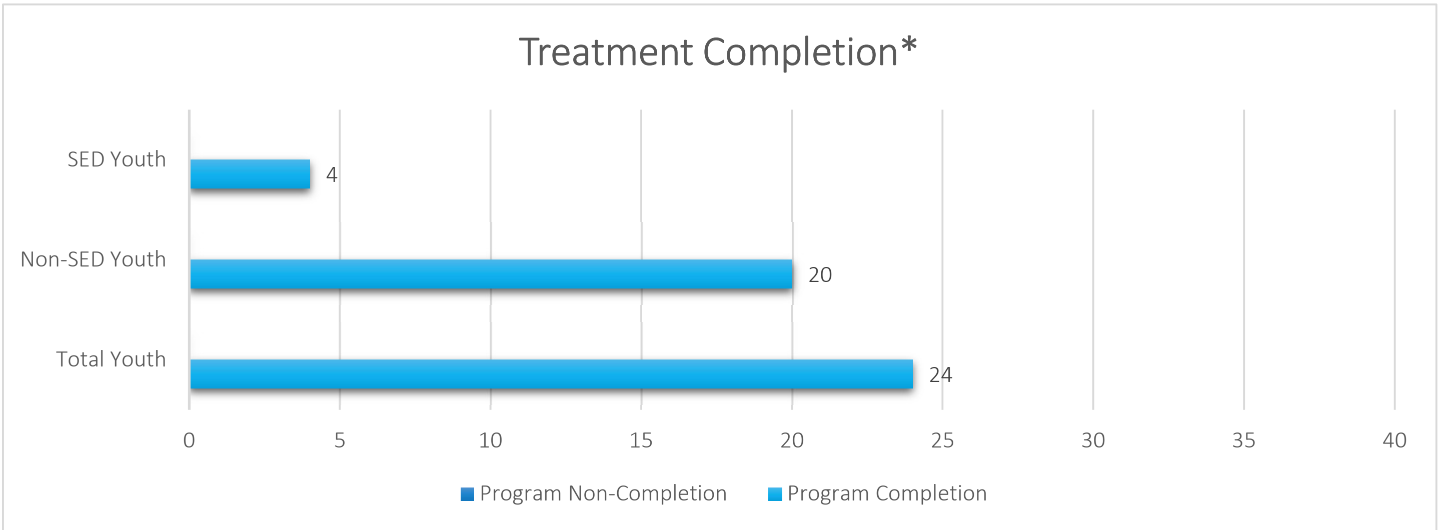
The graphs below compare ethnicity and gender between all youth and SED youth committed to IDJC from January 1 to March 31, 2026.

