Youth Empowerment Services

Quality Management Improvement & Accountability (QMIA)

YOUTH EMPOWERMENT SERVICES
QMIA Quarterly Report

Q4, SFY 2026

November, 2026

Table of Contents

Purpose of YES QMIA Quarterly (QMIA-Q) Report 4
Executive Summary – SFY 2026, Q4 5
YES Accomplishments and Updates 5
YES Challenges and Opportunities 6
YES Reports 7
1. Access to YES 8
1a. YES Eligible Children and Youth, Based on Initial CANS 8
1b. Characteristics of Children and Youth Assessed Using the CANS 11
2. IBHP Services and Supports 13
2a. Overall IBHP Service Utilization 13
2b. IBHP Services Penetration Rate 16
2c. Statewide Annual Medicaid Outpatient Services Utilization, SFY 2022 - SFY 2026 17
2d. Statewide Annual Medicaid Inpatient Service Utilization, SFY 2022 – SFY 2026 22
2e. Statewide Annual Medicaid Residential Treatment Utilization, SFY 2022 – SFY 2026 23
2f. Statewide Annual Non-Medicaid (DBH) Outpatient Service Utilization, SFY 2025 - SFY 2026 23
2g. Statewide Annual Non-Medicaid (DBH) Inpatient Service Utilization, SFY 2025 - SFY 2026 24
2h. Statewide Annual Non-Medicaid (DBH) Residential Service Utilization, SFY 2025 - SFY 2026 24
3. IBHP Claims Payment 25
3a. Medicaid Claims Payment 25
3b. Non-Medicaid (DBH) Claims Payment 26
4. DBH YES-Related Services and Supports 27
4a. DBH 20-511a 27
4b. DBH Vouchered Respite 28
4c. State Hospital Admissions 29
5. Intensive Care Coordination (ICC) 31
5a. Magellan ICC 31
5b. Wraparound 32

6. Out of Home Placements 34
6a. Statewide PRTF/RTC Initial and Concurrent Request Outcomes 34
7. YES Partners Information 35
7a. Child, Youth, & Family Services (CYFS) 35
7b. Idaho Department of Juvenile Corrections (IDJC) 36
7c. Idaho Department of Education (IDE) 38
8. Quality Monitoring Processes 39
8a. The QMIA Family Advisory Subcommittee (Q-FAS) 39
8b. YES Complaints 40
9. YES Quality Monitoring Results 41
9a. YES Family Survey 41
10. YES Performance Improvement Projects (PIPs) with Updates for the Current Reporting Period 43
10a. PIP Focus Areas 43
10b. Child and Adolescent Needs and Strengths (CANS) Improvement PIP 43
10c. Child and Family Teams (CFT) PIP 44
10d. Combined Initiative: Wraparound and Out-of-Home Placements PIP 44
10e. Interagency Clinical Team (ICT) Transition PIP 44
10f. Interagency Governance Team (IGT) and YES Workgroups/Subcommittees PIP 44
10g. Intensive Care Coordination (ICC) PIP 46
10h. Intensive Home and Community-Based Services (IHCBS) PIP 46
10i. Mental Health Care for Target Population: Foster Care PIP 47
10j. Residential Treatment PIP 47
10k. Wraparound PIP 48
11. YES Communications 50
Appendices 55
Appendix A: Data Source Guide 55
Appendix B: Glossary of Terms *(updated October 2026)* 59
Appendix C: Medicaid Eligible Youth by Region and Statewide, SFY 2022 – SFY 2026 61
Appendix D: SFY 2026-Q4 Utilization of YES Services and Supports by IBHP Members 62
Appendix E: YES Performance Improvement Project Goals and Performance Measure Specifics 66
Appendix F: Intensive Care Coordination Performance Improvement Project Full Report 75
Appendix G: Wraparound Performance Improvement Project Full Report 77
Appendix H: Estimated Number of Potential Class Members 86

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), which replaced 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 involved with child welfare through Child, Youth, & Family Services (CYFS) and with juvenile justice through the Idaho Department of Juvenile Corrections (IDJC).

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 B.

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, Updated October
4th quarter: April–June + Full SFY	November

YES, QMIA Quarterly Report includes data from Q4 of SFY 2026
(April, May, and June 2026),
and trends over the past five years, comparing previous quarters and SFYs.

Executive Summary – SFY 2026, Q4

The QMIA-Q report for State Fiscal Year (SFY) 2026, Quarter 4 (Q4) provides information about the delivery of YES services for April, May, and June 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 Report Enhancements

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

- The new Intensive Care Coordination (ICC) Section introduced in SFY2026-Q3 now features detailed data for Magellan ICC and Wraparound services for SFY 2025 and SFY 2026, enabling year-over-year comparisons.
- Comprehensive Data Source Guide: To minimize confusion and clarify appropriate data comparisons, a centralized Data Source Guide has been added to the report in Appendix A. This guide outlines the origin of the data and provides detailed descriptions of data set(s) used in each section. Where feasible, it has replaced data-related footnotes and in-text data explanations.
- Updated and expanded Appendix B: Additional data definitions were added to the existing Key Terms report appendix to enhance reader usability.
- Child and Adolescent Needs and Strengths (CANS) reporting issues related to limitations in Magellan's data infrastructure have been resolved. This report includes SFY 2025 and SFY 2026 CANS data, with a focus on Initial CANS assessments. New to this report, regional Level of Care (LOC) score data are presented, providing a regional breakdown of Initial CANS LOC scores to support a more detailed understanding of assessment results across the state.
- Annual Utilization Reporting: The statewide annual distinct-utilizer metrics introduced in SFY 2026 Q3 have been retained to support year-over-year comparisons of YES Services and Supports over a five-year period. In addition, inpatient service data for SFYs 2022–2024 have been incorporated to support annual comparisons of this important service category. To enhance transparency, Appendix C presents the data used as denominators in calculating annual utilization rates. Appendix D retains the traditional reporting of distinct three-month quarterly counts to ensure continuity with previous reporting practices and support ongoing monitoring of service utilization trends.

Looking Forward

Efforts to address remaining data gaps and strengthen the long-term integrity and consistency of reporting are ongoing. The following data enhancement is anticipated for integration into a future QMIA-Q report:

- Residential Care Tracking: Counts of children and youth receiving residential care, along with key demographic characteristics, including region and age, are expected to become available upon receipt of more granular data from Magellan/IBHP. These data will be integrated with existing residential service request data and denial data for Residential Treatment Centers (RTCs) and Psychiatric Residential Treatment Facilities (PRTFs) to provide a more comprehensive view of residential care utilization and access.

YES Performance Improvement Projects (PIPs) Underway

Many YES PIPs continue to be actively focused on during SFY 2026 Q4. These PIPs are aimed at strengthening service quality, system coordination, and measurable outcomes across the YES system of care. Several of these PIPs were carried forward from SFY 2025 and SFY 2026 Q1-Q3 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 (E, F, and G) are included to present detailed information on all PIPs.

YES Challenges and Opportunities

Interrelated Challenges

Interrelated challenges faced by the YES system, as well as opportunities to grow and improve YES, include the following:

- Ongoing mental health care workforce shortage
- Lack of access to mental health care in rural/remote areas of Idaho
- Increased mental health care need
- 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:

Idaho YES Family Survey Results, 2026

https://yes.idaho.gov/wp-content/uploads/2026/07/Idaho-Youth-Empowerment-Services-YES-Family-Survey-Results-2026.pdf

Unmet Need for Mental Health Services among Idaho Youth, 2026

https://yes.idaho.gov/wp-content/uploads/2026/07/Unmet-Need-for-Mental-Health-Services-Among-Idaho-Youth-2026.pdf

YES Rights and Resolutions, SFY 2026 Q4

https://yes.idaho.gov/wp-content/uploads/2026/09/YES-Rights-and-Resolutions-SFY-2026-Qtr-4.pdf

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/

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

1. Access to YES

1a. YES Eligible Children and Youth, Based on Initial CANS

The following tables present an overview of Initial CANS assessments by SFY. The section includes statewide CANS Level of Care (LOC) score counts and percentages, LOC score distributions by completing entity (Community Providers; Liberty Healthcare Corporation [Liberty]; and State, School District, or County Employees), IBHP membership, and region.

1a1. Statewide Initial CANS LOC Score Counts and Percentages

Distribution of CANS Scores Across State Fiscal Years (SFY 2025–2026)[1]				
CANS Score	**SFY 2025 Count**	**SFY 2025 (%)**	**SFY 2026 Count**	**SFY 2026 (%)**
0	3,699	30.2%	2,418	25.6%
1	4,704	38.4%	3,655	38.7%
2	1,679	13.7%	1,364	14.5%
3	2,169	17.7%	2,002	21.2%
Total	**12,251**	**100.0%**	**9,439**	**100.0%**

1a2. Initial CANS LOC Score Counts and Percentages by Entity that Completed the CANS

CANS Score Distribution by Entity Completing the CANS (SFY 2025–2026)						
CANS Score	**Community Provider SFY 2025 Count (%)**	**Community Provider SFY 2026 Count (%)**	**Liberty SFY 2025 Count (%)**	**Liberty SFY 2026 Count (%)**	**State / School District / County Employee SFY 2025 Count (%)**	**State / School District / County Employee SFY 2026 Count (%)**
0	3,663 (34.9%)	2,406 (30.1%)	11 (0.7%)	6 (0.5%)	25 (10.0%)	6 (4.7%)
1	4,402 (42.0%)	3,412 (42.6%)	260 (17.1%)	227 (17.4%)	42 (16.9%)	16 (12.5%)
2	1,115 (10.6%)	950 (11.9%)	551 (36.2%)	406 (31.1%)	13 (5.2%)	8 (6.2%)
3	1,301 (12.4%)	1,236 (15.4%)	699 (46.0%)	668 (51.1%)	169 (67.9%)	98 (76.6%)
Total	**10,481 (100%)**	**8,004 (100%)**	**1,521 (100%)**	**1,307 (100%)**	**249 (100%)**	**128 (100%)**

[1] Higher CANS counts in SFY 2025 vs SFY 2026 may be a result of the July 1, 2024, Magellan implementation. Existing clients active in treatment at go-live were likely captured in the SFY 2025 baseline data, while SFY 2026 data solely represent newly enrolled youth.

1a3. Initial CANS LOC Score Counts and Percentages by IBHP Member Status

CANS Score Distribution by IBHP Member Status (SFY 2025–2026)				
CANS Score	**Medicaid IBHP Member SFY 2025 Count (%)**	**Medicaid IBHP Member SFY 2026 Count (%)**	**Non-Medicaid IBHP Member SFY 2025 Count (%)**	**Non-Medicaid IBHP Member SFY 2026 Count (%)**
0	3,698 (30.5%)	2,415 (25.9%)	1 (0.9%)	3 (2.6%)
1	4,691 (38.6%)	3,636 (39.0%)	13 (11.6%)	19 (16.2%)
2	1,646 (13.6%)	1,335 (14.3%)	33 (29.5%)	29 (24.8%)
3	2,104 (17.3%)	1,936 (20.8%)	65 (58.0%)	66 (56.4%)
Total	**12,139 (100.0%)**	**9,322 (100.0%)**	**112 (100.0%)**	**117 (100.0%)**

1a4. Initial CANS LOC Score Counts and Percentages by Region

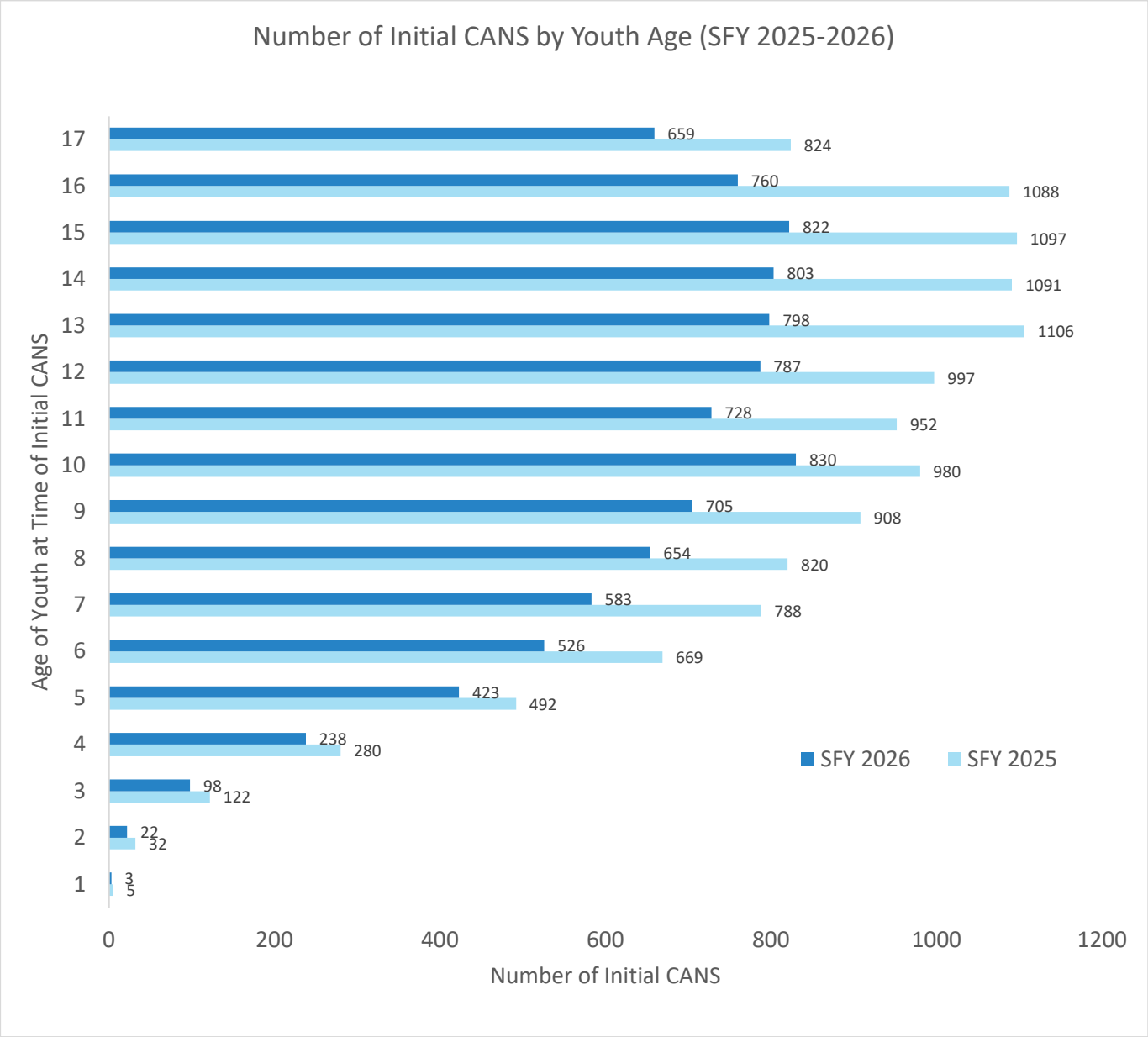
Regional Distribution of CANS Scores Across State Fiscal Years (SFY 2025–2026)						
Region	**SFY**	**CANS Score 0 Count (%)**	**CANS Score 1 Count (%)**	**CANS Score 2 Count (%)**	**CANS Score 3 Count (%)**	**Total Count**
Region 1	2025	291 (33.6%)	287 (33.1%)	89 (10.3%)	199 (23.0%)	866
	2026	176 (28.7%)	189 (30.8%)	63 (10.3%)	186 (30.3%)	614
Region 2	2025	87 (20.7%)	139 (33.1%)	61 (14.5%)	133 (31.7%)	420
	2026	60 (20.3%)	83 (28.1%)	41 (13.9%)	111 (37.6%)	295
Region 3	2025	773 (33.4%)	873 (37.7%)	290 (12.5%)	378 (16.3%)	2,314
	2026	521 (28.8%)	691 (38.2%)	229 (12.6%)	370 (20.4%)	1,811
Region 4	2025	1,030 (32.0%)	1,223 (38.0%)	452 (14.1%)	512 (15.9%)	3,217
	2026	794 (27.9%)	1,104 (38.8%)	466 (16.4%)	484 (17.0%)	2,848
Region 5	2025	401 (32.3%)	461 (37.2%)	156 (12.6%)	222 (17.9%)	1,240
	2026	310 (26.1%)	489 (41.2%)	154 (13.0%)	235 (19.8%)	1,188
Region 6	2025	309 (23.3%)	511 (38.5%)	211 (15.9%)	296 (22.3%)	1,327
	2026	217 (19.9%)	417 (38.2%)	174 (15.9%)	285 (26.1%)	1,093
Region 7	2025	726 (27.6%)	1,128 (42.8%)	384 (14.6%)	396 (15.0%)	2,634
	2026	328 (21.4%)	653 (42.7%)	234 (15.3%)	316 (20.6%)	1,531
Out of State	2025	82 (35.3%)	82 (35.3%)	36 (15.5%)	32 (13.8%)	232
	2026	12 (20.3%)	29 (49.2%)	3 (5.1%)	15 (25.4%)	59

Data note: Row percentages reflect the share of scores within each region and fiscal year.

1b. Characteristics of Children and Youth Assessed Using the CANS

This section presents the demographic characteristics of children and youth who received Initial CANS assessments during SFY 2025 and SFY 2026. The information includes the age, ethnicity, and race distributions of assessed children and youth.

