Unmet Need for Mental Health Services among Idaho Youth, 2026

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Executive Summary

Objective: This report provides updated estimates of unmet need for mental health services among Idaho youth with serious emotional disturbance (SED). Using two methodologies developed in prior work, the report addresses three questions: (1) What percent of all Idaho youth with SED experienced unmet need for mental health services in 2025? (2) What percent of Idaho youth with SED who contacted the YES system in 2025 experienced unmet need for mental health services in the following six months? (3) What percent of Idaho youth with SED who contacted the YES system *for the first time* in 2025 experienced unmet need for mental health services in the six months after their initial contact?

Method: Question 1 was answered using well-established synthetic estimation procedures which incorporated aggregate 2020-2024 Idaho county population data from the American Community Survey of the US Census Bureau and data on SED prevalence and unmet need for mental health services from the US National Health Interview Survey (*N*=29,265). Questions 2 and 3 were answered using survey responses and linked administrative data from a population-representative survey of 978 Idaho families who came into contact with the YES system from July to December 2025. These analyses were weighted to account for sampling probability and survey non-response.

Results:

Question #1: Results of the synthetic estimation procedure indicated 5.8% (*N*=28,815) of Idaho youth, ages 0-18 years, likely experienced SED in 2025. Across Idaho's 44 counties, estimated SED prevalence ranged from 5.1% to 6.9%. Among all Idaho youth with SED, an estimated 53.8% (*N*=15,513) likely experienced unmet need for mental health services. These estimates were almost unchanged from analyses conducted two years ago due to minimal changes in the aggregate US Census Bureau estimates of Idaho's youth population. Notably, there was a small-to-medium negative correlation (-0.20 to -0.33) between unmet need for mental health services and county youth population density, indicating that unmet need tended to be higher in less populated (more rural) counties.

Question #2: Results from analyses of linked family survey and administrative data indicated that unmet need for mental health services among Idaho youth who came into contact with the YES system decreased from 6.5% (95% CI = 4.8% – 8.7%) in 2023 to 5.9% (95% CI = 4.5% – 7.8%) in 2025, though this difference was not statistically significant.

Question #3: Among youth with SED who came into contact with the YES system *for the first time* in 2025, 7.0% (95% CI=3.9%–12.1%) experienced unmet need for mental health services in the six months following their initial contact. This was slightly higher, but not statistically significantly different from, an estimate produced using the same method two years ago (5.7%, 95% CI=3.4%-9.3%).

Conclusions: Among Idaho youth who came into contact with the YES system, unmet need for mental health services remained stable from 2023 to 2025. There remain many youth in Idaho who do not participate in mental health services even after a comprehensive assessment indicates need. It is not possible to determine from these data the reasons for unmet need; nonetheless, the State should take steps to improve the accessibility of mental health services for youth with SED as well as rates of engagement once families contact the YES system.

Date of Report: July 23, 2026

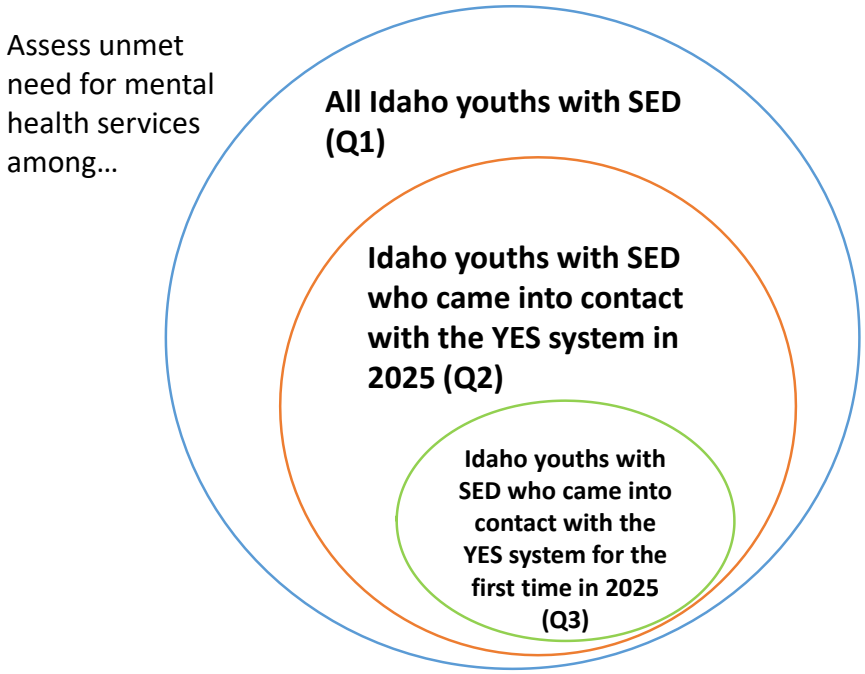
This report provides estimates of need and unmet need for mental health services among Idaho youth who experience serious emotional disturbance (SED). The report presents results from analyses completed in 2026. Estimates of unmet need presented in this report were generated using the most recent data available from the US Census Bureau and from the annual Idaho Youth Empowerment Services (YES) family survey. The most recent county-level aggregate population estimates from the US Census Bureau cover the years 2020-2024. The most recent YES family survey (completed in 2026) sampled families of youth who encountered the YES system in 2025.

