

Idaho Youth Empowerment Services (YES) Family Survey Results, 2021

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Executive Summary

Why did we conduct this survey?

The Idaho Department of Health and Welfare, Division of Behavioral Health (DBH) is committed to improving behavioral health services for Idaho youth. With that goal in mind, DBH partnered with Boise State University (BSU) beginning in 2020 to conduct an annual statewide survey of families' experiences and outcomes of behavioral health care within the Idaho Youth Empowerment Services (YES) system. The YES system is designed to support the well-being of youth with emotional and behavioral disorders and their families by providing an array of community-based services and supports that leverage family strengths to support youth well-being. This report presents results of the 2021 YES family survey and compares these findings to results from the 2020 YES family survey. The aims of the annual YES family survey are to monitor the quality and outcomes of behavioral health services in Idaho from the perspective of families and to guide statewide service improvement efforts.

How did we do it?

The 2021 YES family survey included 42 questions that asked about families' experiences of care in five areas: (1) the extent to which care delivered to youth and families adhered to the Idaho YES Principles of Care and Practice Model, (2) the adequacy of safety/crisis planning, (3) the extent to which the CANS assessment process followed guidelines, (4) select services the youth participated in (e.g., Wraparound, psychiatric hospitalization), and (5) caregivers' perceptions of service outcomes such as improvements in youth functioning. Research has shown these questions are valid and reliable indicators of families' experiences of care and that variation in participants' responses predicts variation in the extent to which youth benefit from care. The survey was fielded via postal mail from March 2021 to April 2021. The sample included 5,998 caregivers of youth who participated in YES behavioral health services during 2020. Caregivers were randomly sampled with proportional allocation across DBH's seven regions to ensure adequate representation across the State. Following an evidence-based process, the survey entailed a pre-survey letter, survey with postage paid return envelope, reminder postcard, and final survey with postage paid return envelope. The survey asked about one randomly selected youth within the household. A total of 1,185 caregivers responded (20% response rate). Analyses were weighted to adjust for sampling probability and survey nonresponse. The survey margin of error was 2.5%.

What did we learn?

Strategies to increase caregiver engagement with the YES family survey were successful. The response rate of 20% for 2021 was significantly higher than the 9% response rate from 2020. This increase was attributed to increased follow-up (i.e., postcard and second survey) along with clearer messaging about the source of the survey (e.g., DBH letterhead).

There is reason to believe this sample reflects Idaho's YES population. The fact that there were no significant differences between youth whose caregivers responded to the survey compared to youth whose caregivers did not respond on youth sex, age, race, ethnicity, or most recent CANS score suggests the sample provides a decent snapshot of Idaho youth who participated in Idaho's YES system. Weighting of analyses to address sampling probability and nonresponse further increases confidence in the results.

Despite some improvements from 2020 to 2021, there remains a significant gap in the adequacy of mental health safety/ crisis planning and crisis response for youth in Idaho. The percentage of families reporting that they received a face-to-face visit from a provider during a mental health crisis increased significantly from 6% to 15% from 2020 to 2021 and there was a significant increase of 12 percentage points in the proportion of families who reported they were helped by a provider to make a mental health safety/crisis plan for their youth when they believed they needed one. However, 40% of families who believed their youth needed a safety plan were not helped to make one and 39% of

families are not confident their plan will help in times of crisis. Furthermore, one-third of families who used a safety/crisis plan in the last six months, representing 556 Idaho youth, indicated their plan was not effective.

Access to mental health services for youth remains a significant challenge for many Idaho families. Nearly 3 out of 10 caregivers (29%) indicated they could not easily access mental health services their child or youth needs. While there was improvement in this area from 2020 to 2021, there remains significant need to improve access to mental health services for youth and families in Idaho.

There is evidence that youth who face the most significant mental health challenges have the worst care experiences.

Youths with the most severe levels of impairment, highest risk, and fewest strengths based on their CANS score had significantly worse experiences of care on 6 out of 9 care indicators as compared to their peers. Deficits were especially pronounced in the area of access to a community-based service array, suggesting youth with the most severe needs do not have adequate access to an intermediate range of services necessary to support them in the community.

From 2020 to 2021 there were significant improvements in families' experiences of care on 4 out of 8 YES principles; however, there is continued need for improvement on multiple indicators. Families reported receiving significantly higher quality care in 2021 compared to 2020 in the areas of Family & Youth Voice and Choice, Strengths-Based care, Community-Based Service Array, and Collaborative / Team-Based care. Ratings remained high on Culturally Competent care and Family-Centered care. However, multiple indicators within these domains did not reach the target quality threshold, highlighting the need for continued system improvement.

CANS implementation has significant room for improvement. One-quarter to one-third of caregivers are unable to report on whether or not key CANS processes occurred for their youth, suggesting that many families do not experience CANS implementation in the intended way. Among families that did report on their CANS experience, many report gaps in the opportunity to discuss CANS ratings with providers, indicate the CANS is not used to guide treatment, remain uninformed of treatment options based on the CANS, and do not agree with CANS ratings.

Access to Wraparound is increasing but slowly. There was an increase in the percentage of families reporting use of Wraparound from 6% to 7%; however, this difference was not statistically significant. Nearly 1 in 5 youth (19%) with a current CANS score of 3 did not participate in Wraparound.

Youth service outcomes were largely unchanged from 2020 to 2021. Compared to 2020, caregivers' ratings of improvement in their youths' mental health were 3% lower in 2021. Ratings of improvement at school were 2% lower and ratings of improvement in the community were 1% lower; although, these differences were not statistically significant.

Caveats. Although the 2021 YES family survey was designed and analyzed to generate a representative picture of the experiences of care of Idaho families who participated in YES services, the response rate of 20% makes it difficult to determine how generalizable these results are. In addition, it is impossible to gauge the effect of the global COVID-19 pandemic on youths' well-being and caregivers' responses to this survey although those events likely had effects which may be evident in longitudinal analyses. These data are best interpreted as helpful information to *begin* a conversation about improving the quality of behavioral health services for youth in Idaho.

Conclusion

Results from this survey highlight potential areas of strength and improvement in Idaho's YES system as well as areas of potential need for growth and improvement. It is our hope that these results can support the improvement of services for Idaho youth who experience emotional and behavioral challenges and their families.

Abstract

Objective: This report presents findings of the 2021 Idaho Youth Empowerment Services (YES) statewide family survey. The survey was commissioned by the Idaho Department of Health and Welfare, Division of Behavioral Health (DBH) and completed in partnership with investigators at Boise State University. The overarching aims were to generate a representative picture of families' experiences and outcomes of care in Idaho's YES system and to guide service improvement efforts. **Method:** We conducted a cross-sectional, postal mail survey of 5,998 caregivers of youth who had participated in YES behavioral health services from July 1, 2020 to January 27, 2021. Using the Idaho CANS database as a sampling frame, DBH selected a stratified random sample of caregivers, allocated proportionally across Idaho's seven regions, and mailed them a survey regarding their experiences and outcomes of care for one randomly selected youth within their household. The survey was fielded during March and April of 2021. Survey items addressed (1) the extent to which care provided to the youth and family was adherent to the Idaho YES principles of care and Practice Model, (2) the adequacy of safety/crisis planning, (3) the extent to which the families' experience with the CANS (Child and Adolescent Needs and Strengths) adhered to guidelines, (4) participation in select services, and (5) service outcomes over the last six months including changes in youth functioning, mental health, out-of-home placements, and caregiver self-efficacy to access services and supports. Statistical analyses were weighted to account for sampling design and nonresponse. Analyses describe YES participants' experiences and outcomes of care statewide for 2021, compare results to findings from the 2020 survey, and evaluate variation in experiences of care based on youth sex, ethnicity, race, and CANS score. **Results:** A total of 1,185 caregivers responded to the survey (response rate = 20%) which was significantly higher than 2020 (9% vs. 20%, $p < .001$). There were no significant differences between youth whose caregivers responded versus those who did not respond on youth sex, race, ethnicity, age, or most recent CANS score (all p 's $> .05$). Statewide, respondents gave YES services high marks on items assessing family-centered and culturally competent care; however, there was room for improvement in the areas of strengths-based care, family & youth voice and choice, individualized care, community-based service array (service accessibility), adequacy of safety/ crisis planning, and participants' experience with the CANS. Several indicators improved from 2020 to 2021 and none deteriorated. Gains were largest in the domains of family & youth voice and choice, service accessibility, and safety planning; although, there is evidence of continued need for significant improvement in these areas. Service outcomes were not as positive in 2021 compared to 2020; however, these differences were not statistically significant. There was a significant increase in families' receiving face-to-face crisis intervention visits from 2020 to 2021. Comparison of youth experiences of care based on youth sex, race, ethnicity, and severity of impairment (CANS score), indicated that youth with the highest CANS experience the worst care, with pronounced deficits in the availability of community-based services. **Conclusions and Recommendations:** These data provide a representative datapoint for the longitudinal assessment of Idaho's YES system performance and offer targets for quality improvement.

(June 30, 2021)

Introduction

This report presents findings of the 2021 Idaho Youth Empowerment Services (YES) statewide family survey. The survey was commissioned by the Idaho Department of Health and Welfare (IDHW) Division of Behavioral Health (DBH), and completed in partnership with investigators at Boise State University. The overarching aims of the survey were to generate a representative picture of families' experiences and outcomes of care in Idaho's YES system and to guide efforts to further improve the system.

The Department launched the YES system transformation in 2014 in response to the Jeff D. Settlement Agreement which was negotiated following the 1980 Jeff D. class action lawsuit. The goals of the Settlement Agreement and the YES system are to address deficits in Idaho's mental health service system for youth related to (1) the mixing of adults and juveniles at State Hospital South, and (2) the provision of community-based mental health services to

children with Serious Emotional Disturbance (SED).

Youth who experience SED are those whose daily functioning is severely impaired by a mental disorder as determined by a qualified mental health professional based on established criteria (see Box 1).

Under the terms of the Settlement Agreement, the State of Idaho is directed to ensure that youth with SED and their families have timely access to a full array of community-based mental health services and supports to meet their needs. In addition, these services and supports are to be

delivered in accordance with practice principles and a practice model as outlined in the Settlement Agreement. The practice principles and practice model are referred to as the YES (Youth Empowerment Services) Principles of Care and Practice Model.

Beginning in 2020, the annual YES family survey is designed to provide a statewide representative picture of the extent to which families perceive that YES services and supports are provided in accordance with the YES principles of care and practice model as well as families' perceptions of services and youth outcomes.

Box 1. Definitions of Serious Emotional Disturbance

U.S. Substance Abuse and Mental Health Services Administration

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

- a. From birth up to age eighteen (18),
- b. who currently or at any time during the past year,
- c. have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM),
- d. that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Idaho Statute (Section 16-2403)

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

- a. results in a serious disability,
- b. requires sustained treatment interventions, and
- c. causes the child's functioning to be impaired in thought, perception, affect or behavior.

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

Response Rate & Sample

Table 1. 2021 YES Family Survey Response Rate by Region and Overall

Region	N of Mailed Surveys	Response Rate
1	774	16%
2	161	22%
3	1,071	16%
4	1,542	22%
5	631	18%
6	489	26%
7	1,330	20%
Total	5,998	20%

✓ Excluding undeliverable mail, the effective response rate for the 2021 YES family survey was 24%.

Note: The undeliverable mail rate for 2021 was 16% ($n = 978$ surveys). There was a statistically significant difference in response rates across regions ($\chi^2_{LR} = 34.17$, $df = 6$, $p < 0.001$).

Table 2. Comparison of YES Family Survey Response Rates, 2020 to 2021

			Participant Responded		Total
			No	Yes	
Year of Survey	2020	<i>N</i>	3,648	351	3,999
		% within Year	91%	9%	100%
	2021	<i>N</i>	4,813	1,185	5,998
		% within Year	80%	20%	100%
Total		<i>N</i>	8,461	1,536	9,997
		%	85%	15%	100%

✓ There was a significant improvement in response to the YES family survey in 2021. This is attributed to increased follow-up contacts and clearer messaging.