1b1. Ages of Children and Youth Who Had an Initial CANS



1b2. Ethnicity of Children and Youth who Received an Initial CANS

Ethnicity of Children and Youth Who Received an Initial CANS (SFY 2025–2026)[2]				
	SFY 2025 Count	**SFY 2025 (%)**	**SFY 2026 Count**	**SFY 2026 (%)**
Hispanic	2,136	17.4%	1,700	18.0%
Not Hispanic	8,605	70.2%	6,116	64.8%
Not Recorded	1,398	11.4%	1,506	16.0%
Unknown	112	0.9%	117	1.2%
Total	**12,251**	**100.0%**	**9,439**	**100.0%**

1b3. Race of Children and Youth who Received an Initial CANS

Race of Children and Youth Who Received an Initial CANS (SFY 2025–2026)[3]				
	SFY 2025 Count	**SFY 2025 (%)**	**SFY 2026 Count**	**SFY 2026 (%)**
American Indian or Alaska Native	299	2.4%	228	2.4%
Asian	67	0.5%	75	0.8%
Black/African American	537	4.4%	813	8.6%
Native Hawaiian or Other Pacific Islander	43	0.4%	42	0.4%
White/Caucasian	8,605	70.2%	6,116	64.8%
Not Recorded	2,588	21.1%	2,048	21.7%
Unknown	112	0.9%	117	1.2%
Total	**12,251**	**100.0%**	**9,439**	**100.0%**

[2] Ethnicity and race data are derived from Medicaid's eligibility file. These fields are combined in the eligibility file but are separate fields on the CANS report because of federal reporting requirements. Due to this data limitation, all youth with eligibility records showing an ethnicity other than "Hispanic" or "Caucasian" on the Medicaid's eligibility file are coded as "Not Recorded" in the CANS data.

[3] See Footnote 2.

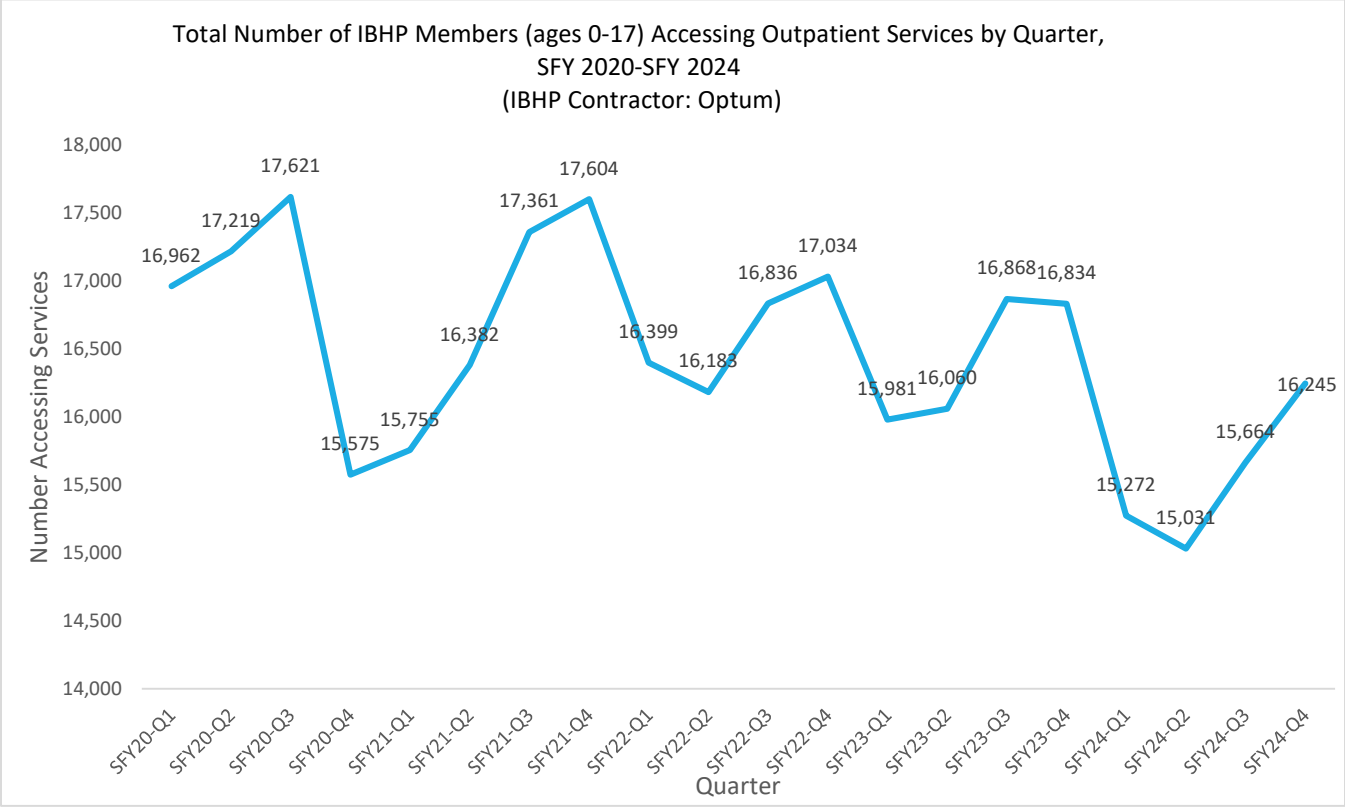
2. IBHP Services and Supports

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.

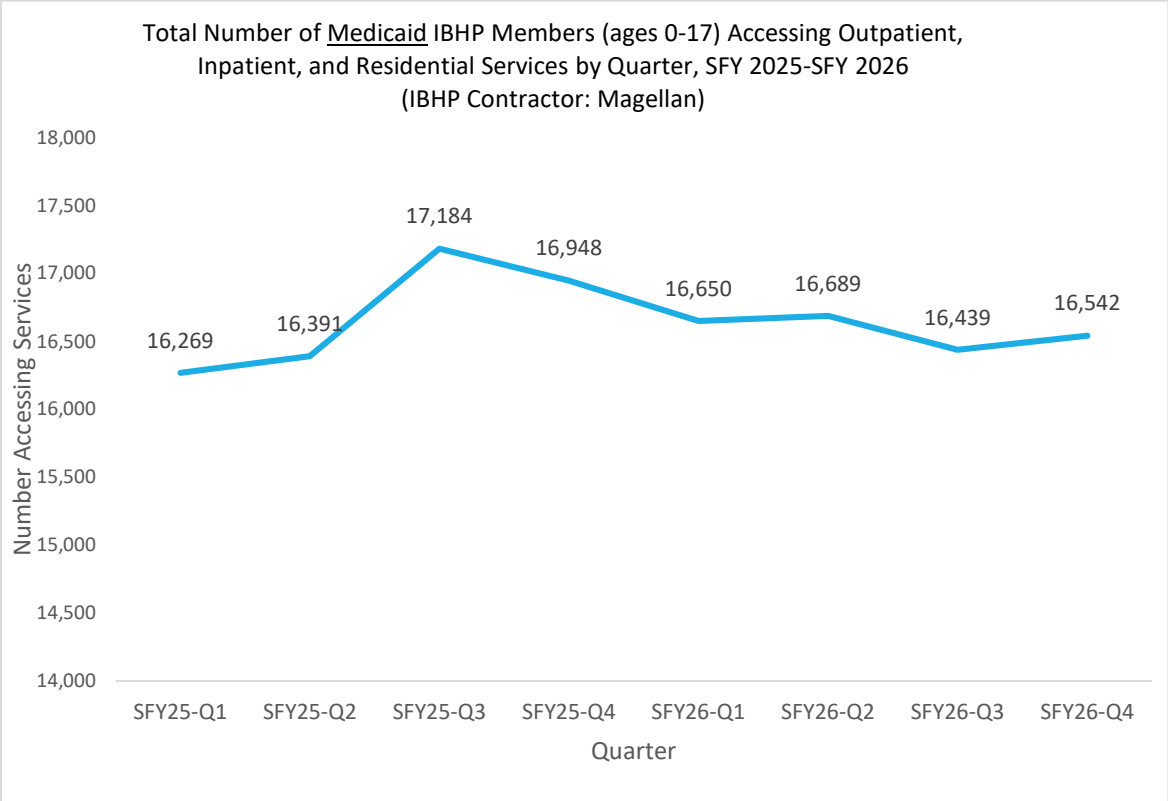
2a1: Quarterly trend of IBHP members accessing outpatient services, SFY 2020-SFY 2024[4]



[4] In Figures 2a1 and 2a2 (on pages 13 and 14) the vertical axis begins at 14,000 rather than zero to more effectively highlight data variances and trends over time.

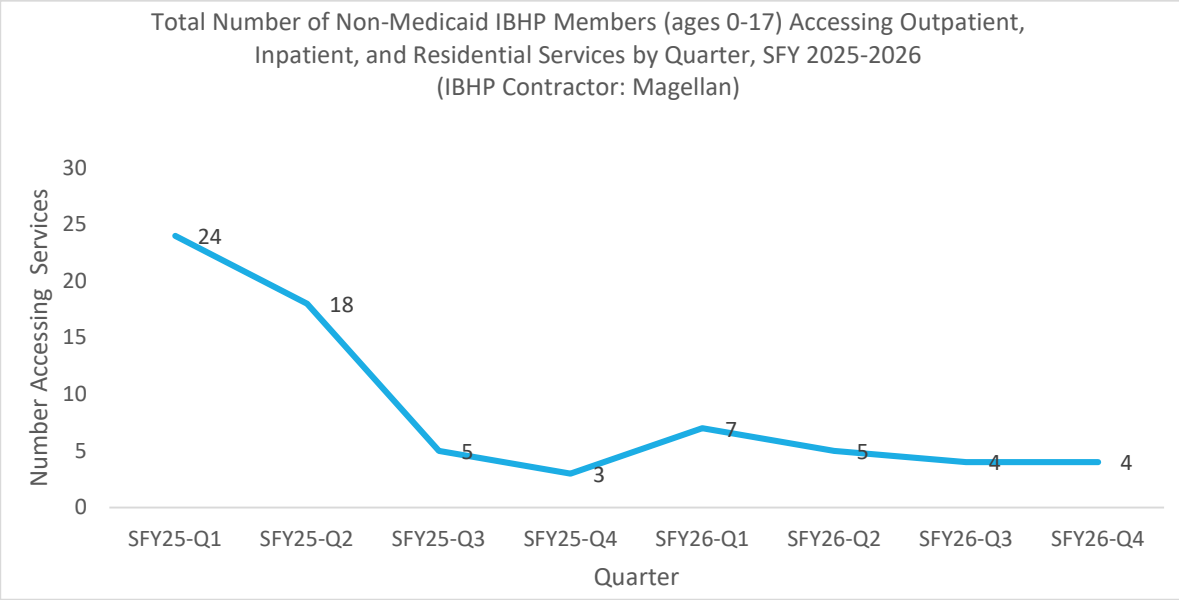
2a2: Quarterly trend of Medicaid IBHP members accessing outpatient, inpatient, and residential services, SFY 2025-SFY 2026

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

Magellan also provides inpatient, residential, and outpatient services to Non-Medicaid IBHP Members. The figure below provides quarterly statewide distinct utilizer counts of non-Medicaid IBHP members who accessed IBHP outpatient, inpatient, and residential services between SFY 2025 and the current reporting period.[5]



[5] These totals reflect the number of non-Medicaid Magellan members who have utilized behavioral health services and do not include non-Medicaid crisis center utilization totals (those totals are available in Table 2f1 below). Crisis centers are available to the general population and do not require individuals to report their insurance coverage when accessing services. As a result, crisis center utilization data cannot be reliably attributed to non-Medicaid members, as individuals with Medicaid or private insurance coverage may be included in the non-Medicaid count if they did not report their coverage at the time of service.

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 Medicaid utilizer count of youth served by the Medicaid eligible youth population.[6]

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 17).

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%

[6] 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

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				
IBHP Contractor	**SFY and Quarter**	**Total Distinct Utilizers**	**Total Medicaid Eligible Youth**	**Penetration Rate**
Magellan	SFY2025-Q1	16,269	164,905	9.9%
	SFY2025-Q2	16,391	163,147	10.0%
	SFY2025-Q3	17,184	163,556	10.5%
	SFY2025-Q4	16,948	160,245	10.6%
	SFY2026-Q1	16,650	157,775	10.6%
	SFY2026-Q2	16,689	155,540	10.7%
	SFY2026-Q3	16,439	153,582	10.7%
	SFY2026-Q4	16,542	153,378	10.8%

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

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. 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 counts are based on a 12-month distinct utilizer rolling total (July 2025 - June 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.
- Appendix C includes annual statewide and regional Medicaid-eligible member counts from SFY 2022 through SFY 2026. These numbers serve as the denominators used to calculate annual service utilization rates.
- SFY2026-Q4 quarterly, three-month distinct utilizer counts for all YES services and supports are provided in Appendix D to maintain continuity with previous (prior to SFY 2026-Q3) QMIA-Q reports.

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					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Assessments	Service not included in Optum's QMIA report			867	1,060
				0.5%	0.6%
Behavior Modification and Consultation Assessment[7]	160	229	--	349	284
	0.1%	0.1%	--	0.2%	0.2%
CANS	13,008	12,626	--	12,511	12,958
	5.9%	5.6%	--	6.8%	7.3%
Psych and Neuropsych Testing	2,526	2,201	--	3,272	3,500
	1.2%	1.0%	--	1.8%	2.0%
Comprehensive Diagnostic Assessment/Psychiatric Diagnostic Assessment[8]	Service not included in Optum's QMIA report			15,971	15,905
				8.6%	9.0%

[7] 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 10.

[8] The reporting of this service involves two billing codes – the code associated with Comprehensive Diagnostic Assessment (CDA) and a code associated with Psychiatric Diagnostic Assessment (PDA). PDA is often, but not always, associated with Medication Management.

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[9]					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Behavior Modification and Consultation[10]	155	264	--	383	328
	0.1%	0.1%	--	0.2%	0.2%
Behavioral Intervention (BI)	Prior to December 2025, BI was not a YES Service (see footnotes 10 and 11 below)				*SFY 2026 Q4* 1,604[11]
Case Management	Billing code grouping differences between Optum and Magellan QMIA reports			3,853	4,295
				2.1%	2.4%
Child and Family Team (CFT)	408	446	--	415	404
	0.2%	0.2%	--	0.2%	0.2%
Medication Management	Billing code grouping differences between Optum and Magellan QMIA reports			7,096	7,117
				3.8%	4.0%
Psychotherapy Services	Billing code grouping differences between Optum and Magellan QMIA reports			19,280	19,636
				10.4%	11.1%
STAD	259	267	--	258	260
	0.1%	0.1%	--	0.1%	0.1%
Skills Building/CBRS	Billing code grouping differences between Optum and Magellan QMIA reports			5,084	4,983
				2.8%	2.8%

[9] 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.

[10] 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.

[11] BI data are provided by the CHIS program and are reported monthly and quarterly. Quarterly data represent the number of distinct youths who utilized services during each three-month period. BI replaced BMC in December 2025; therefore, data available for the SFY 2026 Q4 report included December 2025 data and two full quarters of BI data covering January through March 2026 (Q3) and April through June 2026 (Q4). In December 2025, 1,050 youth received BI. During SFY 2026 Q3 (January – March 2026), 1,655 distinct youth utilized BI. In SFY 2026 Q4, 1,604 distinct youth utilized BI. Other service data in the table are reported as annual figures based on rolling 12-month totals. However, BI has not been available as a YES service for a full 12-month period. Additionally, calculating annual utilization for BI would not be appropriate because the available BI data covers a shorter reporting period and are not directly comparable to the 12-month rolling totals reported for other services.

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					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Crisis Center	Service not included in Optum's QMIA report			602	706
				0.3%	0.4%
Crisis Intervention	345	343	--	312	413
	0.2%	0.2%	--	0.2%	0.2%
Crisis Psychotherapy	472	528	--	512	498
	0.2%	0.2%	--	0.3%	0.3%
Crisis Response	110	115	--	57	63
	0.1%	0.1%	--	0.0%	0.0%

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[12]					
	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	34
				0.0%	0.0%
IHCBS-MST	Billing code grouping differences between Optum and Magellan QMIA reports			27	44
				0.0%	0.0%
IHCBS-TBS	0	7	--	114	143
	0.0%	0.0%	--	0.1%	0.1%
IHCBS – Other EB Modality	Billing code grouping differences between Optum and Magellan QMIA reports			76	96
				0.0%	0.1%
IHCBS – All	60	87	195	Billing code grouping differences between Optum and Magellan QMIA reports[13]	
	0.0%	0.0%	0.1%		
Intensive Outpatient Program (IOP)	354	640	--	538	535
	0.2%	0.3%	--	0.3%	0.3%
Parenting with Love and Limits (PLL)	Service not billed through Optum			56	133
				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	56
	0.0%	0.0%	--	0.1%	0.0%
Wraparound	Service not billed through Optum			138	268
				0.1%	0.2%

[12] 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.

[13] 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					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Family Psychoeducation	212	148	--	122	106
	0.1%	0.1%	--	0.1%	0.1%
Family Support	Billing code grouping differences between Optum and Magellan QMIA reports			242	551
				0.1%	0.3%
Respite	715	656	--	585	513
	0.3%	0.3%	--	0.3%	0.3%
Youth Support	574	475	--	640	979
	0.3%	0.2%	--	0.3%	0.6%

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					
	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	690
				0.4%	0.4%
Interpretative Services	Service not included in Optum's QMIA report			1,194	1,459
				0.6%	0.8%

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

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

Statewide Distinct Utilizer Counts of Medicaid Members Accessing Inpatient Services (and Associated Utilization Rates), SFY 2022 – SFY 2026					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
Inpatient[14]	1,821	1,438	1,399	1,225	1,132
	0.8%	0.6%	0.7%	0.7%	0.6%

[14] Inpatient services were not included in the IBHP contract in SFYs 2022-2024. During this period, Medicaid was responsible for reimbursing behavioral health inpatient services directly, and not through a contractor.

