2021 Idaho YES Family Survey Results

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Acknowledgements

Completion of this survey was a team effort that would not have been possible without the hard work and expertise of numerous individuals. We are truly grateful for the generosity and contributions of the following persons:

From the Department: Candace Falsetti, Michelle Schildauer, Maggie Finnegan, and Cheryl Hawkins

From the QMIA Council: Jennifer Griffis and Guido Giuntini

From BSU: Jennie Newman, Alyssa Shoup, and Desireé Reyes

Most of all, we wish to thank the hundreds of Idaho caregivers who took the time to share their experiences with us. We hope this report honors and amplifies your voices as we all work to improve the well-being of Idaho youth and families.
Why did we Conduct this Survey?

1. To generate a statewide, population representative picture of families’ experiences and outcomes within the YES system

2. To monitor the quality and effectiveness of YES services over time

3. To identify targets for system improvement
Survey Topics

- YES Quality Indicators (YES Principles & Practice Model)
- Safety/Crisis Planning
- CANS Assessment
- Youth & Family Outcomes
- Services
Reliability & Validity of YES Quality Indicators

• Developed through a partnered process with families, policymakers, clinicians, and researchers

• Research indicates the items are valid and reliable indicators of families’ experiences of care

• Higher scores predict greater improvement in youth functioning and lower risk of psychiatric hospitalization
Survey Population & Sample

✓ Target population:
  • all Idaho youth who participated in YES services from July 1, 2020 to January 27, 2021, and
  • are living at home, and
  • had a CANS completed
    • (N=11,672 youth in database)

✓ Stratified random sample of 5,998 youth

✓ Each Region’s share of the sample was equal to its share of the total YES population sampling frame
Survey Process

Pre-Survey letter → Survey + BRE → Postcard → Follow-up Survey + BRE

1-page / 42 agree-disagree questions

Privacy and confidentiality protected!
N = 1,185 caregivers responded

Overall 20% response rate

Significantly higher than 2020

<table>
<thead>
<tr>
<th>Region</th>
<th>N of Mailed Surveys</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>774</td>
<td>16%</td>
</tr>
<tr>
<td>2</td>
<td>161</td>
<td>22%</td>
</tr>
<tr>
<td>3</td>
<td>1,071</td>
<td>16%</td>
</tr>
<tr>
<td>4</td>
<td>1,542</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
<td>489</td>
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</tr>
<tr>
<td>7</td>
<td>1,330</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>5,998</td>
<td>20%</td>
</tr>
</tbody>
</table>

Excluding undeliverable mail, the effective response rate for the 2021 YES family survey was 24%. 
There were no statistically significant differences between the characteristics of youth whose caregivers responded to the survey versus those who did not.
Interpreting Gauge Charts

The margin of error for the 2021 YES family survey was 2.5%.

All analyses are weighted to reflect population totals and account for survey nonresponse.

Percent of respondents who Agree or Strongly Agree in 2021

Percent of respondents who agreed or strongly agreed in 2020

Direction and percentage-point change from last year

Target line (80%)
What did we learn?
From 2020 to 2021 there were significant improvements in families’ experiences of care on 4 out of 8 YES principles.
Ratings remained high on Culturally Competent care and Family-Centered care.

93%  ▲ 1
Services are respectful of family's language, religion, race/ethnicity, and culture

85%
Provider encourages me to share what I know about my child/youth

83%  ▲ 4
My child and I are the main decision-makers

88%  ▲
The goals we are working on are the ones I believe are most important
The percentage of youth who received a face-to-face visit from a provider during a crisis increased significantly from 2020 to 2021.

Participation in Wraparound is increasing, but slowly.
Access to Mental Health Services

- Odds of psychiatric hospitalization were 2.38 times lower for youth whose caregivers agreed with this item – even after controlling for youth sex, race, ethnicity, age, region, CANS, and months in services.
- Improvement in day-to-day functioning was 27% greater.

Nearly 3 out of 10 Idaho families cannot easily access the mental health services their youth needs.
Family can easily access services my child needs:

- 0 = disagree
- 1 = neutral
- 2 = agree
- 3 = strongly agree

- On average, these groups agree they can get services they need...
- ...this group does NOT.

**Services are least accessible for youth with the most severe needs.**
Safety Planning

Statistically significant improvement from 2020 to 2021

39% of families who believe they need a safety plan aren’t confident in the one they have

60%  ▲12
Provider helped make a safety/crisis plan

61%  ▲7
I feel confident that safety/crisis plan will be useful

40% of Idaho families who believed their youth needed a safety plan were not helped to make one by a provider.

Note: 63% of the sample indicated their youth needed a safety plan (n = 749)
1/3 of families who used a safety plan found it ineffective.
CANS Implementation

- 27% to 45% of caregivers can't report on key aspects of their youth's CANS process

- Adherence to target CANS processes is <50% on all indicators
There was little to no evidence of variation in experiences of care by youth sex, race, or ethnicity.
Youth and families who face the most significant mental health challenges have the worst care experiences.

Youth with a CANS of 3 scored significantly lower on 6 out of 9 quality indicators – even after controlling for all youth characteristics.
On average, youth improved less in 2021 but the difference wasn’t statistically significant.

Youths made fewer improvements in their well-being from 2020 to 2021, but this difference was not statistically significant.
Further Information

For additional information about this survey please contact:

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