Definitions of SED are provided in Box 1. Under the Jeff D. Settlement Agreement, the State of Idaho is directed to implement a comprehensive array of community-based mental health services that appropriately address the needs of children with SED. To fulfill this charge, the Idaho Department of Health and Welfare (IDHW) developed a system of care for children which is called YES. Beginning in 2023, IDHW contracted with Boise State University to better understand the potential need for mental health services within the YES system as well as the extent to which youth with SED in Idaho experience unmet need for mental health services. Given the different ways unmet need for mental health services can be defined, this report addresses three primary questions, as guided by IDHW (see Figure 1):

(1) What percent of **Idaho youth with SED** experience unmet need for mental health services?

(2) What percent of Idaho youth with SED **who came into contact with the YES system in 2025** experienced unmet need for mental health services?

Figure 1 Target populations for Research Questions 1, 2, and 3



Box 1. Definitions of Serious Emotional Disturbance

U.S. Substance Abuse and Mental Health Services Administration

Pursuant to section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321 "children with serious emotional disturbance" are persons:

a. From birth up to age eighteen (18),

b. who currently or at any time during the past year,

c. have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM),

d. that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Idaho Statute

"Serious emotional disturbance" means a diagnostic and statistical manual of mental disorders (DSM) diagnosable mental health, emotional or behavioral disorder, or a neuropsychiatric condition which:

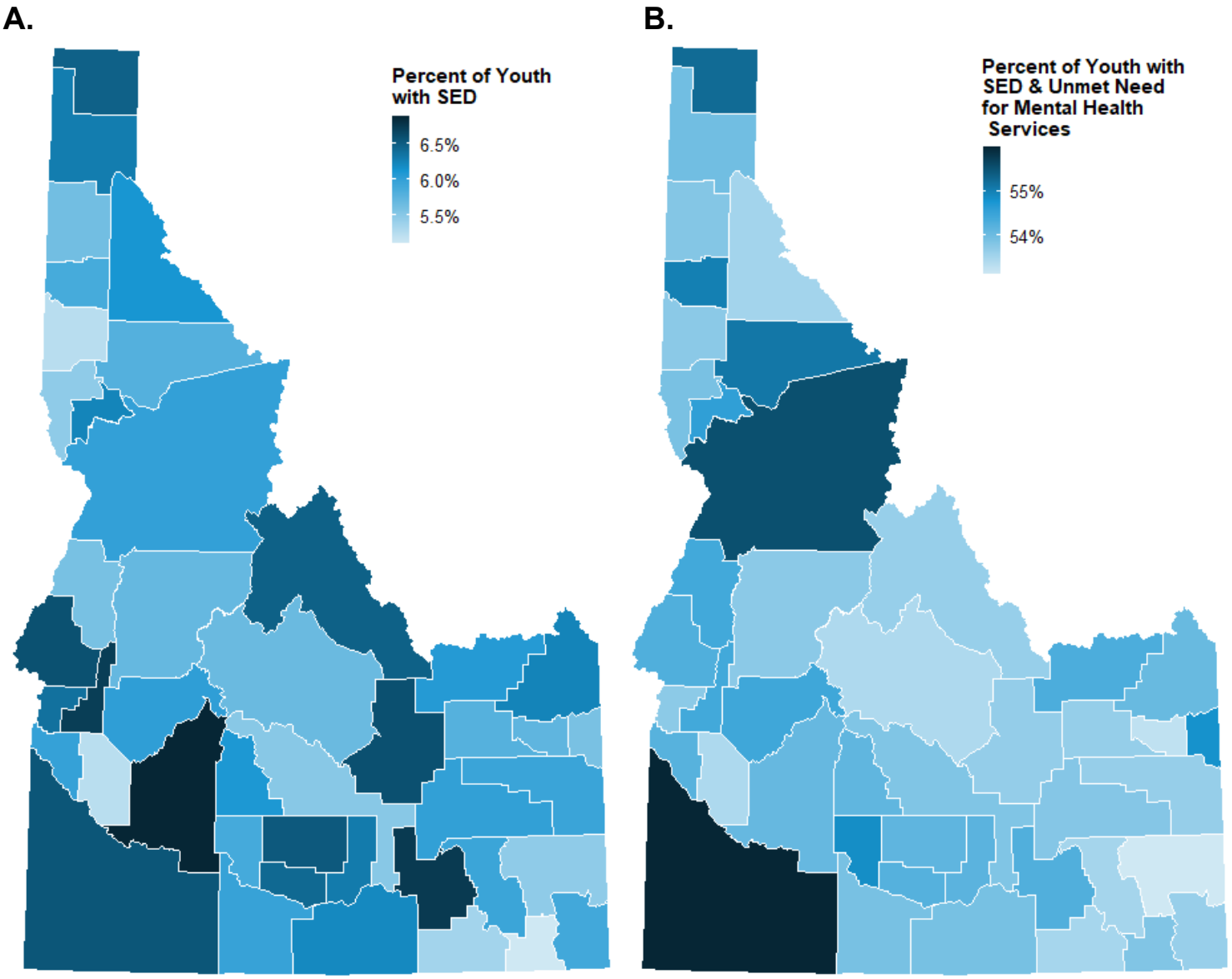
a. results in a serious disability,

b. requires sustained treatment interventions, and

c. causes the child's functioning to be impaired in thought, perception, affect or behavior.

A disorder shall be considered to "result in a serious disability" if it causes substantial impairment of functioning in family, school or community that is measured by and documented through the use of a standardized instrument approved by the department and conducted or supervised by a qualified clinician.

Figure 2 SYNTHETIC ESTIMATE OF PERCENT (%) OF IDAHO YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE (SED) AND WITH SED & UNMET NEED FOR MENTAL HEALTH SERVICES, 2025



Note: Estimates based on synthetic estimation procedures incorporating (1) aggregate 2020-2024 Idaho county population data on youth population by insurance status from the American Community Survey of the US Census Bureau (Table ID: B27010), and (2) prevalence estimates developed by Simpson et al. (2009) from the from the US National Health Interview Survey.

(3) What percent of Idaho youth with SED who came into contact with the YES system **for the first time** in 2025 experienced unmet need for mental health services after that initial contact?

These three questions require estimates of unmet need for mental health services among three different populations, which are shown in Figure 1. Question 1 addresses all youth with SED in Idaho. Many of these youth will not come into contact with the YES system for a variety of reasons (including family preference). Questions 2 and 3 address unmet need in subpopulations of youth with SED: Question 2 addresses youth *who came into contact with the YES system* in 2025; and, Question 3 addresses youth who came into contact with the YES system *for the first time* in 2025. Each of these populations may experience different barriers to accessing mental health care and thus it is worthwhile to examine unmet need separately for each group.

Method

Two methodologies were used to generate the estimates provided in this report. These are described in detail in Williams, Beauchemin, and Vega (2023). Here, we briefly summarize the methods.

Question 1

Question 1 required the estimation of unmet need for mental health services among all youth with SED in Idaho. This question was addressed using well-established synthetic estimation methods (Holzer et al., 1981; Konrad et al., 2009; Levy & French, 1977) which combined county-level data on Idaho's youth population, derived from the American Community Survey (ACS) of the US Census Bureau, with population-representative data on SED prevalence and unmet need, derived from the US National Health Interview Survey (NHIS) which is conducted by the US Centers for Disease Control and Prevention (Simpson et al., 2009).

For this report, we used county-level ACS 5-year estimates which aggregated data from 2020 to 2024 as they were the most recent data available that provide estimates for all Idaho counties. Data from ACS Table B27010 included estimates of the total number of youth ages 0 to 18 years in each Idaho county as well as the distribution of youth by type of insurance coverage. Numerous studies have shown that youth insurance status is among the most robust predictors of both SED status and unmet need for mental health services (Burns et al., 1997; Kataoka et al., 2002; Roll et al., 2013; Simon et al., 2015; Simpson et al., 2009), likely due to its association with poverty status and available coverage for mental health services. This is true among youth living in rural and urban areas (Pasli & Tumin, 2002).