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

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					
	SFY 2022	**SFY 2023**	**SFY 2024**	**SFY 2025**	**SFY 2026**
PRTF	Comparable unduplicated historic data is not presently available			239	329
				0.1%	0.2%
RTC	Comparable unduplicated historic data is not presently available			101	121
				0.1%	0.1%

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

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:

- Not all YES service categories were utilized by non-Medicaid members during this reporting period. Only those that were utilized 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		
	SFY 2025	**SFY 2026**
Assessments	1	1
CANS	0	1
Comprehensive Diagnostic Assessment/Psychiatric Diagnostic Assessment	1	3
Case Management	1	1
Child and Family Team (CFT)	0	1
Medication Management	1	1
Psychotherapy Services	2	5
Skills Building/CBRS	1	2
Crisis Center	208	172
Crisis Intervention	0	1
Intensive Outpatient	0	1
Parenting with Love and Limits (PLL)	0	1
Partial Hospitalization	0	1
Wraparound	0	1
Youth Support	1	2
ESMI	3	1

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

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

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

2h1. 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		
	SFY 2025	**SFY 2026**
PRTF	7	2
RTC	16	1

3. IBHP Claims Payment

The tables in this section utilize claims payment data based on the 12-month SFY 2026 rolling total (July 2025–June 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 total 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 Rolling 12 Month Total				
	Total Claims Paid	**Outpatient Claims Paid**	**Inpatient Claims Paid**	**Residential Claims Paid**
Region 1	$17,403,635.31	$10,069,187.74	$2,001,189.29	$5,333,258.28
Region 2	$6,627,260.25	$2,789,637.73	$1,068,294.07	$2,769,328.45
Region 3	$29,124,921.88	$14,832,182.00	$4,151,949.98	$10,140,789.90
Region 4	$52,381,542.96	$34,707,498.40	$6,195,686.83	$11,478,357.73
Region 5	$15,470,495.90	$9,164,076.17	$1,564,249.86	$4,742,169.87
Region 6	$15,084,983.44	$8,585,389.32	$1,620,152.25	$4,879,441.87
Region 7	$22,067,712.76	$15,038,429.51	$2,372,773.79	$4,656,509.46
Region 9/OOS	$1,173,578.65	$495,032.44	$258,166.84	$420,379.37
Total	$159,334,131.15	$95,681,433.31	$19,232,462.91	$44,420,234.93
% of Total Claims Paid	**100.0%**	**60.1%**	**12.1%**	**27.9%**

3a2: Regional comparison of <u>total</u> claims paid by eligible Medicaid member

Regional Comparison of Total Claims Paid by Eligible Medicaid Member, SFY 2026 Rolling 12 Month Total					
	Total Eligible Members	**Total Claims Paid**	**$ per Distinct Eligible Member**	**% Eligible Members**	**% Total Claims Paid**
Region 1	21,102	$17,403,635.31	$825	11.9%	10.9%
Region 2	7,302	$6,627,260.25	$908	4.1%	4.2%
Region 3	38,257	$29,124,921.88	$761	21.7%	18.3%
Region 4	36,359	$52,381,542.96	$1,441	20.6%	32.9%
Region 5	23,964	$15,470,495.90	$646	13.6%	9.7%
Region 6	19,168	$15,084,983.44	$787	10.9%	9.5%
Region 7	27,265	$22,067,712.76	$809	15.4%	13.8%
Region 9/OOS	3,231	$1,173,578.65	$363	1.8%	0.7%
Total	176,648	$159,334,131.15	$902	100.0%	100.0%

What is this data telling us?

Expenditures are not evenly distributed relative to regional enrollment. Dollar amounts spent vary dramatically, with as little as $646 per eligible member in Region 5 and as much as $1,441 per eligible member in Region 4. Ideally, regional percentages of eligible members 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 eligible 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 eligible 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 Rolling 12 Month Total				
	Total Claims Paid	**Outpatient Claims Paid**	**Inpatient Claims Paid**	**Residential Claims Paid**
Region 1	$9,444.24	$4,573.43	$0	$4,870.81
Region 2	$15,747.30	$0.00	$0	$15,747.30
Region 3	$221,671.56	$2,898.31	$0	$218,773.25
Region 4	$280,152.55	$0.00	$0	$280,152.55
Region 5	$54,776.71	$0.00	$0	$54,776.71
Region 6	$84,528.61	$14,798.85	$0	$69,729.76
Region 7	$111,601.32	$13,667.78	$0	$97,933.54
Region 9/OOS	$4,870.81	$0.00	$0	$4,870.81
Total	$782,793.10	$35,938.37	$0	$746,854.73
% of Total Claims Paid	**100.0%**	**4.6%**	**0.0%**	**95.4%**

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

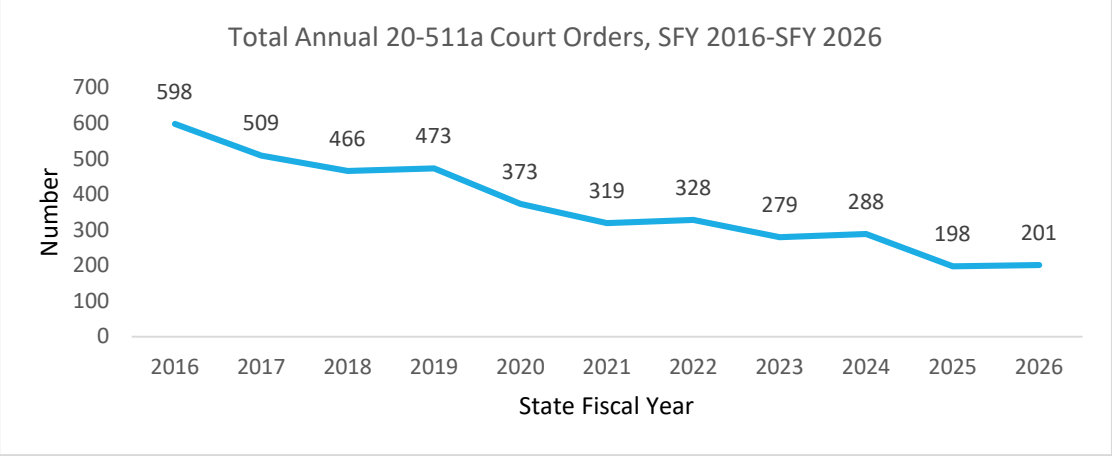
Annual Total 20-511a Court Orders with Associated Monthly Averages, SFY 2016-SFY 2026[15]

	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	44	11	4	36	73	1	32	201	1.5%	17

What is this data telling us?

The number of 20-511a court orders is trending downward. The largest recent drop came in SFY 2025, when court orders fell by more than 30%; in SFY 2026, the count held roughly flat (up 1.5%). Reflective of the general decline in the number of 20-511a court orders that began in SFY 2017, in SFY 2026, there were 201 20-511a 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



[15] 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 DBH CMH Vouchered Respite program provides short-term, temporary respite to parents and caregivers of youth with serious emotional disturbance. Respite may be provided by friends, family members, or other trusted individuals within the family's natural support system. The definition of *natural support* was expanded in SFY 2024, giving families more flexibility in choosing trusted individuals who can provide respite and help build on the youth's strengths.

Through the voucher program, families select and pay a respite provider directly and are subsequently reimbursed by DBH's contractor, BPA Health. Families may receive a voucher of up to $600 for a six-month period per child, with up to two vouchers available per child each year.

4b1: Vouchers Issued by Region

Respite Vouchers Issued by Region, SFY 2023-SFY 2026								
	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	24	28	64	172	8	47	310	653

Vouchered Respite utilization varied considerably across regions during SFYs 2023–2026. Statewide utilization remained relatively stable through SFY 2025 before increasing substantially in SFY 2026, when 653 vouchers were issued—the highest level during the four-year period.

Vouchered Respite is promoted to families and providers through several ongoing efforts:

- Information is available on the following websites:
  - YES (Youth Empowerment Services)
  - BPA Health (Idaho Respite Care)
  - Magellan of Idaho (Covered Services for Youth)
- BPA Health has shared information about respite through presentations and outreach, including:
  - Regional Children's Mental Health Subcommittees (Regions 1–3)
  - Idaho Behavioral Health Council meetings
  - Stronger Together Conference
  - Idaho Conference on Alcohol and Drug Dependency (ICADD) conference exhibit table
- The CMH Team partnered with the Transformational Collaborative Outcomes Management (TCOM) Team to include Vouchered Respite concepts in the initial CANS training. While this is not a Vouchered Respite training, it helps providers recognize when a youth has an actionable respite need and understand how Vouchered Respite may support families.

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[16]

SHS/SHW Admissions by Month, Average Monthly Admissions, and Unduplicated Total Admissions, SFY 2020–SFY 2026														
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 (SHW)	12	9	7	6	5	6	7	7	11	13	11	12	8.8	56

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

What is this data telling us?

The lower number served at SHW compared to SHS is in part due to the 16-bed capacity of SHW. In its first full fiscal year of operations (SFY 2022), SHW's average monthly admissions (13.5) approached the facility's 16-bed capacity. However, SHW admissions in state fiscal years 2023 and 2024 were limited due to facility issues (e.g., nursing station inadequacy) and staffing resources. Corrections to facility and staffing issues facilitated increased admissions in SFY 2025. However, those gains were not maintained during SFY 2026.

[16] 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.

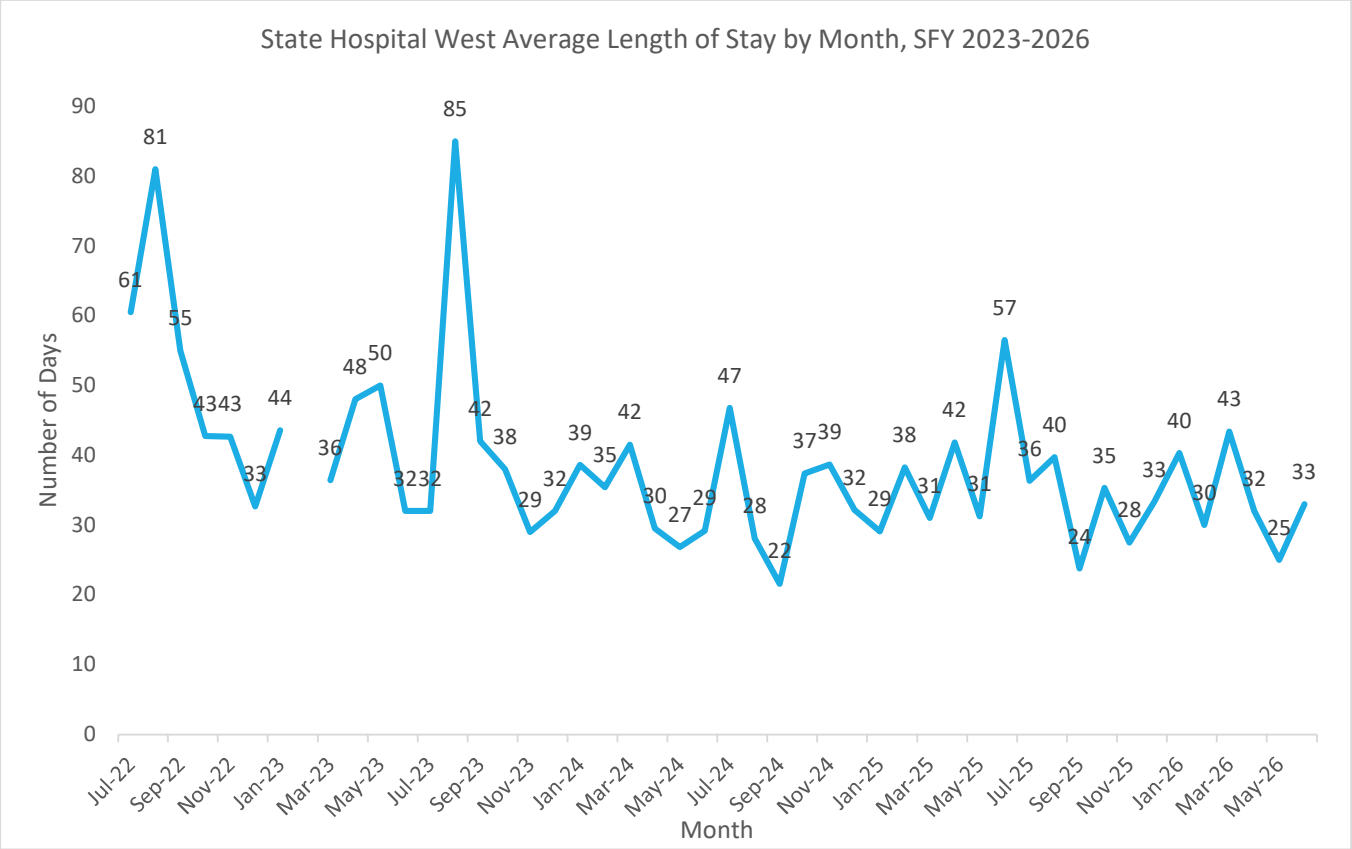
4c2: SHS/SHW Readmission Incidents

SHS/SHW Readmission Incidents Across Readmission Ranges based on Days, SFY 2017–SFY 2026[17]										
	State Fiscal Year									
Range of Days to Readmission	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**
30 days or less	0	0	0	1	0	2	1	0	1	2
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	4

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 two during SFY 2026. During SFY 2026, there were seven readmission incidents across all ranges 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.

[17] 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 to include newly available data for SFYs 2025 and 2026. The section now includes utilization data for Magellan ICC, delivered by Magellan clinical staff, and Wraparound, delivered via the Magellan provider network.[18]

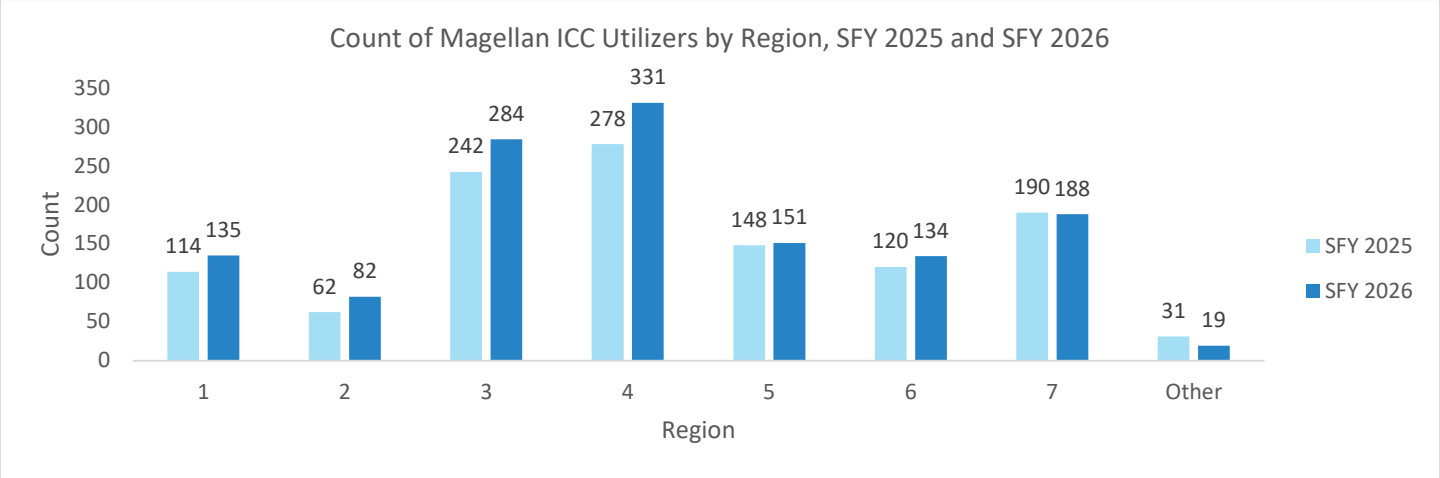
5a. Magellan ICC

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 both SFYs 2025 and 2026 became available facilitating the reporting below and allowing for year-over-year comparisons.