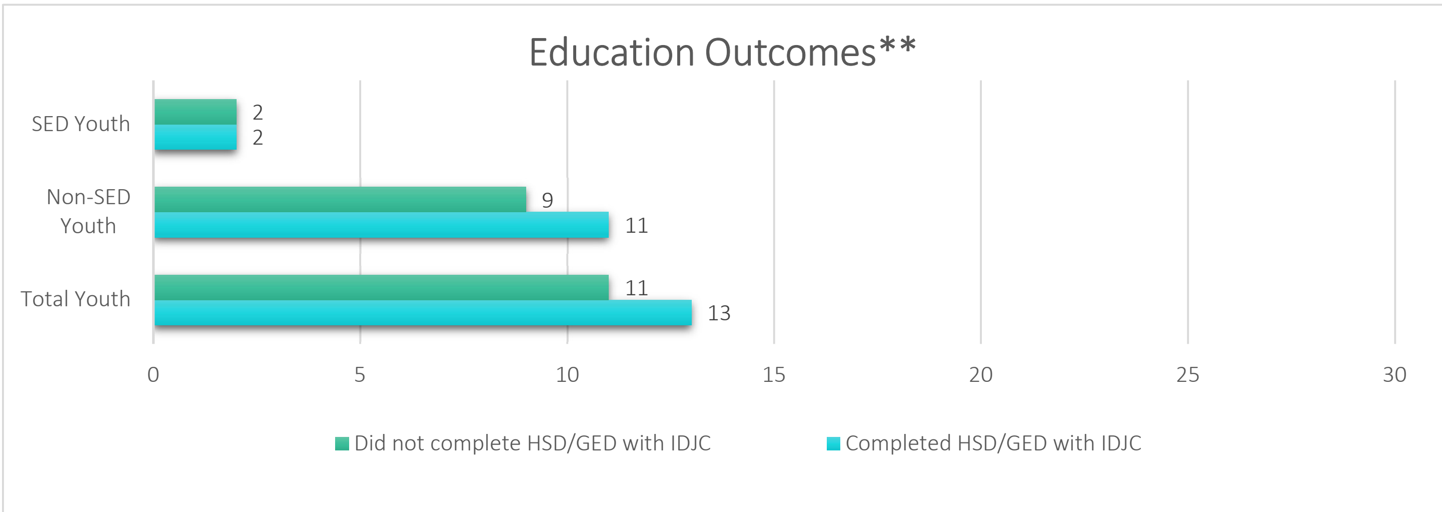


[16] Graphs in this portion of the report are provided by IDJC.



The graphs below compare positive youth outcomes between all youth and SED youth released from IDJC between January 1-March 31, 2026.





**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.*

7c. 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*

8. Quality Monitoring Processes

8a. 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.

8a: QFAS List of Barriers to Care

Area	Noted issues
Access to care	Services not available within a reasonable distance Services not coordinated between mental health and developmental disabilities (DD) Waitlist for Respite and Family Support Partners Respite process through Medicaid too demanding due to need for updated CANS Wait times for services can be several months
Clinical care	Repeating the CANS with multiple providers is traumatic Diagnosis often is not accurate Therapist not knowledgeable of de-escalation techniques Stigmatization and blaming attitudes toward families Families need more information about services (e.g., Case Management)
Outpatient services	No service providers in the area where family needs care Services needed were not available, so families are referred to the services that are available Not enough expertise in services for high-needs kids (TBRI, Family Preservation) Some services only available through other systems: DD, Judicial Families having to find services themselves based on just a list of providers—and even the lists at times being too old to be useful
Crisis services	Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24-hour services: Hospitals/Residential	Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination for PRTF Families report getting verbal "denial" but no Notice of Determination/appeal info until after "re-applying" for EPSDT. Support needed by families during the EPSDT process, and after while waiting for placement Medication changes without input from family Family not involved in discharge planning Family threatened with charges of abandonment or neglect Children with high needs and repeat admissions may be denied access Child not in hospital long enough for meds to take effect Care in local residential facilities does not provide specialized care that is needed
Step-down or Diversion Services	Lack of Step-down services Services being offered are not appropriate (telehealth, not available, not accessible) Workforce shortage Distance Number of services (3 hours CBRS)

	Noted Issues
School issues	Too long to get an Individualized Education Plan (IEP) School makes choices that don't match needs of the child Safety Plans from schools not developed with family input
Stigma and Blaming	Families being blamed if discharge is not successful Lack of collaboration and partnership with discharge planning No understanding of how language is shaming in emails or other explanations (highlighting family "non-compliance")
Other family concerns	Families required to get Release of Information (ROIs) and documents—often who enough notice: Lack of transparency about paperwork and other requirements Lack of empathy for other family crisis/situations Too many appointments and other children with needs Appointments scheduled quickly that may conflict with family availability Need one case manager/TCC type person Information on how to access care not available Transportation not available Gas vouchers only at specific gas stations

8b. 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 126 YES complaints were received during the first three quarters 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.

8b. Yes Complaints by State Fiscal Year and Entity[17]

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-Q3)	15[d]	3[d]	20[d]	[c]	[c]	73	0	15	0	-	126[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-Q3.

[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 YES CCT and DBH. It was reported in both teams' totals and in the overall total. In both SFY 2026-Q2 and SFY 2026-Q3, two complaints were reported to both YES CTT and Magellan. Those complaints were counted in both teams' totals and in the overall total.

[17] 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.

9. 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 concluded in mid-May 2026. The survey included 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.

The 2026 Annual Family Survey report will be finalized in July 2026, with key findings presented to YES stakeholders in late summer and early fall 2026.