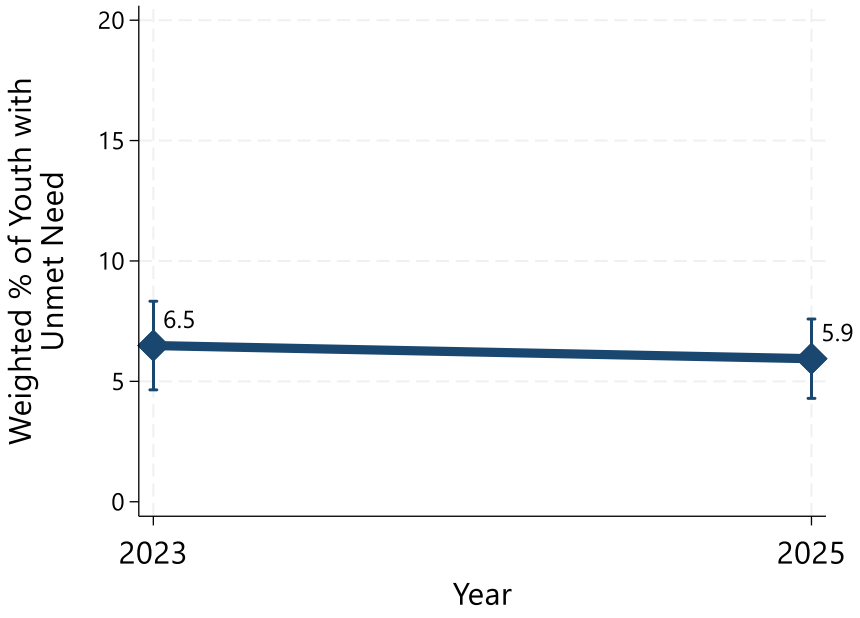
From the NHIS, we relied on the most recently published data that included the information needed for estimation. Simpson et al. (2009) analyzed the 2001-2004 NHIS which included a nationally representative sample (*N*=29,265) of US youths, ages 4 to 17 years old. The data provides information on prevalence of youth SED based on a validated caregiver-reported measure of youth mental health symptoms called the Strengths and Difficulties Questionnaire (Goodman, 2001; Ringeisen et al., 2015), youth insurance status, and whether the youth had received any mental health services within the last 12 months.

Data from the Census and the NHIS survey were combined using synthetic estimation techniques which result in county-level prevalence estimates of SED as well as estimates of unmet need for mental health services among youth with SED.

Question 2

Question 2 required the estimation of unmet need for mental health services among Idaho youth with SED who came into contact with the YES system in 2025. This question was addressed using data from the 2026 YES family survey. The YES family survey is an annual, population-representative survey of Idaho families whose children participated in mental health services in the prior year. It is conducted by IDHW in partnership with Boise State University. The 2026 YES family survey was fielded from February to April, 2026. Full details are available in the 2026 YES Family Survey Report (Williams et al., 2026), but briefly, surveys were mailed to a stratified random sample of 5,359 parents/caregivers of Idaho youth who came into contact with the YES system from July to December 2025. In total, 978 Idaho caregivers responded. Survey responses were linked to

Figure 3 PERCENT (%) OF IDAHO YOUTH WITH SED WHO EXPERIENCED UNMET NEED FOR MENTAL HEALTH SERVICES AFTER COMING INTO CONTACT WITH THE YES SYSEM (2023 – 2025)



Note: *N* = 1,424 combined sample for both years. Analyses are weighted to reflect population values. Unmet need is defined as not receiving mental health services within 6 months of a CANS assessment indicating need (i.e., CANS $\geq$ 1).

administrative data on youth sociodemographic characteristics and de-identified. De-identified data was shared with Boise State University for analysis. The analyses completed for this report included a sample of 776 families whose children came into contact with the YES system from July to December 2025 and who had an indicated need for mental health services based on their most recent Child and Adolescent Needs and Strengths (CANS; Anderson et al., 2003; Lyons, 2009; Lyons et al., 2003) assessment (i.e., CANS ≥ 1). Scores on the CANS are interpreted as: 0 = No evidence of need, 1 = Possible need or significant history, 2 = need interferes with functioning, 3 = need is dangerous or disabling (Praed Foundation, 2017). The CANS assessments were completed from July to December 2025, in accordance with the sampling period.