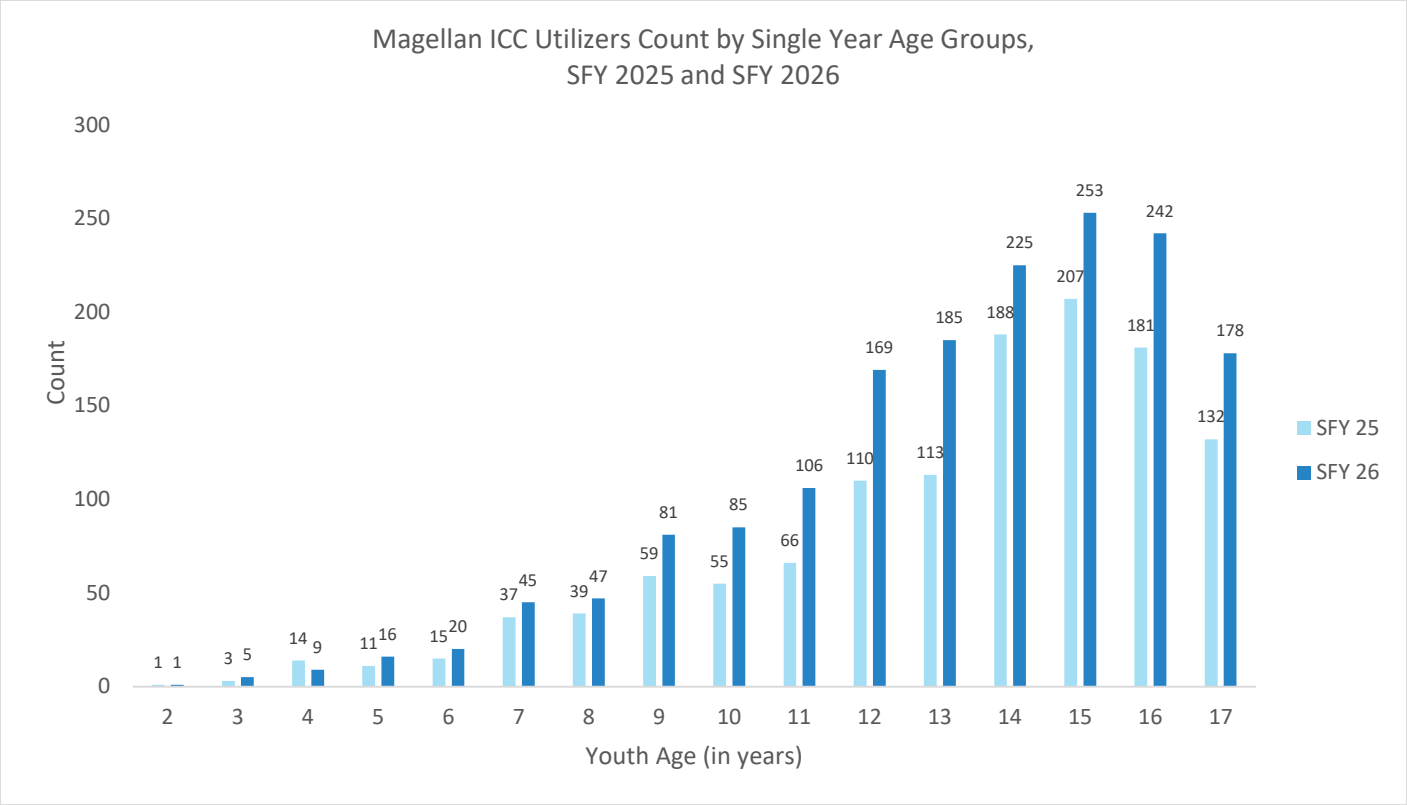
Magellan ICC Key Metrics, SFY 2025 and SFY 2026		
	SFY 2025	**SFY 2026**
Statewide Count of Youth Utilizing ICC (deduplicated)	1,184	1,316
Average Length of Service: All Cases	Data not currently available	291 days (n = 1,316)

5a1. Magellan ICC Utilizers by Region



[18] 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

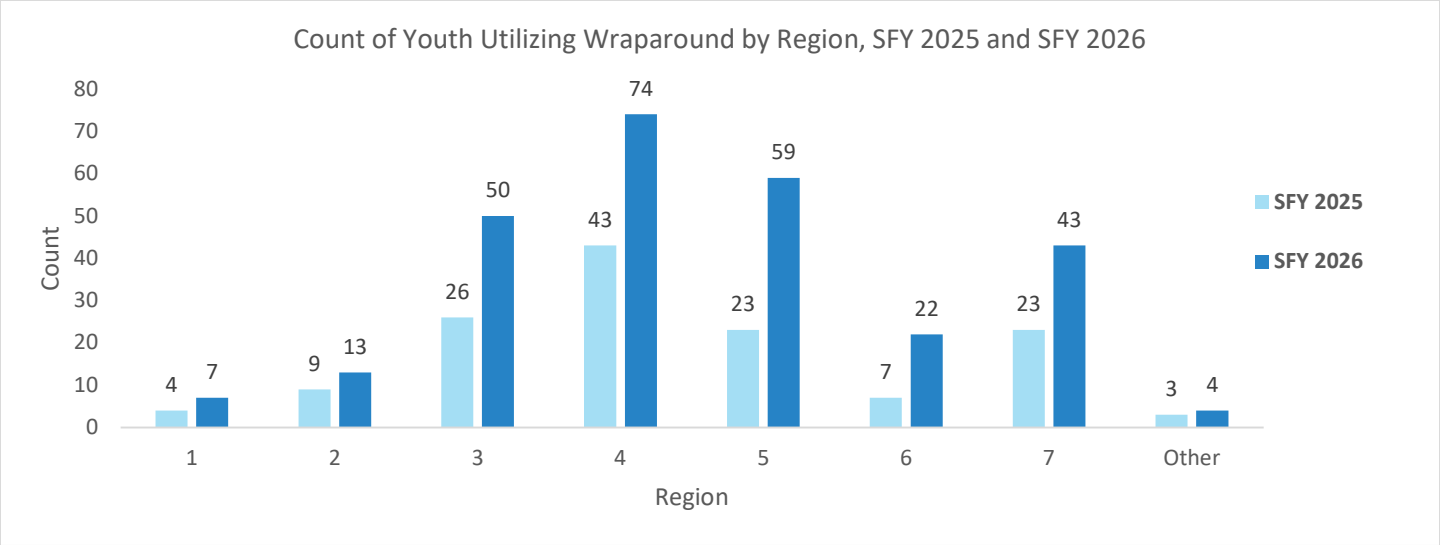


5b. Wraparound

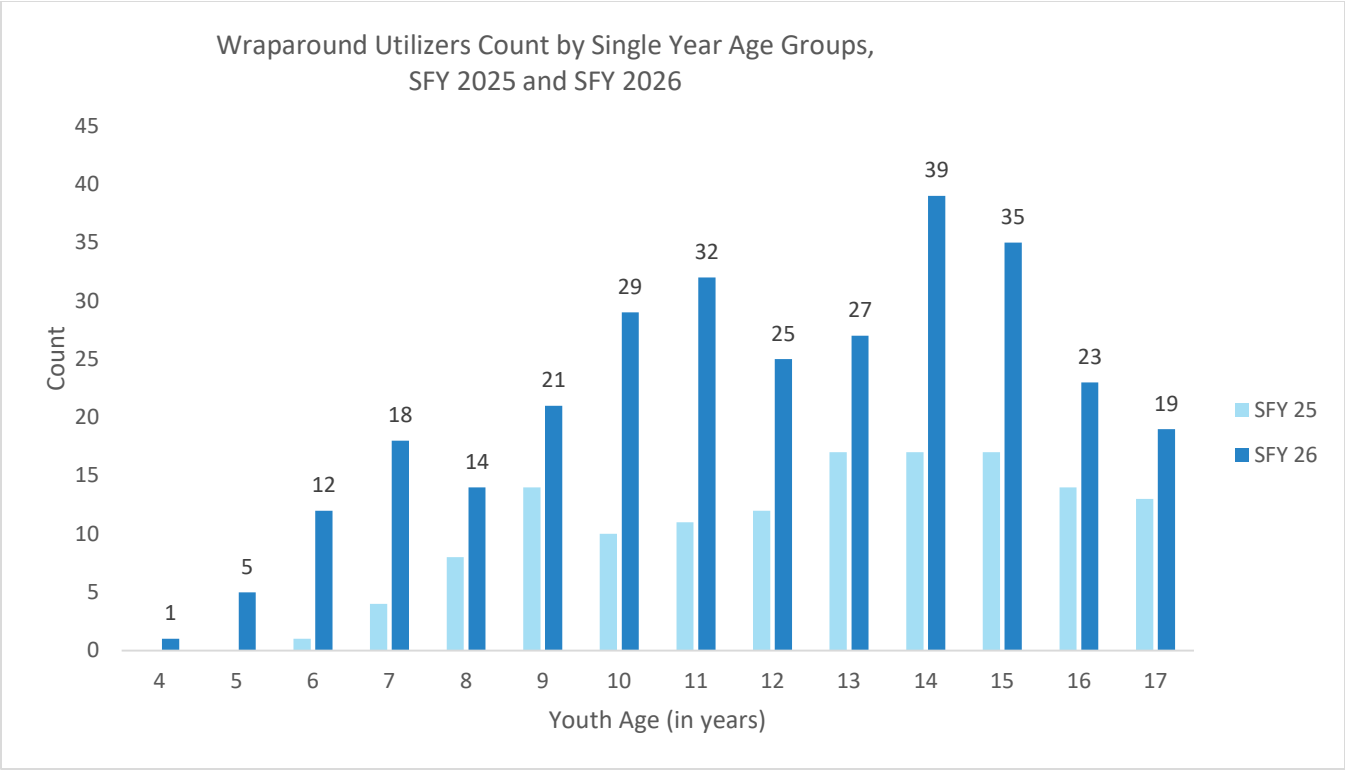
Newly available, disaggregated SFYs 2025 and 2026 Wraparound data enable the detailed reporting below and allow year-over-year comparisons.

Wraparound Key Metrics, SFY 2025 and SFY 2026		
	SFY 2025	**SFY 2026**
Statewide Count of Youth Utilizing Wraparound (deduplicated)	138	272
Average Length of Service: All Cases	Data not currently available	153 days (n = 272)
Count of Youth Authorized for Wraparound but not Currently Utilizing	17	18

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 and SFY 2026		
	SFY 2025 Count (Percent) of Initial Requests	**SFY 2026 Count (Percent) of Initial Requests**
Initial Requests Approved	572 (72%)	411 (55%)
Initial Requests Denied	124 (16%)	207 (28%)
Initial Requests Withdrawn/Closed	95 (12%)	128 (17%)
Total Initial Requests	**791 (100%)**	**746 (100%)**
	SFY 2025 (All Quarters) Count (Percent) of Concurrent Requests	**SFY 2026 (All Quarters) Count (Percent) of Concurrent Requests**
Concurrent Request Approvals	1,259 (94%)	2,028 (94%)
Concurrent Request Denials	30 (2%)	45 (2%)
Concurrent Request Closures	52 (4%)	93 (4%)
Total Concurrent Requests	**1,341 (100%)**	**2,166 (100%)**
Total Residential Requests (Initial and Concurrent)	**2,132**	**2,912**

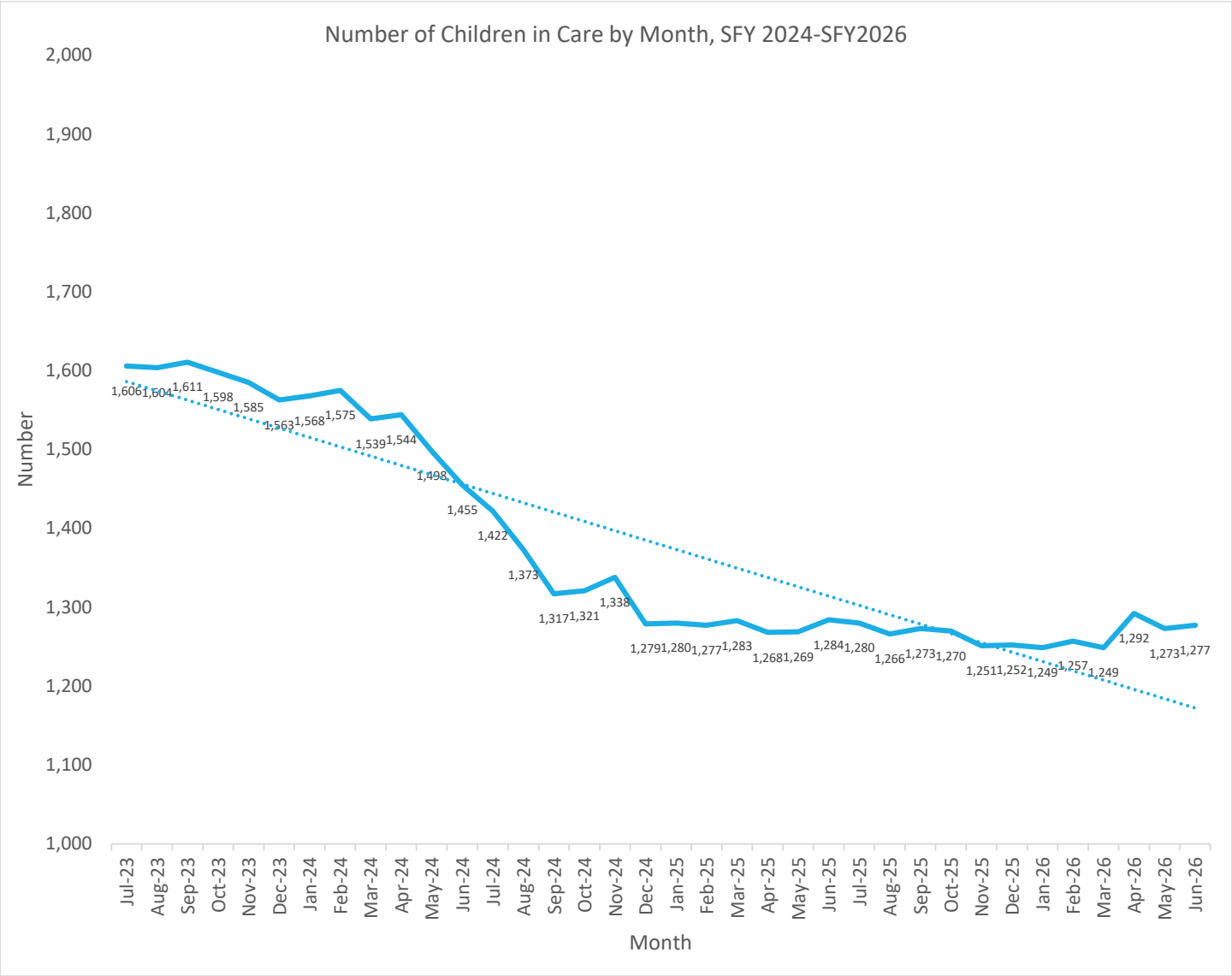
What is this data telling us?

Denial rates for PRTF/RTC initial requests rose from 16% in SFY 2025 to 28% in SFY 2026. In contrast, the denial rate for *concurrent* requests in SFY 2026 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.

7. YES Partners Information

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

7a1: Number of Children in Care by Month Since July 2023[19]



Data notes: The chart above illustrates the total number of children and youth in care, 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 in care declined from about 1,600 in mid-2023 to about 1,280 by December 2024 and has held roughly flat since then, ranging from 1,249 to 1,292. The lowest count, 1,249, occurred in both January and March 2026. The dotted line in the figure above shows the overall trend across the full period. In the fourth quarter of SFY 2026, the number increased modestly.

[19] 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

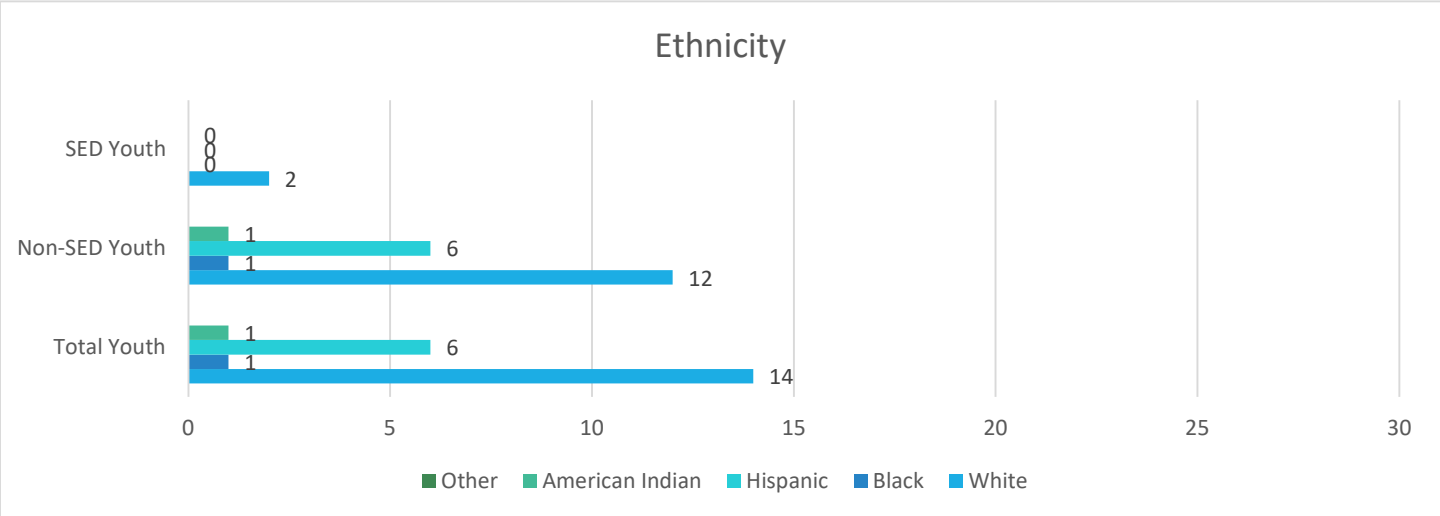
When a youth is committed to IDJC, they are thoroughly assessed in the Observation and Assessment (O&A) units during the initial duration of their time in commitment. During O&A, best practice assessments (including determining SED status via documentation provided by system partners) determine the risks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