10. 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 Notes: The following section provides a summary of the YES PIPs specifically submitted for the QMIA-Q for SFY 2026 Quarter 3. To maintain a concise and impactful narrative, this summary details only the projects that demonstrated substantial progress or significant updates during this reporting period.

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 D. Appendix E includes the complete, detailed report for the Intensive Care Coordination (ICC) PIP. Appendix F includes the complete, detailed Wraparound PIP.

10a. PIP Focus Areas

- Child and Adolescent Strengths and Needs (CANS) Improvement (DBH)
- Child and Family Teams (Idaho Behavioral Health Plan Governance Bureau [IBHP-GB])
- Combined Initiative: Wraparound and Out-of-Home Placements (DBH, IBHP-GB, Magellan)
- Interagency Clinical Team (ICT) Transition (IBHP)
- Interagency Governance Team (IGT) and YES Workgroups and Subcommittees (DBH)
- Intensive Care Coordination (IBHP-GB, Magellan)
- Mental Health Care for Target Population: Foster Care (CYFS)
- Residential Treatment (IBHP-GB, Magellan)
- Treatment Foster Care (TFC) (DBH)

- Workforce Development (WFD) (DBH)
- Wraparound (DBH)
- Youth Crisis Services (DBH, IBHP-GB)

10b. 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-Q3: Beginning in March, a process is available for assessments centers, detention center clinicians, schools, and other out of network providers to access records including the CANS in Magellan's Outcome and Assessment System. Records can be accessed through this link: https://magellanofidaho.com/web/magellan-of-idaho/w/outcomes-and-assessments-training. Along with the member portal, this is an important step in families being able to share their information without telling their story repeatedly. Members can access the member portal through this link: https://magellanofidaho.com/member-resources

The One Kid One CANS Workgroup finalized language to describe the updated levels of care to be included in all CANS reports after July 1, 2026. All CANS reports will include a link to the YES website where providers and families can learn more.

10c. Child and Family Teams (CFT) PIP

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

SFY 2026-Q3: Magellan's Intensive Care Coordination Care Managers (ICC-CMs) continue to facilitate Child and Family Team (CFT) meetings across the ICC program. These CFTs are aligned with the YES Principles of Care and Practice Model. To ensure ongoing compliance and validity, IBHP-GB's Clinical and Quality team conducts auditing of CFTs, taking into consideration youth and family voice and choice.

Magellan's Clinical Teams' CFT training for providers is in its final stages of editing before being sent to the provider network. The goal of providing this CFT training is to ensure 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. The goal is to have youth and families be able to exercise their voice and choice by building and sustaining effective CFTs.

10d. 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-Q3: Magellan is working on analyzing the data related to this PIP.

10e. Interagency Clinical Team (ICT) Transition PIP

Active, In Progress, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q1

SFY 2026-Q3: Materials continue to be updated to reflect the transition from Quick Reaction Team (QRT) to Interagency Clinical Team (ICT).

In the months of January, February, and March 2026, there were a total of 12 ICT referrals.

- Almost half of the referrals were able to be addressed via Urgent Child and Family Teams (CFTs) to support the family and youth's needs and did not require the ICT to proceed. Families verbalized support with their CFT.

- Almost half of the referrals were offered Urgent CFTs and required the ICT to review further due to the complex nature of the referral.

During this timeframe, this process supported youth with private insurance and over 300% the FPL, as well as youth with Medicaid. It also supported a range of youth and families: some not connected with child serving systems; some connected with Child Youth and Family Services (CYFS), Idaho Department of Juvenile Corrections (IDJC), Developmental Disabilities (DD), etc. The CFT's and ICT provided opportunities for cross-system collaboration to meet youth and family's needs.

10f. 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-Q3: The IGT Strategic Planning Sub-group, composed of the IGT Executive Committee and voting members, has been meeting regularly to develop an updated IGT Strategic Plan. Through these discussions, members are working to clarify the function and capacity of the IGT. This shared understanding will support stronger alignment between IGT subcommittees, YES workgroup activities, and the overall IGT Strategic Plan, while also helping to reduce communication gaps and minimize duplication of efforts across the IGT subcommittees, YES workgroups, and the Department.