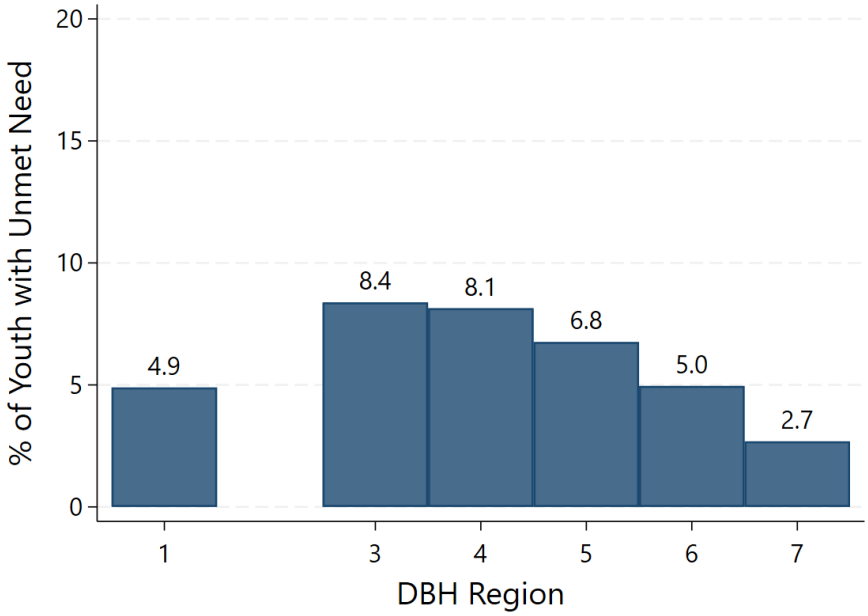
On the YES family survey, caregivers indicated whether or not their youth had participated in mental health services during the prior six months. Unmet need for services was defined as the caregiver indicating their youth had not participated in any mental health services during the last six months despite the youth having a most recent CANS ≥ 1, which indicated some need for services. Full details of the survey methodology are available in the 2026 YES Family Survey Report (Williams et al., 2026).

Question 3

Question 3 required the estimation of unmet need among Idaho youth with SED who came into contact with the YES system *for the first time* in 2025. This question was also addressed using the 2026 YES family survey data described above; however, the sample was limited to only include youths who had an 'initial' CANS in 2025. The de-identified database indicated whether the youth's most recent CANS was an initial CANS (i.e., first assessment upon entry to services) or follow-up CANS. The analysis for this question included only youths who had an initial CANS from July to December 2025.

In order to generate population-representative estimates for Idaho, analyses of the YES family survey data for Questions 2 and 3 were weighted to account for the survey's sampling design and participant nonresponse.

Figure 4 PERCENT (%) OF IDAHO YOUTH WITH SED WHO EXPERIENCED UNMET NEED FOR MENTAL HEALTH SERVICES AFTER CONTACT WITH THE YES SYSTEM IN 2025, BY REGION



Note: N = 739. Analyses are weighted to reflect population values. Unmet need is defined as not receiving mental health services within 6 months of a CANS assessment indicating need (i.e., CANS ≥ 1).