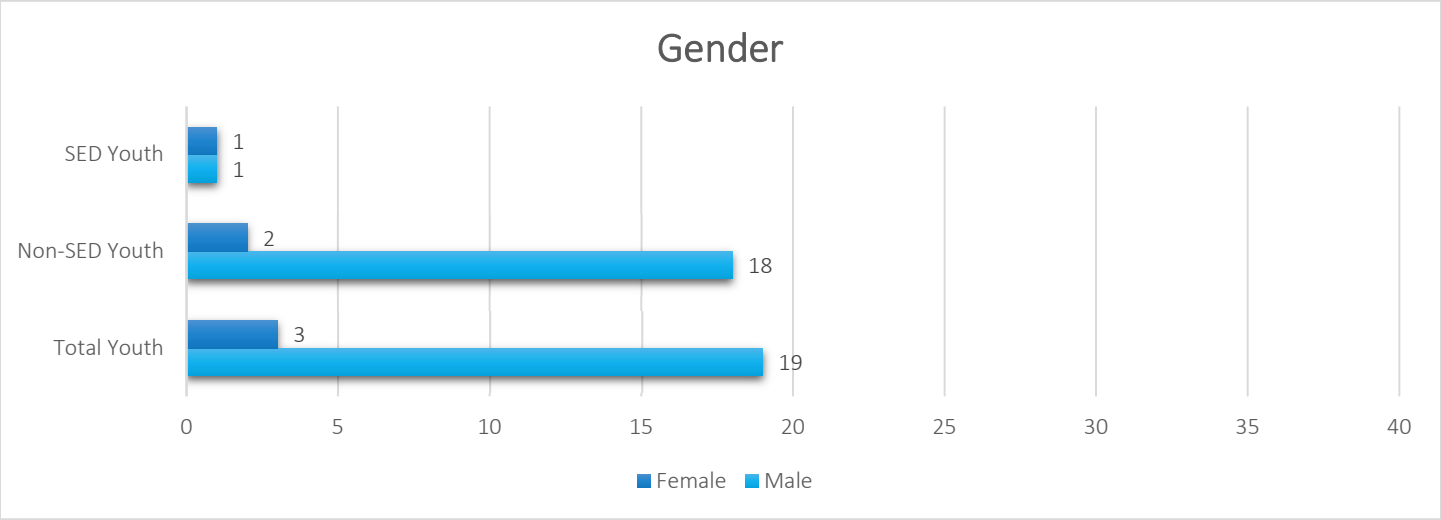
Once a youth has completed treatment and the risk to the community has been reduced, the juvenile is most likely to return to county probation. Each juvenile's return to the community is associated with a plan for reintegration that requires the juvenile and family to draw upon support and services from 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 Q4 Report[20]

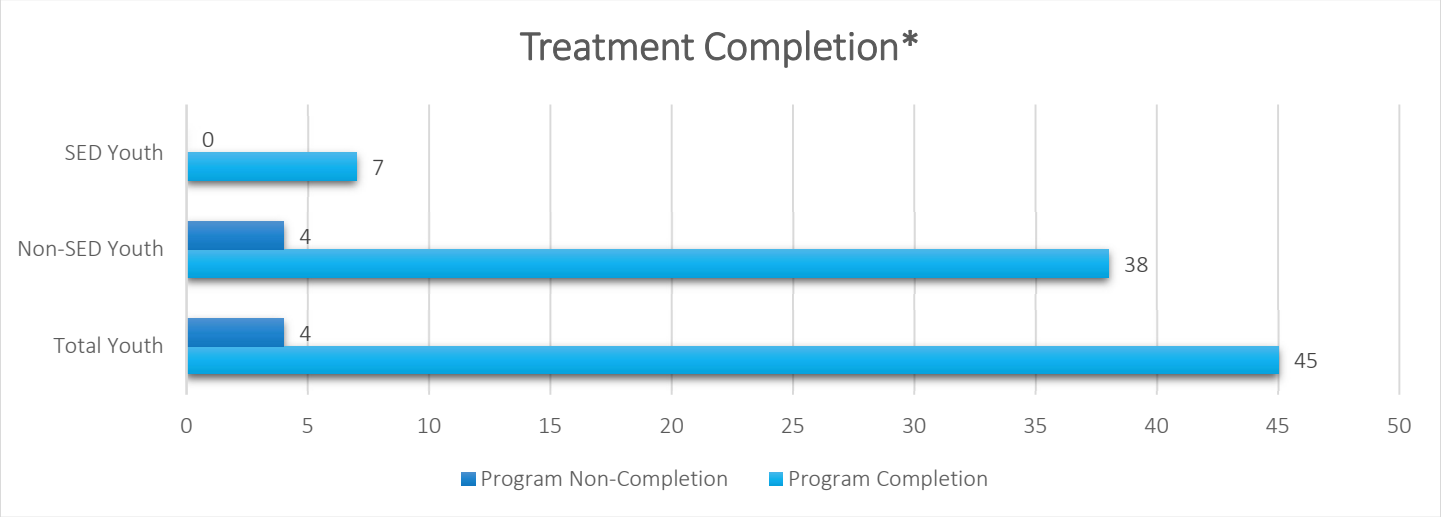
The graphs below compare ethnicity and gender between all youth and SED youth committed to IDJC from April 1 to June 30, 2026.

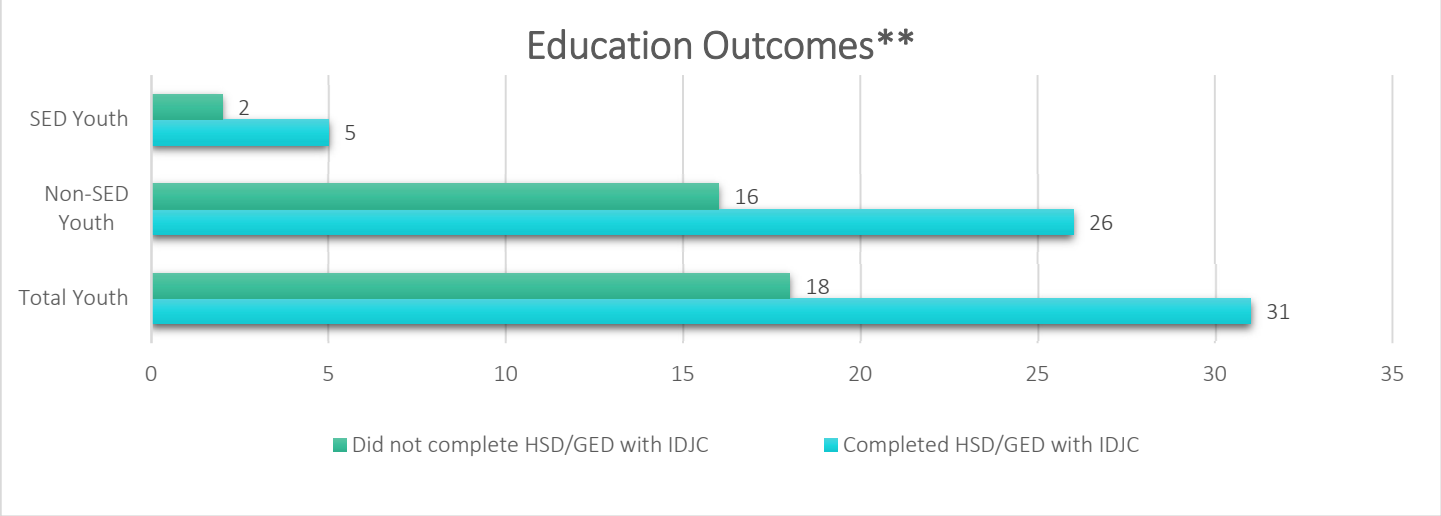


[20] Graphs in this portion of the report are provided by IDJC.



The graphs below compare positive youth outcomes between all youth and SED youth released from IDJC between April 1 and June 30, 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 those under 18 who 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.

8a1: Q-FAS 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)
School issues	Too long to get an Individualized Education Program (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 without 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 177 YES complaints were received in 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.

8b1. YES Complaints by State Fiscal Year and Entity[21]

YES Complaints by Entity, SFY 2022-SFY 2026 (Q1-Q2)											
SFY	**YES CCT[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	19[d]	4[d]	28[d]	[c]	[c]	99	0	27	0	-	177[d]

Data and Table Notes:

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

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

[c] As of SFY 2025, inpatient services that were managed by Telligen and residential treatment services that were previously managed collaboratively by the Medicaid EPSDT Team and Telligen are now managed by Magellan. Complaints related to these services are now captured in the Magellan portion of the table. Telligen now manages Behavioral Intervention services, and their portion of the table currently captures any complaints related to those services.

[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 CCT and Magellan. Those complaints were counted in both teams' totals and in the overall total.

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 (KQPMs), b) YES Family Experience Survey, and c) YES Quality Review (QR).

9a. YES Family Survey

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 YES Family Survey concluded in mid-May 2026. The survey includes a set of 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 following table lists the Family Experience quality measures that the QMIA Council determined are YES KQPMs. The final column indicates the 2026 status of each measure according to the following Quality Targets for YES practice for Family Survey KQPMs:

- 85 - 100% Established (8 measures fit criteria in 2026 / 6 measures fit criteria in 2025)
- 75 - 84% Evolving (7 measures fit criteria in 2026 / 9 measures fit criteria in 2025)
- 65 - 74% Emerging (4 measures fit criteria in 2026 / 4 measures fit criteria in 2025)
- < 65% Needs Improvement (2 measures fit criteria in 2026 / 0 measures fit criteria in 2025)

[21] 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.

YES Family Survey KQPMs 2024-2026 Results with 2026 Quality Target Status					
Performance Metric	**Family Survey Measure**	**Annual Results**			**Status (2026)**
		2024	**2025**	**2026**	
Are services available timely?	Family can easily access the services child needs	69%	72%	74%	Emerging
	Meetings occur at times and locations that are convenient	85%	87%	86%	Established
Are children getting access to care in the scope, duration and intensity needed?	Provider makes suggestions about what services might benefit child/youth	77%	78%	77%	Evolving
	Provider suggests changes when things aren't going well	74%	77%	76%	Evolving
	Provider leads discussion of how to make things better when services are not working	69%	72%	71%	Emerging
	Provider helped make a safety/crisis plan	63%	-	62%	Needs Improvement
	I feel confident that child/youth's safety/crisis plan will be useful	63%	-	64%	Needs Improvement
Are services provided with fidelity to YES Principles of Care?	Provider encourages me to share what I know about my child/youth	87%	87%	88%	Established
	The goals we are working on are the ones I believe are most important	91%	91%	91%	Established
	My child and I are the main decision makers	83%	83%	86%	Established
	Provider respects me as an expert on my child/youth	88%	87%	88%	Established
	The assessment completed by the provider accurately represents my child/youth	82%	85%	86%	Established
	My youth/child is an active participant in planning services	67%	71%	73%	Emerging
	My child/youth has the opportunity to share his/her own ideas when decisions are made	82%	83%	86%	Established
	I know who to contact if I have a concern or complaint about my provider	68%	68%	70%	Emerging
	Services focus on what my child/youth is good at, not just problems	84%	85%	86%	Established
	Provider discusses how to use things we are good at to overcome problems	76%	77%	79%	Evolving
	Collaborative/Team-Based Care	75%	77%	79%	Evolving
	Care is outcome-based	75%	80%	79%	Evolving
Are services provided through Child and Family Teaming?	Families were able to participate in child's mental health services as much as they want	82%	83%	83%	Evolving
	The provider communicates as much as needed with others involved in my child's care	75%	76%	79%	Evolving

10. YES Performance Improvement Projects (PIPs) with Updates for the Current Reporting Period

Many YES PIPs continue to be actively focused on during state fiscal year (SFY) 2026 Q4. 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, SFY 2026 Q2, and SFY 2026 Q3 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.

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 4. To ensure this report remains concise and impactful, only those PIPs with substantial progress or narrative updates during this period are detailed below. However, a comprehensive list of all PIPs for this State Fiscal Year—including their specific goals and measures of success is available for review in Appendix E. Appendix F includes the complete, detailed report for the Intensive Care Coordination (ICC) PIP. Appendix G includes the complete, detailed Wraparound PIP.

10a. PIP Focus Areas

- Child and Adolescent Needs and Strengths (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)
- Intensive Home and Community-Based Services (DBH)
- Mental Health Care for Target Population: Foster Care (CYFS)
- Residential Treatment (IBHP-GB, Magellan)
- Wraparound (DBH)

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-Q4: DHW and Magellan continue to collaborate on the Authorization for Use and Disclosure process to provide access to historical CANS records. Magellan is also troubleshooting and working to simplify steps within their Outcome and Assessment System to ensure CANS records appear in the Magellan member portal.

10c. Child and Family Teams (CFT) PIP

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

SFY 2026-Q4: CFTs continue to occur across both Intensive Care Coordination (ICC) options: community Wraparound providers and Magellan ICC. These CFTs are aligned with the YES Principles of Care and Practice Model. IBHP-GB's Clinical and Quality Team conducts auditing of CFTs, taking into consideration youth and family voice and choice.

Magellan's Clinical Team's CFT training for providers has received additional feedback from IDHW and stakeholders and will undergo a final review before going out to the provider network. The goal of the 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.

10d. Combined Initiative: Wraparound and Out-of-Home Placements PIP

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

SFY 2026-Q4: No updates have occurred, as information is received on an annual basis. This is a Magellan-specific PIP as required by CMS and utilized in the External Quality Review (EQR) Process. Magellan continues to analyze their data and work through the EQR process with IBHP-GB, Medicaid, and the EQR organization (EQRO).

10e. Interagency Clinical Team (ICT) Transition PIP

Completed, Update Provided for Current Reporting Period, First Reported in SFY 2025-Q1

SFY 2026-Q4: All materials have been updated to reflect the transition from Quick Reaction Team (QRT) to Interagency Clinical Team (ICT), including the website.

In the months of April, May, and June 2026, there were a total of 12 ICT referrals. Some youth and families' needs were able to be supported by Urgent Child and Family Team (CFT) meetings. Others were complex in nature and required the ICT. During this timeframe, the ICT process provided opportunities for cross-system collaboration to meet youth and family's needs. This process helped support both Medicaid and Non-Medicaid youth and families.

This PIP is **complete.**

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-Q4: In an effort to provide continued transparency and clarity regarding the IPUL Honorarium Process, at the IGT Meeting on April 8, 2026, IPUL shared the IPUL Advisor Orientation Packet with the IGT members. IPUL also shared an IPUL Honorarium Program presentation, gathered questions, and provided follow-up answers during the Family and Advocacy Meeting (FAM) Subcommittee Meeting on April 23, 2026.

Additionally, on June 11, 2026, the Department, in collaboration with Idaho Parents Unlimited (IPUL) published the DHW Protocol for Youth Empowerment Services (YES) Advisor Reimbursement Approval and the YES Advisor Honorarium Approval & Coordination Process. Both documents are available on the IPUL website (IPUL's Programs > Behavioral Health – YES > YES – More Resources) and have been added to the IPUL Advisor

Orientation Packet. Pathway 1 in the YES Advisor Honorarium Approval & Coordination Process was reviewed by the IGT Chair, Brittany Shipley, and the IGT Project Coordinator, Megan Schuelke, to ensure alignment with IGT practices.

During Quarter 3, the IPUL Honorarium Program continued to grow as an integral component of family engagement within the YES System of Care. IPUL supported five advisors who collectively participated in more than 45 meetings across statewide advisory groups, committees, and workgroups. IPUL also coordinated honoraria reimbursements and travel reimbursements for advisors, helping reduce financial barriers associated with statewide participation and ensuring families from across Idaho could continue contributing their perspectives. This quarter also marked an expansion of advisor participation into new areas of system development, for example the newly established School-Based Mental Health Workgroup. By supporting family participation from the outset, IPUL helped ensure lived experience would inform discussions and recommendations as this important statewide initiative develops.

The Interagency Governance Team (IGT) is a collaborative governance structure of Defendants' agencies, Class Members, their families, and other stakeholders that meets every other month and carries out the following IGT activities to strengthen communication, coordination, and accountability between the IGT, IGT subcommittees, and YES workgroups.

The IGT Strategic Planning Sub-group, composed of the IGT Executive Committee and IGT voting members, has been meeting regularly to develop an updated IGT Strategic Plan. Through these meetings, members have discussed proposed IGT Strategic Plan Goals and are actively working to review and provide feedback on refined proposed IGT Strategic Plan Goals. This shared strategic direction will support stronger alignment between the IGT, IGT subcommittees, and YES workgroup activities, while also helping to reduce communication gaps and minimize duplication of efforts across the IGT, IGT subcommittees, YES workgroups, and the Department.

The YES Workgroup & Subcommittees Quarterly Review Reports provide regular updates to the IGT members regarding the membership, tasks, roadblocks, and goals of the YES workgroups and subcommittees. With regard to the regular completion, distribution, and review of the YES Workgroup & Subcommittees Quarterly Review Reports, IGT subcommittee and YES workgroup chairpersons have continued to regularly submit their IGT subcommittee or YES workgroup updates for these reports. The YES Workgroup & Subcommittees Review Report for calendar year 2026 Quarter 1 (January, February, and March 2026) as well as calendar year 2026 Quarter 2 (April, May, and June 2026) will be posted on the YES website shortly. The quarterly YES Workgroup & Subcommittee Review Reports, starting in May 2024 through December 2025 thus far, are posted on the YES website at https://yes.idaho.gov/youth-empowerment-services/about-yes/yes-history/#interagency-governance-team.

In an effort to provide clarity on how the IGT subcommittee recommendations are being received, prioritized, and/or implemented, the IGT Chair, Brittany Shipley, and the IGT Project Coordinator, Megan Schuelke, have been working to provide additional details to the IGT Issue Management Process included in the IGT Roles & Responsibilities Grid. These additional details will be provided to the IGT Executive Committee and the IGT for review in the near future.