The IGT Executive Committee with YES Chairpersons Meeting was held Friday, March 6, 2026. During this meeting, the IGT Executive Committee members, along with IGT subcommittee and YES workgroup chairpersons, convened to discuss ongoing projects, address questions, and identify areas where additional support may be needed by the IGT and IGT Executive Committee. The meeting provided a valuable forum for productive dialogue and collaboration among participants.

In March 2026, IPUL conducted a targeted outreach activity to gather advisor feedback on the honorarium structure and process. This effort generated meaningful input, with advisors providing feedback on the ease of completing the honorarium request form and the extent to which honoraria contribute to participants' sense of value and recognition within the YES system of care. Feedback collected through this process is being used to inform refinements to the honorarium process, with a focus on improving clarity, accessibility, and overall participant experience. This activity supports ongoing efforts to strengthen engagement, transparency, and responsiveness to volunteer input.

10g. Intensive Care Coordination (ICC) PIP

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

SFY 2026-Q3: Magellan's ICC Program has maintained its Nation Committee on Quality Assurance (NCQA accreditation. Magellan continues to collaborate closely with IBHP-GB and YES stakeholders to ensure alignment with the YES Principles of Care and Practice Model. Magellan ICC Care Managers continue to facilitate CFTs, and work on coordinating with youth and family's identified supports, providers, and community systems.

10h. 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-Q3: CYFS is working through continued BEST training for all Family Support Clinicians. Currently, CFYS has one "Train the Trainer" being trained and 7 clinicians who just finished training rounds 1-3 and are now participating in the 6 months of supervision for certification. A second cohort is scheduled to start in July 2026; with 3 new clinicians starting Round 2 of training.

10i. Residential Treatment PIP

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

SFY 2026-Q3: Magellan continues to review all requests for residential (RTC) 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.

Magellan continues to work on increasing its provider network, focusing on Idaho-based facilities and other locations nearby. In SFY2026-Q3, Magellan reported they have added 3 additional ASAM 3.5 locations in Idaho, and an additional out of state RTC for a total of 4 more facilities in network.

In process, there are 9 more facilities on track to being enrolled in network with Magellan.

10j. Treatment Foster Care PIP

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

SFY 2026-Q3: As of March 2026, the updated TFC website is live. The link to this website can be accessed here https://healthandwelfare.idaho.gov/services-programs/children-families/child-and-family-services-and-foster-care/treatment-foster-care. The TFC website provides general information about the program to the public, to include what the program is, where it is available, who it is appropriate for and how to make a referral. It includes a link to the updated referral form and a 1-page flyer about TFC. It also provides general information and a link to our contractor, for those interested in becoming a TFC parent.

Acceptance and denial notification letters and appeals process documentation have been approved for utilization within the program.

10k. Workforce Development PIP

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

SFY 2026-Q3: The Workforce Development (WFD) Plan has been reviewed by Implementation Workgroup (IWG) and feedback was provided. That feedback has been reviewed and some of it has been implemented in the WFD Plan draft. This draft is currently being reviewed by DHW leadership before going to the YES Communications team for review and publishing. 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.

10l. Wraparound PIP

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

SFY 2026-Q3: A new Region 1 Wraparound agency provider onboarded in March with 2 new coordinators within the agency to offer Wraparound. This offers Wraparound service delivery across all regions to eligible youth.

Wraparound Providers by Region, SFY 2026-Q3

Region	Agency or Agencies
1	Prism Psychology
2	Sequoia Counseling; Scott Community Cares
3	Access Behavioral Health Services
4	BPA Health; Noble Intent
5	Positive Connections Plus; Crosspointe Family Services
6	Center Counseling
7	A Penney for Your Thoughts

The DBH Wraparound Competency Center provided ad-hoc training for Wraparound coordinators. Cohort #4 started February 2026. 10 of 14 coordinators who started the ad-hoc trainings in SFY 2026 Q2 with coaching support joined this cohort. This cohort ran from February to April 2026. There was one additional ad-hoc coordinator who was trained in module 1 & 2 in order to start billing and will join the full training cohort in June 2026. The DBH Wraparound Competency Center also provided an update for the number of coordinators that were trained in June 2025, as 5 rather than the 4 previously reported, so there will be a discrepancy on the chart located in the historical progress section.