Note: There was a statistically significant difference in response rates across years ($\chi^2_{LR} = 236.71$, $df = 1$, $p < .001$).

Table 3. Characteristics of Youth Sample, 2021 YES Family Survey

	Caregiver Responded to Survey (N = 1,185)		Caregiver did not Respond to Survey (N = 4,813)	
	n	%	n	%
Youth Sex				
Female	594	50%	2370	49%
Male	582	49%	2395	50%
Other Gender Identity	8	1%	32	1%
Unknown or Not Reported	1	0%	16	0%
Youth Race				
American Indian or Alaskan Native	10	1%	65	1%
Native Hawaiian or Other Pacific Islander	6	1%	11	0%
Asian	10	1%	17	0%
Black or African American	23	2%	75	2%
White	855	72%	3407	71%
Other	124	11%	589	12%
Multiple Races	47	4%	221	5%
Unknown or Not Reported	110	9%	428	9%
Youth Ethnicity				
Not Hispanic or Latino	832	70%	3243	67%
Hispanic or Latino	179	15%	863	18%
Unknown or Not Reported	174	15%	707	15%
Youth Age				
5 to 9 Years	294	25%	1158	24%
10 to 14 Years	502	42%	1993	41%
15 Years and Older	389	33%	1662	35%
Most Recent CANS Score				
0	424	36%	1626	34%
1	500	42%	1965	41%
2	88	7%	417	9%
3	112	10%	523	11%
Missing	61	5%	282	6%
Months in Services				
0-6 Months	275	23%		
7-12 Months	245	21%		
13-24 Months	261	22%		
25 Months or More	333	28%		
Not Reported	71	6%		
Provider Rated by Caregiver				
Counselor / Therapist	830	70%		
Community-Based Provider	61	5%		

✓ There were no statistically significant differences in the characteristics of youth whose caregivers responded to the survey versus those whose caregivers did not respond.

Medication Prescriber	64	5%
Multiple Providers	181	15%
Other	18	2%
Not Reported	31	3%

Note: There were no statistically significant differences between youth whose caregivers responded to the survey versus those whose caregivers did not respond (all p 's > .05). Data on Months in Services and Provider Rated by Caregiver were not available for youth whose caregiver did not respond to the survey.

Youth & Family Experiences of Care

In order to assess youth and families' experiences of care within the Idaho YES system, caregivers were asked to answer questions about the mental health services their child/youth received in three domains:

- (1) the extent to which services they received adhered to YES Principles of Care and the YES Practice Model,
- (2) their experiences with safety/crisis planning, and
- (3) their experiences with the CANS assessment.

Caregivers were asked to think of the mental health provider who worked with their child or youth the most during the last six months and to rate that provider. The providers that caregivers indicated they were rating are shown in Table 3.

Criteria for Evaluating Services

Cut scores are values on a scale or item that help evaluate whether a certain benchmark for success was met. In order to provide an assessment of the YES system's performance, we developed cut scores for the YES family survey items. It is important to note that at the present time, the cut scores used in this report have not yet been empirically validated; instead, they are based on logic and reasoning and will be evaluated as the survey is fielded in future years. For 2021, the cut score was at 80% of respondents agreeing or strongly agreeing with an item. That is, if 80% or more of

respondents indicated that they *Agreed* or *Strongly Agreed* that the item reflected their experience, this was labeled an area of strength for the Idaho YES system. Conversely, if less than 80% of respondents agreed, this was considered an area of potential concern. Eighty percent agreement means that 4 out of every 5 people indicated their experiences met the criterion.

Provider Adherence to YES Principles of Care and Practice Model

An essential aspect of Idaho's YES system is the delivery of services and supports to youth and families in accordance with a core set of YES Principles and a Practice Model as outlined in the Settlement Agreement. Eighteen items on the YES family survey assessed the extent to which families perceived that services were delivered in accordance with the YES Principles and Practice Model (see Box 2). Families were presented with a statement about their care and asked the extent to which they agreed or disagreed with that statement. Higher levels of agreement indicate that families experienced care that was more adherent to the YES principles and practice model. These items have been shown to predict youth outcomes as reported by caregivers in prior research and were selected to reflect the priorities of families and the Department. Each year, the items are re-assessed and additional items are developed and tested as appropriate. Box 2 shows the YES Principles that were assessed by the YES family survey in 2021 as well as the associated items for each.

Box 2. Idaho YES Principles of Care & Associated Survey Items

Family-Centered

- The provider encourages me to share what I know about my child/youth's strengths and needs.
- The goals we are working on with the provider are the ones I believe are most important for my child/youth.
- My child and I are the main decision-makers when it comes to planning services.

Family and Youth Voice and Choice

- The provider respects me as an expert on my child/youth.
- The assessment completed by the provider accurately represents my child/youth's needs.
- My child/youth is an active participant in planning his/her services.
- When decisions are made about services, my child/youth has the opportunity to share his/her own ideas.
- I know who to contact for help if I have a concern or complaint about my provider.

Strengths-Based

The services focus on what my child/youth is good at, not just on problems.

The provider talks with us about how we can use things we are good at to overcome problems.

Individualized

The provider makes specific suggestions about what services might benefit my child/youth.

The provider suggests changes in my child/youth's treatment plan or services when things aren't going well.

When services are not helping, the provider leads my child/youth's team in a discussion of how to make things better.

Community-Based Service Array

My family can easily access the services my child needs most.

Meetings with the provider occur at times and locations that are convenient for me.

Collaboration / Team-Based

The provider makes sure everyone on my child's treatment team is working together in a coordinated way.

Cultural Competency

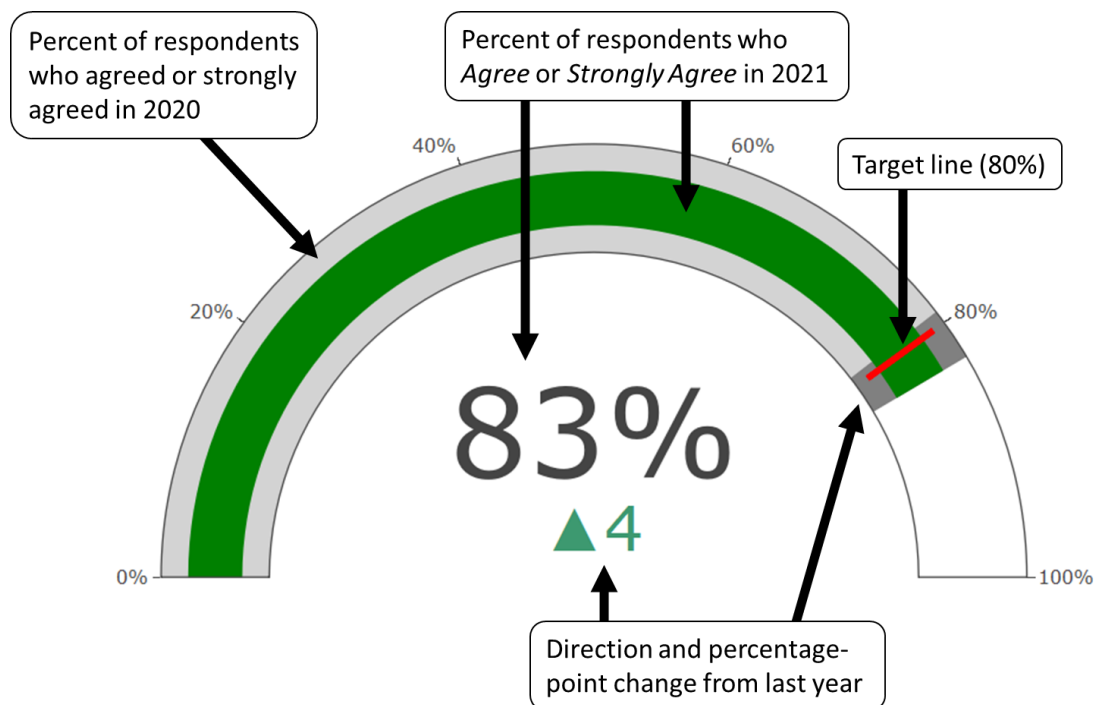
Services we receive are respectful of our family's language, religion, race/ethnicity, and culture.

Outcome-Based

The provider often works with our family to measure my child/youth's progress toward his/her goals.

Note: This list does not include the principles of Unconditional or Early Identification and Intervention. The principles of Collaboration and Team Based are combined into one category due to overlapping content as it relates to their operationalization at the practice level.

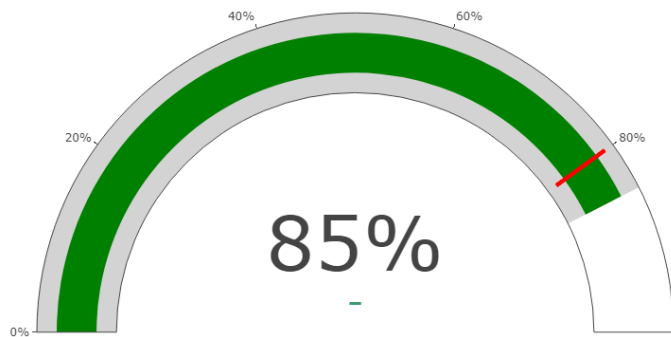
Interpreting Gauge Charts



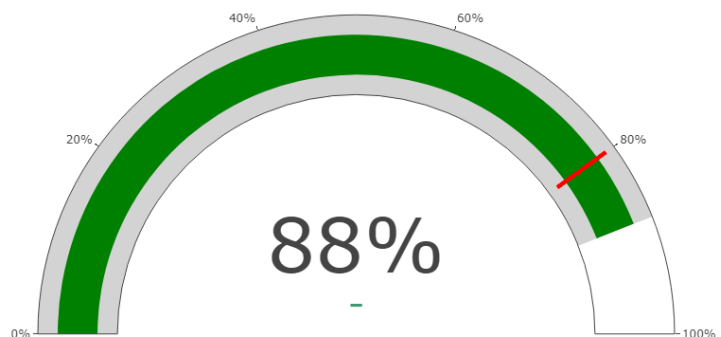
- ✓ NOTE: The margin of error for the 2021 YES family survey is 2.5%. All statistical analyses for 2021 are weighted to represent Idaho YES population totals as reflected in the iCANS database and to account for survey nonresponse.

Family-Centered Care

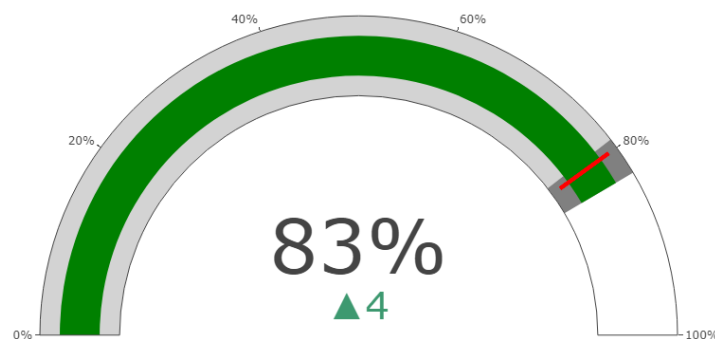
A defining characteristic of family-centered care is family engagement. Family engagement emphasizes family strengths and maximizes family resources. Family experience, expertise, and perspective are welcomed. Families are active participants in solution and outcome-focused planning and decision-making. Families of birth, foster, and adoptive parents, and families of choice are respected and valued.