During the IGT Meeting that took place on April 8, 2026, updates and follow-up discussions with the members took place regarding IGT action items, an Idaho Behavioral Health Plan (IBHP) update from Magellan, and an update on the Interagency Clinical and Training (ICAT) Subcommittee recommendation. Additionally, a QMIA-Q

Report presentation was provided to the IGT members in an effort to improve the presentation of trend data and recommendations during the IGT meetings. During the IGT Meeting that took place on June 10, 2026, updates were provided to the IGT members regarding data and systems, provider training and implementation, and crisis system changes from Magellan. Additional updates were provided to the IGT members regarding legislative and policy impacts and CANS updates from the Department, IGT subcommittee report-outs from the FAM Subcommittee and the ICAT Subcommittee, and an Implementation Update presentation from Plaintiffs' Counsel. These updates and discussions aim to provide opportunities for meaningful information exchange with the IGT members and reduce communication gaps and the duplication of efforts between the IGT, IGT subcommittees, YES workgroups, and the Department.

10g. Intensive Care Coordination (ICC) PIP[22]

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

SFY 2026-Q4: ***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.* **This is complete.** NCQA Accreditation obtained.

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.* Magellan is working on a project plan to move ICC to the network, and this is anticipated to further expand utilization and capacity of ICC.

Implementation of YES-Compliant Program Processes: *Establishing and maintaining policies, procedures, and operational practices that fully align with YES system of care requirements*. **This is complete.** Magellan's policies require adherence to the YES principles of care and practice model as well as their contract requiring alignment with the YES authoritative documents, which is monitored by the Division of Medicaid, IBHP-GB.

10h. Intensive Home and Community-Based Services (IHCBS) PIP

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

SFY 2026-Q4: In SFY26, seven IHCBS modalities were identified statewide, serving a total of 455 youth. DBH, IBHP, and Magellan continue to collaborate on strategies to increase access to services. Two new providers participated in Therapeutic Behavioral Services (TBS) general training as well as Train-the-Trainer sessions in June. One of the providers completed the approval process and started offering services in June as well.

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

10i. 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-Q4: The structural pieces of implementing programs such as the helpline, clinical assessment services, in home clinical support, family meeting facilitation and facility case management have been completed. These units are up and running.

As per the measures of success:

1. Reduction in Congregate Care Utilization:

- Number of children in a congregate care setting as of June 30, 2026: 182
- Congregate care placements as a share of all placements: 15.2%
- Median length of stay in congregate care: 55 days

2. Improved placement stability:

- Average number of placement moves for all children in foster care per 1,000 days in care: 3.9

3. Enhanced Family Support and Prevention Outcomes:

- Increase in the number of post-adoptive and post-guardianship families participating in prevention.
    - Prevention cases as a share of all case management cases: 17.6% (This is reflective of total prevention cases and does NOT reflect only prevention cases for post-permanency families)
- Decrease in the number of children entering foster care due to behavioral health crises or lack of available community-based resources.

CYFS is working through continued BEST training for all Family Support Clinicians. Currently, CYFS has one clinician in train-the-trainer training 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.

10j. Residential Treatment PIP

Completed, Update Provided for Current Review Period, First Reported in SFY 2026-Q1

SFY 2026-Q4:

PIP is completed, and now in an ongoing maintenance phase.

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 continually works to increase the network in partnership with IBHP-GB and added four adolescent treatment centers in Q4.

The total number of adolescent residential facilities in network includes: 20 Residential Treatment Centers (RTCs) - 14 in state, 6 out of state; 47 Psychiatric Residential Treatment Facilities (PRTFs)- 2 in state, 45 out of state. One additional facility is currently going through the PRTF certification process and therefore is not

counted in the overall state total for psychiatric residential treatment facilities but is included in the residential treatment center count.

10k. Wraparound PIP[23]

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

SFY 2026-Q4: No changes reported to providers during the past quarter, meaning the Department is offering Wraparound service delivery across all regions to eligible youth. Magellan reports 274 members engaged in Wraparound during SFY26

Wraparound Providers by Region, SFY 2026-Q4	
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

There are currently 35 active wraparound coordinators in the state, down from 38 as reported in Q3. An active wraparound coordinator is one who holds cases. Wraparound coordinator turnover during this period was attributable to organizational changes associated with shifting business models, in addition to voluntary employee departures.

The DBH Wraparound Competency Center provided training for wraparound coordinators. Cohort #5 started June 10, 2026, adding 5 new coordinators to the network. The 5th cohort ran from June to August 2026. The Department has trained a total of 59 wraparound coordinators. The DBH Wraparound Competency Center continues to provide coaching to care coordinators as long as they are serving youth and families in Wraparound.

Wraparound Coordinator Training Cohorts		
Cohort	**Training Period**	**Number of Coordinators Trained**
#1	September 2024	10

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

#2	February 2025	25
#3	June 2025	5
#4	February 2026	14
#5	June 2026	5
Total		**59**

The DBH Wraparound Competency Center wrapped up another cycle of the Wraparound Fidelity Index – Short Form (WFI-EZ) at the end of August and will report out on fidelity monitoring in the upcoming SFY 2027 Q1 after those results have been analyzed. In addition, during this quarter the DBH Wraparound Competency Center decided not to proceed with having their team conduct the Quality Service Reviews (QSRs) under the Youth and Family Outcomes and Satisfaction Section of the overall Wraparound PIP.

11. YES Communications

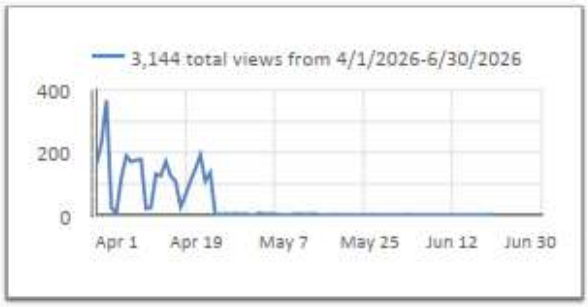
11a. YES Website

The figure below summarizes YES website activity for SFY 2026 Q4 (April 1–June 30, 2026). The site had 1,421 sessions, 3,144 page views, and 793 users, 627 of them new. Most visits (78.1%) came from desktop computers, and the Welcome page and the CANS page were the most common landing pages.

YES Website Analytics

Reporting Period April 1, 2026 - June 30, 2026

Sessions	Views	Total users	New users
1,421	3,144	793	627



Visits by Device



Device category	Sessions...	Bounce rate
desktop	1,110	47.57%
mobile	303	46.86%
tablet	8	50%

Type of Visitors



Top 10 Landing Pages from 4/1/2026 - 6/30/2026

Page title	Total users	New users
Welcome to YOUTH EMPOWERMENT SERVICES	458	348
Child and Adolescent Needs and Strengths (CANS) | YOUTH EMPOWERMENT SERVICES	175	123
Contact Us | YOUTH EMPOWERMENT SERVICES	85	16
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	77	3
YES Training | YOUTH EMPOWERMENT SERVICES	65	10
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	59	23
Parents | YOUTH EMPOWERMENT SERVICES	46	8
Guide to YES: A Practical Manual | YOUTH EMPOWERMENT SERVICES	46	7
Crisis Resources | YOUTH EMPOWERMENT SERVICES	45	19
Getting Started | YOUTH EMPOWERMENT SERVICES	39	6

Traffic Type

Session default channel group	Sessions...
Direct	815
Organic Search	481
Referral	88

Visits by Location

City	Sessions
Boise	201
Denver	171
Nampa	123
Idaho Falls	70
Los Angeles	67
Seattle	55
(not set)	47
Phoenix	47
Mesa	42
Tempe	42

Bounce rate

47.36%

Views per user

4.03

Average session duration

00:04:21

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

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

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

The next figure shows the files downloaded, the top Google search terms, site activity, the pages where visitors entered and left the site, and the top search-engine results for SFY 2026 Q4. GettingStartedYES.pdf was the most-downloaded file (88 downloads), and "YES Program Idaho" was the top Google search term (335 clicks).

Reporting Period: April 1, 2026 - June 30, 2026

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

File name	Event count
GettingStartedYES.pdf	88
YES101_online.pdf	39
YESPracticeManualFinal.pdf	33
MentalHealthCrisisDefinitionandExpectation...	28
MHChecklist.pdf	27
MHChecklistforYOUTH.pdf	21
YouthCrisisSafetyPlan.pdf	17
JeffDOfficialAgreement.pdf	15
FINAL_QMIA-Quarterly-YES-Report-Q2-202...	14
YESOverviewtrifold.pdf	12

Top 10 Google Search Terms
Number of clicks into the site from Google, and number of times users saw a link to the site on Google

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

Site activity
Number of times a user event occurred*

Event name	Event count
page_view	3,144
scroll	2,464
user_engagement	1,880
session_start	1,423
file_download	1,002
first_visit	627
click	567
form_start	26
tel	11
mailto	6

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

Page title and screen class	Event count
Welcome to YOUTH EMPOWERMENT SERVICES	632
Child and Adolescent Needs and Strengths (CANS) | YOUTH ...	274
Wraparound Intensive Services | YOUTH EMPOWERMENT SE...	72
Contact Us | YOUTH EMPOWERMENT SERVICES	42
YES History and Current Development | YOUTH EMPOWERM...	42
YES Training | YOUTH EMPOWERMENT SERVICES	38
Crisis Resources | YOUTH EMPOWERMENT SERVICES	36
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	31
Guide to YES: A Practical Manual | YOUTH EMPOWERMENT S...	28
YES Quality Management Improvement and Accountability (...	26

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

Page title and screen class	Bounce rate
Child and Adolescent Needs and Strength (CANS) | YOUTH E...	51.01%
Appeals | YOUTH EMPOWERMENT SERVICES	46.15%
Wraparound Intensive Services | YOUTH EMPOWERMENT SERVICES	42.7%
Services and Supports | YOUTH EMPOWERMENT SERVICES	42.11%
Additional Services | YOUTH EMPOWERMENT SERVICES	35.71%
Welcome to YOUTH EMPOWERMENT SERVICES	34.88%
YES Overview | YOUTH EMPOWERMENT SERVICES	34.09%
YES Complaints | YOUTH EMPOWERMENT SERVICES	30.77%
YES History and Current Development | YOUTH EMPOWERMENT...	29.17%
YES Quality Management Improvement and Accountability (Q...	28.57%

SEARCH

Top Search Results for "Youth Empowerment Services"

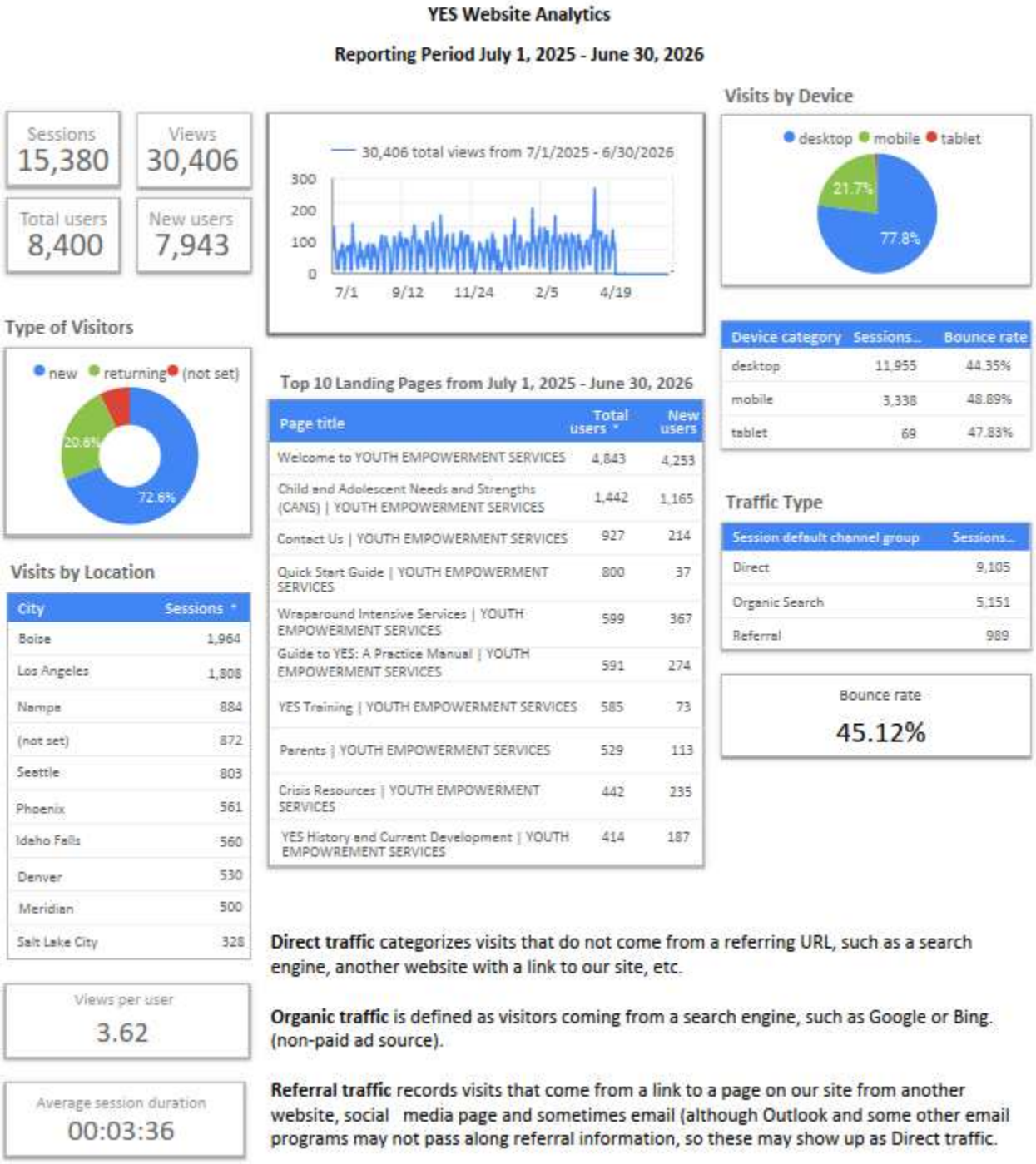
Google

1. **Youth Empowerment Services Idaho**
2. **Youth Empowerment Services YES Waiver**
3. **Youth Empowerment Services**
4. **Youth Empowerment Servicer San Antonio**
5. **Youth Empowerment Services Texas**

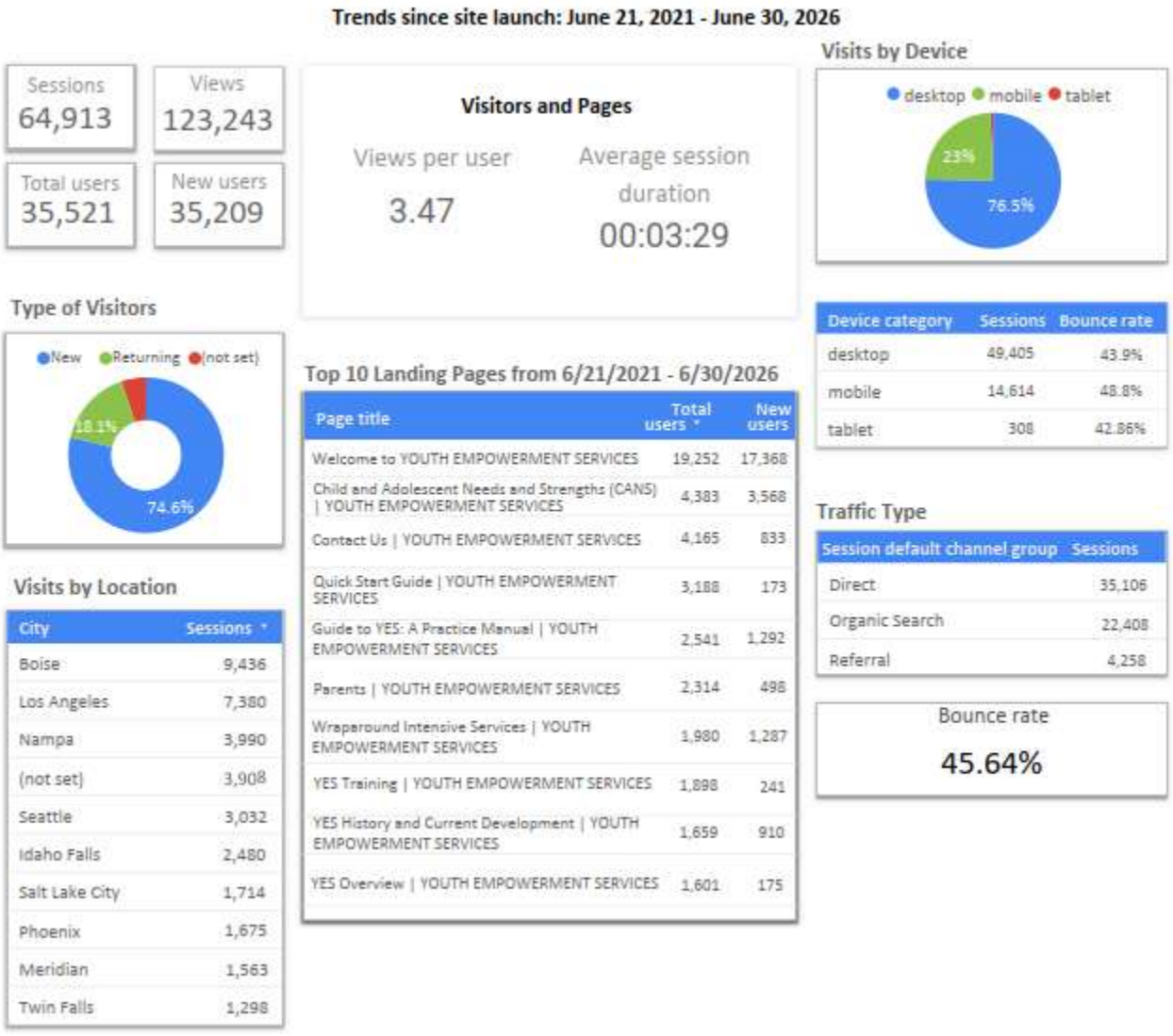
Bing

1. **Youth Empowerment Services Idaho**
2. **Youth Empowerment Services YES Waiver**
3. **Youth Empowerment Services**
4. **Youth Empowerment Servicer San Antonio**
5. **Youth Empowerment Services Texas**

The figure below summarizes YES website activity for the full SFY 2026 (July 1, 2025–June 30, 2026). The site had 15,380 sessions, 30,406 page views, and 8,400 users, 7,943 of them new. Desktop computers accounted for 77.8% of visits.