Wraparound Coordinator Training Cohorts		
Cohort	**Training Period**	**Number of Coordinators Trained**
#1	September 2024	10
#2	February 2025	25
#3	June 2025	5
#4	February 2026	14
Total		**54**

They started ad-hoc trainings and joined the full training cohort that ran from February to April 2026. There was one additional ad-hoc coordinator that was trained in module 1 & 2 in order to start billing and will join full training cohort in June 2026.

There are currently 38 active Wraparound coordinators in the state, meaning they hold cases. The Department had trained a total of 54 Wraparound coordinators.

Fidelity monitoring ran from January to March 2026 for WFI-EZ and March to April 2026 for TOM 2.0. The Wraparound Competency Center will collaborate with System of Care Institute (SOCI) to present data to all the Wraparound providers and talk through ways to increase responses for the next data collection period. The Quality Service Review (QSR) period concluded in February 2026, reports were generated by the Wraparound Competency Center team and sent to agencies in March 2026. Very strong data across all agencies highlighted coordinator's ability to follow the Wraparound principles and appropriately complete fidelity components.

Areas of growth include streamlining screening process to ensure eligibility, documentation of the fidelity components completed, and staying within recommended timelines for each phase throughout the Wraparound process.

10m. Youth Crisis Services PIP

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

SFY 2026-Q3:

- Crisis Center Public Awareness: This subgroup partnered with Magellan to distribute public facing messaging. The messaging was shared both in Magellan's newsletter and through a Facebook ad/post.
- Youth Crisis Centers: Interviews have been completed. The workgroup is now focused on producing a written summary of its findings for the Idaho Behavioral Health Council (IBHC).
- Utilization of Youth Crisis Centers: No updates. This group is primarily focused on adult services and is not expected to have a significant impact on youth specific crisis services.

11. YES Communications

11. YES Website

Due to recent personnel transitions, YES website analytics are unavailable for this reporting period. Standard reporting will resume in a future cycle.

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 Utilizers	Child or youth is counted once within the column or row but may not be unduplicated across regions.
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 which 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	YES System of Care and YES Project Terminology: https://yes.idaho.gov/terminology/

Appendix B: Medicaid Eligible Youth by Region and Statewide, SFY 2022 – SFY 2026 (Q3)

The counts in the table below represent unique Medicaid-eligible youth (ages 0 – 17) during each period. The statewide counts are used as the denominator of the statewide utilization rates presented in Section 2 (IBHP Services and Supports). In future QMIA-Q reports the regional counts will be used in the calculation of regional utilization rates.

Medicaid Eligible Youth by Region and Statewide, SFY 2022 – SFY 2026 (Q3)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Statewide**
SFY 2022	25,119	8,800	45,466	42,362	29,350	23,373	32,563	12,293	219,326
SFY 2023	26,130	9,054	46,970	43,964	30,328	24,132	34,179	9,674	224,431
SFY 2024	24,144	8,418	43,151	40,744	27,637	22,219	30,889	7,251	204,453
SFY 2025	21,673	7,592	39,685	37,773	25,063	19,996	27,970	5,023	184,775
SFY 2026-Q3	20,553	7,135	37,226	35,636	23,452	18,769	26,715	2,454	171,940

Appendix C: SFY 2026-Q3 Utilization of YES Services and Supports by IBHP Members

The following tables provide distinct utilizer counts for YES services and supports provided to Medicaid and non-Medicaid members (ages 0-17) statewide and by region for SFY 2026-Q3.

Quarterly distinct utilizer counts of Medicaid members accessing YES Screening and Assessment Services by Region and Statewide

Distinct Utilizer Counts of Medicaid Members Accessing Screening and Assessment Services by Region and Statewide, SFY 2026 (Q3)									
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	ID Total
Assessments	25	10	36	44	88	35	88	0	**326**
Behavior Assessment	0	0	0	0	0	0	0	0	**0**
CANS	414	215	1,032	1,718	641	708	1249	1423	**5,991**
Psych and Neuropsych Testing	62	20	122	127	84	128	206	1	**750**
Psychiatric Diagnostic Assessment	372	116	697	1,056	435	460	790	3	**3,929**