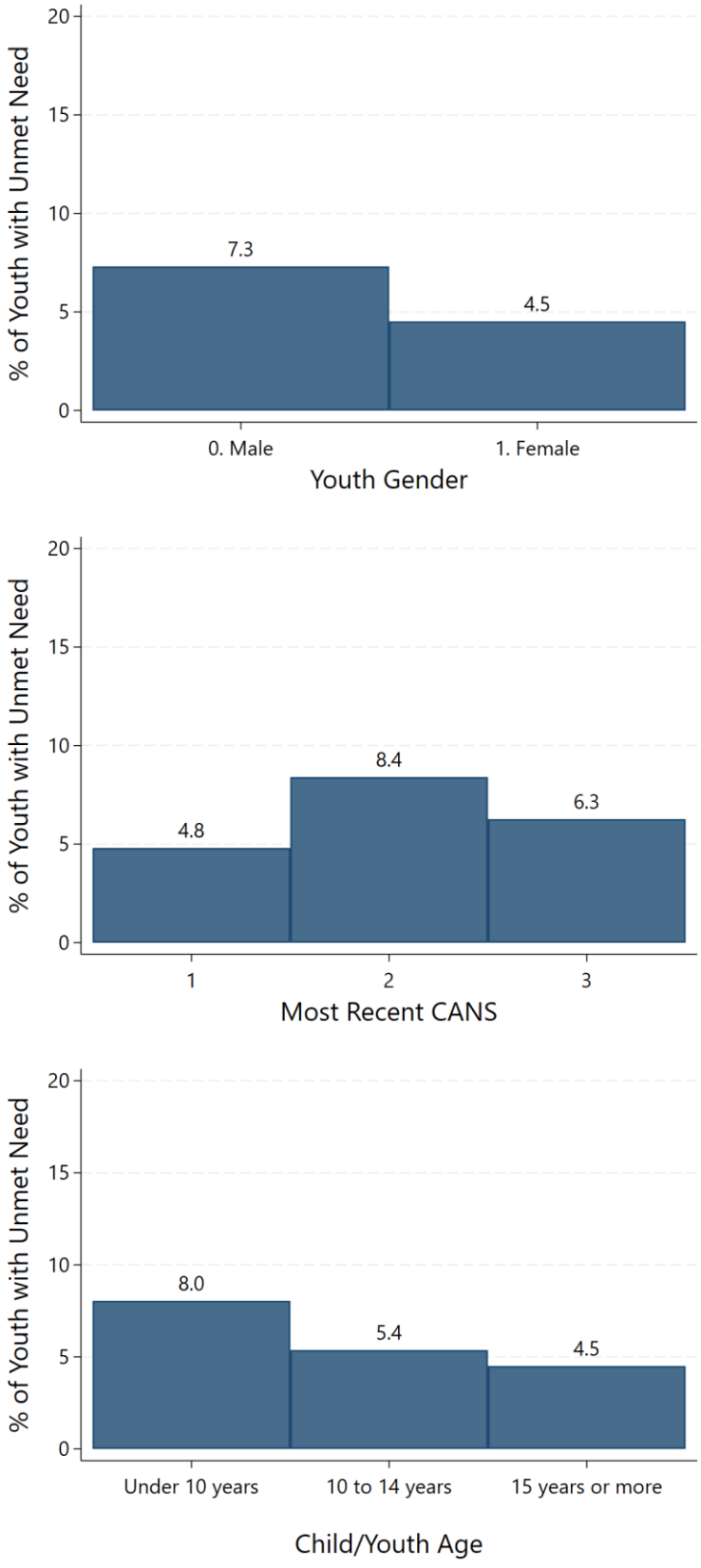
Results

Question 1: Unmet Need for Mental Health Services among All Idaho Youth with SED

Results of the synthetic estimation procedure indicated 5.8% (N=28,815) of Idaho youth, ages 0 to 18 years, likely experience SED. Figure 2a shows the prevalence of SED by Idaho county; across the 44 counties, rates of SED ranged from 5.1% to 6.9%. These estimates are consistent with meta-analyses of SED prevalence from population-representative community samples of youth in the US (Williams et al., 2018). These estimates are also highly similar to estimates produced for this report two years ago, due to only small changes in Idaho's youth population over the last two years. The small changes in population are likely influenced by the use of the aggregate 2020-2024 ACS data, which is necessary in order to obtain population estimates for all counties, including rural counties.

Among Idaho youth with SED, an estimated 53.8% (N=15,513) likely experience unmet need for mental health services based on this methodology. This estimate is also very similar to the analysis completed two years ago due to the small changes in overall population as described above. Across Idaho counties, estimated rates of unmet

Figure 5a RATES OF UNMET NEED FOR MENTAL HEALTH SERVICES AMONG IDAHO YOUTH WITH SED WHO CAME INTO CONTACT WITH THE YES SYSTEM IN 2025, BY CHARACTERISTIC



Note: N = 776. Analyses are weighted to reflect population values.

need for mental health services among youth with SED ranged from 53.1% to 56.0% (see Figure 2b).

In general, counties with higher population densities tended to have lower rates of unmet need for mental health services. The correlation between county-level youth population density and unmet need for mental health services among youth with SED was -0.20, indicating that unmet need decreased as population density increased. Two Idaho counties (Ada and Canyon) were extreme outliers on youth population density, having densities 19 to 20 times larger than the average of all Idaho counties. If these two counties are excluded from the analysis, the correlation between county youth population density and unmet need increases in magnitude to -0.33. Appendix 1 provides a complete list of estimated SED prevalence and unmet need for mental health services among youth with SED in Idaho's 44 counties based on this methodology.

Question 2: Unmet Need for Mental Health Services among Idaho Youth with SED who came into Contact with the YES System in 2025

Of the 978 Idaho youths whose caregivers responded to the 2026 YES family survey, 776 youths, representing a sub-population of 6,509 Idaho youth, experienced SED (i.e., had a most recent CANS score $\geq$ 1) and were therefore eligible and included in the analyses of unmet need. Of these, 5.9% (95% CI = 4.5% – 7.8%), experienced unmet need for mental health services in the 6 months following their most recent CANS assessment.

From 2023 to 2025, there was not a statistically significant change in the percentage of youth who experienced unmet need for mental health services

in the six months after their most recent CANS assessment (i.e., after coming into contact with the YES system). As is shown in Figure 3, the weighted percent of youth with unmet need decreased by <1 percentage point from 2023 (6.5%) to 2025 (5.9%; F=0.19, df=(1, 2024), p=.664).