The next figure shows cumulative YES website activity since the site launched on June 21, 2021, through June 30, 2026: 64,913 sessions, 123,243 page views, and 35,521 users.



The final figure shows the files downloaded, the top Google search terms, site activity, entry and exit pages, and the top search-engine results for the full SFY 2026. GettingStartedYES.pdf was again the most-downloaded file (895 downloads), and “yes program Idaho” was the top Google search term (238 clicks).

Reporting Period: July 1, 2025 - June 30, 2026

Files downloaded

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

File name	Event count
GettingStartedYES.pdf	895
YES101_online.pdf	521
YESPracticeManualFinal.pdf	429
MHChecklist.pdf	212
MentalHealthCrisisDefinitionandExpectation...	200
YES Overviewtrifold.pdf	200
MHChecklistforYOUTH.pdf	195
YouthCrisisSafetyPlan/pdf	156
JeffDOfficialAgreement.pdf	142
YOUTHFAQflyerFinal.pdf	131

Top 10 Google Search Terms

Number of clicks into the site from Google, and number of times users saw a link to the site on Google

Query	Url Clicks	Impressions
yes program idaho	238	8,333
yes idaho	149	3,250
cans assessment idaho	112	435
youth empowerment services idaho	111	3,069
idaho yes program	92	3,263
safety plan for adolescents pdf	85	608
safety plan for teens	65	872
youth empowerment services	64	5,312
cans assessment	55	3,585
idaho cans	36	103

Site activity

Number of times a user event occurred*

Event name	Event count
page_view	30,406
scroll	24,559
user_engagement	18,429
session_start	15,485
file_download	11,169
first_visit	7,943
click	4,127
form_start	291
tel	64
mailto	51

Where do visitors enter the site?

Count of each page where a visitor session started

Page title and screen class	Event count
Welcome to YOUTH EMPOWERMENT SERVICES	7,226
Child and Adolescent Needs and Strengths (CANS) | YOUTH ...	2,246
Wraparound Intensive Services | YOUTH EMPOWERMENT SE...	780
YES History and Current Development | YOUTH EMPOWERM...	714
Guide to YES: A Practical Manual | YOUTH EMPOWERMENT S...	630
Contact Us |YOUTH EMPOWERMENT SERVICES	497
Crisis Resources | YOUTH EMPOWERMENT SERVICES	368
YES Quality Management Improvement and Accountability (...	317
Quick Start Guide | YOUTH EMPOWERMENT SERVICES	287
Parents |YOUTH EMPOWERMENT SERVICES	268

Where do visitors enter then immediately leave the site?

Count of each page where a visitor entered then immediately left the site

Page title and screen class	Bounce rate
欢迎来到青年赋能服务中...	100%
ITS Test Form|YOUTH EMPOWERMENT SERVICES	75%
|YOUTH EMPOWERMENT SERVICES	59.45%
Appeals and Complaints |YOUTH EMPOWERMENT SERVICES	53.85%
Appeals |YOUTH EMPOWERMENT SERVICES	47.01%
Wraparound Intensive Services | YOUTH EMPOWERMENT SER...	41.53%
Child and Adolescent Needs and Strengths (CANS) | YOUTH E...	38.14%
YES Quality Management Improvement and Accountability (Q...	35.78%
YES News |YOUTH EMPOWERMENT SERVICES	35.71%
Welcome to YOUTH EMPOWERMENT SERVICES	35.32%

SEARCH

Top Search Results for “Youth Empowerment Services”

Google

1. **Youth Empowerment Services Idaho**
2. **Youth Empowerment 6/1/2025 through 2026**
3. **Youth Empowerment Services**
4. **Youth Empowerment Services San Antonio**
5. **Youth Empowerment Services Texas**

Bing

1. **Home Youth Empowerment Services**
2. **Youth Empowerment Services Idaho Department of Health and Welfare**
3. **Youth Empowerment Services**
4. **What is YES - FYIdaho**
5. **YES Crisis Resources -Idahop parent Unlimited**

Appendices

Appendix A: Data Source Guide

Data Sources Used in the QMIA-Quarterly Report

Section 1: Access to YES

Data Source: Magellan, Person-Centered Intelligence Solution (P-CIS) System
Report Name: CANS Report

The CANS report provides information about all CANS assessments completed through Magellan's Person-Centered Intelligence Solution (P-CIS) system during the reporting period.

The P-CIS system, designed by Opeeka for Magellan Health, is a cloud-based software utilized by providers to track member progress, manage assessments, and inform care decisions from intake to discharge.

Note: CANS data presented in Section 2 is based on claims submissions. Providers have a 180-day window from the date of service to submit Medicaid claims for payment and 60 days to submit non-Medicaid claims for payment. As such, discrepancies between CANS data from the P-CIS system and CANS claims data are expected.

Section 2: IBHP Services and Supports

Data Source 1: Magellan, Summarized Claims Data
Report Name: QMIA Report

The QMIA-Q report includes two key elements related to IBHP Services and Supports. Data for each element is provided by month, quarter, and 12-month rolling total for each region and for the state overall. Quarterly and 12-month rolling total data are included in the QMIA-quarterly report. Monthly data is not provided in the QMIA-Q to maintain readability and focus.

Data Element 1 (Total Medicaid and non-Medicaid IBHP Service Use). The total unique number of Medicaid and non-Medicaid eligible members (ages 0-17) with a mental health claim.

Data Element 2 (Service Utilization for all IBHP services). The unique number of Medicaid and non-Medicaid eligible members (ages 0-17) accessing each IBHP service. This includes every outpatient service and inpatient and residential services.

Data Source 2: Bureau of Medicaid Enterprise Systems (BMES), Medicaid Eligibility Counts
Report Name: Eligibility Counts

Medicaid-eligible youth ages 17 and younger, reported by State Fiscal Year (SFY) for SFY 2022 through SFY 2026, with counts provided for each quarter (Quarters 1–4) within each fiscal year.

Data Source 3: Medicaid Bureau of Clinical and Quality Management (BCQM), Behavioral Intervention (BI)
Report Name: BI Data Report

BI data is provided by the CHIS program and is reported monthly and quarterly. Quarterly data represent the number of distinct youths who utilized services during each three-month period.

Section 3: IBHP Claims Payment

Data Source: Magellan, Summarized Claims Data
Report Name: QMIA Report

YES expenditures for all IBHP services accessed by Medicaid and non-Medicaid eligible members (ages 0-17) by region and statewide by month, quarter, and 12-month rolling total. In the QMIA-Quarterly report, total expenditures are provided and data is also disaggregated by outpatient, inpatient, and residential spending by both Medicaid and non-Medicaid populations.

Section 4: Division of Behavioral Health (DBH) YES-Related Services and Support

4a: DBH 20-511a
Data Source: Web Infrastructure for Treatment Services (WITS)
Report Name: 20-511 Data Report

Idaho WITS is an Electronic Health Record (EHR) system owned and operated by the Division of Behavioral Health (DBH). In the 20-511a process WITS is used to store information for case review and case management. It serves as a clinical record of each youth's court referral, behavioral-health assessment, and other clinically relevant information.

DBH's Analytics Unit for Reporting and Automation (AURA) maintains the WITS database and provides 20-511a count data, summarized by region and quarter, on a quarterly basis for the QMIA-Quarterly report.

4b: DBH Vouchered Respite
Data Source: BPA Health
Report Name: BPA VR Utilization Report

BPA Health, DBH's current contracted provider for vouchered respite services, provides monthly, quarterly, and State Fiscal Year-to-date counts of vouchered respite applications and vouchers issued during each reporting period.

4c: State Hospital Admissions
Data Source: State Hospital West (SHW) (Data warehouse - vxVISTA data)
Report Name: SHW SSRS Reports

Patients Served
Deduplicated count of the Medical Record Number (MRN) of clients admitted at SHW where the admission date was on or before the last day of the reporting period and the discharge date is either on or after the first day of the reporting period or is NULL.

Average Length of Stay (ALOS)
Calculated mean of the length of stay [=discharge date-admission date] of clients who had been discharged from SHW with a discharge date during the reporting period.

Readmission
Re-admission 30 days or less - Calculated for clients admitted to SHW where there was a prior SHW discharge with the re-admit date being within 30 days of the previous discharge date [=admission date-discharge date].
Re-admission 31-90 days - Calculated for clients admitted to SHW where there was a prior SHW discharge with the re-admit date being within 31-90 days of the previous discharge date [=admission date-discharge date].
Re-admission 91-180 days - Calculated for clients admitted to SHW where there was a prior SHW discharge with the re-admit date being within 91-180 days of the previous discharge date [=admission date-discharge date].
Readmission 181 - 365 days - Calculated for clients admitted to SHW where there was a prior SHW discharge with the

re-admit date being within 181-365 days of the previous discharge date [=admission date-discharge date].
Re-admission more than 365 days - Calculated for clients admitted to SHW where there was a prior SHW discharge with the re-admit date being more than 365 days from the previous discharge date [=admission date-discharge date].

Section 5: Intensive Care Coordination

5a: Magellan ICC
Data Source: Magellan (ICC Program Tracking)
Report Name: ICC Activity Report

The ICC Activity Report contains information regarding Magellan's staff activity within the ICC program. Unlike much of the other data provided by Magellan this information is not based on IBHP claims. All Magellan staff ICC program interactions with Medicaid and non-Medicaid eligible members (ages 0-17) are detailed in the report.

*5b: Wraparound**
Data Source: Magellan (Claims-Based Data)
Report Name: Wraparound Services Report

The Wraparound report provides Medicaid and non-Medicaid eligible information for members receiving Wraparound services at the member level (i.e., not aggregated). The data includes youth engaged in Wraparound during the reporting period and is based on authorization requests and submitted and approved claims.

*DBH's Center of Excellence (CoE) also provided Wraparound services in SFY 2025 (16 youth in Q1, 12 in Q2, and 2 in Q3) to ensure continuity of care for existing clients post-Magellan go-live and to serve families at or above 300% Federal Poverty Level prior to Magellan funding availability in SFY 2026.

Section 6: Out of Home Placements

6a: Statewide PRTF/RTC Initial and Concurrent Request Outcomes
Data Source: Magellan (Summarized PRTF/RTC Request Data)
Report Name: PRTF/RTC Requests Report

Psychiatric Residential Treatment Facility (PRTF) and Residential Treatment Center (RTC) outcome request information. Data combines/aggregates PRTF and RTC requests and includes initial and concurrent request types for Medicaid and non-Medicaid eligible members. Initial requests refer to new applications for residential services. Concurrent requests represent applications to extend existing residential stays.

Section 7: YES Partners Information

7a: CYFS
Data Source: Azure SQL database for Ensuring Safety and Permanency in Idaho (ESPI), a Comprehensive Child Welfare Information System
Report Name: CYFS Data Report

Monthly count of children under 18 in care.

7b: IDJC
Data Sources: Idaho Juvenile Offender System (IJOS), Commitment and Release Data, PowerSchool, and HSD/GED Data
Report Name: IDJC Data Report

Quarterly Commitment Data: Clinicians utilize information gathered at the Rule 19 screenings and information provided by the county probation officer to determine SED status.
Ethnicity: Number of SED/Non-SED youth that were committed by race/ethnicity.
Gender: Number of SED/Non-SED youth that were committed by gender.

Quarterly Release Data: Clinicians utilize information gathered at the Rule 19 screenings and information provided by the county probation officer to determine SED status.
Treatment Completion: Utilizing Progress Assessment/Reclassification (PAR) scores the youth that had a final PAR score of 2 or 1 broken down by SED/Non-SED youth that were released.

Education Outcomes: Utilizing the Education database (PowerSchool), the number of youth that obtained a high school diploma (HSD) or General Educational Development (GED) broken down by SED/Non-SED youth that were released.

Section 8: Quality Monitoring Process

8b: YES Complaints
Data Source: YES Rights and Resolutions Report (Complaints Summary section)
Report Name: YES R&R Summary

The YES system of care has a centralized complaints system available to class members and their families, providers, and other stakeholders to submit complaints about the YES system of care. Additionally, complaints for each YES partner, IDHW (and their contractors), IDJC, and IDE have their own complaint tracking methods. The complaints report consists of information received by each entity in addition to those received by the YES centralized complaints process.

A complaint is a claim 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 any part of the YES system of care, including, but not limited to: the quality of care received, services, a provider, an employee of a provider or state agency, or the benefit plan through the IDHW.

Complaints information provided by individual YES partners are summarized/totaled by the IDHW by partner and for the state overall on a quarterly and annual basis.

The YES website's complaints page can be accessed at: https://yes.idaho.gov/yes-complaints/.

Section 11: YES Communications

Data Sources: YES Looker Studio Dashboard, Information and Technology Service (ITS) YES Analytics Reporting site (Google Analytics) (both data sources are DHW Platforms), and manual Google and Bing search-result check.
Report Name: YES Website Tracking

Public-website use and discoverability for yes.idaho.gov, not counts of children, youth, or families served. Two extracts are reported for each period: the State Fiscal Year quarter only, and cumulative activity from the dashboard start date of 06/21/2021 through the end of that quarter. Top Google search terms come from a separate ITS analytics property created after the YES website was rebuilt in April 2026. The SEARCH section is a point-in-time manual check of the exact phrase “Youth Empowerment Services” (top 10 Google results and top 5 Bing results) and is not based on Google Analytics. Users, sessions, and page views are not unduplicated YES participants and should not be compared with CANS, Magellan/IBHP, DBH, or other QMIA-Q service counts.

Appendix B: Glossary of Terms *(updated October 2026)*

CANS	A tool used in Idaho to identify a child's strengths and needs (including functional impairment). The Child and Adolescent Needs and Strengths (CANS) is an approved tool in Idaho that will be used throughout care to assist in treatment planning and monitor the outcomes of services.
Class Member	Any Idaho resident with serious emotional disturbance who: 1. Is under the age of 18. 2. Has a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosable mental health condition or would have a diagnosable mental health condition if evaluated by a practitioner of the healing arts operating within the scope of his/her practice as identified by Idaho State Law. 3. Has a substantial functional impairment that is measured by and documented through the use of a standardized instrument conducted or supervised by a qualified clinician or would have been measured and documented had an assessment been conducted.
Distinct Utilizers	The number of unique youths identified as having at least one qualifying behavioral health claim during the specified reporting period. Each youth is counted once within a column or row of data, regardless of the number of claims or encounters represented in the data but may not be unduplicated across regions.
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally required component of Medicaid for children under the age of 21. States are required to provide Medicaid-eligible children any additional healthcare services that are covered under federal Medicaid regulations and found to be medically necessary, even if that service is not covered in the State plan. EPSDT includes screening, vision, dental, hearing, and other necessary healthcare services, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental health conditions.
IBHP	The Idaho Behavioral Health Plan (IBHP) is the framework for how behavioral health services for conditions such as mental health and substance use disorders are administered in Idaho. The new IBHP contract is structured differently than the previous one because a managed care organization, Magellan Healthcare, manages behavioral health services for the Divisions of Behavioral Health and Medicaid. Magellan also manages the provider network for the Department of Juvenile Corrections. Magellan oversees behavioral health services for Idahoans who have Medicaid, other types of insurance, and who don't have insurance. Because outpatient behavioral health services are included in the plan, the Division of Behavioral Health (DBH) no longer offers outpatient behavioral health services.
ICC	Intensive Care Coordination (ICC) is case management for youth whose CANS score indicates they need a high level of care, or who are transitioning home from an out-of-home placement such as therapeutic foster care, an acute psychiatric hospital, or a psychiatric residential treatment facility (PRTF). ICC may also be appropriate when intervention is needed to keep a child from being moved to an out-of-home placement.
IEP	The Individualized Education Program (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.
Jeff D. Class Action Lawsuit Settlement Agreement	The Jeff D. Settlement Agreement is a contractual agreement between the parties to the Jeff D. class action lawsuit to resolve the underlying dispute. It is a high-level description of what the State has agreed to do in order to have the lawsuit dismissed.
(CANS) Level of Care (LOC)	A classification derived from the CANS assessment that summarizes a child or youth's assessed needs and strengths and informs the determination of the appropriate level of care or service intensity. LOC scores are used to support service planning and decisions regarding the types and intensity of services needed to address the child or youth's behavioral health needs and strengths.
Penetration Rate	Penetration rate measures the extent to which a program, service, or plan has reached an enrolled or target population. The penetration rate 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 (numerator) by the Medicaid eligible youth population (denominator).
QMIA	A quality management, improvement, and accountability program.
SED	Serious emotional disturbance (SED) describes children under the age of 18 who have both a mental health diagnosis from the DSM and a functional impairment as identified by the CANS. A functional impairment limits a child's ability to participate socially, academically, and emotionally at home, at school, or in the community.