Quarterly distinct utilizer counts of Medicaid members accessing YES Outpatient Treatment Services by Region and Statewide

Distinct Utilizer Counts of Medicaid Members Accessing Outpatient Treatment Services by Region and Statewide, SFY 2026 (Q3)[18]									
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Behavior Modification and Consultation	0	0	0	0	0	0	0	0	**0**
Case Management	100	63	297	1,060	236	262	683	2	**2,703**
Child and Family Team (CFT)	15	12	23	28	19	16	43	0	**156**
Medication Management	234	142	753	1,011	230	415	900	11	**3,696**
Psychotherapy Services	1,237	400	2,295	2,915	1,180	1,425	2,433	28	**11,913**
STAD	2	6	12	11	9	32	56	0	**128**
Skills Building/CBRS	72	110	446	1,316	227	289	583	2	**3,045**

Quarterly distinct utilizer counts of Medicaid members accessing YES Crisis Services by Region and Statewide

[18] Historically, some Substance Use Disorder (SUD) services were reported as standalone outpatient treatment services. Under the Jeff D. Settlement Agreement, 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.

Distinct Utilizer Counts of Medicaid Members Accessing Crisis Services by Region and Statewide, SFY 2026 (Q3)									
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Crisis Center[19]	0	0	260	125	51	0	91	1	**481**
Crisis Intervention	4	0	13	42	22	8	41	0	**130**
Crisis Psychotherapy	22	3	23	28	14	15	32	0	**137**
Crisis Response	3	0	2	2	0	0	3	0	**10**

Quarterly distinct utilizer counts of Medicaid members accessing YES Intensive Outpatient Treatment Services by Region and Statewide

Distinct Utilizer Counts of Medicaid Members Accessing Intensive Outpatient Treatment Services by Region and Statewide, SFY 2026 (Q3)									
	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**
IHCBS-MDFT	0	0	0	0	0	12	0	0	**12**
IHCBS-MST	0	0	6	14	0	0	0	0	**20**
IHCBS-TBS	0	0	15	37	0	18	7		**77**
IHDBS – Other EB Modality	63	0	0	1	0	0	0	0	**64**
Intensive Outpatient Program (IOP)	3	6	49	71	15	7	27	0	**178**
Parenting with Love and Limits (PLL)	28	3	4	0	15	0	8	0	**58**
Partial Hospitalization	1	2	31	30	0	1	12	0	**77**
TASSP	24	0	0	0	0	6	0	0	**30**
Wraparound	6	9	31	48	40	14	28	1	**177**

[19] 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.

Quarterly distinct utilizer counts of Medicaid members accessing YES Support Services by Region and Statewide

Distinct Utilizer Counts of Medicaid Members Accessing Support Services by Region and Statewide, SFY 2026 (Q3)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
Family Psychoeducation	21	0	9	4	5	2	0	0	**41**
Family Support	7	0	35	102	26	68	83	0	**321**
Respite	1	35	39	61	11	54	88	1	**290**
Youth Support	7	7	69	329	102	26	71	1	**612**

Quarterly distinct utilizer counts of Medicaid members accessing YES Miscellaneous Services by Region and Statewide

Distinct Utilizer Counts of Medicaid Members Accessing Miscellaneous Services by Region and Statewide, SFY 2026 (Q3)									
	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	0	0	0	0	0	0	**0**
Health Behavior Assessment and Intervention (HBAI)	0	1	63	67	81	1	0	0	**213**
Interpretative Services	0	0	116	827	165	1	4	1	**1,113**

Quarterly distinct utilizer counts of Medicaid members accessing YES Inpatient Services by Region and Statewide

Distinct Utilizer Counts of Medicaid Members Accessing Inpatient Services by Region and Statewide, SFY 2026 (Q3)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
Inpatient	31	13	82	85	24	21	36	0	**292**

Quarterly distinct utilizer counts of Medicaid members accessing YES Residential Treatment by Region and Statewide

Distinct Utilizer Counts of Medicaid Members Accessing Residential Treatment Services by Region and Statewide, SFY 2026 (Q3)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
PRTF	19	11	38	50	19	17	16	3	**173**
RTC	6	3	14	6	6	7	5	1	**48**