Provider encourages me to share what I know about my child/youth



The goals we are working on are the ones I believe are most important

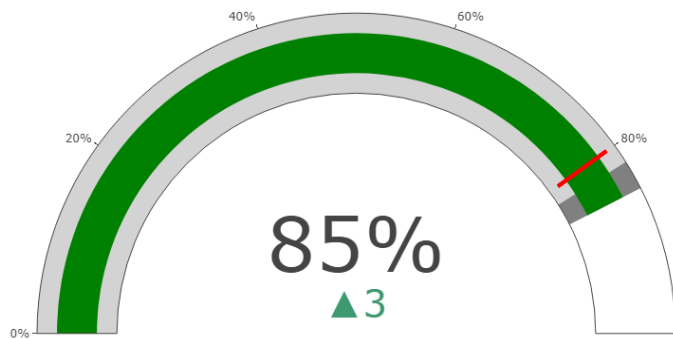


My child and I are the main decision-makers

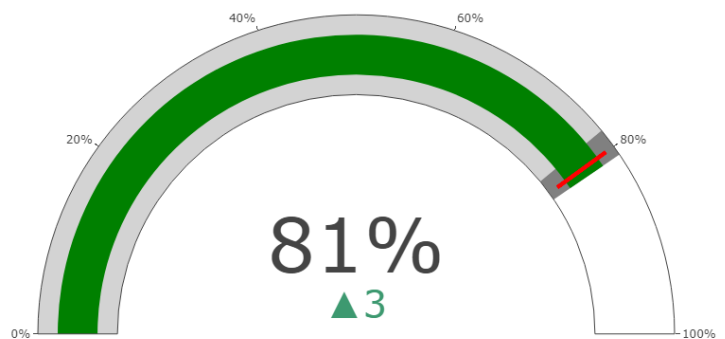
- ✓ The odds of having experienced a psychiatric hospitalization in the last 6 months were 2.08 times lower for youth whose care was rated above average on family-centeredness compared to youth whose care was below average ($p < .05$).
- ✓ Youth whose care was above average on family-centeredness improved 24% more in their daily functioning as rated by caregivers compared to youth whose care was below average ($p < .05$).
- ✓ There were no statistically significant changes in families' ratings of these quality indicators from 2020 to 2021.

Family & Youth Voice and Choice

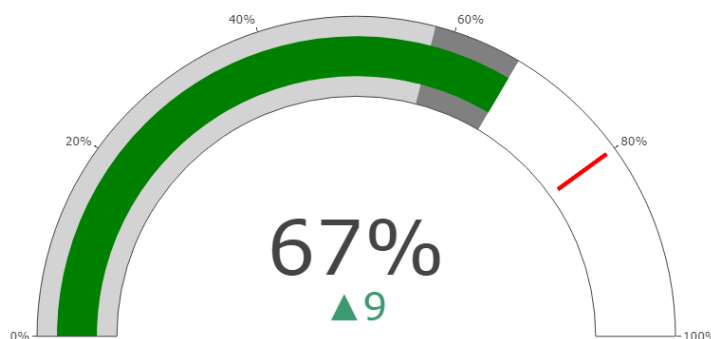
Family and Class Members' voice, choice, and preferences are intentionally elicited and prioritized during all phases of the treatment process. Service is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences in order to meet the individual needs of the family and Class Member.



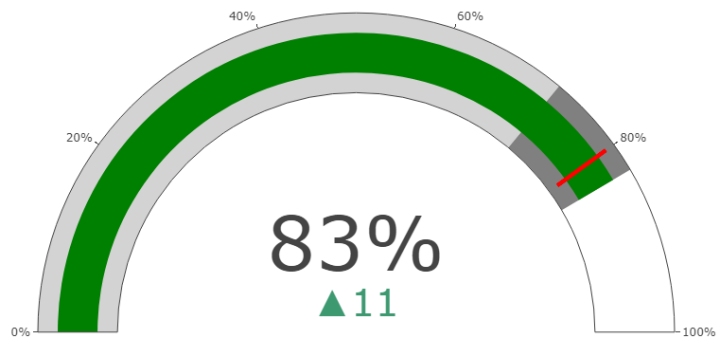
Provider respects me as a expert on my child/youth



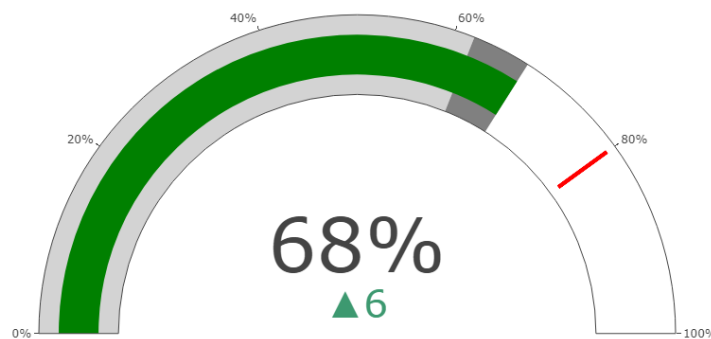
Assessment completed by the provider accurately represents my child/youth



Youth/child is an active participant in planning services



Youth has the opportunity to share his/her own ideas when decisions are made

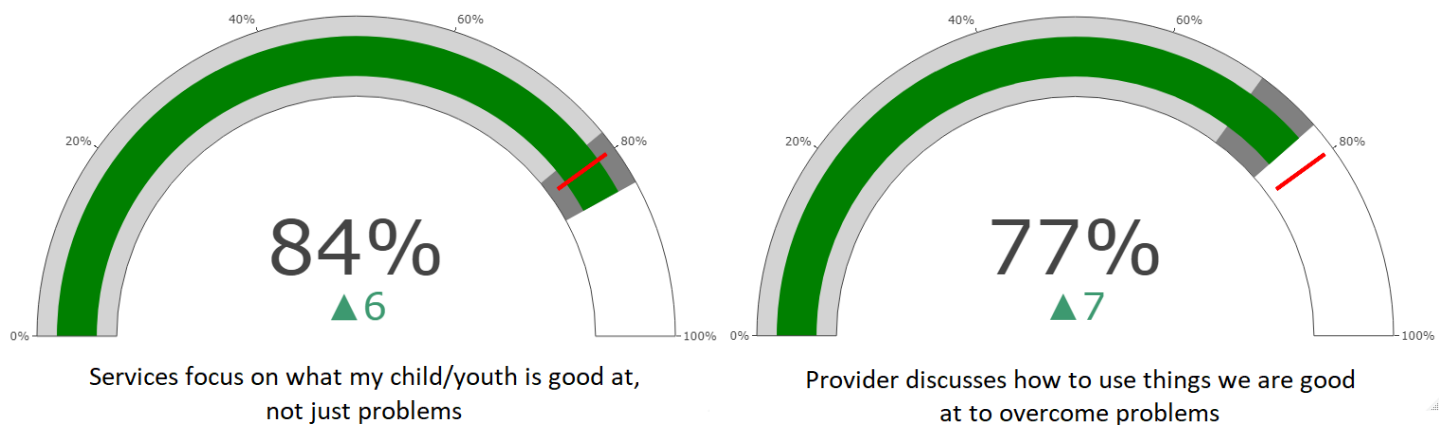


I know who to contact if I have a concern or complaint about my provider

- ✓ The odds of having experienced any out-of-home placement in the last 6 months were 37% lower for youth whose care was above average on Voice & Choice compared to youth whose care was below average ($p < .05$).
- ✓ Youth whose care was above average on Voice & Choice improved 25% more in their daily functioning as rated by caregivers compared to youth whose care was below average ($p < .05$).
- ✓ From 2020 to 2021, there was a statistically significant increase in caregivers' average ratings of providers' adherence to the Voice & Choice principle based on these items ($p < .001$).

Strengths-Based Care

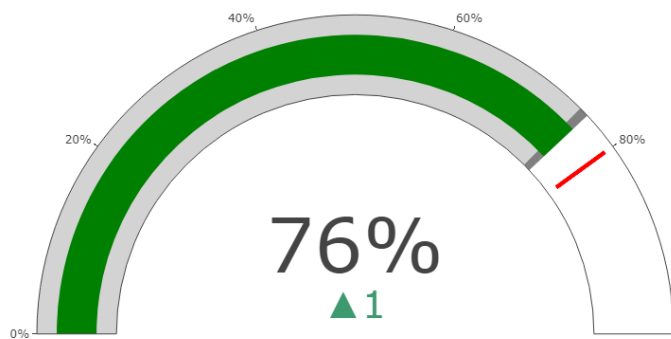
Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the Class Member and family, their community, and other team members.



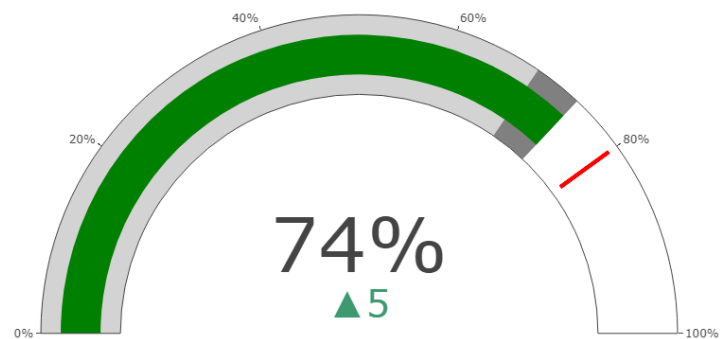
- ✓ The odds of having experienced a psychiatric hospitalization in the last 6 months were 1.96 times lower for youth whose care was above average on strengths-based care compared to youth whose care was below average ($p < .05$).
- ✓ Youth whose care was above average in its adherence to the principle of strengths-based care improved 24% more in their daily functioning as rated by caregivers compared to youth whose care was below average on this indicator ($p < .05$).
- ✓ From 2020 to 2021, there was a statistically significant increase in caregivers' average ratings of providers' adherence to the Strengths-Based principle based on these items ($p < .001$). This suggests system performance improved on this indicator.

Individualized Care

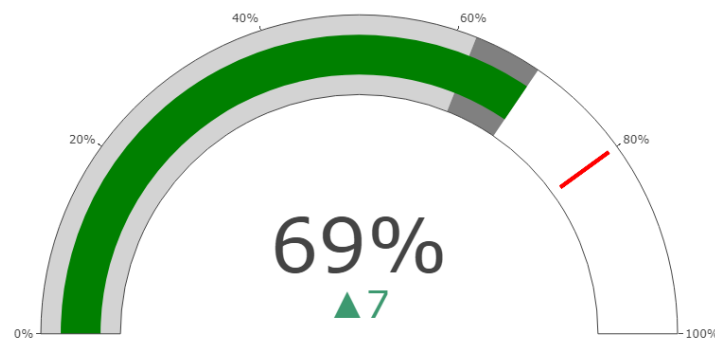
Services, strategies, and supports are individualized to the unique strengths and needs of each Class Member and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.