SFY	The acronym for State Fiscal Year, which is July 1 to June 30 of each year.
System of Care	The YES system of care is a spectrum of services and supports for children with or at risk of serious emotional disturbance (SED) and their families that is built on the Principles of Care and Practice Model. The YES system of care creates meaningful partnerships between families, youth, providers and government agencies to address the specific needs of the youth and family in order to help them function better at home, in school, in the community, and throughout life.
TCOM	Transformational Collaborative Outcomes Management (TCOM) describes how providers and child serving agencies work with people at every level of a system to improve outcomes for children and their families. The approach focuses on gaining various perspectives on a situation before a decision is made. TCOM recognizes that each participant in the mental health system has a different perspective, focus, and responsibility. These differences can create tension, and tension can make it difficult to focus on obtaining a common objective, specifically the wellness of the child and family in treatment. TCOM creates a system to return all participants back towards a shared vision of addressing needs and building the strengths of children and families. This shared vision helps people at every level of the system work together with families and children.
Unduplicated Number of Clients	The number of unique youths represented in a specified service cohort after removing duplicate records. Each youth is counted once within a column or row of data, even if they received multiple services or had multiple encounters during the reporting period.
Utilization Rate	Utilization rate measures the extent to which an eligible population has accessed a specific service during a defined period. The utilization rate indicates what percentage of the eligible youth population used a given service and is calculated by dividing the distinct number of youths who accessed the specific service (numerator) by the total unduplicated number of Medicaid-eligible youth members (denominator).
Wraparound	Wraparound Intensive Services is a team-based, family-driven, and youth-guided planning process that is led by guiding principles, has a structured format, and is implemented with facilitated activities. The Wraparound process is used to address complex needs for both families and their children and is successful by creating relationships with a team of involved people to support treatment needs.
Other YES Terminology and Acronyms	YES System of Care and YES Project Terminology: https://yes.idaho.gov/terminology/

Appendix C: Medicaid Eligible Youth by Region and Statewide, SFY 2022 – SFY 2026

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).

Medicaid Eligible Youth by Region and Statewide, SFY 2022 – SFY 2026									
	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	21,102	7,302	38,257	36,359	23,964	19,168	27,265	3,231	176,648

Appendix D: SFY 2026-Q4 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-Q4.

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 (Q4)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
Assessments	10	1	48	36	73	39	99	0	**306**
Behavior Modification and Consultation Assessment	0	0	0	0	0	0	0	0	**0**
CANS	368	213	1,103	1,719	650	669	1,167	17	**5,906**
Psych and Neuropsych Testing	49	17	151	164	62	116	197	3	**759**
Comprehensive Diagnostic Assessment/Psychiatric Diagnostic Assessment	298	121	641	963	410	434	764	7	**3,638**

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 (Q4)[24]									
	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**
Behavioral Intervention (BI)	463	27	330	403	155	80	136	9	**1,604**
Case Management	80	71	282	1,108	254	203	641	15	**2,654**
Child and Family Team (CFT)	8	8	21	31	22	17	54	0	**161**
Medication Management	199	138	824	1,089	268	437	924	6	**3,885**
Psychotherapy Services	1,182	418	2,262	3,081	1,245	1,468	2,377	26	**12,059**

[24] 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.

STAD	1	6	9	5	7	35	46	0	**109**
Skills Building/CBRS	75	123	420	1,357	248	298	602	14	**3,137**

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

Distinct Utilizer Counts of Medicaid Members Accessing Crisis Services by Region and Statewide, SFY 2026 (Q4)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
Crisis Center[25]	1	0	67	68	56	1	80	1	**220**
Crisis Intervention	0	0	8	69	7	7	32	0	**123**
Crisis Psychotherapy	12	6	17	22	19	21	30	0	**127**
Crisis Response	3	5	4	4	1	2	2	0	**21**

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 (Q4)									
	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	16	0	0	**16**
IHCBS-MST	0	0	6	17	0	0	0	0	**23**
IHCBS-TBS	0	0	16	39	0	18	14	0	**87**
IHCBS – Other EB Modality	58	0	0	1	0	0	1	0	**60**
Intensive Outpatient Program (IOP)	5	4	60	49	10	9	20	0	**157**
Parenting with Love and Limits (PLL)	20	3	0	0	17	5	9	0	**54**
Partial Hospitalization	0	0	30	36	8	1	16	0	**91**
TASSP	21	0	0	0	0	0	0	0	**21**
Wraparound	5	7	29	52	40	16	31	0	**180**

[25] 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 (Q4)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
Family Psychoeducation	29	0	17	3	2	2	0	0	**53**
Family Support	2	2	32	158	41	63	84	0	**382**
Respite	1	55	36	76	5	56	83	0	**312**
Youth Support	8	7	73	366	116	24	78	6	**678**

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 (Q4)									
	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	3	49	92	50	1	2	0	**197**
Interpretative Services	0	0	125	884	180	0	23	11	**1,223**

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 (Q4)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
Inpatient	32	16	86	112	36	24	32	0	**338**

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 (Q4)									
	Region 1	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**Region 6**	**Region 7**	**Out of State**	**Total**
PRTF	26	7	42	44	15	9	17	1	**161**
RTC	6	3	15	5	5	7	6	0	**47**

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 (Q4)									
	Distinct Utilizers								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Out of State	Total
Assessments	0	0	0	0	0	0	1	0	**1**
Child and Family Team (CFT)	0	0	0	0	0	0	1	0	**1**
Psychotherapy Services	1	0	0	0	0	0	0	0	**1**
Skills Building/CBRS	0	0	0	0	0	0	1	0	**1**
Crisis Center	0	0	12	30	5	0	0	0	**47**
Wraparound	0	0	0	0	0	0	1	0	**1**

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 (Q4)									
	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	1	**2**
RTC	0	0	0	0	0	0	0	0	**0**

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

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

1. **Project Goal:** A concise description of the primary purpose and objectives of the project.
2. **Performance Measurement:** Identification of the quantitative and/or qualitative measures that will be utilized to evaluate the effectiveness, outcomes, and overall success of the project.

Child and Adolescent Needs and Strengths (CANS) Improvement PIP

Project Goal

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

Performance Measurement

Outcomes of these efforts will be monitored by the YES Family Survey results on CANS related questions and a provider survey from the Praed Foundation called the Collaborative Helping Inquiry (CHQ-IN).

Child and Family Teams (CFT) PIP

Project Goal

Magellan will provide training to its provider network on the CFT model to support consistent, high-quality implementation statewide. The overarching goal of this effort is to ensure that all youth in Idaho who may benefit from a CFT have access to providers with the knowledge and skills necessary to support youth and families in exercising voice and choice by building and sustaining effective CFTs.

Performance Measurement

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

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

Project Goal

The principal aim of this PIP is to reduce need for out-of-home and out-of-state placement. The PIP is organized around answering the central question "For adolescents with an inpatient psychiatric admission, does discharge to and engagement with the Wraparound program reduce the overall percentage of adolescents in out-of-home and/or out-of-state placement?"

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

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

Guided by this contractual requirement, members of the IBHP Clinical and Quality Team collaborated with Magellan Quality staff, the IDHW DBH Quality Director, and the Medicaid Quality Improvement Director to develop a

coordinated approach to reducing need for out-of-home and out-of-state placements.
In addition to contractual obligations, the IDHW Strategic Plan for SFYs 2024–2028 was referenced to ensure alignment between the overarching goals of the Department and IBHP contractor.

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

Performance Measurement

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

Intensive Care Coordination (ICC) 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. On 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 Interagency Clinical Team (ICT), as part of DHW's response to Idaho Code 16-2526a.

Performance Measurement

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

- Updated materials that reflect the transition from QRT to the ICT.
- Data demonstrating a reduced need for ICT interventions (previously QRT), as more needs are effectively addressed through Child and Family Teams (CFTs).
- Positive feedback from participating families.

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

Project Goal

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

Background and Identified Need

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

Key issues identified included:

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

This problem was identified through:

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

Specific Objectives

This PIP is designed to:

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

Performance Measurement

Structural Measures

- Regular completion, distribution, and review of the YES Workgroup & Subcommittees Quarterly Review Report.
- Implementation and consistent use of a Feedback Flow Chart to document communication pathways and actions taken.

Process Measures

- Evidence that feedback from workgroups is systematically captured, documented, and shared during YES Coordination meetings.
- Improved clarity and accessibility of training materials for parents, youth, and providers.

Outcome Measures

- Reduction in reported communication gaps and duplication of efforts between subcommittees/workgroups and the Department.
- Increased confidence among volunteer members that their input is acknowledged and acted upon.
- Implementation of a Spring 2026 survey to assess member perceptions of Department support, communication effectiveness, and workgroup clarity.
- Improved capacity to collect, analyze, and present trend data and recommendations during YES Coordination and IGT meetings.

Mental Health Care for Target Population: Foster Care PIP

Project Goal

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

- Family Support Helpline:
  A helpline for foster, adoptive, and biological parents involved in the foster care system provides immediate support for in-the-moment stabilization and de-escalation.
- Clinical Assessment Services:
  CYFS clinicians conduct behavioral health assessments for children and youth in foster care to identify needs and make recommendations for appropriate levels of care.
- In-Home Clinical Support:
  Clinicians provide in-home services to foster parents and biological families involved in prevention cases, helping families manage behavioral challenges and maintain children safely in their homes.
- Family Meeting Facilitation:
  CYFS support staff facilitate family meetings focused on developing individualized discharge and permanency plans for children who have been or are in congregate care.
- Facility Case Management (FCM) Unit will provide specialized, intensive oversight for youth placed in residential treatment settings, both in-state and out-of-state.

Performance Measurement

Success indicators include:

1. Reduction in Congregate Care Utilization:
   - Decrease in the number of children placed in congregate care settings.
   - Reduction in the average length of stay in congregate care.
2. Improved Placement Stability:
   - Decrease in the number of placements 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

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.

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 WDL. When training staff achieve the second-level certification, additional cohorts will be launched to scale workforce capacity.

The most recent (June 2025) annual estimate of need for ICC report, produced by Boise State University in cooperation with DBH, estimates 1,541 youth require Intensive Care Coordination through Wraparound. To meet this need, approximately 130–150 Wraparound Coordinators will be required statewide.

2. Fidelity to the Wraparound Model

Fidelity will be assessed using two standardized instruments:

- Team Observation Measure 2.0 (TOM 2.0):
  Evaluates, through direct observation of team meetings, the degree to which Wraparound is implemented with fidelity. TOM 2.0 data is used to guide coaching, professional development, and skill building for Coordinators.

  Key process indicators include:
  - Parent/caregiver and youth participation in team meetings;
  - Team understanding of the Wraparound process and roles;
  - Active contribution of family members to planning; and
  - Regular review of progress toward the youth's and family's goals.

- Wraparound Fidelity Index – Short Form (WFI-EZ):
  Collects youth and caregiver feedback on the Wraparound process, focusing on teamwork, planning, participation, and collaboration.

  Sample indicators include:
  - The family is part of a multi-member Wraparound team;
  - A written Plan of Care is developed collaboratively;
  - Teams meet at least every 30–45 days;
  - Family input informs team decisions; and
  - Families identify and focus on their highest-priority needs.

  Target: By the end of the first year of service implementation, 50% of Coordinators are expected to demonstrate adequate-to-high fidelity, with continued improvement anticipated as experience increases.

3. Youth and Family Outcomes and Satisfaction

Outcomes and satisfaction will be measured through multiple sources:

1. WFI-EZ Tool:
   A 20% random sample of enrolled youth will be surveyed quarterly. Measures include:

   - Access to needed community services and supports;
   - Confidence in managing future challenges;
   - Crisis preparedness;
   - Satisfaction with youth progress; and

- Family confidence in caring for the youth at home.

Additionally, the WFI-EZ will monitor reductions in:

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

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

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

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

Youth Crisis Services PIP

Project Goal

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

Performance Measurement

The success of this PIP will be evaluated based on measurable utilization and engagement indicators, including:

- Number of calls to 988 from youth and families;
- Number of MRT interventions; and
- Utilization of Youth Crisis Centers.

Appendix F: Intensive Care Coordination Performance Improvement Project Full Report

Intensive Care Coordination (ICC) PIP

Active, In Progress,
Last Update Provided for Reporting Period SFY 2026-Q4, 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-Q4:

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.* **This is complete.** NCQA Accreditation obtained.

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.* Magellan is working on a project plan to move ICC to the network, and this is anticipated to further expand utilization and capacity of ICC.

Implementation of YES-Compliant Program Processes: *Establishing and maintaining policies, procedures, and operational practices that fully align with YES program requirements*. **This is complete.** Magellan's policies require adherence to the YES principles of care and practice model as well as their contract requiring alignment with the YES authoritative documents, which is monitored by the Division of Medicaid, IBHP-GB.

Historical Progress Status

As of July 1, 2024, Magellan implemented ICC statewide under the Idaho Behavioral Health Plan (IBHP).

SFY 2026-Q1 Update: Since the implementation of this PIP, Magellan's ICC program has achieved national accreditation through the National Committee for Quality Assurance (NCQA), reflecting a high standard of quality of care delivered statewide in Idaho. In addition, Magellan has collaborated closely with YES stakeholders and the IBHP Governance

Bureau to ensure alignment with the YES Principles of Care and Practice Model and to strengthen program processes. During the first quarter of SFY 2026, 957 unduplicated youth were served through Magellan's ICC program.

SFY 2026-Q2 Update: None.

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 improve 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.

Measures of Success

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

Appendix G: Wraparound Performance Improvement Project Full Report

Wraparound PIP

Active, In Progress,

Last Update Provided for Reporting Period SFY 2026-Q4, 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-Q4 Update: No changes reported to providers during the past quarter, meaning the Department is offering Wraparound service delivery across all regions to eligible youth. Magellan reports 274 members engaged in Wraparound during SFY26.

Wraparound Providers by Region, SFY 2026-Q4

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-Q4 Update: The DBH Wraparound Competency Center provided training for Wraparound coordinators. Cohort #5 started June 10, 2026, adding 5 new coordinators to the network. The 5th cohort ran from June to August 2026. The Department has trained a total of 59 wraparound coordinators.

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
#5	June 2026	5
Total		**59**

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 (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

SFY 2026-Q4 Update: The DBH Wraparound Competency Center continues to provide ongoing coaching to care coordinators as long as they are serving 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 WDL. When training staff achieve the second-level certification, additional cohorts will be launched to scale workforce capacity.

SFY2026-Q4 Update: Per the DBH Wraparound Competency Center, there are currently 35 active coordinators in the state, meaning they hold cases. This is down from 38 as reported in Q3. Wraparound coordinator turnover during this period was attributable to organizational changes associated with shifting business models, in addition to voluntary employee departures. The Department has trained a total of 59 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-Q4 Update: The DBH Wraparound Competency Center wrapped up another cycle of the Wraparound Fidelity Index – Short Form (WFI-EZ) at the end of August and will report out on fidelity monitoring in the upcoming SFY 2027 Q1 after those results have been analyzed.

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:
   a. Access to needed community services and supports;
   b. Confidence in managing future challenges;
   c. Crisis preparedness;
   d. Satisfaction with youth progress; and
   e. 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-Q4 Update: During this quarter, the DBH Wraparound Competency Center decided not to proceed with having their team conduct the Quality Service Reviews (QSRs) under the Youth and Family Outcomes and Satisfaction Section of the overall PIP.

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.

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

SFY 2026-Q2 Update: Region 2 providers experienced some attrition, losing coordinators at the end of Q1 SFY 2026. A 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. 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.

SFY 2026-Q3 Update: None provided

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, Q3, Q4	
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, formerly known as the Center of Excellence (CoE), provided 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.

SFY 2026-Q3 Update: A new Region 1 Wraparound agency provider onboarded in March 2026 with 2 new coordinators within the agency to offer Wraparound. This offers Wraparound service delivery across all regions to eligible youth. 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 cohort #4. 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. 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.

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 (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

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.

SFY 2026-Q3 Update: The DBH Wraparound Competency Center continues to provide ongoing coaching to care coordinators as long as they are serving 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 WDL. When training staff achieve the second-level certification, additional cohorts will be launched to scale workforce capacity.

SFY2026-Q2 Update: 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.

SFY 2026-Q3 Update: There are currently 38 active wraparound coordinators in the state, meaning they hold cases. The Department had trained a total of 54 wraparound 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.

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 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 coordinators' 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.

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:
   a. Access to needed community services and supports;

b. Confidence in managing future challenges;
c. Crisis preparedness;
d. Satisfaction with youth progress; and
e. 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.

SFY 2026-Q3 Update: The first Quality Service Review (QSR) period concluded in February 2026, which established the baseline of where each agency stood on 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 coordinators' 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.

Appendix H: 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[26].

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

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

Insurance Type Definitions:

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

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

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

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

Estimated range:

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

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

Data Sources:

2023 Insured Rate and Population:

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

Prevalence rate:

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

[26] Prior estimates of the Number of Potential Class Members utilized prevalence estimates specific to insurance type. However, the data sources for those prevalence estimates are no longer the best available information given the SAMHSA 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.