Quarterly distinct utilizer counts of non-Medicaid members accessing YES Outpatient Services (of any type) by Region and Statewide

Distinct Utilizer Counts of Non-Medicaid Members Accessing Outpatient Services (of any type) by Region and Statewide, SFY 2026 (Q3)									
	Distinct Utilizers								
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
CANS	0	0	0	0	0	0	1	0	**1**
Psychiatric Diagnostic Assessment	0	0	0	0	0	1	0	0	**1**
Case Management	0	0	0	0	0	0	1	0	**1**
Child and Family Team (CFT)	0	0	0	0	0	0	1	0	**1**
Crisis Center	0	0	153	76	9	0	0	2	**231**
Crisis Intervention	0	0	0	0	0	0	1	0	**1**
Parenting with Love and Limits (PLL)	1	0	0	0	0	0	0	0	**1**
Partial Hospitalization	0	0	0	0	0	0	1	0	**1**
Wraparound	0	0	0	0	0	0	1	0	**1**
Youth Support	0	0	0	0	0	1	1	0	**2**

Quarterly distinct utilizer counts of non-Medicaid members accessing YES Residential Treatment Services (of any type) by Region and Statewide

Distinct Utilizer Counts of Non-Medicaid Members Accessing Residential Treatment Services by Region and Statewide, SFY 2026 (Q3)									
	Distinct Utilizers								
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
PRTF	0	0	0	1	0	0	0	0	**1**
RTC	0	0	0	0	0	0	0	0	**0**

Appendix D: 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 becomes 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) PIP

Project Goal

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

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 Inter-agency 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 PIP[20]

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 (SOCI) Workforce Development License (WDL) to ensure fidelity and quality in Wraparound practice; and
- Implementation of system levers for accountability to sustain and monitor quality.

[20] Additional details related to the Wraparound PIP are provided in Appendix F (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 E: 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

Magellan implemented ICC statewide under the Idaho Behavioral Health Plan (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-Q3 Update: Magellan's ICC Program has maintained their NCQA accreditation. Magellan continues to collaborate closely with IBHP-Governance Bureau (GB) and YES stakeholders to improved alignment with the YES Principles of Care and Practice Model. Magellan ICC Care Managers continue to facilitate CFTs, and work on coordinating with youth and family's identified supports, providers, and community systems.

Historical Progress Status

SYF 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 F: 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 (SOCI) Workforce Development License (WDL) to ensure fidelity and quality in Wraparound practice; and
- Implementation of system levers for accountability to sustain and monitor quality.

Progress and Current Status

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.

SFY 2026-Q3 Update: A new Region 1 Wraparound agency provider onboarded in March with 2 new coordinators within the agency to offer Wraparound. This offers Wraparound service delivery across all regions to eligible youth.

Current Regional Wraparound Providers

Wraparound Providers by Region, SFY 2026-Q3	
Region	**Agency or Agencies**
1	Prism Psychology
2	Sequoia Counseling; Scott Community Cares
3	Access Behavioral Health Services
4	BPA Health; Noble Intent
5	Positive Connections Plus; Crosspointe Family Services
6	Center Counseling
7	A Penney for Your Thoughts

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 System of Care Institute (SOCI) Workforce Development License (WDL), the DBH Wraparound Competency Center implemented a structured training and coaching model to develop a highly skilled workforce of Coordinators, Coaches, and Trainers.

SFY 2026-Q3 Update: DBH Wraparound Competency Center provided ad-hoc training for Wraparound coordinators. Cohort #4 started February 2026. 10 of 14 coordinators who started the ad-hoc trainings in SFY 2026 Q2 with coaching support joined this cohort. This cohort ran from February to April 2026. There was one additional ad-hoc coordinator that was trained in module 1 & 2 in order to start billing and will join full training cohort in June 2026. DBH Wraparound Competency Center also provided an update for the number of coordinators that were trained in June 2025, as 5 rather than the 4 previously reported so there will be a discrepancy on the chart located in the historical progress section.