Provider makes suggestions about what services might benefit my child/youth



Provider suggests changes when things aren't going well

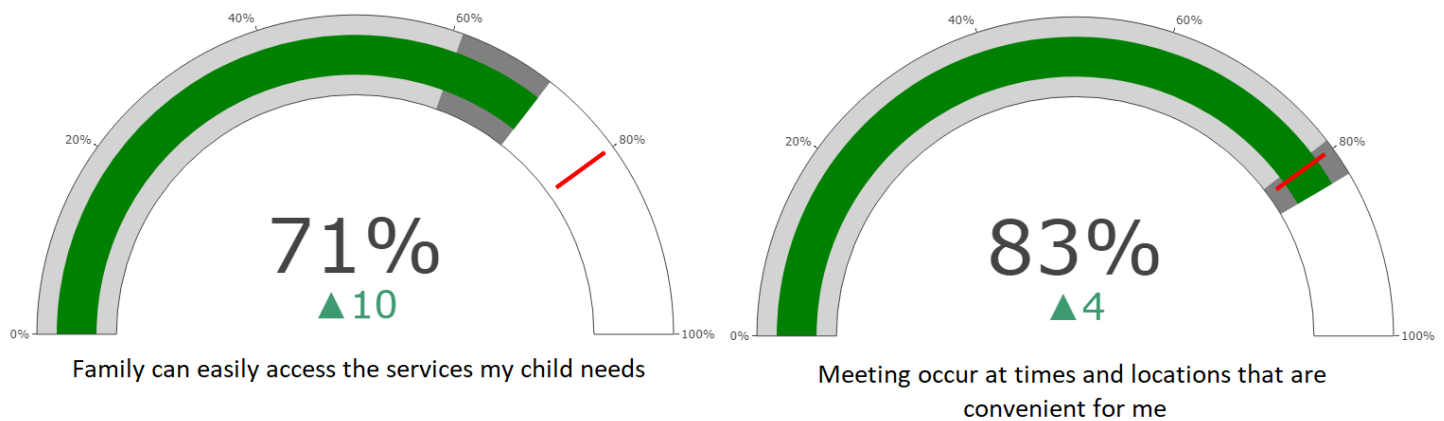


Provider leads discussion of how to make things better when services are not working

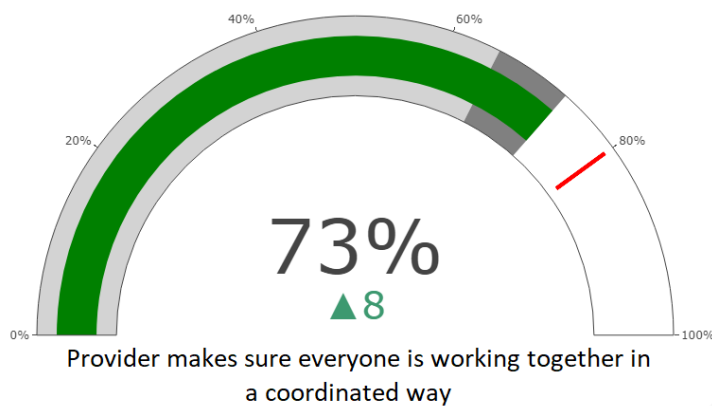
- ✓ The odds of having experienced a psychiatric hospitalization in the last 6 months were 1.82 times lower for youth whose care was above average on individualized care compared to youth whose care was below average ($p < .05$).
- ✓ Youth whose care was rated above average in the level of individualization improved 23% more in their daily functioning as rated by caregivers compared to youth whose care was below average on individualization ($p < .05$).

Community-Based Service Array

An array of community-based interventions will be available and provided according to the individualized treatment plan and in the least restrictive setting to meet the Class Member's needs. These items largely address the accessibility of services for youth and families.

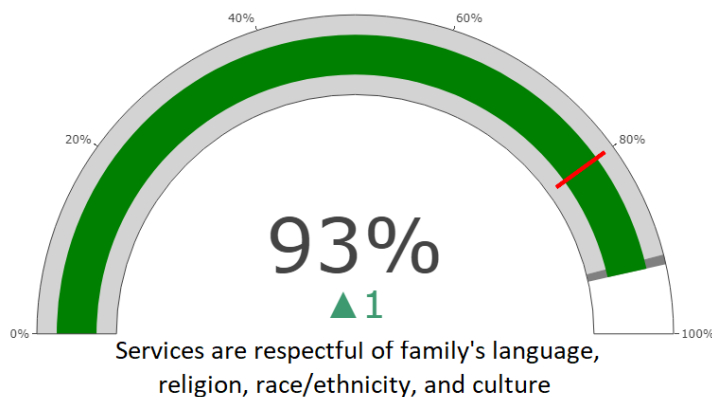


- ✓ The odds of having experienced a psychiatric hospitalization in the last 6 months were 2.38 times lower for youth whose care was above average on the availability of a community-based service array compared to youth whose care was below average on these items ($p < .05$).
- ✓ Youth whose care was above average in the availability of a community-based service array improved 27% more in their daily functioning as rated by caregivers than youth whose care was below average on this indicator ($p < .05$).
- ✓ From 2020 to 2021, there was a statistically significant increase in caregivers' average ratings of the Community-Based Service Array principle based on these items ($p = .004$), suggesting system performance improved on this indicator.



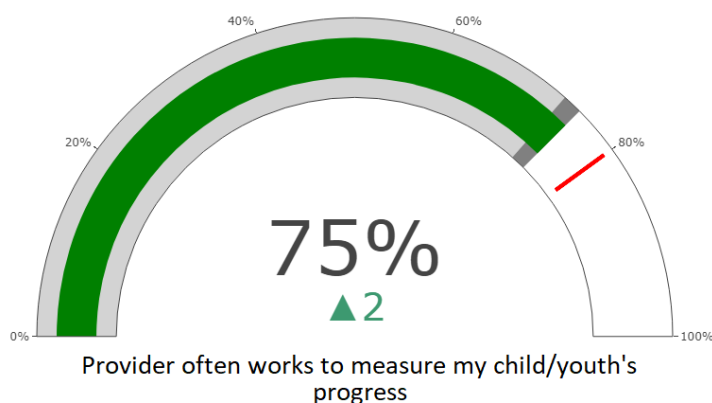
Collaborative/ Team-Based Care

System partners work together to meet the behavioral health needs of Class Members involved in multiple systems. A team-based approach in partnership with the family and Class Member to bring together natural supports, professionals, and others to develop a family-driven, strengths-based, and solution-focused individualized treatment plan.



Culturally Competent Care

Services are provided in a manner that is understandable and relatable to the family and Class Member. Services are provided in a manner that is considerate of family and Class Member's unique cultural needs and preferences. Services also respect the individuality of each individual.



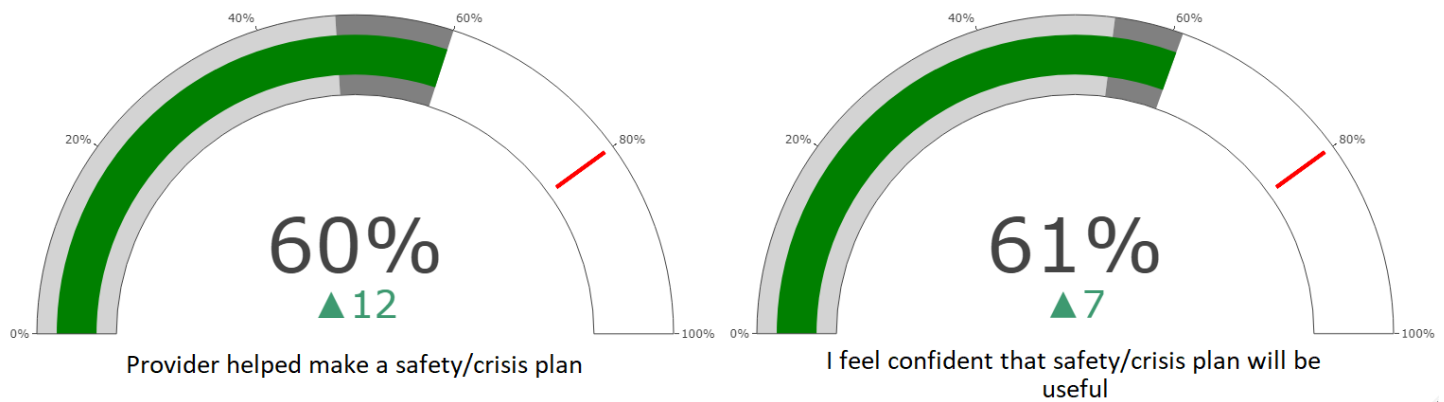
Outcome-Based Care

Individualized Treatment Plans contain observable, measurable indicators of success that are monitored and revised to achieve the intended goals or outcomes. State agencies and departments develop meaningful, measurable methods to monitor system improvements and outcomes.

- ✓ Youth whose care was rated above average on collaboration, outcome-based, and culturally competent improved significantly more than youth whose care was below average on these dimensions ($p < .05$).
- ✓ Youth whose care was above average on cultural competence were significantly less likely to have experienced a psychiatric hospitalization in the last 6 months ($p < .05$).
- ✓ From 2020 to 2021, there was a statistically significant increase in caregivers' average ratings of adherence to the Collaborative Care principle ($p = .004$), suggesting system performance improved on this indicator.

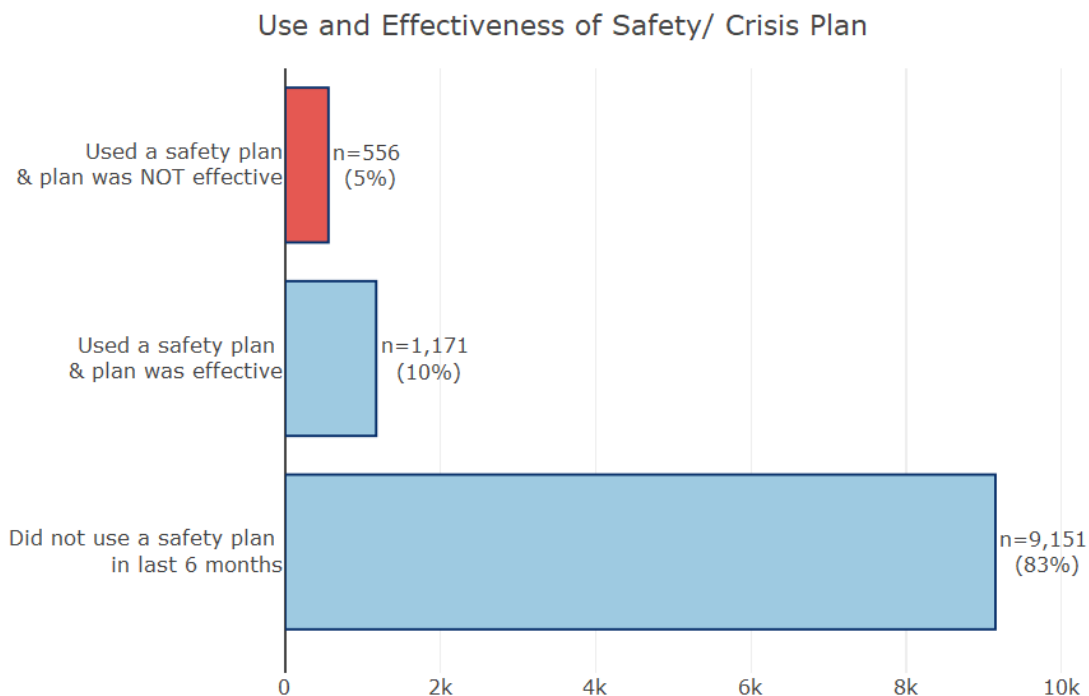
Adequacy of Safety / Crisis Planning

Two items assessed the adequacy of families' experience of safety planning for their youth.