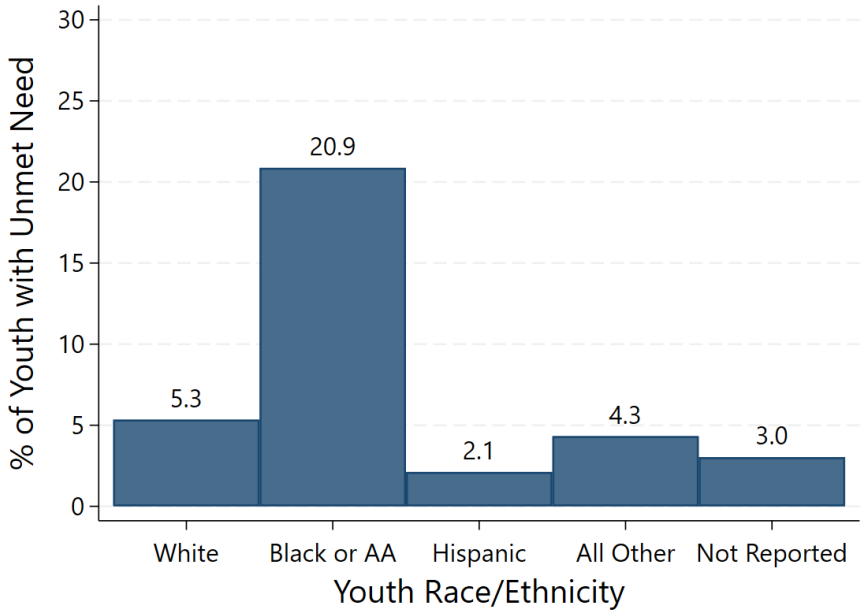
Figure 4 shows rates of unmet need among youth who came into contact with the YES system in 2025 across the seven IDHW Division of Behavioral Health (DBH) regions. No caregiver reported unmet need for mental health services in Region 2 and consequently the percentage was not estimable for this region. Rates ranged from 2.7% (Region 7) to 8.4% (Region 3). The highest rates of unmet need were in Regions 3 (8.4%) and 4 (8.1%).

Figures 5a and 5b show the rates of unmet need among Idaho youth who came into contact with the YES system in 2025, broken out by youth characteristics of gender, most recent CANS, age, and race/ethnicity.

Question 3: Unmet Need for Mental Health Services among Idaho Youth with SED who came into Contact with the YES System *for the First Time* in 2023

Of the 978 Idaho youths whose caregivers responded to the 2026 YES family survey, 148 youth, representing a sub-population of 1,278 Idaho youth, had a CANS ≥ 1 (i.e., likely need) and made their initial contact with the YES system in 2025 (i.e., initial CANS). Of these youth, 7.0% (95% CI = 3.9% – 12.1%), experienced unmet need for mental health services in the 6 months following their initial CANS assessment. This represented a slight increase in unmet need amongst this population compared to 2023 (5.7%), however, the difference was not statistically significant (p=.588). Due to the very small number of youth included in this subsample, we did not examine variation in rates of unmet need by IDHW region or youth characteristics.

Figure 5b RATES OF UNMET NEED FOR MENTAL HEALTH SERVICES AMONG IDAHO YOUTH WITH SED WHO CAME INTO CONTACT WITH THE YES SYSTEM IN 2025, BY CHARACTERISTIC



Note: N = 776. Analyses are weighted to reflect population values.

Discussion

This report estimated rates of unmet need for mental health services among three groups: (1) all Idaho youth with serious emotional disturbance (SED), (2) Idaho youth with SED who came into contact with the YES system in 2025, and (3) Idaho youth with SED who came into contact with the YES system for the first time in 2025.

Across Idaho, an estimated 28,815 youth ages 0–18 (5.8%) experienced SED in 2025. Of these, an estimated 15,513 (53.8%) likely experienced unmet mental health service needs. These statewide estimates are nearly identical to those reported in the prior report (two years ago) because the underlying U.S. Census population estimates changed very little. Census estimates are based on five years of aggregated data (2020–2024), which provides more reliable population estimates for Idaho's many rural and sparsely populated counties. Although statewide estimates remained stable, rates of SED and unmet need varied across Idaho counties.

Among Idaho youth with SED who came into contact with the YES system in 2025, an estimated 5.9% experienced unmet need for mental health services. For this analysis, unmet need was defined as not receiving mental health services within six months after a CANS assessment indicated a need for services. This estimate did not differ significantly from the 6.5% reported for 2023, suggesting there was no meaningful change in unmet need among youth who engaged with the YES system during this period.

Among youth who entered the YES system for the first time in 2025, an estimated 7.0% experienced unmet need for mental health services. This is

modestly higher than the 5.7% estimated for this population in the previous report, but the difference is not statistically significant suggesting it may be due to sampling error.