Wraparound Coordinator Training Cohorts		
Cohort	**Training Period**	**Number of Coordinators Trained**
#1	September 2024	10
#2	February 2025	25
#3	June 2025	5
#4	February 2026	14
Total		**54**

Coaching Workforce

The coaching workforce, composed of DBH Wraparound Competency Center staff, continues to build expertise based on benchmark progression standards outlined in the Workforce Development License (WDF). 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-Q3 Update: The DBH Wraparound Competency Center continues to provide ongoing coaching to care coordinators as long as they serve youth and families in Wraparound.

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 (Intensive Care Coordination) 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.

Update SFY2026-Q3: Per the DBH Wraparound Competency Center, there are currently 38 active coordinators in the state, meaning they hold cases. The Department has trained a total of 54 coordinators. Goal for SFY2025 was 30.

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-Q3 Update: Fidelity monitoring ran from January to March 2026 for WFI-EZ and March to April 2026 for TOM 2.0. The expected results for the WFI-EZ are to see 75% response rates to ensure data is considered generalizable to the population. This first evaluation cycle did not see the expected results, therefore, the Wraparound Competency Center

along with SOCI are collaborating with the Wraparound providers to discuss strategies to increase responses for the next evaluation cycle on ongoing.

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-Q3 Update: The first Quality Service Review (QSR) period concluded in February 2026, which established the baseline of where each agency was at in regard to following fidelity. This QSR highlighted the agencies' strengths and areas of growth to increase fidelity and quality standards. Individual agency reports were generated by the Wraparound Competency Center team and sent to agencies in March 2026. An overall agency report is being worked on by the DBH Wraparound Competency Center team. Initial data points across all agencies highlighted coordinator's ability to follow the Wraparound principles and appropriately complete fidelity components. Areas of growth include streamlining screening process to ensure eligibility, documentation of the fidelity components completed, and staying within recommended timelines for each phase throughout the Wraparound process.

Historical Progress

In SFY 2025, the DBH Wraparound Competency Center, in collaboration with Magellan, identified nine Wraparound provider agencies 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.

SYF 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 at the end of Q1 SFY 2026. New Region 2 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

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	Positive Connections Plus; Crosspointe Family Services
6	Center Counseling
7	A Penney for Your Thoughts

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 System of Care Institute (SOCI) Workforce Development License (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		**39**

Since July 2024, 10 trained Coordinators have exited the workforce. To address this, the DBH Wraparound Competency Center, formally known as the Center of Excellence (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 Update: 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 Workforce Development License (WDF). 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 Update: 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 (Intensive Care Coordination) 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.

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 coordinators.

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 Update: Fidelity monitoring will begin in January 2026.

3. Youth and Family Outcomes and Satisfaction

Outcomes and satisfaction will be measured through multiple sources:

1. WFI-EZ Tool:
   A 20% random sample of enrolled youth will be surveyed quarterly. Measures include:
   - Access to needed community services and supports;
   - Confidence in managing future challenges;
   - Crisis preparedness;
   - Satisfaction with youth progress; and
   - Family confidence in caring for the youth at home.

Additionally, the WFI-EZ will monitor reductions in:

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

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

3. Quality Service Review (QSR):
   Conducted annually on a 20% sample of enrolled youth. Following record reviews, voluntary caregiver and youth interviews provide qualitative feedback on service quality and experience.

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

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

Appendix F: Estimated Number of Potential Class Members

Annually, an estimate of the number of potential class members is calculated. The calculation of this year's estimate, completed in December 2025, utilizes a recently available state-level SED prevalence estimate specifically for Idaho provided by SAMHSA[21].

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

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

Insurance Type Definitions:

Employer: Includes those covered by employer-sponsored coverage either through their own job or as a dependent in the same household.

Non-Group: Includes individuals and families that purchased or are covered as a dependent by non-group insurance.

Medicaid: Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan, or any kind of government assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligible who are also covered by Medicare.

Uninsured: Includes those without health insurance and those who have coverage under the Indian Health Service only.

Estimated range:

YES eligible lower (15% Employer, 15% Non-Group, Medicaid, Uninsured) = 3,348 + 421 + 14,544 + 3,114 = 21,427

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

Data Sources:

2023 Insured Rate and Population:

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

Prevalence rate:

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

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