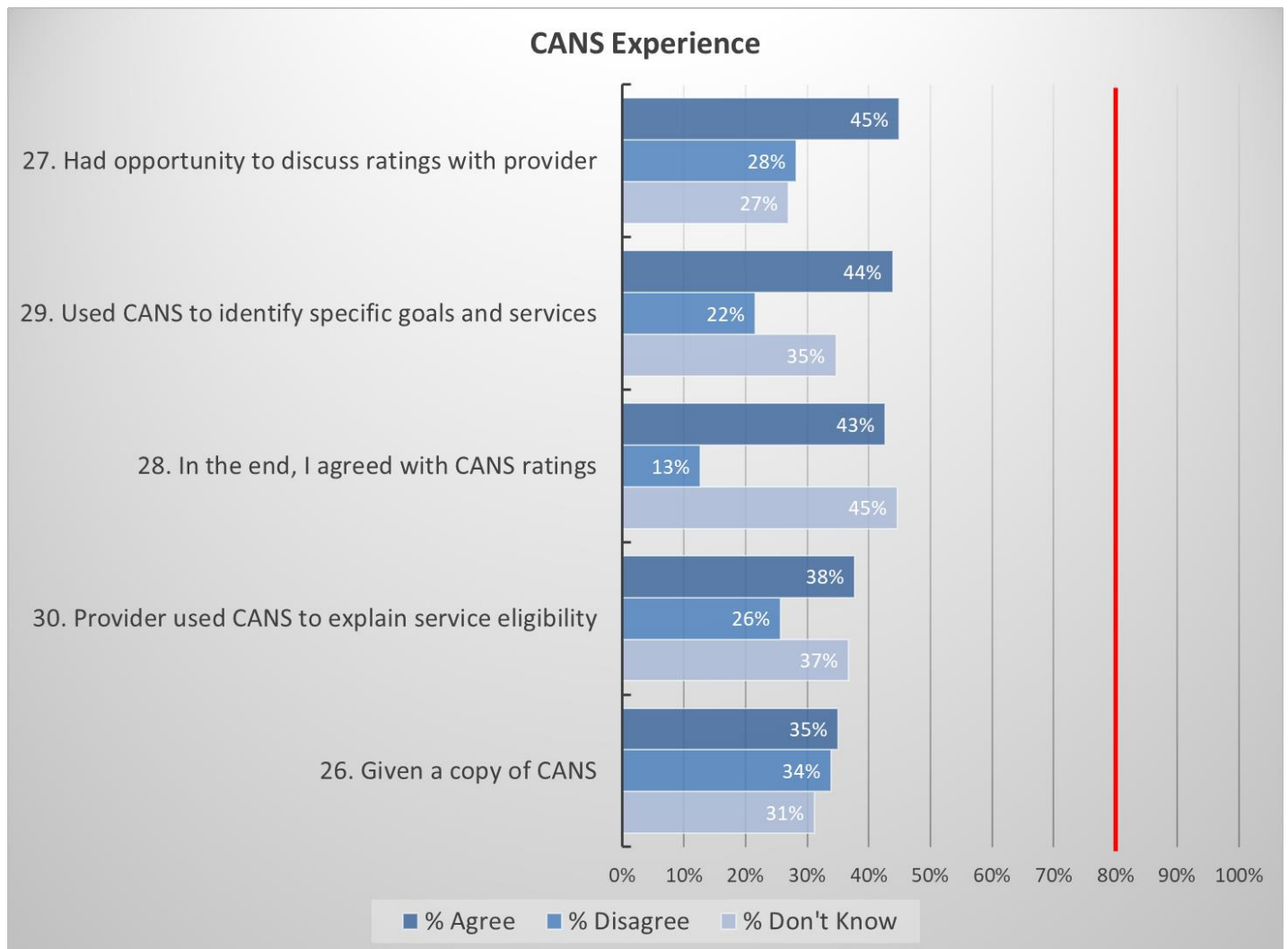
- ✓ From 2020 to 2021, there was a statistically significant increase in the percentage of caregivers who reported receiving assistance in making a safety/ crisis plan from a provider ($p = .002$).

The strongest test of the adequacy of safety/ crisis planning is whether the plan works when a family experiences a crisis. Caregivers reported on whether or not they had used a safety/ crisis plan in the last 6 months and whether or not the plan was effective.



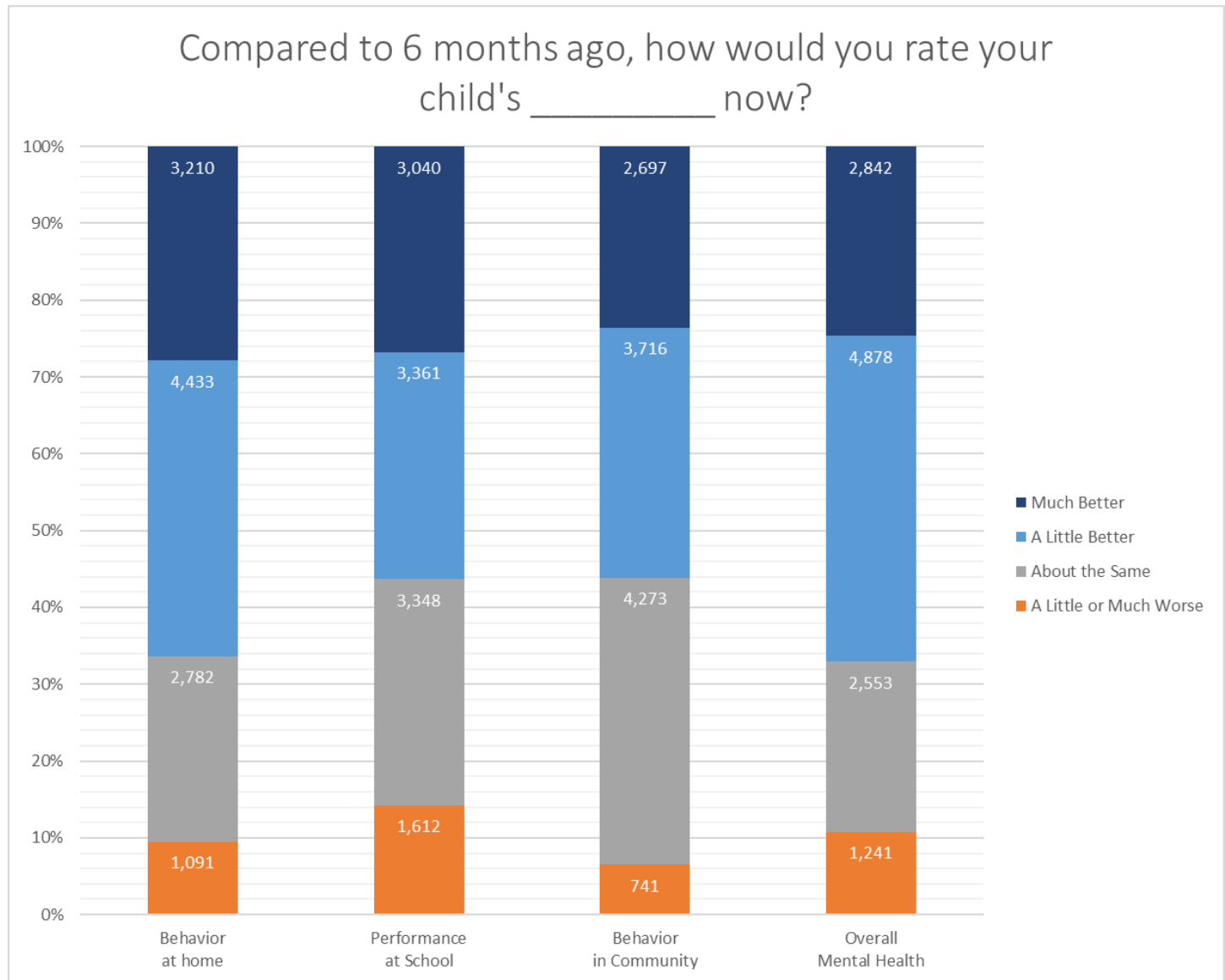
Note: 2% of caregivers indicated they used a safety/ crisis plan but did not indicate whether the plan was effective.