Together, these estimates provide important benchmarks for monitoring progress in meeting the mental health needs of Idaho youth with SED. While unmet need appears to have remained relatively stable among youth served through the YES system, more than half of all Idaho youth with SED are still estimated to have unmet mental health service needs. While it is not possible to determine from the data presented in this report the reasons for unmet need, these findings highlight the continued importance of improving access to timely and appropriate mental health services for youth across the state. ■

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Appendix 1

Estimated Prevalence of Serious Emotional Disturbance (SED) and Unmet Need for Mental Health Services by Idaho County based on Synthetic Estimation

County	DBH Region	Total Youth Population Ages 0-18 (N)	N youth with SED	% youth with SED	N youth with SED and unmet need	% of youth with SED with unmet need	% of total youth population with SED and unmet need
Benewah	1	2,322	137	5.9%	75	55.0%	3.2%
Bonner	1	10,618	669	6.3%	361	54.0%	3.4%
Boundary	1	3,182	206	6.5%	114	55.2%	3.6%
Kootenai	1	42,440	2,392	5.6%	1,287	53.8%	3.0%
Shoshone	1	2,932	180	6.1%	96	53.5%	3.3%
Clearwater	2	1,411	82	5.8%	45	55.1%	3.2%
Idaho	2	3,603	216	6.0%	120	55.5%	3.3%
Latah	2	9,157	481	5.3%	259	53.7%	2.8%
Lewis	2	830	52	6.2%	28	54.6%	3.4%
Nez Perce	2	9,561	524	5.5%	282	53.9%	3.0%
Adams	3	890	50	5.6%	27	54.4%	3.0%
Canyon	3	70,904	4,251	6.0%	2,304	54.2%	3.2%
Gem	3	4,917	331	6.7%	180	54.4%	3.7%
Owyhee	3	3,182	209	6.6%	117	56.0%	3.7%
Payette	3	7,189	459	6.4%	246	53.7%	3.4%
Washington	3	2,561	169	6.6%	92	54.3%	3.6%
Ada	4	120,879	6,348	5.3%	3,392	53.4%	2.8%
Boise	4	1,466	88	6.0%	48	54.4%	3.3%
Elmore	4	7,611	524	6.9%	283	54.1%	3.7%
Valley	4	2,407	138	5.7%	74	53.7%	3.1%
Blaine	5	5,303	293	5.5%	158	53.8%	3.0%
Camas	5	297	18	6.1%	10	54.1%	3.3%
Cassia	5	8,252	513	6.2%	276	53.9%	3.4%
Gooding	5	4,426	261	5.9%	143	54.8%	3.2%
Jerome	5	7,907	509	6.4%	276	54.2%	3.5%
Lincoln	5	1,461	96	6.5%	52	54.1%	3.5%
Minidoka	5	6,535	413	6.3%	224	54.2%	3.4%
Twin Falls	5	26,173	1,565	6.0%	844	53.9%	3.2%
Bannock	6	24,048	1,431	6.0%	766	53.5%	3.2%
Bear Lake	6	1,983	117	5.9%	63	53.6%	3.2%
Caribou	6	1,983	109	5.5%	58	53.1%	2.9%
Franklin	6	4,648	238	5.1%	128	53.8%	2.8%
Oneida	6	1,343	72	5.4%	39	53.5%	2.9%
Power	6	2,597	175	6.7%	95	54.3%	3.7%
Bingham	7	15,365	923	6.0%	497	53.8%	3.2%
Bonneville	7	40,267	2,400	6.0%	1,288	53.6%	3.2%
Butte	7	723	48	6.6%	26	53.7%	3.5%
Clark	7	247	15	6.1%	8	54.3%	3.3%
Custer	7	637	36	5.7%	19	53.4%	3.0%
Fremont	7	3,361	210	6.3%	114	54.1%	3.4%
Jefferson	7	11,379	660	5.8%	354	53.7%	3.1%
Lemhi	7	1,497	97	6.5%	52	53.6%	3.5%
Madison	7	16,504	949	5.8%	506	53.3%	3.1%
Teton	7	2,898	162	5.6%	89	54.8%	3.1%
Idaho		497,896	28,815	5.8%	15,513	53.8%	3.1%

Note: Counts and percentages are based on synthetic estimation procedures incorporating (1) aggregate 2020-2024 Idaho county population data from the American Community Survey of the US Census Bureau (Table ID: B27010), and (2) prevalence and risk estimates developed by Simpson et al. (2009) from the US National Health Interview Survey. DBH = Division of Behavioral Health, Idaho Department of Health and Welfare. SED = serious emotional disturbance. Counties are sorted alphabetically within DBH regions. Totals are not exact due to rounding.