Experience with the CANS

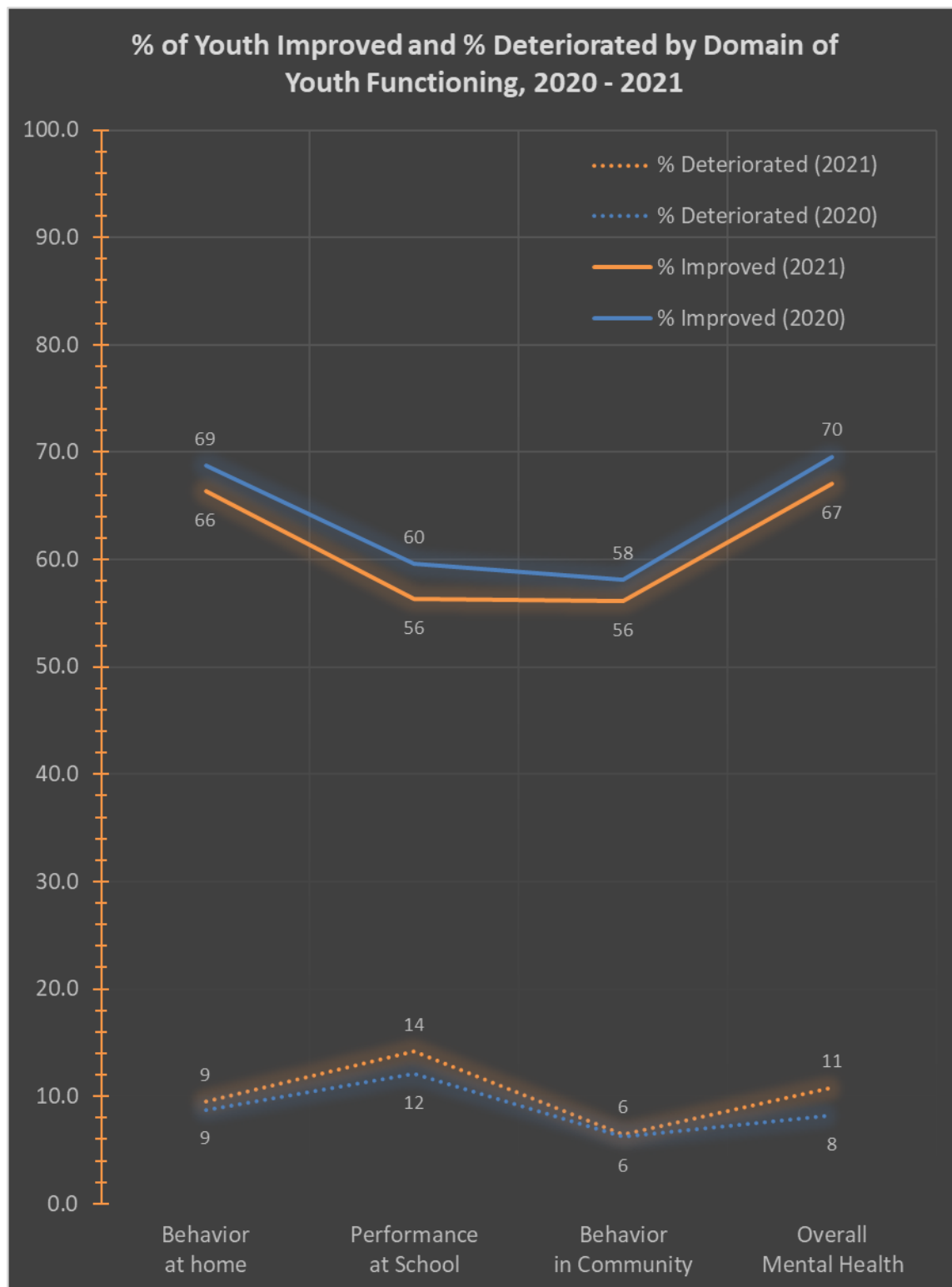


Youth & Family Service Outcomes

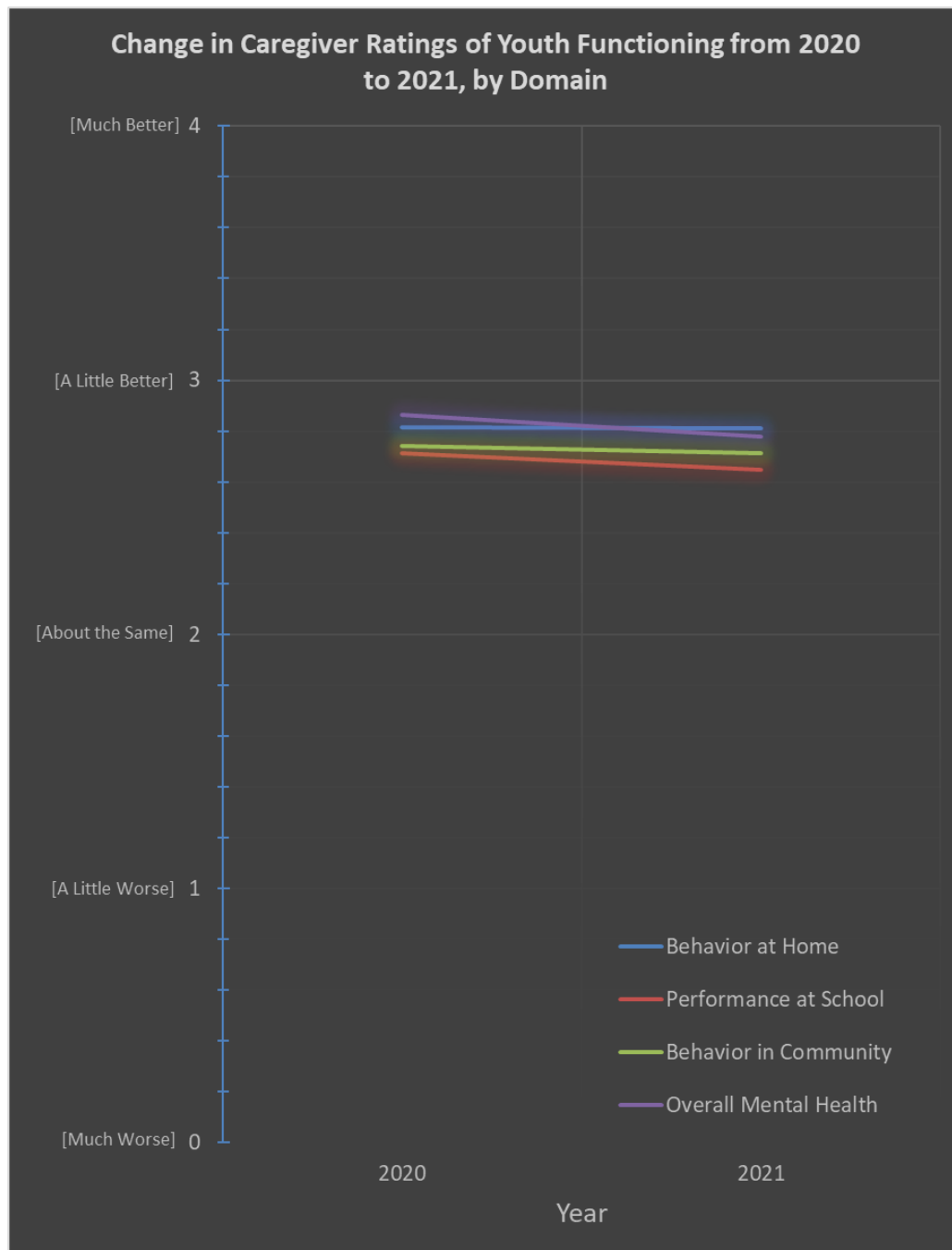
Change in Youth Functioning and Well-Being during the Last 6 Months, 2021



Comparison of Youth Service Outcomes from 2020 to 2021



Note: Differences in youth outcomes from 2020 to 2021 were not statistically significant at $p < .05$.

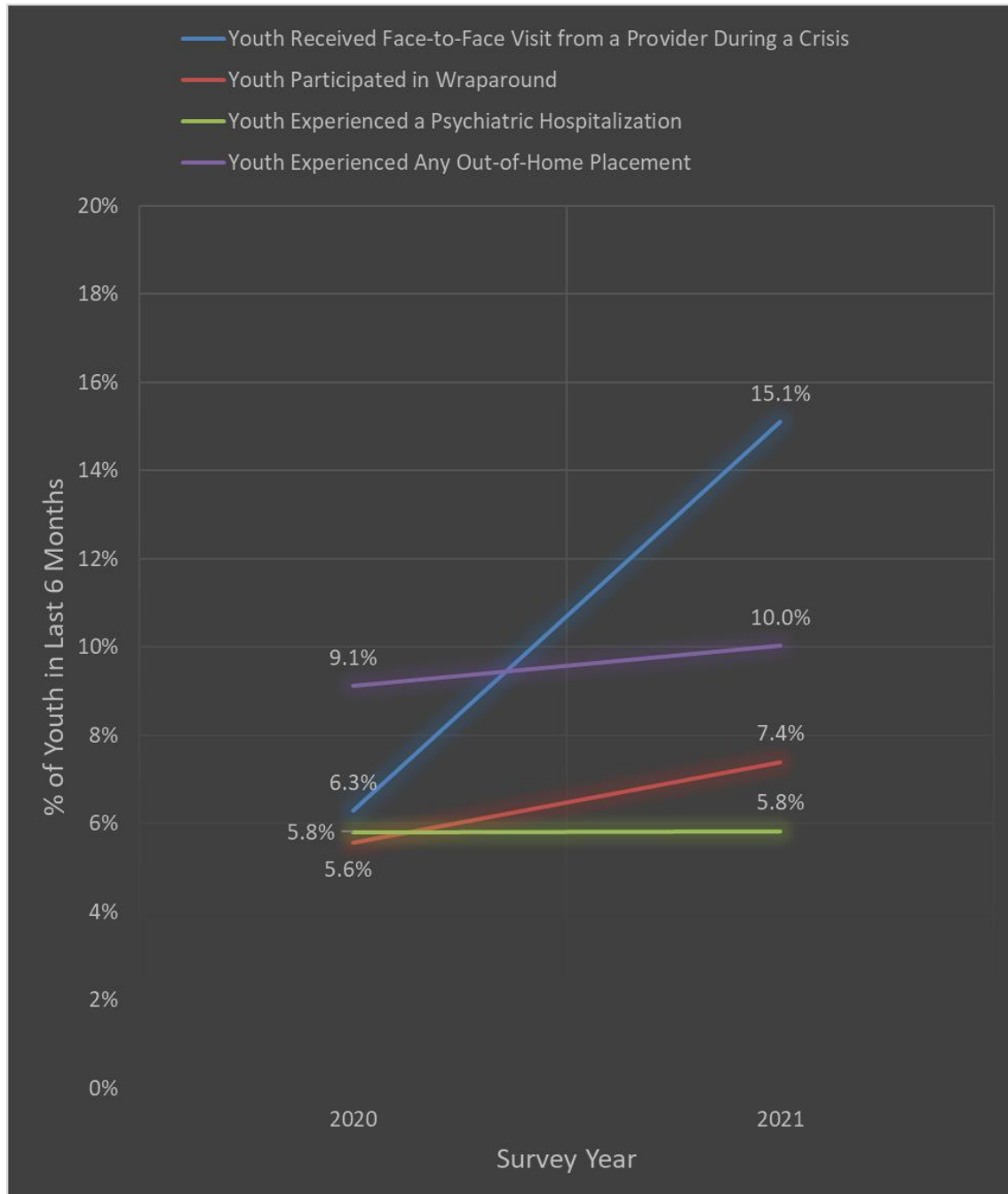


Domain of Youth Functioning	2020		2021		% change
	Mean	SE	Mean	SE	
Behavior at Home	2.82	0.05	2.81	0.03	0%
Performance at School	2.71	0.06	2.65	0.03	-2%
Behavior in Community	2.74	0.05	2.71	0.03	-1%
Overall Mental Health	2.87	0.05	2.78	0.03	-3%
Youth Outcome Scale (Total)	2.78	0.04	2.74	0.02	-2%

Note: Mean differences in youth outcomes from 2020 to 2021 were not statistically significant at $p < .05$.

Use of Services

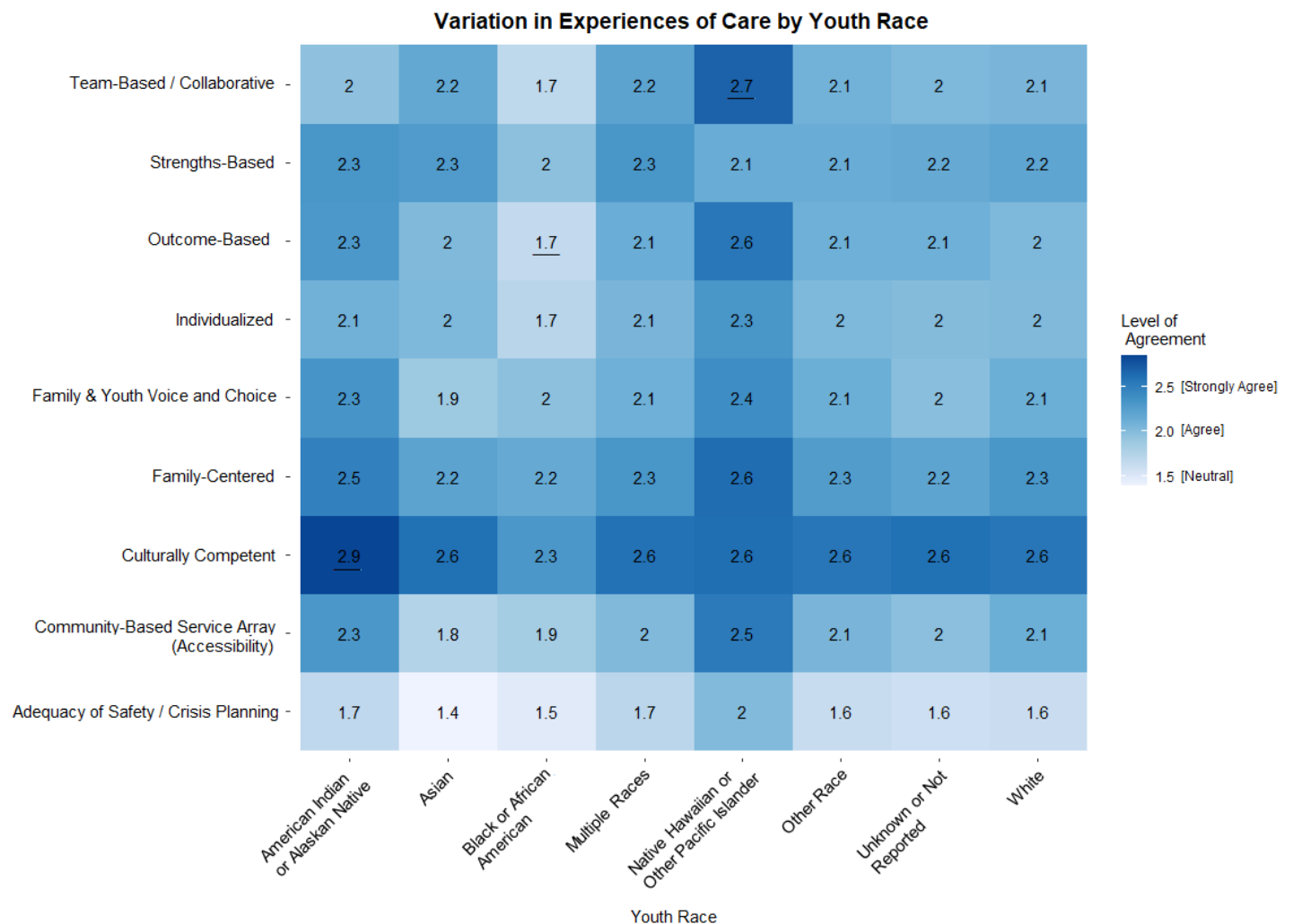
Use of Services Reported in 2021 and Change from 2020



Note: There was a statistically significant increase in youths' receipt of face-to-face crisis intervention visits from 2020 to 2021, $p < .001$. There was not a statistically significant change in the proportion of youth participating in Wraparound ($p = .359$), experiencing a psychiatric hospitalization ($p = .845$), or participating in any other out-of-home placement ($p = .859$).

Equity in Experiences of Care

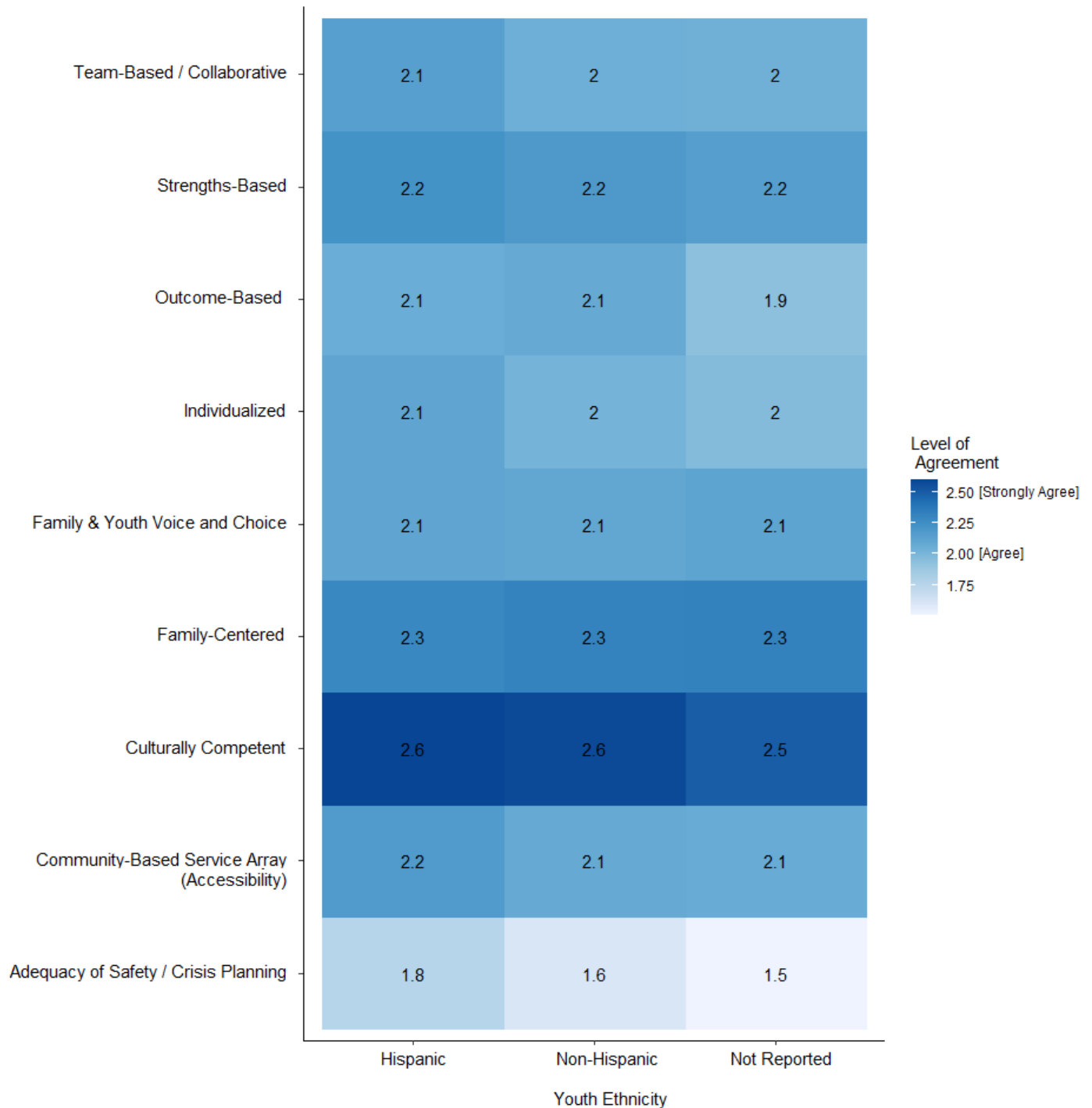
Comparison of Experiences of Care by Youth Race



Note: Higher scores are better as they indicate respondents agreed that their care was delivered with greater adherence to the practice principle. Scores range from 0 to 3. Numbers reported in the Figure represent the mean for that group. All means are adjusted for youth age, most recent CANS score, number of months in services, and Region. Values that are underlined (___) are significantly different from the reference category at $p < 0.05$. The reference category is White.

Comparison of Experiences of Care by Youth Ethnicity

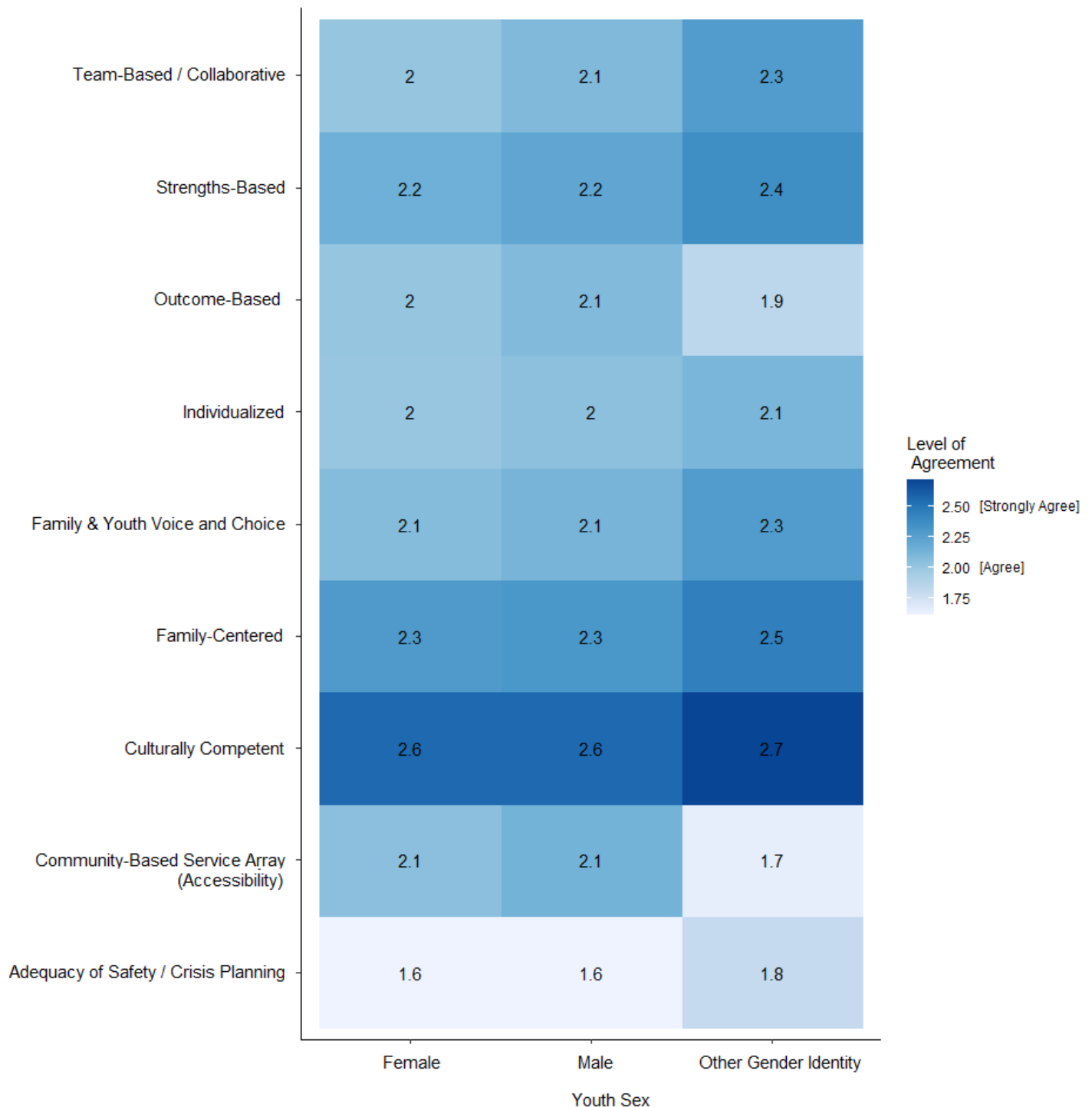
Variation in Experiences of Care by Youth Ethnicity



Note: Higher scores are better as they indicate respondents agreed that their care was delivered with greater adherence to the practice principle. Scores range from 0 to 3. Numbers reported in the Figure represent the mean for that group. All means are adjusted for youth age, most recent CANS score, number of months in services, and Region. No values were significantly different from the reference category at $p < 0.05$. The reference category is Non-Hispanic.

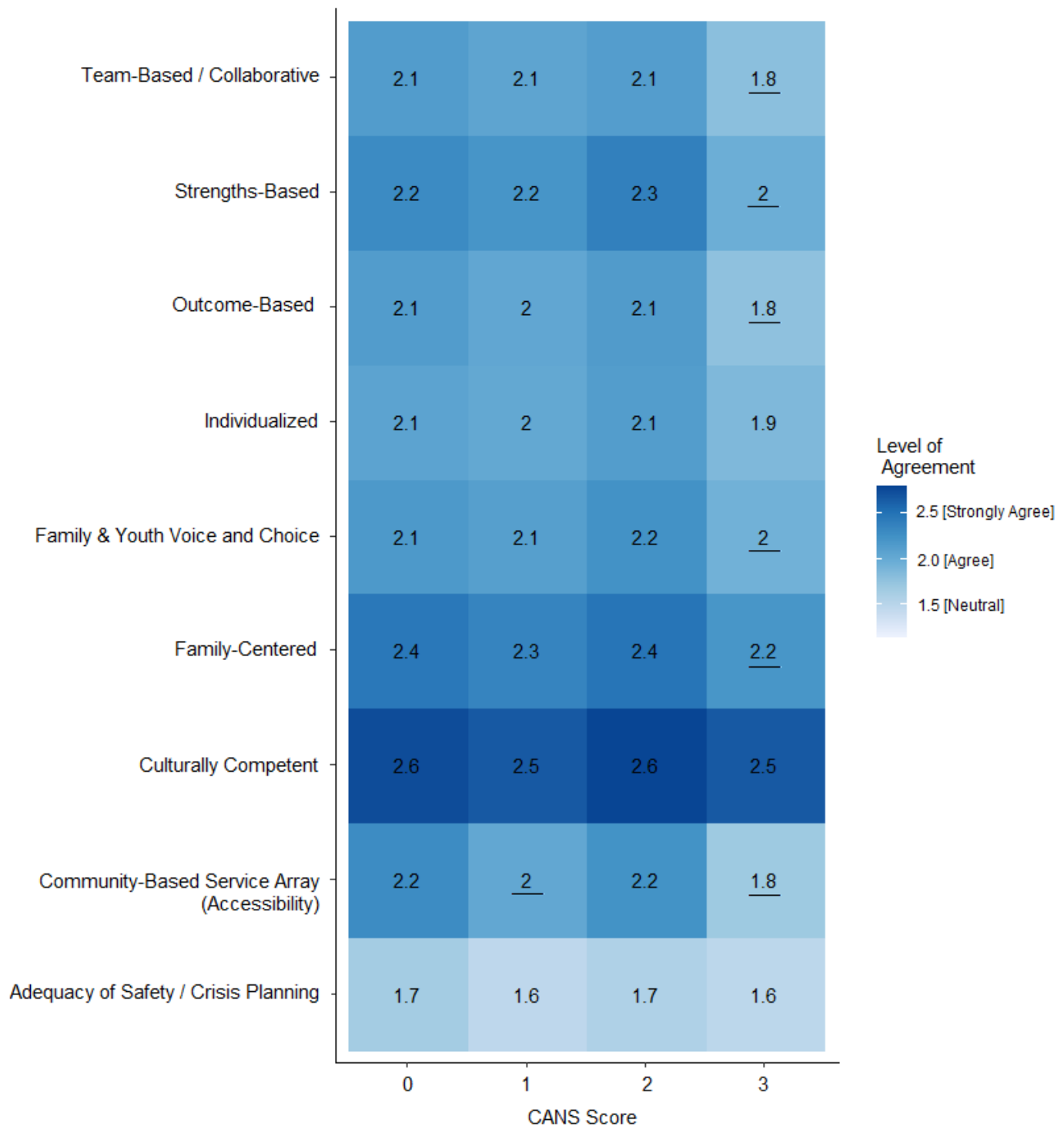
Comparison of Experiences of Care by Youth Sex

Variation in Experiences of Care by Youth Sex



Note: Higher scores are better as they indicate respondents agreed that their care was delivered with greater adherence to the practice principle. Scores range from 0 to 3. Numbers reported in the Figure represent the mean for that group. All means are adjusted for youth age, most recent CANS score, number of months in services, and Region. No values were significantly different from the reference category at $p < 0.05$. The reference category is Male.

Comparison of Experiences of Care by Youth CANS Score

Variation in Experiences of Care by Youth CANS Score

Note: Higher scores are better as they indicate respondents agreed that their care was delivered with greater adherence to the practice principle. Scores range from 0 to 3. Numbers reported in the Figure represent the mean for that group. All means are adjusted for youth age, sex, race, ethnicity, number of months in services, and Region. Values that are underlined () are significantly different from the reference category at $p < 0.05$. The reference category is CANS = 0.

Appendix 1: Methodological Details

Survey Items

Items on the YES 2021 family survey assessed caregivers' perceptions of the following domains:

- (1) the extent to which care provided to youth and families was adherent to the Idaho YES principles of care and Practice Model,
- (2) the adequacy of safety/crisis planning,
- (3) the extent to which families' experience with the CANS reflected its purpose and goals,
- (4) select services the youth participated in, including crisis intervention, Wraparound, and out-of-home care, and
- (5) service outcomes, including youth functioning and caregiver self-efficacy to access services and supports.

Target Population and Sample

The target population for the YES 2021 family survey was all youth and their families who participated in YES services from July 1, 2020 to December 31, 2020 and who were not currently housed in residential out-of-home placements. Target respondents were parents or caregivers of these youth.

The sampling frame was generated by DBH and included all families of youth who had participated in YES behavioral health services (either active or closed cases) from July 1, 2020 to January 27, 2021, who received a CANS assessment as reflected in the iCANS database, who were not in a residential out-of-home placement, and who had a complete mailing address. The sampling frame included a total of 11,672 youth.

In order to ensure the survey sample was representative of the entire State of Idaho, investigators selected a proportionate stratified random sample of youth from each of IDHW's seven Regions (see Figure 1). In order to obtain a sample large enough to produce a +/- 3% margin of error, the target sample size was 6,000 youth. For families with more than one youth in care, one youth was randomly selected from the household.

The final sample included $N = 5,998$ youth, randomly sampled from seven strata (IDHW Regions), proportionate to each Region's share of the full sampling frame.

Survey Fielding Procedure

The survey procedure was fielded using an empirically-supported process described by Dillman et al. (2009) which included: (1) a pre-survey letter designed to inform participants that the survey would be forthcoming and that it was a legitimate request from the Idaho Department of Health and Welfare, (2) a survey invitation letter, survey, and postage-paid return envelope, (3) a reminder postcard, and (4) a final survey mailed to individuals who had not yet responded which included the survey and a new postage paid return envelope. In total, participants received four contacts about the survey. The survey was fielded from March 8, 2021 to April 30, 2021.

Appendix 2. Glossary of Statistical Tests and Concepts

Statistic	Description/ Definition	Interpretation
Mean	The mean is the average of a set of scores. For example, the average rating of an item by a group of survey participants.	The mean is helpful for understanding the average or typical value in a sample. It should be interpreted using the full range of possible scores (e.g., 1 to 5 or 0 to 3).
Standard deviation	The standard deviation indicates how values are spread out in a sample. It shows much the scores were spread out around the mean.	Higher standard deviations indicate scores or answers to a question are more spread out and lower standard deviations indicate the scores were less spread out – people responded more similarly to each other.
Chi-square test	The chi-square test is used to assess whether there is a systematic relationship between two categorical variables or whether the relationship between the variables is simply due to random chance. For example, we might find that the percentage of youth who receive Wraparound services (yes/no) is slightly higher among those youth who had an out-of-home placement in the last 6 months compared to youth who did not have an out-of-home placement in the last 6 months. This difference may be relatively small and completely due to chance or it may be large enough that it is very unlikely we would observe that large of a difference simply due to chance. The chi-square test assesses how likely it is we would observe a difference that large simply by chance.	The chi-square test produces a probability value called p . If p is less than 0.05, we conclude that the relationship between the variables is so strong it is probably not due to chance; there is a systematic relationship between the two variables.
Statistically significant	If the relationship between two variables is statistically significant, it means that it is very unlikely to observe a relationship that large between the two variables simply by chance alone; there is almost certainly a relationship between the variables. In other words, if we know something about the value of one variable, we can more accurately predict the value of the other variable.	Statistical tests are typically considered 'statistically significant' if the probability is 0.05 or less. Roughly, this means that the likelihood (or probability) of observing a relationship that strong merely by chance alone are less than 5%.

Appendix 3. Copy of 2021 YES Family Survey



Experiences of Care and Outcomes for Youth & Families

Please help improve mental health services for children and families in Idaho by answering some questions about the mental health services your child/youth has received. Your answers are private and will not influence current or future services you receive.

For the following questions, please rate the mental health provider who has worked with your child/youth the most in the past 6 months . In the box below, please indicate the type of provider you are rating:	
<input type="radio"/> Counselor/ Therapist/ Psychotherapist	<input type="radio"/> Medication prescriber (psychiatrist / physician / nurse practitioner)
<input type="radio"/> Case Manager/ Targeted Care Coordinator	<input type="radio"/> Respite provider
<input type="radio"/> Wrap-around coordinator	<input type="radio"/> Substance use counselor or therapist
<input type="radio"/> CBRS provider (Community Based Rehabilitation Specialist)	<input type="radio"/> Other (please write in): _____

Below are some statements that may or may not describe the mental health services your child/youth received from the provider you indicated above. Please rate how much you Disagree or Agree with each statement. Please answer the questions based on the last 6 months OR if you have not participated in services for 6 months just base your answers on services you received so far.	Disagree	Neutral	Agree	Strongly Agree
1. The goals we are working on with the provider are the ones I believe are most important for my child/youth.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. The provider encourages me to share what I know about my child/youth's strengths and needs.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. The services focus on what my child/youth is good at, not just on problems .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. The assessment completed by the provider accurately represents my child/youth's needs .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Meetings with the provider occur at times and locations that are convenient for me .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. My child/youth is an active participant in planning his/her services.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. The provider respects me as an expert on my child/youth.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. The provider makes sure everyone on my child's treatment team is working together in a coordinated way .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. My child and I are the main decision-makers when it comes to planning services.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. My family can easily access the services my child needs most.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11. The provider often works with our family to measure my child/youth's progress toward his/her goals.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12. When services are not helping, the provider leads my child/youth's team in a discussion of how to make things better.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
13. The provider talks with us about how we can use things we are good at to overcome problems .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
14. When decisions are made about services, my child/youth has the opportunity to share his/her own ideas.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15. The provider suggests changes in my child/youth's treatment plan or services when things aren't going well .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
16. The provider makes specific suggestions about what services might benefit my child/youth.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
17. I know who to contact for help if I have a concern or complaint about my provider.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
18. Services we receive are respectful of our family's language, religion, race/ethnicity, and culture .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
19. The provider helps my child and family find specific things to work on between every appointment .	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20. There are services that I believe would benefit my child/youth that are not available or accessible to my family.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

The next statements ask about a safety/crisis plan . A safety/crisis plan is a written document that says what you, your child, and others will do to de-escalate a mental health crisis. It often lists coping strategies, support people, phone numbers, and resources. Please rate how much you Disagree or Agree with each statement. If you do not believe your child/youth needs a mental health safety/crisis plan at this time, please mark " Not applicable ."	Not Applicable	Disagree	Neutral	Agree	Strongly Agree
21. The provider helped my family make a safety/crisis plan .	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
22. I feel confident that my family's safety/crisis plan will be useful in times of crisis.	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
23. Have you used a safety/crisis plan for your child in the last 6 months ? <input type="radio"/> No <input type="radio"/> Yes ↳ IF YES, was the plan effective ? <input type="radio"/> No <input type="radio"/> Yes					

The following statements ask whether or not the services you received from the provider you rated above <u>met your expectations</u> . Thinking about the past 6 months , please rate how much you Disagree or Agree with each statement.	Disagree	Neutral	Agree	Strongly Agree
24. Overall, I feel satisfied with the services my child and family received.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
25. The services my child and family received have been helpful.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

The CANS is a tool used by Idaho mental health providers to assess " C hild and A dolescent N eeds & S trengths." It is typically completed when a child/youth first enters services and then every 3 months after that. Below are some statements that may or may not describe your experience with the CANS. Please state <u>whether you agree</u> with each statement by marking " No " or " Yes ." If you are unsure, please mark " Don't know ."	Don't Know	No	Yes
26. I was given a copy of my child's CANS (i.e., the ratings/scores and comments).	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
27. I had the opportunity to discuss my child's ratings/scores on the CANS with a provider .	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
28. In the end, I agreed with my child's final ratings on the CANS.	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
29. The provider, my child, and I used the CANS to identify specific treatment goals and services for my child/youth.	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1
30. The provider used the CANS to help explain what services my child/ youth is eligible for .	<input type="radio"/> 99	<input type="radio"/> 0	<input type="radio"/> 1

<u>Compared to 6 months ago, how would you rate...</u>	Much Worse	A Little Worse	About the Same	A Little Better	Much Better
31. ...your child/youth's behavior at home now (e.g., getting along with family, following rules, helping around the house)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
32. ...your child/youth's performance at school now (e.g., attendance, behavior, grades)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
33. ...your child/youth's behavior in the community now (e.g., behavior in public, participation in positive activities, involvement with police)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
34. ...your child/youth's overall mental health now ?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
35. ... your ability to effectively access services and supports your child/youth needs?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

In the last 6 months , how many total nights did your child/youth spend in...					
36. ...a hospital due to problems with behaviors or feelings?	<input type="radio"/> None	<input type="radio"/> 1 to 2	<input type="radio"/> 3 to 7	<input type="radio"/> 8 or more	
37. ...a crisis shelter due to problems with behavior or feelings?	<input type="radio"/> None	<input type="radio"/> 1 to 2	<input type="radio"/> 3 to 7	<input type="radio"/> 8 or more	
38. ...a residential treatment center or group home?	<input type="radio"/> None	<input type="radio"/> 1 to 30	<input type="radio"/> 31 to 60	<input type="radio"/> 61 to 90	<input type="radio"/> 91 or more
39. ...a juvenile detention center or other correctional facility?	<input type="radio"/> None	<input type="radio"/> 1 to 30	<input type="radio"/> 31 to 60	<input type="radio"/> 61 to 90	<input type="radio"/> 91 or more
40. ... treatment foster care ?	<input type="radio"/> None	<input type="radio"/> 1 to 30	<input type="radio"/> 31 to 60	<input type="radio"/> 61 to 90	<input type="radio"/> 91 or more

In the last 6 months , how many times has your child/youth participated in the following services?						
41. Received a face-to-face visit from a mental health professional for help with a crisis at the time and location of the crisis	<input type="radio"/> None	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 or more
42. Participated in Wraparound team meetings or visits with a Wraparound coordinator	<input type="radio"/> None	<input type="radio"/> 1 to 2	<input type="radio"/> 3 to 5	<input type="radio"/> 6 to 7	<input type="radio"/> 8 to 10	<input type="radio"/> 11 or more

Please answer the following questions to let us know a little about your child/youth.
What is your child/youth's age in years? _____ years
How long has your child/youth been participating in mental health services? _____ months
What is your child/youth's sex? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Is your child/youth of Hispanic/ Latino origin? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
What is your child/youth's race (mark all that apply)?
<input type="radio"/> American Indian/ Alaskan Native <input type="radio"/> Native Hawaiian/ Other Pacific Islander
<input type="radio"/> Asian <input type="radio"/> Black/ African American <input type="radio"/> White/ Caucasian <input type="radio"/> Other <input type="radio"/> Unknown

Thank you for sharing
about your experience!

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